Employee Benefits Program

Employee Orientation
Participating Enterprises

Dine Biolita School Board Association
Dine College
Dine Power Authority
Kayenta Township Commission
KTNN Radio Station
Navajo Agricultural Products Industry
Navajo Arts & Crafts Enterprise
Navajo Engineering Construction Authority
Navajo Nation Gaming Enterprise
Navajo Nation Hospitality Enterprise
Navajo Nation Oil & Gas Company
Navajo Nation Shopping Centers, Inc.
Navajo Technical University
Navajo Times Publishing
Navajo Transitional Energy Company, LLC
Navajo Tribal Utility Authority
Plan Information

Tribal Self-Funded Plan for employees working more than 20 hours per week on a regular basis

Employers and employees fund the Plan by contribution of monthly premiums

(Employees – 7,917       Total Members – 19,358)
(COBRA Participants – 34)

As of 01/01/2017
Enrollment & Premiums

Employee & Family
Eligible Dependent

**Spouse**
- Marriage Certificate
- Or
- Common Law Affirmation Form

**Child**
- Up to 26th Birthday

**Grandchild**
- Dependent of a Covered Child

(FORMS AVAILABLE)
STATE OF __________)  
COUNTY OF __________)  

SS.

AFFIRMATION OF COMMON LAW MARRIAGE  
(Must be signed before a Notary Public)

We ___________ and ___________ hereby affirm that we have established a common law marriage within the territorial jurisdiction of the Navajo Nation pursuant to 9 N.N.C. § 4(E). We affirmatively state that:

1. It is our present intention to continue to be husband and wife;
2. We presently consent to be husband and wife;
3. We have actually co-habited and will continue to co-habit together as husband and wife; and
4. We have actually and will continue to hold ourselves out to our community to be husband and wife and are lawfully married to each other.

RESPECTFULLY executed and submitted this ____ day of ______________, 20____.

__________________________  
SIGNATURE

__________________________  
SIGNATURE

SUBSCRIBED and SWORN to and before me this ____ day of ______________, 20____.

__________________________  
NOTARY PUBLIC

__________________________  
COMMISSION EXPIRES

NOTICE: Navajo Nation law does not recognize common or common law divorce. A Navajo Tribal Court divorce decree is required for determination of a number of employee benefits.
Election of Coverage

**Date of Hire**
Enroll within 31 days

**Qualifying Event**
Notify employer within 31 days of change in family status

**Annual Open Enrollment Period**
October & November

**Examples:**
- recent marriage
- birth of a child
- adoption
- establishment of legal guardianship
- medical child support court order
- Loss of other health coverage
Termination of Coverage

**Group Health**

- Ends last day of the covered month at midnight
- COBRA Election Form will be mailed
- **Must be elected within 60 days**

  - Monthly Single Rate - $242.20
  - Monthly Family Rate - $613.53

**Group Life & Optional Term**

- Ends at midnight on date of termination
- Conversion Form will be mailed
- **Must be elected within 31 days**

Call (877) 275-6387

As of 01/01/2017
Navajo Nation
Payroll Deduction Codes

**Employee Coverage**
- Life RG or HS
- Health RG or HS
- Disability RG or HS

**Family Coverage**
- Dependent Life RG or HS
- Dependent Health RG or HS

**Optional Coverage**
- Optional Reg or HS
- Optional Spouse Reg or HS
- Optional Child Reg or HS
- Colonial Reg (combined)

**Affordable Care Act Fee**
- PPACA

---

1701 EE Life Reg x.xx
1711 EE DepLife RG x.xx
2019 EE Health RG x.xx
2021 EE DepHlt RG x.xx
2023 EE PPACA RG x.xx
3115 EE Opt Reg x.xx
3135 EE OptSp Reg x.xx
3155 EE OptCh Reg x.xx
3201 Colonial Reg x.xx
8005 EE Disab Reg x.xx
Benefits
Health, Life, and Disability
Group Health Insurance

Medical Program
Annual Deductible $250 single/$500 family
Amount paid by the patient to the provider before the Plan starts to pay its portion

i.e. Preventative (100%) Physical Exam – includes Screening & Immunization
Doctor/Hospital, Outpatient/Inpatient, Rehab, Equip
EE 20% of UCR/Plan 80%
Alternative Care – Save your receipts & submit
Native Healing up to $350/year per family
Group Health Insurance

Preferred Provider Organization (PPO)

The Plan networks with quality health care providers who contractually provide services and supplies on a reduced fee basis to the covered members of employer sponsored health plans.

