

NANA



Medical Plans are Changing More Choices, Lower Costs

NANA was recently approved to offer new medical plans through the Federal Employee Health Benefits (FEHB) program for tribal employees. Our employees will now be able to buy the same health insurance offered to U.S. federal government employees.

The federal plans give you and your family more choices and better pricing. This saves you and the company money. We will offer these plans to employees of NRC, NDC, NMS, NANA WorleyParsons, NANA Pacific and Tuuq starting April 1, 2017.

All current NANA health plans will end on March 31, 2017. You must decide whether or not to sign up for a new plan during open enrollment, which will start February 13, 2017 and end March 13, 2017.

What's changing?

This open enrollment is for medical plans only – dental, vision and FSA plans cannot be changed.

Health Savings Accounts will no longer be sponsored by NANA, but are a part of several of the FEHB plans.

All medical plan deductibles and out of pocket maximums will start again on April 1 under the new medical plans.

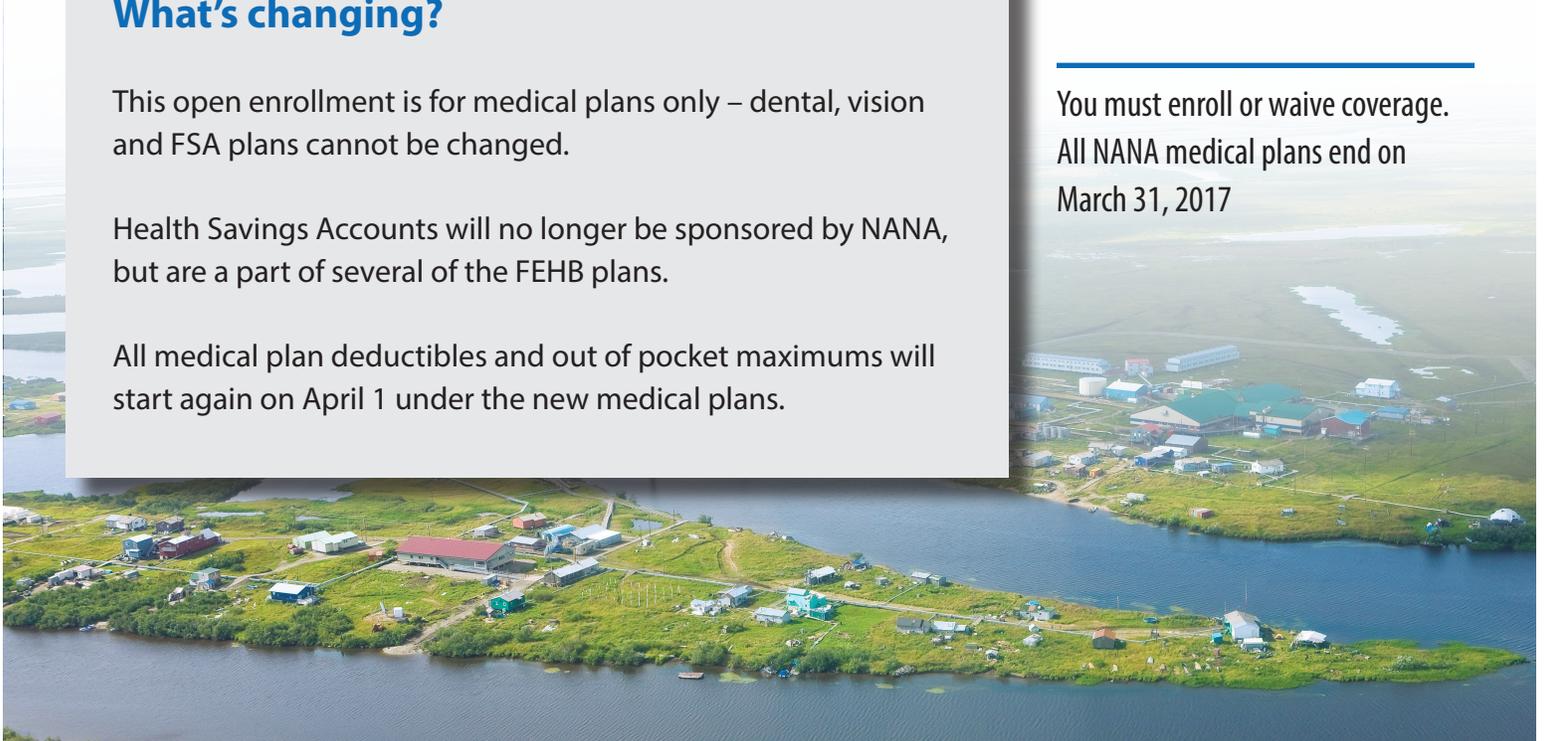
**Open enrollment is
February 13, 2017
through March 13, 2017**

More information at:

www.nanaopenenrollment.com

For more help, call Health Advocate at (866) 799-2728. Hotline hours are Monday through Friday 4:00 a.m. to 8:00 p.m. Alaska time. Or email answers@healthadvocate.com.

