

STEPS TO COMPARE PLANS

Access <https://www.opm.gov/healthcare-insurance/tribal-employers/> website
Click on Tribal Employers
Click on Plan Information
Click on Compare Plans

opm.gov/healthcare-insurance/tribal-employers/

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OPM.GOV ABOUT POLICY INSURANCE RETIREMENT SUITABILITY AGENCY SERVICES NEWS

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Tribal Employers

Welcome Tribal Employers, Tribes, and Urban Indian Organizations

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act. Section 10221 of the Affordable Care Act incorporated and enacted S. 1790, the Indian Health Care Improvement Reauthorization and Extension Act of 2009, resulting in the addition of § 409 to the Indian Health Care Improvement Act (IHCIA). IHCIA § 409 (now codified at 25 U.S.C. § 1647b) allowing Tribes, Tribal Employers and Urban Indian Organizations carrying out programs under either the Indian Self Determination and Education Assistance Act (ISDEAA) or Title V of the Indian Health Care Improvement Act (IHCIA) to purchase the rights and benefits of the Federal Employees Health Benefits (FEHB Program for their employees.

In order to provide the best in professional customer service to tribal employers, OPM created the Tribal Desk. This team of dedicated OPM employees works directly with tribal employers to facilitate entry into the FEHB program and to provide ongoing customer service to participating tribal employers. You may contact the Tribal Desk at tribalprograms@opm.gov.

*** Note:** The term tribal employers is used to designate tribes, tribal employers and urban Indian organizations.



RELATED INFORMATION

General Information

- [Health Insurance through FEHB](#)
- [Quick Guide to FEHB for Tribal Employees](#) [255 KB]
- [Selecting a Health Plan During the Initial Enrollment Opportunity for Tribal Employees](#) [389.53 KB]

Enter ZIP Code
Select Tribal Employee
Monthly Pay Frequency will autofill
Click on Search

Healthcare

COMPARE 2021 PLANS

The information contained in this comparison tool is not the official statement of benefits.

Before making your final enrollment decision, always refer to the individual FEHB brochures. Each plan's FEHB brochure is the official statement of benefits. If you decide to enroll, change health plans or plan options, or change enrollment type, please visit the [Enroll](#) page for information on submitting a change.

Search by one of the following:

Items marked with an * are required.

Enter your home or work zip code. To enroll, you must live or work in a plan's geographic service area.

5-Digit Zip Code*

58504

☐ I live overseas or outside the Continental United States. (Selecting this option will set the zip code to 99999)

The current Plan selection below is disabled until you enter a Zip Code, Employee Type, and Pay Frequency.
Pay Frequency depends on the Employee Type and may be restricted depending on Employee Type selected.

Employee Type*

- ☐ Federal Employee (Non-Postal)
- ☐ Federal Deposit Insurance Corporation
- ☐ Certain Temporary Employees
- ☒ Tribal Employee (Monthly)
- ☐ Annuitant (Monthly)
- ☐ Former Spouse Enrollee (Monthly)
- ☐ Temporary Continuation of Coverage (TCC) (Monthly)
- ☐ Workers Compensation Recipient (Every Four Weeks)
- ☐ U.S. Postal Service (Category 1) (Biweekly)
- ☐ U.S. Postal Service (Category 2) (Biweekly)

Pay Frequency* (May be restricted with certain Employee Types)

- ☐ Biweekly
- ☐ Every Four Weeks
- ☐ Semi-Monthly
- ☒ Monthly

Your Current Plan (if applicable)

(This option is disabled until all required options are selected.)

Select your current plan (optional) ▼

Search



Reference 2021 Monthly Health Insurance Premium Rates Sheet versus website for Monthly Premium Rates

2021 FEHB Plan Results

Results for coverage in **58504** for Tribal Employee employees paid Monthly

Please note the benefits displayed on this page are for in-network benefits only! To see out-of-network benefits, please select up to 3 plans to compare.

The amounts displayed on this page represent the member's liability for each service.