Choice of a health care provider is up to the covered member. Exclusions and limitations apply.

www.hmatpa.com
Life Coaching Blog Series - Sleep is a powerful medicine

Some people view sleep as a bonus, something to give into once the to-do list is done. However, sleep is a crucial activity that your body requires. It's a time for the body systems to recover from the demands of the day, it's when your brain integrates information it's taken

Read More

How Can We Help?

- Core Capabilities
- Locate a Physician
- Services
- Frequently Asked Questions
- Contact Us
LOCATE PHYSICIANS

HMA and MultiPlan continue to offer network solutions under the Arizona Medical Network (AMN), Rural Arizona Network (RAN), and Health Management Network (HMN) brand names. Use the link below to search the networks.

Find a Participating Provider

Looking for the MultiPlan or PHCS Networks? Click here

Network Services and Coverage

HMA Solutions
- HMA Advantage
- HMA Difference
- Precis Plan
- My Wellness
- Technology

How Can We Help?
- Core Capabilities
- Locate a Physician
- Services
- Frequently Asked Questions
- Contact Us
Looking for HMA, Inc.?

MultiPlan acquired HMA, Inc. but sold its third party administrator business to a new company called Hawaii-Mainland Administrators, LLC.

MultiPlan continues to offer network solutions under the Arizona Medical Network (AMN), Rural Arizona Network (RAN), and Health Management Network (HMN) brand names. If you are looking for information on these networks, you're at the right place. Use the navigation bar above to learn more, or the button to the right to search the networks.

Click here to be redirected to Hawaii-Mainland Administrator's website.

Looking for the MultiPlan or PHCS networks? Click here

HIPAA Legal

MultiPlan 1855 West Baseline Road, Suite 230, Mesa, AZ 85202 | Phone: 480-425-3340 | Fax: 480-897-2253
Copyright 2013, MultiPlan, Inc All Rights Reserved
Provider Search

- Search for the doctors or hospitals near you.
- Check to see if your doctor or hospital is part of the network.
- Get a map showing the exact location of a doctor's office or hospital.

Personal Directory

- Print a personalized directory of the network doctors and hospitals in your area.

Every effort is made to ensure the accuracy of our data; however, we receive changes daily from numerous sources that must be verified. Therefore, some updates may not yet be included.
<table>
<thead>
<tr>
<th>#</th>
<th>Provider</th>
<th>Type</th>
<th>Location</th>
<th>Accepting Gender</th>
<th>Distance (Miles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PRESBYTERIAN MEDICAL SERVICES, G</td>
<td>Social Worker, Addiction Medicine, Neurology</td>
<td>102 S FIRST ST, GALLUP, NM 87301</td>
<td>Yes</td>
<td>0.0</td>
</tr>
<tr>
<td>2</td>
<td>TARRO, DONNA M., MA</td>
<td>Non Physician - Social Worker / Counselor, Psychology</td>
<td>212 W MESA AVE, GALLUP, NM 87301</td>
<td>Yes</td>
<td>0.2</td>
</tr>
<tr>
<td>3</td>
<td>HEAVENLY HEALTH, G</td>
<td>Family Practice</td>
<td>308 E HILL AVE, GALLUP, NM 87301</td>
<td>Yes</td>
<td>0.3</td>
</tr>
<tr>
<td>4</td>
<td>CHRISTYS OPTICAL WEARHOUSE, A</td>
<td>Eye Institute</td>
<td>210 W MALONEY AVE A, GALLUP, NM 87301</td>
<td>Yes</td>
<td>0.3</td>
</tr>
<tr>
<td>5</td>
<td>GIBSON, MONIQUE H., MD</td>
<td>Family Practice</td>
<td>610 N FIFTH ST, GALLUP, NM 87301</td>
<td>Yes</td>
<td>0.4</td>
</tr>
<tr>
<td>6</td>
<td>PMS WESTERN NEW MEXICO MEDICA, A</td>
<td>Ancillary Facility, Diagnostic Services - Laboratory, Alcoholism/Drug Abuse or Dependency Outpatient Services</td>
<td>610 N FIFTH ST, GALLUP, NM 87301</td>
<td>Yes</td>
<td>1.1</td>
</tr>
<tr>
<td>7</td>
<td>SUTLIFE, BETTY B., DC</td>
<td>Chiropractic</td>
<td>1973 STATE ROAD 602, GALLUP, NM 87301</td>
<td>Yes</td>
<td>1.4</td>
</tr>
<tr>
<td>8</td>
<td>MCKINLEY MEDICAL SUPPLY, A</td>
<td>Durable Medical Equipment</td>
<td>210 E NIZHONI BLVD, GALLUP, NM 87301</td>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td>9</td>
<td>ROYBAL, CHRISTOPHER N., MD</td>
<td>Ophthalmology</td>
<td>211 E NIZHONI BLVD, GALLUP, NM 87301</td>
<td>Yes</td>
<td>1.4</td>
</tr>
<tr>
<td>10</td>
<td>ANDRADE, LAWRENCE, MD</td>
<td>Family Practice</td>
<td>517 E NIZHONI BLVD, GALLUP, NM 87301</td>
<td>Yes</td>
<td>1.5</td>
</tr>
</tbody>
</table>
# Summary

