



## 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](http://www.multiplan.com)

### MedImpact

[www.medimpact.com](http://www.medimpact.com)  
Pharmacy Help Desk and Member Services  
(888) 648-6754  
Online Registration & Prescription Mail Order

### MetLife

[www.metlife.com](http://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](http://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](mailto:Annalisa.Kurz@coloniallifesales.com) or  
[Lea.Dennison@coloniallife.com](mailto:Lea.Dennison@coloniallife.com)

### HEALTH CLAIM STATUS:

Secure Online Member Portal available  
<https://members.verdegard.com>  
Select "Get Started "  
Enter Employee Information including  
Member ID number from Health Card  
Select "Register"  
Verification Link will be Emailed  
Complete Phone Verification Process  
Log In to Account



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

Telephone: (928) 871-6300

Fax: (928) 871-6408

### Forms & General Information:

[www.benefits.navajo-nsn.gov](http://www.benefits.navajo-nsn.gov)

### Summary of Benefits and Coverage 01/01/2026-12/31/2026

### Electronic Submission

[benefitsdocs@navajo-nsn.gov](mailto:benefitsdocs@navajo-nsn.gov)

### Onboarding & Updates

<https://www.dayforcehcm.com/mydayforce/login.aspx>

Login, Select Benefits, Select Overview

- Start Enrollment
  - Life Event Enrollment
- Select Forms
- Current Beneficiary Information



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](http://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

**\$200—Individual      \$400—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

**\$3,000—Individual      \$6,000—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**

No Annual Deductible

Class I-Preventive: Pays 100% of expenses

Class II-Basic: Pays 80% of expenses

Class III-Major: Pays 80% of expenses

Maximum annual benefit **\$3,000 per individual**

Class IV-Orthodontics: Pays 50% of expenses

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

**VISION BENEFIT PROGRAM**

Annual Eye Examination

Lenses/Frames or Contact Lenses

Maximum annual benefit \$450 per individual

**Lasik Surgery**

Maximum lifetime benefit: \$3,000 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%** up to 8 per month per member; maximum \$12/kit

**PREMIUM RATE**

**26 PPE\*—Regular Employees 2026**

	Life	EE	ER	TOTAL	
<b>Class 1</b>	<b>\$50,000 - Over</b>	<b>EE Only</b>	<b>\$ 10.13</b>	<b>\$ 23.63</b>	<b>\$ 22.30</b>
	Value \$175,000	Family (+\$0.52)	\$ 10.65	\$ 24.83	\$ 78.89
<b>Class 2</b>	<b>\$40,000 - \$49,999</b>	<b>EE Only</b>	<b>\$ 8.68</b>	<b>\$ 20.26</b>	<b>\$ 20.85</b>
	Value \$150,000	Family (+\$0.52)	\$ 9.20	\$ 21.46	\$ 77.44
<b>Class 3</b>	<b>\$30,000 - \$39,999</b>	<b>EE Only</b>	<b>\$ 7.23</b>	<b>\$ 16.89</b>	<b>\$ 19.40</b>
	Value \$125,000	Family (+\$0.52)	\$ 7.75	\$ 18.09	\$ 75.99
<b>Class 4</b>	<b>\$20,000 - \$29,999</b>	<b>EE Only</b>	<b>\$ 5.21</b>	<b>\$ 12.15</b>	<b>\$ 17.38</b>
	Value \$90,000	Family (+\$0.52)	\$ 5.73	\$ 13.35	\$ 73.97
<b>Class 5</b>	<b>\$19,999 - Less</b>	<b>EE Only</b>	<b>\$ 4.63</b>	<b>\$ 10.80</b>	<b>\$ 16.80</b>
	Value \$80,000	Family (+\$0.52)	\$ 5.15	\$ 12.00	\$ 73.39
	<b>Disability</b>		<b>\$ 0.71</b>	<b>\$ 6.42</b>	
	<b>Employee Health</b>		<b>\$ 11.46</b>	<b>\$ 103.06</b>	
	<b>Family Health (+\$6.07)</b>		<b>\$ 67.53</b>	<b>\$ 233.89</b>	
	<b>Administrative Fee: DC/NH</b>			<b>\$9.55</b>	
	<b>Administrative Fee: RG</b>			<b>\$11.28</b>	
	<b>Benefit User Fee</b>			<b>\$ 7.82</b>	

**19 PPE\*—Seasonal Employees 2026**

	Life	EE	ER	TOTAL	
<b>Class 1</b>	<b>\$50,000 - Over</b>	<b>EE Only</b>	<b>\$ 13.86</b>	<b>\$ 32.34</b>	<b>\$ 30.51</b>
	Value \$175,000	Family (+\$0.70)	\$ 14.56	\$ 33.99	\$ 107.93
<b>Class 2</b>	<b>\$40,000 - \$49,999</b>	<b>EE Only</b>	<b>\$ 11.88</b>	<b>\$ 27.72</b>	<b>\$ 28.53</b>
	Value \$150,000	Family (+\$0.70)	\$ 12.58	\$ 29.37	\$ 105.95
<b>Class 3</b>	<b>\$30,000 - \$39,999</b>	<b>EE Only</b>	<b>\$ 9.90</b>	<b>\$ 23.10</b>	<b>\$ 26.55</b>
	Value \$125,000	Family (+\$0.70)	\$ 10.60	\$ 24.75	\$ 103.97
<b>Class 4</b>	<b>\$20,000 - \$29,999</b>	<b>EE Only</b>	<b>\$ 7.13</b>	<b>\$ 16.63</b>	<b>\$ 23.78</b>
	Value \$90,000	Family (+\$0.70)	\$ 7.83	\$ 18.28	\$ 101.20
<b>Class 5</b>	<b>\$19,999 - Less</b>	<b>EE Only</b>	<b>\$ 6.34</b>	<b>\$ 14.78</b>	<b>\$ 22.99</b>
	Value \$80,000	Family (+\$0.70)	\$ 7.04	\$ 16.43	\$ 100.41
	<b>Disability</b>		<b>\$ 0.98</b>	<b>\$ 8.78</b>	
	<b>Employee Health</b>		<b>\$ 15.67</b>	<b>\$ 141.04</b>	
	<b>Family Health (+\$76.72)</b>		<b>\$ 92.39</b>	<b>\$ 320.06</b>	
	<b>Administrative Fee: DC/NH</b>			<b>\$13.07</b>	
	<b>Administrative Fee: RG</b>			<b>\$15.44</b>	
	<b>Benefit User Fee</b>			<b>\$ 10.71</b>	

\*PPE—pay period ending

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