Self  Self Plus One  Self & Family 

You may only select 3 plans to compare at once

[Need more information about plan types?](#)

Sort By: [Plan Option Name \(A - Z\)](#)


Plan Selection Comparison Tool

Select Plan	Plan Name (Plan Code) - Enrollment Code ^①	Enrollee Premium ^①	Annual Deductible ^①	Annual Out of Pocket Maximum ^①	Medical Account (HRA/HSA) ^①	Primary Care Office Visit ^①	Specialist Office Visit ^①	Doctor Costs Inpatient Surgery ^①	Retail Generic ^①	Retail Brand ^①	Plan Requires Referral to See Certain Specialists ^①
<input type="checkbox"/>	Aetna Advantage Plan - Advantage (Z2) - Z24 	\$125.00	\$2,000	\$7,500	N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
	Aetna Advantage Plan - Advantage (Z2) - Z26 	\$275.00	\$4,000	\$15,000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
	Aetna Advantage Plan - Advantage (Z2) - Z26 	\$331.25	\$4,000	\$15,000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
<input type="checkbox"/>	Aetna HealthFund CDHP and Aetna Value Plan - CDHP (H4) - H41 	\$303.42	\$1,000	\$5,000	\$1,000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
	Aetna HealthFund CDHP and Aetna Value Plan - CDHP (H4) - H43 	\$745.27	\$2,000	\$10,000	\$2,000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
	Aetna HealthFund CDHP and Aetna Value Plan - CDHP (H4) - H42 	\$666.53	\$2,000	\$10,000	\$2,000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No

2021 FEHB PLAN RESULTS

Results for coverage in 58504 for Tribal Employee employees paid Monthly

Please note the benefits displayed on this page are for in-network benefits only! To see out-of-network benefits, please select up to 3 plans to compare.

 Self
  Self Plus One
  Self & Family

Plan Selection Comparison Tool

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
Aetna Advantage Plan - Advantage (Z2) -  Z24	\$125.00	\$2,000	\$7,500	N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
Aetna Advantage Plan - Advantage (Z2) -  Z26	\$275.00	\$4,000	\$15,000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
Aetna Advantage Plan - Advantage (Z2) -  Z25	\$331.25	\$4,000	\$15,000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (H4) -  H41	\$303.42	\$1,000	\$5,000	\$1,000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (H4) -  H43	\$745.27	\$2,000	\$10,000	\$2,000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
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Aetna HealthFund CDHP and Aetna Value Plan - CDHP (H4) - 👤H42	\$666.53	\$2,000	\$10,000	\$2,000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
Aetna HealthFund CDHP and Aetna Value Plan - Value (H4) - 👤H44	\$294.06	\$700	\$6,000	N/A	\$25	\$40	20%	Tier 1: \$10 Tier 3: 50% \$600 max	Tier 2: 30% \$600 max Tier 3: 50% \$600 max	No
Aetna HealthFund CDHP and Aetna Value Plan - Value (H4) - 👤H46	\$718.23	\$1,400	\$12,000	\$0 N/A	\$25	\$40	20%	Tier 1: \$10 Tier 3: 50% \$600 max	Tier 2: 30% \$600 max Tier 3: 50% \$600 max	No
Aetna HealthFund CDHP and Aetna Value Plan - Value (H4) - 👤H45	\$657.95	\$1,400	\$12,000	\$0 N/A	\$25	\$40	20%	Tier 1: \$10 Tier 3: 50% \$600 max	Tier 2: 30% \$600 max Tier 3: 50% \$600 max	No
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) - 👤N61	\$153.96	\$1,600	\$6,000	\$900 HRA	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	No
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) - 👤N63	\$337.64	\$3,200	\$12,000	\$1,800 HRA	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	No
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) - 👤N62	\$388.27	\$3,200	\$12,000	\$1,800 HRA	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
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Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) - 👤 224	\$262.60	\$1,800	\$6,900	\$800 HSA/HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) - 👥 226	\$578.72	\$3,600	\$13,800	\$1,600 HSA/HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) - 👥 225	\$515.62	\$3,600	\$13,800	\$1,600 HSA/HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
APWU Health Plan - CDHP (47) - 👤 474	\$150.91	\$1,000	\$6,500	\$1,200 HRA	15%	15%	15%	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	No
APWU Health Plan - CDHP (47) - 👥 476	\$327.99	\$2,000	\$13,000	\$2,400 HRA	15%	15%	15%	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	No
APWU Health Plan - CDHP (47) - 👥 475	\$357.81	\$2,000	\$13,000	\$2,400 HRA	15%	15%	15%	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	No
	\$224.60	\$450	\$6,500	N/A	\$25	\$25	15%	Tier 1: \$10	Tier 1: \$10	No









(47) - Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	\$200 max Tier 3: 45% \$300 max Retail Generic	\$200 max Tier 3: 45% \$300 max Retail Brand	Plan Requires Referral to See Certain Specialists