## FACILITY CHARGE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Owed to PPO Provider</td>
<td>$5,100</td>
</tr>
<tr>
<td>Plan Pays</td>
<td>$3,680.00</td>
</tr>
<tr>
<td>Patient Pays</td>
<td>$1,420.00</td>
</tr>
</tbody>
</table>

## Sample Care Costs:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Hospital Charge</td>
<td>$3,700.00</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$700.00</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>$500.00</td>
</tr>
<tr>
<td>Radiology</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,100.00</strong></td>
</tr>
</tbody>
</table>

## Patient pays:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$250.00</td>
</tr>
<tr>
<td>Emergency Co-pay</td>
<td>$250.00</td>
</tr>
<tr>
<td>Co-insurance (20% after deductible &amp; copay)</td>
<td>$920.00</td>
</tr>
<tr>
<td>Limits or Exclusions</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,420.00</strong></td>
</tr>
</tbody>
</table>
## Summary

### PHYSICIAN CHARGE

- **Amount Owed to PPO Provider:** $800
- **Plan Pays:** $640.00
- **Patient Pays:** $160.00

### Sample Care Costs:

<table>
<thead>
<tr>
<th>Physician Charge</th>
<th>$800.00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$800.00</td>
</tr>
</tbody>
</table>

### Patient Pays:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0.00</td>
</tr>
<tr>
<td>Co-pays</td>
<td>$0.00</td>
</tr>
<tr>
<td>Co-insurance (20% up to max OOP)</td>
<td>$160.00</td>
</tr>
<tr>
<td>Limits or Exclusions</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$160.00</td>
</tr>
</tbody>
</table>
Group Health Insurance

**Dental Program**
Annual Deductible $100 single/$300 family
Amount paid by the patient to the provider before the Plan starts to pay its portion

- Preventative (100%) Bi-annual exams/cleaning – includes x-rays
- Class I, II, & III - $2,000 annual max EE 20% of UCR/Plan 80%
- Class IV Orthodontics - $2,000 lifetime max EE 50% of UCR/Plan 50%

**Vision Program**
$200/year per member (exam, lenses & frames/contacts)
Lasik Benefit - $500 lifetime Benefit

**Pharmacy Program**
Co-Pay (Generic, Brand)
$10, $20, $35-Plans pays the rest
Schedule Your Free LASIK Eye Surgery Exam!

Over 900 Locations

Request Appointment

Book a FREE Exam!
Member Registration

Member ID:*  

First Name:*  

Last Name:*  

Date of Birth:  

Gender:  

Male  

Female

Your Member ID is located on your prescription, pharmacy, or medical card.

Check Member Info

Secure Registration

Step 1  
Register now with your plan information

Step 2  
Set up your account profile

Step 3  
Let us know if you have any drug allergies or health conditions

Step 4  
If you will be using our Prescription Delivery Service, provide a payment method (credit, debit, FSA, or HSA card) to speed up the ordering process. This step is optional.
Member Registration

Shipping Address:*  
PO BOX xxx

Apt #  

City:*  
NAVAJO

State:*  
NEW MEXICO

Zip Code:*  
87328

Phone Number:*  
(528) xxx-xxxx

Email Address:*  
yonative@yahoo.com

Username:*  
yonative@yahoo.com

Password:

Confirm Password:

We recommend that you use your email address as your username, but a different username can be specified. Usernames cannot contain spaces.

