Fee-for-Service Plans (FFS)		2024 Monthly Premium Rates				
Plan Option	Enrollment Code	Total Premium	Employer Pays	Employee Pays	Employee Semi- Monthly Cost (24 Paychecks)	
lationwide APWU Health Plan				•	•	
CDHP Self	474	\$665.45	\$499.09	\$166.36	\$83.18	
CDHP Self & Family	475	\$1,577.81	\$1,183.36	\$394.45	\$197.23	
CDHP Self Plus One	476	\$1,446.32	\$1,084.74	\$361.58	\$180.79	
High Self	471	\$857.89	\$588.10	\$269.79	\$134.90	
High Self & Family	472	\$2,058.83	\$1,400.06	\$658.77	\$329.39	
High Self Plus One	473	\$1,801.48	\$1,270.75	\$530.73	\$265.37	
lationwide Blue Cross and Blue Shield Serv	ice Benefit Plan E	Basic Option				
Basic Self	111	\$795.54	\$588.10	\$207.44	\$103.72	
Basic Self & Family	112	\$1,969.02	\$1,400.06	\$568.96	\$284.48	
Basic Self Plus One	113	\$1,787.78	\$1,270.75	\$517.03	\$258.52	
lationwide Blue Cross and Blue Shield Serv	ice Benefit Plan F	EP Blue Focus				
FEP Blue Focus Self	131	\$479.31	\$359.48	\$119.83	\$59.92	
FEP Blue Focus Self & Family	132	\$1,133.30	\$849.98	\$283.32	\$141.66	
FEP Blue Focus Self Plus One	133	\$1,030.34	\$772.76	\$257.58	\$128.79	
lationwide Blue Cross and Blue Shield Serv	ice Benefit Plan S	tandard Option				
Standard Self	104	\$914.81	\$588.10	\$326.71	\$163.36	
Standard Self & Family	105	\$2,203.20	\$1,400.06	\$803.14	\$401.57	
Standard Self Plus One	106	\$2,000.57	\$1,270.75	\$729.82	\$364.91	
lationwide GEHA Benefit Plan						
High Self	311	\$823.51	\$588.10	\$235.41	\$117.71	
High Self & Family	312	\$2,063.62	\$1,400.06	\$663.56	\$331.78	
High Self Plus One	313	\$1,811.70	\$1,270.75	\$540.95	\$270.48	
Standard Self	314	\$607.97	\$455.98	\$151.99	\$76.00	
Standard Self & Family	315	\$1,615.03	\$1,211.27	\$403.76	\$201.88	
Standard Self Plus One	316	\$1,307.17	\$980.38	\$326.79	\$163.40	
lationwide GEHA HDHP						
HDHP Self	341	\$619.26	\$464.45	\$154.81	\$77.41	

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Fee-for-Service Plans (FFS)		2024 Monthly Premium Rates				
Plan Option	Enrollment Code	Total Premium	Employer Pays	Employee Pays	Employee Semi- Monthly Cost (24 Paychecks)	
HDHP Self & Family	342	\$1,636.07	\$1,227.05	\$409.02	\$204.51	
HDHP Self Plus One	343	\$1,331.37	\$998.53	\$332.84	\$166.42	
Nationwide GEHA Indemnity Benefit Plan						
Elevate Plus Self	251	\$810.29	\$588.10	\$222.19	\$111.10	
Elevate Plus Self & Family	252	\$1,948.40	\$1,400.06	\$548.34	\$274.17	
Elevate Plus Self Plus One	253	\$1,775.00	\$1,270.75	\$504.25	\$252.13	
Elevate Self	254	\$452.51	\$339.38	\$113.13	\$56.57	
Elevate Self & Family	255	\$1,329.03	\$996.77	\$332.26	\$166.13	
Elevate Self Plus One	256	\$1,091.72	\$818.79	\$272.93	\$136.47	
Nationwide MHBP Consumer Option						
HDHP Self	481	\$682.00	\$511.50	\$170.50	\$85.25	
HDHP Self & Family	482	\$1,584.68	\$1,188.51	\$396.17	\$198.09	
HDHP Self Plus One	483	\$1,509.24	\$1,131.93	\$377.31	\$188.66	
Nationwide MHBP Standard Option						
Standard Self	454	\$698.60	\$523.95	\$174.65	\$87.33	
Standard Self & Family	455	\$1,623.51	\$1,217.63	\$405.88	\$202.94	
Standard Self Plus One	456	\$1,608.06	\$1,206.05	\$402.01	\$201.01	
Nationwide MHBP Value Plan						
Value Self	414	\$504.44	\$378.33	\$126.11	\$63.06	
Value Self & Family	415	\$1,219.10	\$914.33	\$304.77	\$152.39	
Value Self Plus One	416	\$1,195.24	\$896.43	\$298.81	\$149.41	
Nationwide NALC Health Benefit Plan						
CDHP Self	324	\$478.90	\$359.18	\$119.72	\$59.86	
CDHP Self & Family	325	\$1,162.96	\$872.22	\$290.74	\$145.37	
CDHP Self Plus One	326	\$1,074.36	\$805.77	\$268.59	\$134.30	
High Self	321	\$825.15	\$588.10	\$237.05	\$118.53	
High Self & Family	322	\$1,880.60	\$1,400.06	\$480.54	\$240.27	
High Self Plus One	323	\$1,825.11	\$1,270.75	\$554.36	\$277.18	

Tribal Premium Rates for the Federal Employees Health Benefits Program								
Fee-for-Service Plans (FFS)		2024 Monthly Premium Rates						
Plan Option	Enrollment Code	Total Premium	Employer Pays	Employee Pays	Employee Semi- Monthly Cost (24 Paychecks)			
Nationwide SAMBA Health Benefit Plan			•	•				
High Self	441	\$864.87	\$588.10	\$276.77	\$138.39			
High Self & Family	442	\$2,075.73	\$1,400.06	\$675.67	\$337.84			
High Self Plus One	443	\$1,902.77	\$1,270.75	\$632.02	\$316.01			
Standard Self	444	\$740.11	\$555.08	\$185.03	\$92.52			
Standard Self & Family	445	\$1,688.51	\$1,266.38	\$422.13	\$211.07			
Standard Self Plus One	446	\$1,592.96	\$1,194.72	\$398.24	\$199.12			
Standard Self	444	\$729.17	\$546.88	\$182.29	\$91.15			
Standard Self & Family	445	\$1,663.57	\$1,247.68	\$415.89	\$207.95			
Standard Self Plus One	446	\$1,569.40	\$1,177.05	\$392.35	\$196.18			