

Navajo Nation

EMPLOYEE BENEFITS PROGRAM

Presenting to

LOCAL GOVERNANCE ACT CERTIFIED CHAPTERS

May 29, 2015 @ Navajo Nation Museum Window Rock, AZ

Purpose

The Employee Benefits Program is hereby providing an overview of the process in transitioning employee health and life insurance for approved Governance Certified Chapter

Requirements

The Governance Certified Chapter is required to provide adequate insurance coverage for its employees pursuant to 26 N.N.C. 2003 (c)

The Governance Certified Chapter may participate in the insurance coverage currently available to Navajo Nation employees

Participation

Chapter must submit a written request to participate in the Employee Benefit Program

Employee Benefit Program will assist the Chapter with establishing accounts, enrollment, premium allocation, and collection

The Chapter is responsible for budgeting of positions and fringe benefits adequately

Flow Chart

Request for Participation in the Navajo Nation Insurance Services Department's Programs

- 1. Submit a Letter of Participation Interest to the NN Insurance Services Department with:
 - a. Resource Development Committee (RDC) Resolution with assigned RDC#,
 - b. Adopting the Five Management System Resolution, and
 - c. Fiscal Year Budget

SUBMISSION INFORMATION:
Department Manager
NN Insurance Services Department
PO Box 1360
Window Rock, AZ 86515
Tele: 928.871.6461/6462

Fax: 928.871.7432

NNISD receives Letter of Interest with all pertinent documents

Executive Review

Participation Agreement is prepared Administrative Process Orientation by NNISD Programs Letter of Acceptance from NNISD

Participation Begins

Non-Participation

Must follow Navajo Business Procurement laws to obtain employee health and life insurance coverage for its employees

Employee Benefit Program will assist in the procurement process and selection of insurance coverage

Title 2 requires approval by the Navajo Nation Insurance Commission

NN Insurance Commission

Commission Members

Bernadette Bernally, Chairperson (Term Continuous)

I. Harlan Charley, Member (nominated by NN employees)

Linda Youvella, Member (selected by Speaker)

Linda Bitsoi, Member (selected by Judicial Branch)

Raymond Smith, Vice-Chairperson (Term Continuous)

Olivia Benally, Alternate for Enterprise

NN Department of Justice & Legislative Counsel

Program Administration

Introduction

Our Mission... exists to provide unique, comprehensive and costeffective benefits through quality management for the health and well-being of plan participants

Our Goal... to provide and administer employee benefit programs for non-occupational causes including life insurance, health care coverage and related medical, dental, and vision plans, disability income, and other benefit plans enacted by the Navajo Nation or federal legislation

Our Foundation... the self-insured Navajo Nation Employee Benefit Plan enacted in 1991 insures employees of the Navajo Nation, its Entities, and Chapters

Participating Enterprises

Dine Biolta School Board Association Dine College Dine Power Authority **Kayenta Township Commission** KTNN Radio Station Navajo Agricultural Products Industry Navajo Arts & Crafts Enterprise Navajo Engineering Construction Authority Navajo Nation Hospitality Enterprise Navajo Nation Oil & Gas Company Navajo Nation Shopping Centers, Inc. Navajo Nation Gaming Enterprise Navajo Technical University Navajo Times Publishing Navajo Transitional Energy Company, LLC Navajo Tribal Utility Authority

Participating LGA Chapters

Aneth Chapter

Baahaali Chapter

Baca/Prewitt Chapter

Beclabito Chapter

Bodaway/Gap Chapter

Casamero Lake Chapter

Chilchinbeto Chapter

Chinle Chapter Government

Cornfields Chapter

Cove Chapter

Dennehotso Chapter

Dilkon Chapter

Ganado Chapter

Greasewood Springs Chapter

Houck Chapter

Kayenta Chapter

Kin Dah Lichii Chapter

LeChee Chapter

Leupp Chapter

Littlewater Chapter

Mexican Water Chapter

NahataDzil Commission Governance

Naschitti Chapter

Nazlini Chapter

Newcomb Chapter

Ojo Encino Chapter

Pinon Chapter

San Juan Chapter

Sheep Springs Chapter

Shonto Community Governance

Steamboat Chapter

Teesto Chapter

Tiis Tsoh Sikaad Chapter

Toadlena/Two Grey Hills Chapter

Tonalea Chapter

Tolikan Chapter

To'Nanees'Dizi Chapter

Tse Daa K'aan Chapter

Tse Si Ani Chapter

Tsi'Dii To'ii Chapter

Upper Fruitland Chapter

White Rock Chapter

Whippoorwill Springs Chapter

Plan Information

Tribal Self-Funded Plan for employees working more than 20 hours per week on a regular basis

Employers and employees fund the Plan by contribution of monthly premiums

Employees – 7,885 Total Members – 19,744 (COBRA Participants – 59)

As of 04/01/2015

Plan Administrator

Administer the self-insured group health and disability plans and the life insurance plans

Review and recommend plan design

Allocate and Collect Premium



Third Party Administrator

Claims Management (Health and Disability)

Customer Service

Account Management

Network Management

Health Services

Recovery Services

Other Services (Pharmacy, COBRA, Stop Loss Policies, Life Insurance, Voluntary Benefits)

Group Health, Life & Disability Insurance

Health Insurance Plan

Medical Program (includes Native Healing Benefits)

Dental Program (includes Orthodontic Benefits)

Vision Program (includes Lasik Surgery)

Pharmacy Benefit Program

Short Term Disability Plan

Maximum 52 weeks of Indemnity

Stop Loss Insurance

Medical Claims exceeding \$600,000 per insured member based on calendar year paid claims