You must enroll or waive coverage.
All NANA medical plans end on
March 31, 2017



Choosing a Health Plan

You have many more choices now that NANA is part of the Federal Employees Health Benefits (FEHB) system. Every family's needs are different. Here are some tips for choosing a health plan that is right for you and your family.

Think about your medical needs

Choose a plan that matches the way you use medical services. For example, if you have a lot of doctor visits, you may want a plan with lower out of pocket expenses. If you have prescription drugs you take every day, choose a plan that covers those drugs at the lowest cost.

Look at networks

Your costs are lower when you use providers who are part of the plan; these are "in network" providers. If you have doctors or other health care providers that you like, call their office to see if they are in network for the plans you are considering. This means that they have an agreement with that plan's insurance company to provide service to you at a lower price. In general, plans with a bigger network of healthcare providers will give you more choices. If you choose a plan, then use out of network providers, you may pay much more for your health care.

Think about your budget

With many health plan choices, you can find a premium cost that fits your budget. But your total cost of health care also includes out of pocket costs. These are the part of the costs you pay for your health care, for deductibles (the amount you pay each year before your insurance benefits start) and co-pays or coinsurance (the amount or percentage you pay for each service, after you have met your deductible. In general, plans with higher premiums have lower out of pocket costs.

Choose a plan and know your numbers

Use the FEHB "Compare Plans" tool to decide which plan is right for you. See www.nanaopenenrollment.com for instructions and a link to the tool.

Each FEHB plan has a 2-digit code.

Write your code here:

Eligibility Criteria

- Regular Full Time and Part Time employees
- No existing FEHB coverage or TriCare Reserve

Health Plan Definitions

Premium

The amount you pay for your health insurance every month. Half of this amount will be deducted from your paycheck twice a month.

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay.

Co-Payment

A fixed payment for a covered service, paid at the time of service. Not usually subject to a deductible.

Coinsurance

The percentage of the cost you pay for covered health services after you have paid your deductible.

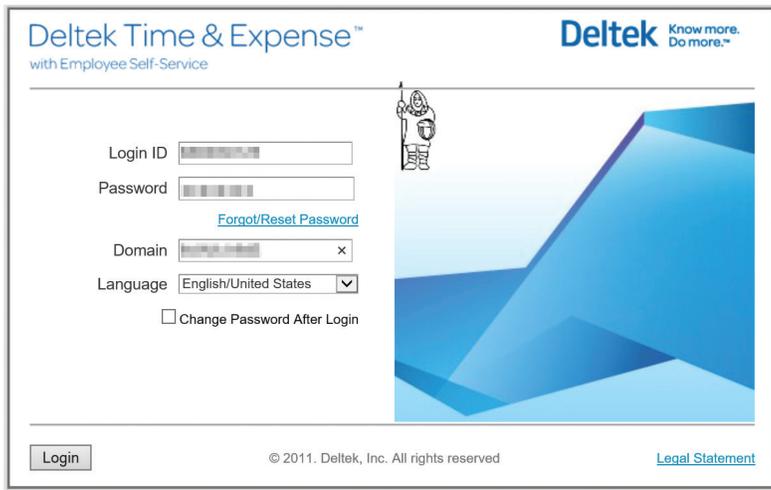
Out of Pocket Costs

Costs for medical care that are not reimbursed by insurance. This includes deductibles, co-payments and coinsurance for covered services and all costs for services that are not covered. Once you reach your out-of-pocket maximum, the insurance plan will pay 100% of eligible costs for the rest of the calendar year.

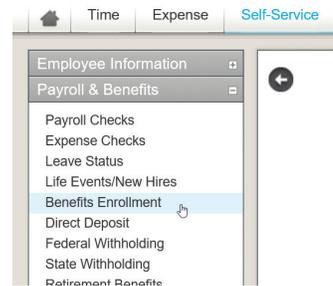
Covered Services

Services covered by your health insurance plan, listed in the plan's Summary of Benefits.

