



GROUP POLICY NO. 0144560

Basic Life and

Accidental Death & Dismemberment

	Annual Salary	Basic	AD&D
A.	\$50,000 or more	\$175,000	\$175,000
B.	\$40,000 to 49,999.99	\$150,000	\$150,000
C.	\$30,000 to 39,999.99	\$125,000	\$125,000
D.	\$20,000 to 29,999.99	\$ 90,000	\$ 90,000
E.	\$20,000 or less	\$ 80,000	\$ 80,000

(Effective 01/01/2020)

24-hour coverage

Dependent Basic Life

Spouse: \$7,500

Children: \$5,000

(newborn to 26th birthday)

Optional Term Life

Apply for additional term life insurance coverage for yourself and eligible dependents.

Online Enrollment

www.mybenefits.metlife.com

Enter "Navajo Nation" as the company name

Select "First Time User? Register Now" to create a User Name and Password which is employee specific

Once all information is set up, the employee will be given the option to elect coverage

All Changes, Terminations and Beneficiary Designation must be done Online

Guarantee Issue amounts available if elected within 30 days from the date of employment.



NAVAJO NATION
Employee Benefits Program
Post Office Box 1360
Window Rock, AZ 86515

Telephone: (928) 871-6300

Fax: (928) 871-6408

For Information and Forms:

www.isd.benefits.navajo-nsn.gov

www.hmatpa.com

Summary of Benefits and Coverage
01/01/2020-12/31/2020
is available

Revised 0101/2020

ELIGIBILITY

Employee must be actively working at least 20 hours per week as a regular status employee

LIFE CLAIM PROCESS

Notice of Life Claim must be provided no later than 30 days after date of death or 12 months after the date of loss (dismemberment).

Proof of Claim form must be completed and required documents must be submitted.

Proof must be satisfactory to life insurance underwriter.

Allow 2-4 weeks to process once all acceptable documents are received by life insurance underwriter.

GRIEF COUNSELING

Metlife Group Life comes with grief counseling provided by Harris, Rothenberg International, Inc. for you, your dependents, and beneficiaries up to five confidential counseling sessions per event.

(855) 609-9989

Or

<https://metlifegc.lifeworks.com>

Username: metlifeassist

Password: support

CLAIM SUBMISSION:

Navajo Nation Employee Benefit Plan
c/o **Hawaii-Mainland Administrators, LLC**
P.O. Box 22009, Tempe, AZ 85285-2009
Phone: (800) 448-3585 or (928) 634-2216
Fax: (888) 634-7691
Health & Short Term Disability
PPO Network: www.hmatpa.com

WellDyneRx

www.welldynernx.com

Pharmacy Help Desk: (888) 886-5822
Member Services: (888) 479-2000

Online Registration & Prescription Mail Order

MetLife

www.metlife.com

(800) 638-6420 Group Life Claim
(877) 275-6387 Life Conversion
(800) 438-6388 Optional Term Life Claim

Colonial Supplemental Life

www.coloniallife.com

Customer Service Center:
(800) 325-4368 or (602) 441-5357
Fax: (602) 801-5357

Phone Enrollment:
(602) 722-0988 or (505) 870-8657
Email: Annalisa.Kurz@coloniallifesales.com or
Lea.Dennison@coloniallife.com

CLAIM STATUS:

Secure Online Member Portal available

<https://members.hmatpa.com>

Create a Username and Password

Needed for Initial Setup:
Plan or Employer ID number
Employee Member ID
Date of Birth
Last 4 Digits of SSN

SHORT TERM DISABILITY BENEFIT

Eligibility

Regular status employee

Become totally disabled as the result of a non-occupational injury or illness

Be under a physician’s regular care for the cause of the disability

Exhaust sick leave hours

Claim Process

Claim must be submitted within 30 days from the date disability begins

Begins the first (1) day of an injury or after a seven day waiting period for an illness or maternity leave

60% of average weekly salary up to a maximum benefit of \$600 per week.

Maximum benefit period of 52 weeks

(Once approved, please note insurance premiums not collected during period of disability will be collected upon return to work to bring member current with employee and/or family coverage)

EFFECTIVE DATES:

Basic Life and AD&D Life coverage is effective on the date of enrollment, if enrolled within 31 days of hire, otherwise, Evidence of Insurability will be required.

Health benefit coverage is effective on the first day of the month following a 60-day waiting period from the date of enrollment.

Disability benefit coverage for employee only is effective on the date of enrollment, if enrolled within 31 days of hire.

Full health coverage is available for eligible employee, spouse, and children up to 26th birthday

MEDICAL BENEFIT PROGRAM

Deductible:

\$400—Individual \$800—Family

(Must be met before claims are paid)

Pays covered expenses at 80% (in-network) and 60% (out-of-network) per calendar year up to out-of-pocket maximum of:

\$4,000—Individual \$8,000—Family

Thereafter, the excess covered expenses are covered at 100 percent unless limitations apply.

(Pre-Authorization is required for all non-emergency hospitalization or claims exceeding \$300)

Emergency Room Treatment

In addition to the annual medical deductible, a \$350 co-pay will apply per visit if treatment does not result in hospital confinement.

Inpatient Hospital Admission

In addition to the annual medical deductible, a \$250 co-pay will apply per inpatient admission.

DENTAL BENEFIT PROGRAM

Deductible:

\$100—Individual \$300—Family

(Must be met before claims are paid)

Class I-Preventive: Pays 100% of covered expenses

Class II-Basic: Pays 80% of covered expenses

Class III-Major: Pays 80% of covered expenses

Maximum benefit: \$1,500 per individual per calendar year

Class IV-Orthodontics: Pays 50% of covered expenses

Lifetime benefit: \$2,000 per individual

(Orthodontics Limited to Children under age 19)

VISION BENEFIT PROGRAM

No Deductible

Benefits: Eye Examination

Lenses/Frames or Contact Lenses

Maximum benefit: \$200 per individual per calendar year

Lasik Surgery

Lifetime benefit: \$500 per individual

www.qualsight.com

PHARMACY BENEFIT PROGRAM

\$20 co-payment for generic drugs

\$40 co-payment for brand drugs

\$70 co-payment for non-formulary brand drugs

WellDyneRx Mail Order Service

\$40/\$80/\$120 co-pay for a 3-month supply

(Online registration is required)

Out of Pocket Reimbursement Forms are available at the NNEBP website

.....

Health and life insurance cancel at midnight at the end of the month of termination date.

Notice of continuation of health coverage through COBRA as well as continuation of life insurance will be offered upon termination of coverage.

Please ask to speak with a benefit representative for additional information.

NATIVE HEALING BENEFIT

Considered a medical expense

Ceremony must have been performed

Traditional ceremony must be directly related to health of an employee or his/her covered dependent

Maximum benefit per covered family per calendar year is \$350

Must be conducted by a Native Healing Practitioner for the benefit of an employee or covered dependent

(The Plan reserves the right to verify native practitioner information prior to the processing of a claim)

Claim Process

Updated claim form (Revised 01/01/11) must be completed and Original form submitted.

Fax or photocopy will not be accepted.

Must be filed after ceremony has been performed no later than 12 months from date of service.

Does not cover dwelling, livestock, and others not considered health related.

Receipts are not required.

