



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 LifeWorks for you, your dependents, and beneficiaries up to five confidential counseling sessions per event.

(866) 307-1405

Or

<https://metlifebene.lifeworks.com>

Username: metlifebene

Password: support

CLAIM SUBMISSION:

Navajo Nation Employee Benefit Plan
c/o **Verdegard Administrators**
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.multiplan.com

MedImpact

www.medimpact.com
Pharmacy Help Desk and Member Services
(888) 648-6754
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

HEALTH CLAIM STATUS:

Secure Online Member Portal available

<https://members.hmatpa.com>

Select "Create Account"
Enter First and Last Name
Enter Email Address
Enter Date of Birth
Enter Member/Employee ID number
Temporary Password will be Emailed
Login with Email and Temporary Password
Create Password



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

Telephone: (928) 871-6300

Fax: (928) 871-6408

CONTACT EMAIL:

Eulanda Ciccarello, Program Supervisor
eulandaciccarello@navajo-nsn.gov

Steven Smith, Jr., Benefits Clerk
ssmithjr@navajo-nsn.gov

Forms & General Information:

www.benefits.navajo-nsn.gov

Summary of Benefits and Coverage 01/01/2024-12/31/2024



GROUP POLICY NO. 0144560

Basic Life and Accidental Death & Dismemberment 24-hour coverage

	Annual Salary	Basic	AD&D
Class 1	\$50,000 or more	\$175,000	\$175,000
Class 2	\$40,000 to 49,999.99	\$150,000	\$150,000
Class 3	\$30,000 to 39,999.99	\$125,000	\$125,000
Class 4	\$20,000 to 29,999.99	\$ 90,000	\$ 90,000
Class 5	\$20,000 or less	\$ 80,000	\$ 80,000

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.

New Hires: Guarantee Issue amounts available if elected within 30 days from the date of employment
GI Employee — up to \$50,000
GI Spouse — up to \$15,000
GI Child — \$5,000 each

Statement of Health Questionnaire Required
except for Guarantee Issue Amounts

Online Enrollment

www.metlife.com/mybenefits

Select "Navajo Nation" as the organization name
Click "Next" and "Register" and enter your information
A Verification Code to confirm identity will be sent
Once all information is set up, the employee will be given the option to elect coverage

Annual Open Enrollment is October and November

Changes, Terminations and Beneficiary Designation updates can be done Online or on Paper form

ACTIVATION DATES:

Basic Life and AD&D coverage effective on date of enrollment, if enrolled within 31 days of hire

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

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

CANCELLATION DATES:

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

SHORT TERM DISABILITY BENEFIT**Eligibility**

Regular status employee

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

Under a physician's regular care for the cause of the disability

Exhaust sick leave hours; no paid annual leave or paid-time-off (PTO) 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 \$650 per week.

Maximum benefit period of 52 weeks

(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)

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

MEDICAL BENEFIT PROGRAM

Annual Deductible

\$300—Individual \$600—Family
(Must be met before claims are paid)

Pays expenses at:

80% (in-network)

60% (out-of-network)

per calendar year after annual deductible is met, up to out-of-pocket annual maximum

\$3,500—Individual \$7,000—Family

Thereafter, excess covered expenses are covered at 100 percent (limitations apply)

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

Emergency Room Treatment

In addition to annual medical deductible, \$250 co-pay will apply per visit, if treatment does not result in hospital confinement

Inpatient Hospital Admission

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

NATIVE HEALING BENEFIT

Must be directly related to health of an employee or his/her covered dependent and conducted by a Native Healing Practitioner

Maximum benefit per covered family per calendar year is \$1,000

Claim Process

Claim form must be completed and submitted Fax and photocopy are acceptable

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

Receipts are not required

DENTAL BENEFIT PROGRAM

Annual Deductible:

\$50—Individual \$150—Family
(Must be met before claims are paid)

Class I-Preventive: Pays 100% of expenses

Class II-Basic: Pays 80% of expenses

Class III-Major: Pays 80% of expenses

Maximum annual benefit **\$2,500 per individual**

Class IV-Orthodontics: Pays 50% of expenses

Maximum lifetime benefit **\$2,000 per individual**

VISION BENEFIT PROGRAM

Annual Eye Examination

Lenses/Frames or Contact Lenses

Maximum annual benefit \$400 per individual

Lasik Surgery

Maximum lifetime benefit: \$2,000 per individual

PHARMACY BENEFIT PROGRAM

\$10 co-payment for generic drugs

\$20 co-payment for brand drugs

\$35 co-payment for non-formulary brand

MedImpact Mail Order Service

\$20/\$40/\$70 co-pay for a 3-month supply

(Online registration is required)

Out of Pocket Reimbursement Forms are available at the NNEBP and MedImpact websites

COVID-19

COVID-19 Testing—100%

COVID-19 Vaccination—100%

COVID-19 Test Kits—100%

PREMIUM RATES

REGULAR STATUS 26 PPE			
			Total
	1701 - Life		
Class 1	Employee Only	9.08	20.80
	Employee w/ Family	9.52	75.41
Class 2	Employee Only	7.78	19.50
	Employee w/ Family	8.22	74.11
Class 3	Employee Only	6.48	18.20
	Employee w/ Family	6.92	72.81
Class 4	Employee Only	4.67	16.39
	Employee w/ Family	5.11	71.00
Class 5	Employee Only	4.15	15.87
	Employee w/ Family	4.59	70.48
	8005 - Disability		0.70
	2011 - Employee Health		11.02
	2021 - Family Health		65.19

HEADSTART PPE 19 PPE			
			Total
	1702 - Life		
Class 1	Employee Only	12.42	28.46
	Employee w/ Family	13.02	103.18
Class 2	Employee Only	10.65	26.69
	Employee w/ Family	11.25	101.41
Class 3	Employee Only	8.87	24.91
	Employee w/ Family	9.47	99.63
Class 4	Employee Only	6.39	22.43
	Employee w/ Family	6.99	97.15
Class 5	Employee Only	5.68	21.72
	Employee w/ Family	6.28	96.44
	8006 - Disability		0.96
	2012 - Employee Health		15.08
	2022 - Family Health		89.20

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