How to Enroll



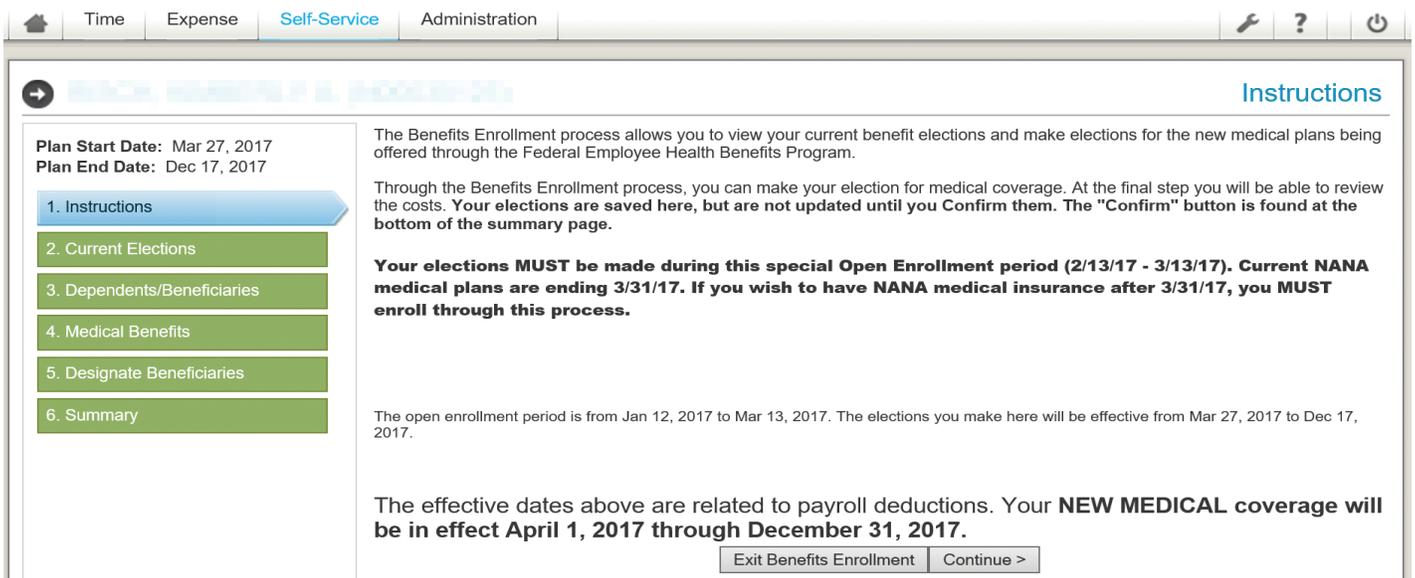
Click on
Self-Service\Payroll & Benefits\Benefits Enrollment



The system will progress step-by-step through the Open Enrollment Process. Steps 1-6 are listed down the left-hand side. Be sure to read all instructions and information. Click "continue" to proceed to next step. To return to a step, just click on the menu item.

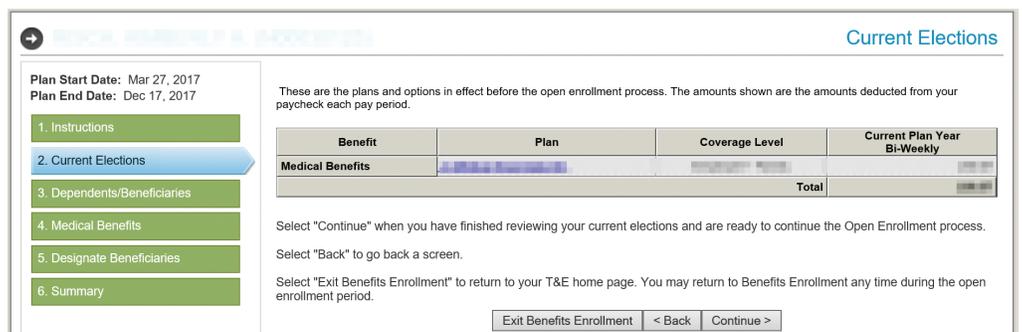
Step 1

Includes instructions.



Step 2

Shows your current elections – for information purposes only.



Step 3

List the dependents you wish to have covered under your medical plan (current dependent information will appear and you may make any changes needed here). You may also add beneficiaries to assign to your Life and AD&D insurances in Step 5.

Dependents/Beneficiaries

Plan Start Date: Mar 27, 2017
Plan End Date: Dec 17, 2017

1. Instructions
2. Current Elections
3. Dependents/Beneficiaries
4. Medical Benefits
5. Designate Beneficiaries
6. Summary

In this section you can view and change your dependents and beneficiaries.
If you are electing health benefits for you and your dependents, add them here.
If you would like to add beneficiaries for your Life and AD&D benefit, you can also add them here.

Select "Add" to enter a new dependent/beneficiary.
Select "Edit" to change dependent/beneficiary information. *Be sure to check the box in front of the name of the person you want to edit.*
Click the "Inactivate" box following the name of any dependent/beneficiary you wish to remove.

