

# YOUR MONTHLY BENEFIT COSTS

North Wind is pleased to contribute 75% of the cost of health coverage to employees and their families. The rates below are for the national FEHB plans. If you choose to enroll in a local regional plan, go to the Benefits App at true.North to view your premiums.

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	North Wind Pays	Employee Pays
Nationwide APWU Health Plan				
CDHP Self	474	\$665.45	\$499.09	\$166.36
CDHP Self & Family	475	\$1,577.81	\$1,183.36	\$394.45
CDHP Self Plus One	476	\$1,446.32	\$1,084.74	\$361.58
High Self	471	\$857.89	\$643.42	\$214.47
High Self & Family	472	\$2,058.83	\$1,544.12	\$514.71
High Self Plus One	473	\$1,801.48	\$1,351.11	\$450.37
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option				
Basic Self	111	\$795.54	\$596.66	\$198.89
Basic Self & Family	112	\$1,969.02	\$1,476.77	\$492.26
Basic Self Plus One	113	\$1,787.78	\$1,340.84	\$446.95
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus				
FEP Blue Focus Self	131	\$479.31	\$359.48	\$119.83
FEP Blue Focus S Self & Family	132	\$1,133.30	\$849.98	\$283.33
FEP Blue Focus Self Plus One	133	\$1,030.34	\$772.76	\$257.59
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option				
Standard Self	104	\$914.81	\$686.11	\$228.70
Standard Self & Family	105	\$2,203.20	\$1,652.40	\$550.80
Standard Self Plus One	106	\$2,000.57	\$1,500.43	\$500.14
Nationwide GEHA Benefit Plan				
High Self	311	\$823.51	\$617.63	\$205.88
High Self & Family	312	\$2,063.62	\$1,547.72	\$515.91
High Self Plus One	313	\$1,811.70	\$1,358.78	\$452.93
Standard Self	314	\$607.97	\$455.98	\$151.99
Standard Self & Family	315	\$1,615.03	\$1,211.27	\$403.76
Standard Self Plus One	316	\$1,307.17	\$980.38	\$326.79
Nationwide GEHA HDHP				
HDHP Self	341	\$619.26	\$464.45	\$154.82
HDHP Self & Family	342	\$1,636.07	\$1,227.05	\$409.02
HDHP Self Plus One	343	\$1,331.37	\$998.53	\$332.84
Nationwide GEHA Indemnity Benefit Plan				
Elevate Plus Self	251	\$810.29	\$607.72	\$202.57
Elevate Plus Self & Family	252	\$1,948.40	\$1,461.30	\$487.10
Elevate Plus Self Plus One	253	\$1,775.00	\$1,331.25	\$443.75
Elevate Self	254	\$452.51	\$339.38	\$113.13
Elevate Self & Family	255	\$1,329.03	\$996.77	\$332.26
Elevate Self Plus One	256	\$810.29	\$607.72	\$202.57

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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	Tribal Employer Pays	Employee Pays
Nationwide MHBP Consumer Option				
HDHP Self	481	\$682.00	\$511.50	\$170.50
HDHP Self & Family	482	\$1,584.68	\$1,188.51	\$396.17
HDHP Self Plus One	483	\$1,509.24	\$1,131.93	\$377.31
Nationwide MHBP Standard Option				
Standard Self	454	\$698.60	\$523.95	\$174.65
Standard Self & Family	455	\$1,623.51	\$1,217.63	\$405.88
Standard Self Plus One	456	\$1,608.06	\$1,206.05	\$402.02
Nationwide MHBP Value Plan				
Value Self	414	\$504.44	\$378.33	\$126.11
Value Self & Family	415	\$1,219.10	\$914.33	\$304.78
Value Self Plus One	416	\$1,195.24	\$896.43	\$298.81
Nationwide NALC Health Benefit Plan				
CDHP Self	324	\$478.90	\$359.18	\$119.73
CDHP Self & Family	325	\$1,162.96	\$872.22	\$290.74
CDHP Self Plus One	326	\$1,074.36	\$805.77	\$268.59
High Self	321	\$825.15	\$618.86	\$206.29
High Self & Family	322	\$1,880.60	\$1,410.45	\$470.15
High Self Plus One	323	\$1,825.11	\$1,368.83	\$456.28
Nationwide SAMBA Health Benefit Plan				
High Self	441	\$864.87	\$648.65	\$216.22
High Self & Family	442	\$2,075.73	\$1,556.80	\$518.93
High Self Plus One	443	\$1,902.77	\$1,427.08	\$475.69
Standard Self	444	\$740.11	\$555.08	\$185.03
Standard Self & Family	445	\$1,688.51	\$1,266.38	\$422.13
Standard Self Plus One	446	\$1,592.96	\$1,194.72	\$398.24