Reimbursement to the Plan from the stop loss carrier

Basic Life and Accidental Death & Dismemberment Insurance

Employee: Range \$48,000 - \$125,000

Elected Chapter Official: \$5,000 (voluntary)

Basic Life Insurance

Dependent Spouse: \$7,500

Dependent Child: \$5,000

Voluntary Term Life Insurance (optional)

Employee: Min \$10,000-Max 5X Annual Salary ≤ \$300,000

Spouse: Minimum \$5,000-Maximum \$100,000-no more than

50% of Employee's amount

Dependent Child: \$5,000

Supplemental Insurance (optional)

Premium Rate

Monthly Premium Rates

Employee Rate (Stop Loss/Reinsurance Fee) \$4.64 per Employee

Dependent Rate (Stop Loss/Reinsurance Fee) \$9.99 per Family

Employee Aggregate Amount (Health & Disability) \$172.24 or \$8.59 (New Hire or Dual Spouse)

Dependent Aggregate Amount (Health) \$273.98

Monthly Premium Rates

Employee Basic/AD&D Life Salary Code ranging from \$13.66 - \$35.58

> Dependent Basic Life \$3.16

TPA Administrative Fee \$21.24 or \$17.49 (New Hire or Dual Spouse)

PPACA Fee (Transitional Reinsurance Fee) \$9.93

Enrollment

Waiting Period

For compliance with the Affordable Care Act, effective January 1, 2014, health benefits become effective for New Hires and eligible dependents the first of the following month following a sixty (60) day waiting period

Personnel documentation (i.e. PAF) must be completed and provided to our office for immediate enrollment

Automatic Enrollment

Contributory – Employee and Employer Pay

Automatic enrollment for New Hires after January 1, 2014

Written notification must be given to the employee of the automatic enrollment with the option to opt out and 31 days to add dependents otherwise Annual Open Enrollment Period applies

Optional Term Life Insurance

Employee:

\$10,000 up to 5x Annual Salary ≤ \$300,000

Spouse:

\$5,000 up to \$100,000 ≥ 100% Employee's amount

Child:

\$5,000 each

Online Enrollment ONLY - www.mybenefits.metlife.com

Enter "Navajo Nation" as the company name

Select "First Time User?" to register 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



Process-Enrollment

New Hires and Active Employees (transfer of coverage)

Termination of Coverage from Navajo Nation

Enrollment of New Hire with New LGA Chapter Location

Activate New Hire Employee payroll deductions

If new hires submit their applications beyond 31 days from their date of hire, a written request must be submitted to Employee Benefits requesting approval to enroll outside the timely enrollment period

Access MetLife Web Enrollment (MyBenefits) for any Optional Term
Life enrollments

Process-Termination

Changes

Adding of dependents to an existing policy must be timely

Terminations

Employer must notify the Plan immediately following a termination action by providing a Personnel document that shows the date of termination and reason

Collect employee premium deductions through the end of the covered month

Chapter Administration

Responsibilities

Notify the Plan immediately upon:

Enrollment and Termination
Salary Change
Adding or Deleting Dependent

Monthly Billing

Pay As Billed-adjustments reflected on next statement

Training

Human Resource Courses

i.e. COBRA, Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), Patient Protection Affordable Care Act (PPACA), Centers for Medicaid and Medicare Services (CMS)

www.nationalseminarstraining.com

www.hrlaw.com

www.skillpath.com

www.lorman.com

www.shrm.com

www.ifebp.org

www.amanet.org

www.pryor.com

Participation Agreement

General Provisions

Provide adequate insurance coverage and protection for all participants

Can join together in this insurance in the pooling of the self-insured losses and jointly purchasing of excess insurance, reinsurance, or other reserve Funding

Economically feasible and practical to all who agree

Note: Participation Agreement approved #IC-DEC-02-09

Purpose

To provide effective insurance coverage and services as authorized pursuant to 2 N.N.C. §§ 931 and other applicable Navajo laws, regulations and agreements

Title 2 Section 931, states "The Navajo Nation Insurance Commission is hereby established and continued as the Navajo Nation Insurance Commission (a.k.a. NNIC) within the Legislative Branch"

Parties to Agreement

Administrator to Participants:

Navajo Nation
Navajo Nation (LGA Certified/Non-Certified) Chapters
Enterprises (and its approved subsidiaries)

Participant is on the Navajo Nation. Anyone outside of the Navajo Nation will need to notify the Administrator.

Administrator's Responsibility

Administer the Fund – as defined

Make and enter into insurance contracts

Incur liabilities and obligations

Acquire services and other forms of assistance

Evaluate, assess, adjust and adjudicate claims

Carry out the terms and provisions of this agreement

Assign and exercise random inspections, investigations, and other safety issues in maintaining loss control and prevention

Participant's Responsibilities

Appoint a Liaison

Refrain from disputes amongst each other

Pay invoice upon receipt

Report all incidents no matter how small or big they are

Report exposure:

Contracts

New Property

Modifications & Deletions of Property Acquiring or Merging with other companies (i.e. LLC)

Submit or report any changes to your administrator ASAP

Participant Withdrawal

Section 10

Provide written notice to withdraw at least 90 days prior to insurance policy (October 1 for RMP or WCP; and January 1 for EBP)

Good Payment Standing

Notice within 90 days will need to pay outstanding premiums and other cost incurred by Administrator

Contributions shall remain for use by the Administrator

Terminate Agreement

Approval to be received by NNIC

Refer back to Section 10, that all requirement are to be met plus NNIC approval to terminate agreement

Late Fees and Interest may be applied from date of termination

Navajo Nation Employee Benefits Program

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Phone: 928 871-6300
Fax: 928 871-6408

Ahéhée'
Dóó Hágoónee'