Your password must...

- Be a minimum 8 alphanumeric characters that include 3 of the following:
  - uppercase letter
  - lowercase letter
  - number
  - special character (#, %, &)
  
  Passwords cannot contain spaces.

- Passwords must match

Terms of Use:

AGREEMENT BETWEEN USER AND WellDyneRx

The WellDyneRx Web Site is comprised of various Web pages operated by WellDyneRx.

I have read and agree to the above terms of use
Drug Allergies
Do you have any drug allergies? Please complete the information below.

- [ ] Amoxicillin / Penicillin
- [ ] Cephalosporin
- [ ] Erythromycin
- [ ] Tetracycline
- [ ] Codeine
- [ ] Sulfa
- [ ] No Known Allergies
- [ ] Aspirin

Other Drug Allergies:

Health Conditions
Do you have any health conditions? Please complete the information below.

- [ ] Asthma
- [ ] Depression
- [ ] High Cholesterol/Heart Disease
- [ ] Renal Disease
- [ ] Bleeding Disorder
- [ ] Diabetes
- [ ] Hypertension
- [ ] COPD
- [ ] GERD/Ulcer
- [ ] Liver Disease
- [ ] None of the listed conditions apply

Register >
Print or Download Forms

Find the form you need from the list below.

**Reimbursement Claim Form (Español)**

To receive direct reimbursement for prescriptions purchased without the use of your WellDyneRx prescription card (paper claims vary in coverage by plan and may not be applicable to your benefit).

**Prescription Delivery Registration Form (Español)**

This form should be used to register for mail order service, add dependents, or update your information.

**Specialty Pharmacy Enrollment Form (Español)**

This form should be used for new enrollment in our specialty pharmacy program.

**Protected Health Information Authorization (Español)**

Authorization for WellDyneRx to provide access to Members Protected Health Information (PHI) to another Individual.

**Mail Order Prescription History Request (Español)**

This form should be used by the member or his/her Personal Representative to request printouts of the member’s prescription history.
Secure Online Member Portal

http://members.hmatpa.com

• Review Claims Status
• View Plan Benefits and Coverage
• Check Eligibility and Enrollment
• Request ID Cards
• Update Mailing Address
• Provider Search
Welcome to the Member Portal

Logging on to members.hmatpa.com gives you direct, 24/7 access to your personal claims and account history, benefit and expense limits, plan documents and forms, locate a provider and other support tools.

Register for an account today to take advantage of these great tools.
WELCOME NAVAJO NATION EMPLOYEE BENEFIT PLAN MEMBER

What would you like to do?

- Member Information
- Claims View
- Expense Limits
- Benefit Details
- Prior Authorization
- Documents and Forms

Sign In
You are signed in as EULANDA CICCARELLO.
Note: Information related to sensitive Protected Health Information (PHI) is not available online. Sensitive PHI is protected health information related to the identity, diagnosis, prognosis, or treatment of any beneficiary in connection with reproductive health, substance abuse, HIV, rape, sexually transmitted diseases, mental health, and abuse (such as sexual assault and domestic violence). To discuss this information please contact our Customer Service Department.

Claim Number: 160219010653  View Details
Provider Name: MEMBER REIMBURSEMENT (MAINLAND)  Date of Service: 2016-02-13
Status: PAID  Status Description: Claim has completed processing and has been paid
Charges: 700.00  Member Pays: 508.00  Plan Pays: 192.00  Deductible: 250.00  Out of Pocket: 298.00

Claim Number: 160323011575  View Details
Provider Name: TRADITIONAL HEALING  Date of Service: 2016-03-16
Status: PAID  Status Description: Claim has completed processing and has been paid
Charges: 100.00  Member Pays: 0.00  Plan Pays: 100.00  Deductible: 0.00  Out of Pocket: 0.00

