

Navajo Nation Employee Benefits Program

Navajo Nation LGSC/LGA Chapter
Orientation

Gallup Inn, Gallup, NM
March 21-22, 2013



Responsibilities



25 Enterprises

- Dine Biolta School Board Association
- Dine College
- Dine Power Authority
- Kayenta Township Commission
- KTNN Radio Station
- Navajo Agricultural Products, Inc
- Navajo Pride, LLC
- NAPI Bean Plant, LLC
- NAPI Flour Mill, LLC
- NAPI Fresh Pack, LLC
- NAPI Trading, LLC
- Navajo Arts & Crafts Enterprise
- Navajo Engineering Construction Authority
- Four Corners Pre-Cast
- Navajo Nation Oil & Gas Company
- Navajo Nation Tribal Gaming Enterprise
- Fire Rock Navajo Casino
- Flowing Water Navajo Casino
- Northern Edge Navajo Casino
- Twin Arrows Navajo Resort
- Navajo Times
- Navajo Technical College
- Navajo Nation Shopping Centers
- Navajo Nation Hospitality
- Navajo Tribal Utility Authority



34 Chapters

- Baahaali (Breadsprings), Beclabito,
- Tsi'Dii'To'ii (Birdsprings), Bodaway/Gap, Tiis'Tsoh
- Sikaad (Burnham), Chinle, Chilchinbeto,
- Cornfields, Dennehotso,
- Dilkon, Greasewood Springs,
- Kayenta, Kin Dah Lichii (Kinlichee),
- LeChee, Leupp, Littlewater,
- Tse Si Ani (Lupton), Mexican Water,
- Nahata Dzil, Naschitti,
- Newcomb, Ojo Encino, Pinon, San Juan,
- Sheep Springs, Shonto,
- Steamboat, Teesto, Tolikan (Sweetwater),
- To'Nanees'Dizi (Tuba City),
- Tse Daa K'aan (Hogback), Toadlena/Two Grey
- Hills, Upper Fruitland, and White Rock



Plan Information

Self-Funded Plan funded by contributions of premiums from employer and employees

(Employees - 8,026 & Members - 20,109)

Navajo Nation is Fiduciary (has authority to control and manage the operation and administration of the Plan)



As of 02/01/2013

New Hire Enrollment



Election of Coverage

Personnel Action Form (PAF) must be submitted to our office

HMA Enrollment form must be completed with all pertinent proof of eligibility documents attached and submitted to our office to activate coverage

- ✓ Birth Certificate
- ✓ Social Security number
- ✓ Marriage Certificate
- ✓ Certified Court Documents
- ✓ PPACA Form (age 19 up to 26)

Application will be submitted by the Navajo Nation Employee Benefit Program to Hawaii-Mainland Administrators to activate coverage

Election of Coverage

Enrollment must occur within 31 days from the date of hire as a regular status employee

This includes election for family coverage

Proof of eligibility must be provided within 31 days from the date of enrollment

Otherwise, member will be required to add their dependent during the annual Enrollment Period

Effective

Health – After 90 day waiting period, the following month on the first

Life & Disability-Date of Hire, if enrolled within 31 days from the date of hire

Election of Coverage-VTL (optional)

Enrollment must occur within within 31 days from the date of hire; this includes election for family

Effective

Guarantee Issue (GI) Amounts
(NEW HIRES ONLY)

**Guarantee Issue
Amounts** – Date of hire

Evidence of Insurability (EOI) is required for amount that exceeds the GI

Otherwise, premium collection begins until approval letter is received from Mutual of Omaha with an effective date

Voluntary Term Life Application and EOI will be required after 31 days from date of hire

Election of Coverage-VTL

Submit Voluntary Term Life (VTL)
application to Mutual of Omaha, if elected
via fax (402) 997-1835

Evidence of Insurability should also be
included

Annual Enrollment



Election of Coverage

Notification must be received within 31 days of change in family status; effective date of change

Otherwise, member will be required to add their dependent during the annual Enrollment Period

Examples: a recent marriage, a birth of a child, an adoption, establishment of legal guardianship, a medical child support court order, legal divorce or separation, or child reaching the limited age of 26

Annual Enrollment
October & November

Effective January 1 of
the following year

Employee Benefits



What are the Benefits?

Health Insurance

- › Medical Program (includes Native Healing Benefits)
 - (Deductibles, Co-payments, 20% Co-insurance)
- › Dental Program (includes Orthodontia Benefits)
 - (Deductibles, 20% Co-insurance, Annual/Lifetime Maximum)
- › Vision Program (includes Lasik Surgery)
 - (Annual/Lifetime maximum)
- › Pharmacy Benefit Program
 - (Co-payments)

What are the Benefits? (cont.)

Short Term

- › 26 weeks-6 months

Long Term Disability Programs

- › 78 weeks-1 year and 6 months

Short Term Disability



Benefits

Eligibility

Totally disabled as a result of a non-work related illness or injury

Be under a physician's care for the cause of the disability

Exhaust sick leave hours
(Excludes: PTO, OT, CT, AL or Vacation)

First day of an injury;
Eighth day for an illness/maternity

60% of average weekly salary \leq
\$400

Maximum 26 weeks per period
of Disability

Claim must be submitted within
30 days from the date total
disability begins to be
considered timely



Long Term Disability

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Eligibility

An elimination period applies before benefits are payable, 180 days after the onset of the disabling injury or illness

If you become disabled and can work part-time, you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time

Benefits

60% of average monthly salary \leq \$5,000 per month

Maximum 78 weeks per period of Disability

Claim must be submitted four months after the date total disability begins to be considered timely

What are the Benefits? (cont.)