Active Dependents/Beneficiaries						
Name	Relationship	SSN / Government ID	Gender	Date of Birth / Agreement	Type	
<input type="checkbox"/>					Dependent & Beneficiary	Inactivate
<input type="checkbox"/>					Dependent & Beneficiary	Inactivate

Exit Benefits Enrollment < Back Done >

Step 4

List the FEHB medical plans. The first option is to waive coverage. After that, plans are listed according to the 2-digit plan number. Just click on the radio button next to your plan which indicates the coverage tier.

The FEHB plans have three coverage tiers:

- Self
- Self + 1 (employee and spouse or child)
- Self + Family (employee and family)

Medical Benefits

Plan Start Date: Mar 27, 2017
Plan End Date: Dec 17, 2017

1. Instructions
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In this section select the Medical Plan and level of coverage you want.
Find your plan using the 2-character plan number from the [FEHB website - Tribal Employer Plan Information](#). Plans are listed numerically, then alphabetically.
Then, on the same line as your plan, click the button for the level of coverage you want (Self, Family or Self + 1).
If you are choosing to cover anyone other than yourself, you must select them from the list at the bottom by clicking the button in front of their name. If you wish to cover someone who is not listed, you must return to the "Dependents/Beneficiaries" page and add their information.
REMEMBER: Anyone already covered by a Federal Employee Health Benefits plan IS NOT eligible to enroll in the program under NANA.

Current Coverage		
Medical Plan	Coverage Level	Bi-Weekly Premium
Waive Medical Plan Coverage	Waived	0.00

Enroll in New Coverage						
Medical Plan	1-Self	2-Family	3-Self+1	4-Self	5-Family	6-Self+1
00-Waived FEHB medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Blue Cross/Shield - STND	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Blue Cross/Shield - BASIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Aetna HealthFund - HDHP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 5

Allows you to assign any beneficiaries listed in step 3 to your Life/AD&D coverages. The allocation needs to add up to 100%. You can skip this step if you wish.

Designate Beneficiaries

Plan Start Date: Mar 27, 2017
Plan End Date: Dec 17, 2017

1. Instructions
2. Current Elections
3. Dependents/Beneficiaries
4. Medical Benefits
5. Designate Beneficiaries
6. Summary

In this section you can designate the beneficiaries that you added/changed in the previous screen.

Current Benefit Plans				
Plan	Beneficiary	Relationship	Type	Allocation %
Basic AD&D			Contingent	100.00
Basic AD&D			Primary	100.00
Basic Life Insurance			Contingent	100.00
Basic Life Insurance			Primary	100.00

There are no new benefits and/or beneficiaries on record.
Primary beneficiary allocation(s) must equal 100%. Contingent beneficiary allocation(s) must equal 100%.

Exit Benefits Enrollment < Back Save >

Step 6

First, confirm your election and click on the link to answer eligibility questions.

Return to Benefit Enrollment at any time during the open enrollment period to make any needed changes. **DON'T FORGET TO CLICK "CONFIRM" ON THE SUMMARY PAGE TO FINALIZE YOUR ELECTIONS. IF YOU MADE CHANGES TO YOUR DEPENDENTS, YOU MUST ALSO RE-DO THE ELIGIBILITY QUESTIONS ON THE LINK!!**

Summary

Plan Start Date: Mar 27, 2017
Plan End Date: Dec 17, 2017

1. Instructions
2. Current Elections
3. Dependents/Beneficiaries
4. Medical Benefits
5. Designate Beneficiaries
6. Summary

Your summary below lists the elections you have made during the enrollment process. The dollar amount shown reflects the amount to be deducted from your pay check each period. To change any of your elections, choose the appropriate benefit type on the navigation menu on the left or click the appropriate Benefit hyperlink below.

Benefit	Plan	Coverage Level	Bi-Weekly	Status	Confirmed
Medical Benefits	00-Waived FEHB medical	Waived	0.00	Saved	No
Total			0.00		

Once you have reviewed your medical election and have no further changes:

- 1) YOU MUST DO THIS STEP FIRST! Click on the "Confirm" button below. This will generate an e-mail confirming your medical plan choice.
- 2) IF YOU DID NOT WAIVE COVERAGE - Complete the enrollment process by answering a few questions regarding eligibility for yourself and any dependents you have selected to cover on your medical plan.

CLICK HERE: [Other Medical Coverage Questions - FEHB Insurance Declaration Form](#)

NOTE: If you are instructed to return to ESS to modify your election, select the "Medical Benefits" tab from the menu of steps on the left side of the screen. Make your changes, and click on the "Confirm" button again to finalize your new election.

This will conclude your Open Enrollment FEHB medical election.
You can continue to make election changes only while the Enrollment period is still open: February 13, 2017 through March 13, 2017.

Exit Benefits Enrollment Confirm