Claim Number: 160610010833  View Details
Provider Name: NGHEIM T LE DDS  Date of Service: 2016-05-25
Status: DENIED  Status Description: Claim has not been paid for reasons included in remarks
Charges: 471.00  Member Pays: 0.00  Plan Pays: 0.00  Deductible: 0.00  Out of Pocket: 0.00
Claim Number: 16061001063301
Provider ID: 1027002 Provider Name: NGHEIM T LE DDS
Benefit Category:
Status: DENIED Status Date: 2016-07-07
From Date: 2016-05-25 To Date: 2016-05-25
Charges: 101.00 Allowed: 0.00 Ineligible: 0.00 Copay: 0.00
Deductible: 0.00 Coinsurance: 0.00 Plan Liability: 0.00 Coordination of Benefits: 0.00
Member Deductible: 0.00 Member Out of Pocket: 0.00
Family Deductible: 0.00 Family Out of Pocket: 0.00
Remarks: Non-covered benefit: Service / referral recd through IHS/PL 638 facility or Contract Health service.
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>HERPICK, REBECCA</td>
<td>ACUPUNCTURE</td>
<td>F</td>
</tr>
<tr>
<td>608 E COMANCHE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 3250072</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN JUAN ENDSCOPY LLC,</td>
<td>AMBULATORY SURGERY CENTER</td>
<td></td>
</tr>
<tr>
<td>950 W PINON AVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 5648200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMS FARMINGTON COMM HEALTH CE,</td>
<td>BEHAVIORAL REHAB FACILITY</td>
<td></td>
</tr>
<tr>
<td>1001 D W BROADWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 3274796</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAZER, SEAN</td>
<td>CARDIOLOGY</td>
<td>M</td>
</tr>
<tr>
<td>407 S SCHWARTZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 8411000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPRUNG, ROBERT</td>
<td>CARDIOLOGY</td>
<td>M</td>
</tr>
<tr>
<td>2700 FARMINGTON AVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 3263691</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAZER, SEAN</td>
<td>CARDIOVASCULAR DISEASES</td>
<td>M</td>
</tr>
<tr>
<td>407 S SCHWARTZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 8411000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAMPS, BARBARA</td>
<td>CERTIFIED NURSE ANESTHESIST</td>
<td>F</td>
</tr>
<tr>
<td>301 B SOUTH LAKE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, NM 87401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(505) 5643468</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Group Life Insurance

**Employee:** Basic Annual Earnings
Two policies per employee       24 hour coverage       on/off the job

Class 1 - $30,000+  
Basic $125,000 & AD&D $125,000

Class 2 - $20,000 less than $30,000  
Basic $90,000 & AD&D $90,000

Class 3 - $17,000 less than $20,000  
Basic $80,000 & AD&D $80,000

Class 4 - $14,000 less than $17,000  
Basic $65,000 & AD&D $65,000

Class 5 - $12,000 less than $14,000  
Basic $55,000 & AD&D $55,000

Class 6 - $10,000 less than $11,999  
Basic $50,000 & AD&D $50,000

******

**Spouse:** Basic $7,500  

**Child:** Basic $5,000

******

**Elected Chapter Official:** Basic $5,000 & AD&D $5,000
Accidental/Accelerated Benefits

**Accidental Benefit**
Employee Only

- **Accidental Loss of Life**
  Doubles the policy
  (limitations apply)

- **Accidental Dismemberment**
  Based on schedule of losses, percentages of the AD&D policy may be payable to the employee

**Accelerated Benefit**
Employee Only

- **Diagnosis of terminal illness, less than 12 months**
  May apply for up to 80% of basic life policy to be payable
  (any amount withdrawn will reduce the policy)
Beneficiary

**Primary** Beneficiaries will receive proceeds

**Contingent** Beneficiaries will receive proceeds in the event ALL Primary Beneficiaries are not living at time of employee’s loss of life

i.e. Adults, Minors, Related, Non-related, Organizations, Estate, Trusts/Wills

If more than one beneficiary, the percentage share must equal 100%, if no percentage share is specified, surviving beneficiaries within the class will share proceeds equally
Optional Term Life Insurance

Employee: $10,000 up to 5x Annual Salary ≤ $300,000
(Guarantee Issue $50,000, if elected within 31 days from hire date)

Spouse: $5,000 up to $100,000 ≥ 100% Employee’s amount
(GI $15,000, if elected within 31 days from hire date)

Child: $5,000 each
(GI $5,000, if elected within 31 days from hire date)

Online Enrollment ONLY - www.mybenefits.metlife.com
Enter “Navajo Nation” as the company name
Select “First Time User?” to register a User Name and Password
Once set up, employee will be given the option to elect coverage
Changes, Terminations & Beneficiary Designation must be done Online
Supplemental Life Insurance