Basic Life and Accidental Death & Dismemberment Insurance

- > Employee: Based on Annual Salary
 - Class 1 – Annual Salary \$30,000+ \$125,000
 - Class 2 – Annual Salary \$20,000 - \$29,999.99 \$ 90,000
 - Class 3 – Annual Salary \$17,000 - \$19,999.99 \$ 80,000
 - Class 4 – Annual Salary \$14,000 - \$16,999.99 \$ 65,000
 - ... (Continues to Class 7)

Basic Life Insurance

- > Dependent Spouse: \$7,500
- > Dependent Child: \$5,000



What are the Benefits? (cont.)

Basic Life and Accidental Death & Dismemberment Insurance (voluntary)

- › **Elected Chapter Official:** \$5,000

(If official is enrolled with Navajo Nation Government or any Enterprises as a regular status employee, official is ineligible)

Enrollment and Beneficiary Designation is required

Premium is paid 100% by Navajo Nation Government



Beneficiary

Primary Beneficiaries will receive proceeds

Secondary Beneficiaries will receive proceeds in the event ALL Primary Beneficiaries are not living at time of employee's loss of life

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

What are the Benefits? (cont.)

Voluntary Term Life Insurance (optional)

- > (Employee & Council Delegates: Min \$10,000-Max 5X Annual Salary \leq \$300,000)
- > (Dependent Spouse: Minimum \$5,000-Maximum \$100,000-no more than 50% of Employee's amount)
- > (Dependent Child: \$5,000)

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Supplemental Insurance (optional)

Premium Collection



Employee Only Election

- Employee Contribution-Biweekly Payroll Deduction
 - > Employee Health/Disability 0
 - > Employee Life \$1.66 – \$4.32
 - > Employee Stop Loss 0
 - > Employee Admin Fee 0
 - > Employee H/C Mgmt Fee 0
 - > Employee Benefit User Fee 0

Employee Only Election

● Employer Contribution-Biweekly

- › Employee Health/Disability \$ 57.21
- › Employee Life \$3.87 – \$10.08
- › Employee Stop Loss \$ 1.79
- › Employee Admin Fee \$ 7.66
- › Employee H/C Mgmt Fee \$ 1.73
- › Employee Benefit User Fee \$ 0.62

Employee + Family Election

- Employee Contribution-Biweekly Payroll Deduction
 - > Employee Health/Disability 0
 - > Employee Life \$1.66 – \$4.32
 - > **Dependent Health \$27.91**
 - > **Dependent Life \$ 0.41**
 - > Employee Stop Loss 0
 - > **Dependent Stop Loss 0**
 - > Employee Admin Fee 0
 - > Employee H/C Mgmt Fee 0
 - > Employee Benefit User Fee 0

Employee + Family Election

◎ Employer Contribution-Biweekly

- › Employee Health/Disability \$ 57.21
- › Employee Life \$3.87 – \$10.08
- › **Dependent Health \$65.12**
- › **Dependent Life \$ 0.95**
- › Employee Stop Loss \$ 3.87
- › **Dependent Stop Loss \$ 3.84**
- › Employee Admin Fee \$ 7.66
- › Employee H/C Mgmt Fee \$ 1.73
- › Employee Benefit User Fee \$ 0.62

Premium Deductions (Biweekly)

	2013 Employee	May 2013 Employee PROPOSED	May 2013 Employee PROPOSED (EE Health/Disability 10% Contribution, Dep 30% Contribution)	May 2013 Employee PROPOSED (EE Health/Disability 10% Contribution, EE Life 35% Contribution, Dep 35% Contribution)
Employee Health & Disability	0	0	\$7.65 increase	\$7.65 increase
Employee Life	\$1.66 - \$4.32	\$1.66 - \$4.32	\$1.66 - \$4.32	\$1.94 - \$5.04 (\$0.28 increase)
Dependent Health	\$27.91	\$34.33 (\$6.42 increase)	\$34.33 (\$6.42 increase)	\$40.05 (\$12.14 increase)
Dependent Life	\$0.41	\$0.41	\$0.41	\$0.48 (\$0.07 increase)
Total Additional Premium		w/ Dependent - \$6.42	Employee Only - \$7.65 w/ Dependent - \$14.07	Employee Only - \$7.65 w/ Dependent - \$20.14

Health Benefit Changes (Annual)

	2012 Single Coverage	2013 Single Coverage (PROPOSED)	2012 Family Coverage	2013 Family Coverage (PROPOSED)
Medical Deductible	\$150	\$200	\$300	\$400
Medical Out-of-Pocket Maximum	\$1,000	\$2,000	\$2,000	\$4,000
Emergency Room Co-pay	\$50/visit	\$100/visit	\$50/visit	\$100/visit
Dental Deductible	\$50	\$100	\$150	\$300
Dental Maximums	\$2,000 annual and lifetime	\$1,750 annual and lifetime	\$2,000 annual and lifetime	\$1,750 annual and lifetime

Employee Benefits Program
Navajo Nation Shopping Centers, Suite 13-B
Window Rock, AZ

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

www.isd.navajo-nsn.gov
www.isd.benefits.navajo-nsn.gov

Ahéhéé'
Dóó Hágoónee'