

## 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.

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

**Catamaran Rx**  
[www.mycatamaranrx.com](http://www.mycatamaranrx.com)  
(888) 869-4600

Liberty Medical Supply-Diabetic Sense

(877) 852-3512

**Catamaran Rx Mail Order** (800)  
763-0044

**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 (623) 451-2394  
Fax: (800) 880-9325

Phone Enrollment:  
(623) 451-2394  
Email: [mark.montoya@coloniallife.com](mailto:mark.montoya@coloniallife.com)

### MEMBER PORTAL:

Secure Online Access: <https://members.hmatpa.com>  
Click on <Create Account>

Email is the member's Username  
Create a Password Needed  
for Setup:  
Employee ID number from Insurance Card  
Date of Birth  
Social Security Number  
(Dependents age 18 on up must create their own access)



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

[www.hmatpa.com](http://www.hmatpa.com)

**Summary of Benefits and Coverage**  
**01/01/2015-12/31/2015 is**  
**available**

**(Available in English and Dine)**

Revised 01/01/2015



GROUP POLICY NO. 0144560

**Basic Life and**  
**Accidental Death & Dismemberment**

	Annual Salary	Basic	AD&D
A.	\$30,000 or more \$125,000	\$125,000	
B.	\$20,000 to 29,999	\$ 90,000	\$ 90,000
C.	\$17,000 to 19,999 80,000	\$ 80,000	\$

D.	\$14,000 to 16,999	\$ 65,000	\$ 65,000
E.	\$12,000 to 13,999	\$ 55,000	\$ 55,000
F.	\$10,000 to 11,999	\$ 50,000	\$ 50,000
G.	Under \$9,999	\$ 48,000	\$ 48,000

(Effective 10/01/2008)

24-hour coverage

### Dependent Basic Life

Spouse: \$7,500

Children: \$5,000

(newborn to 26th birthday)

### Optional Term Life

Visit MetLife's website for Online Enrollment

[www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

to apply for additional term life insurance coverage for yourself and eligible dependents.

Instructions:

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

### 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 \$400 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:

**\$250—Individual \$500—Family**

(Must be met before claims are paid)

Pays all covered expenses at 80% per calendar year up to out-of-pocket maximum of:

**\$2,750—Individual \$5,500—Family**

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

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

Emergency Room Treatment

\$250 co-payment will apply per visit if treatment does not result in hospital confinement. Inpatient Hospital Admission

\$250 co-payment will apply per inpatient admission .

## DENTAL BENEFIT PROGRAM

Deductible:

**\$100—Individual \$300—Family**

(Must be met before claims are paid)

Class I-Preventive: (No deductible)

Pays 100% of covered expenses

Class II-Basic: Pays 80% of covered expenses

Class III-Major: Pays 80% of covered expenses

Maximum benefit: \$2,000 per individual per calendar year

Class IV-Orthodontics: Pays 50% of covered expenses

Lifetime benefit: \$2,000 per individual

## VISION BENEFIT PROGRAM

No Deductible

Benefits: Eye Examination

Lenses/Frames or Contact Lenses

(One frame every 24 months)

Maximum benefit: \$200 per individual per

calendar year

**Lasik Surgery**

Lifetime benefit: \$500 per individual

[www.qualsight.com](http://www.qualsight.com)

## PHARMACY BENEFIT PROGRAM

\$10 co-payment for generic drugs

\$20 co-payment for brand drugs

\$35 co-payment for non-formulary brand drugs **Catamaran Rx Mail Order Service** \$10 co-payment for a 3-month supply

**Diabetic Sense Program**

FREE BG Meter, test strips, lancets, springpowered device for lancets, syringes, and alcohol pads. FREE Standard Delivery.

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.