Accident
Universal Life
Term Life
Critical Illness
Short Term Disability Buy-Up

Speak with a Representative to Elect Coverage
Mark Montoya (623) 451-2394 or email mark.montoya@coloniallife.com
Disability Insurance

Employee ONLY

Totally disabled non-work related illness or injury
Under physician’s care for the disability
Exhaust Sick Leave hours (Excludes: PTO, CT, AL or Vacation)

1st day of injury; 8th day for illness/maternity
60% of average weekly salary ≤ $400
Maximum 52 weeks

Submit Claim within 31 days from date disability begins
W-2 issued if benefits paid
Payroll deductions accrue and are collected upon employee’s return to work
Summary

DISABILITY PAYMENT

Date of Illness: August 14
Waiting Period: August 15-21
Plan Approves: August 22 - September 5
Employee Released to RTW: September 6

Calculation:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Annual Salary</td>
<td>$34,000.00</td>
</tr>
<tr>
<td>Average Weekly Salary ($/52 weeks)</td>
<td>$653.84</td>
</tr>
<tr>
<td>Aver Weekly Comp Rate (60% of AWS)</td>
<td>$392.30</td>
</tr>
<tr>
<td>Aver Daily Rate (AWCR/7 days)</td>
<td>$56.04</td>
</tr>
</tbody>
</table>

Plan pays (after tax):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>August 22 - August 28</td>
<td>$362.29</td>
</tr>
<tr>
<td>August 29 - September 4</td>
<td>$362.29</td>
</tr>
<tr>
<td>September 5</td>
<td>$51.76</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$776.34</strong></td>
</tr>
</tbody>
</table>
Family Medical Leave Act

Employer’s Personnel Policies & Procedures

Provides eligible employees with job protected and unpaid leave for qualified medical and family reasons.

Allows eligible employees to take up to 12 weeks of unpaid leave during any 12 month period.

Approval for Disability benefits should not be assumed as approval by Employer of the employee’s absence from their job.
Documents and Forms

Visit website and download

www.isd.benefits.navajo-nsn.gov
Plan Statistics
Claims
Claims Experience

Calendar Year 2012: $28,289,291  (~23% Decrease)
Calendar Year 2013: $21,628,648  (~5% Increase)
Calendar Year 2014: $22,646,172  (~13% Increase)
Calendar Year 2015: $25,696,853  (~18% Increase)
Calendar Year 2016: $30,303,200.00

* Excludes Rx & Disability
Claims Experience

Member Utilization

- Physical Exam
- Native Healing
- Dental Exam
- Vision Exam
- Alternative Care

Year:
- 2012
- 2013
- 2014
- 2015
- 2016 2nd Qtr
Patient Protection and Affordable Care Act

- Medicaid Expansion
- Healthcare Marketplace
- 1095 Form
Health Coverage Options

- Employer-Offered Health Plan
- Medicaid/Medicare
  - Income is less than 138% Federal Poverty Level (FPL)
- Marketplace Health Plan
  - Uninsured
Medicaid
Medicaid
Find out if you Qualify

You may qualify for free or low-cost care based on income and family size

Contact:
New Mexico - Local Department of Health & Human Services (DHHS)
Arizona - Local Department of Economic Security (DES)

Encourage Young Adults (18+) to Apply
Marketplace
Marketplace Exchange

If you do not Qualify for Medicaid or Employer-offered health plans...

Health Insurance Marketplace – Online Enrollment

healthcare.gov/tribal

Next Annual Enrollment
November 2017 – January 2018

(American Indian/Alaska Natives may enroll any time and change plans once a month)
1095 Form
1095A, 1095B or 1095C

Mandated Notices through Affordable Care Act

**1095A** - Health Insurance Marketplace Statement

**1095B** - Health Coverage

(Private health plans, government-sponsored programs, other coverage)

**1095C** - Employer-provided Health Insurance Offer and Coverage
ACA Impact
Enhancements

- Increased Dependent Eligibility Age
- Unlimited Annual Medical Plan Limits
- Unlimited Behavioral Health Service Limits
- Eliminated Pre-Existing Condition Denials
- Full Coverage for Annual Preventative Care Benefits
Questions?
Employee Benefits Program
Administration Building One, Second Floor
PO Box 1360
Window Rock, AZ 86515

(928) 871-6300  main
(928) 871-6408  fax

www.isd.benefits.navajo-nsn.gov

Ahéhéé’
Dóó Hágoónee’