APWU Health Plan - High (47) - 👤473	\$449.61	\$800	\$13,000	\$0 N/A	\$25	\$25	15%	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	No
APWU Health Plan - High (47) - 👤472	\$576.98	\$800	\$13,000	\$0 N/A	\$25	\$25	15%	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	No
Blue Cross and Blue Shield Service Benefit Plan - Basic (11) - 👤111	\$170.31	None	\$5,500	N/A	\$30	\$40	\$200	Tier 1: \$10	Tier 2: \$55 Tier 3: 60% \$75 min	No
Blue Cross and Blue Shield Service Benefit Plan - Basic (11) - 👤113	\$409.87	None	\$11,000	\$0 N/A	\$30	\$40	\$200	Tier 1: \$10	Tier 2: \$55 Tier 3: 60% \$75 min	No
Blue Cross and Blue Shield Service Benefit Plan - Basic (11) - 👤112	\$436.08	None	\$11,000	\$0 N/A	\$30	\$40	\$200	Tier 1: \$10	Tier 2: \$55 Tier 3: 60% \$75 min	No
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - 👤131	\$115.15	\$500	\$7,500	N/A	\$10 Or 30%	\$10 Or 30%	30%	Tier 1: \$5	Tier 2: 40% \$350 max	No
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - 👤132	\$247.55	\$1,000	\$15,000	\$0 N/A	\$10 Or 30%	\$10 Or 30%	30%	Tier 1: \$5	Tier 2: 40% \$350 max	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
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Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - 🧑‍🤝‍🧑132	\$272.29	\$1,000	\$15,000	\$0 N/A	\$10 Or 30%	\$10 Or 30%	30%	Tier 1: \$5	Tier 2: 40% \$350 max	No
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) - 🧑104	\$267.48	\$350	\$5,000	N/A	\$25	\$35	15%	Tier 1: \$7.50	Tier 2: 30% Tier 3: 50%	No
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) - 🧑🧑106	\$608.43	\$700	\$10,000	\$0 N/A	\$25	\$35	15%	Tier 1: \$7.50	Tier 2: 30% Tier 3: 50%	No
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) - 🧑🧑105	\$650.26	\$700	\$10,000	\$0 N/A	\$25	\$35	15%	Tier 1: \$7.50	Tier 2: 30% Tier 3: 50%	No
GEHA Benefit Plan - HDHP (34) - 🧑341	\$132.96	\$1,500	\$5,000	\$900 HSA/HRA	5%	5%	5%	25%	25% Or 40%	No
GEHA Benefit Plan - HDHP (34) - 🧑🧑343	\$285.87	\$3,000	\$10,000	\$1,800 HSA/HRA	5%	5%	5%	25%	25% Or 40%	No
GEHA Benefit Plan - HDHP (34) - 🧑🧑342	\$344.60	\$3,000	\$10,000	\$1,800 HSA/HRA	5%	5%	5%	25%	25% Or 40%	No
GEHA Benefit Plan - High	\$234.31	\$350	\$5,000	N/A	\$20	\$20	10%	\$10	25% \$150 max Or 40%	No

<div>  311 Plan Name (Plan Code) - Enrollment Code </div>	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
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<div> GEHA Benefit Plan - High (31) - 313 </div>	\$545.85	\$700	\$10,000	\$N/A N/A	\$20	\$20	10%	\$10	25% \$150 max Or 40% \$200 max	No
<div> GEHA Benefit Plan - High (31) - 312 </div>	\$680.61	\$700	\$10,000	\$N/A N/A	\$20	\$20	10%	\$10	25% \$150 max Or 40% \$200 max	No
<div> GEHA Benefit Plan - Standard (31) - 314 </div>	\$135.77	\$350	\$6,500	N/A	\$15	\$30	15%	\$10	50% \$200 max Or 50% \$300 max	No
<div> GEHA Benefit Plan - Standard (31) - 316 </div>	\$291.92	\$700	\$13,000	\$N/A N/A	\$15	\$30	15%	\$10	50% \$200 max Or 50% \$300 max	No
<div> GEHA Benefit Plan - Standard (31) - 315 </div>	\$357.17	\$700	\$13,000	\$N/A N/A	\$15	\$30	15%	\$10	50% \$200 max Or 50% \$300 max	No
<div> GEHA Indemnity Benefit Plan - Elevate (25) - 254 </div>	\$102.53	\$500	\$7,000	N/A	\$10	\$25	\$250	\$4	50% \$500 max Or Member Pays All Charges	No
<div> GEHA Indemnity Benefit Plan - Elevate (25) - 256 </div>	\$235.83	\$1,000	\$14,000	\$N/A N/A	\$10	\$25	\$250	\$4	50% \$500 max Or Member Pays All Charges	No
<div> GEHA Indemnity Benefit Plan - Elevate (25) - 255 </div>	\$287.10	\$1,000	\$14,000	\$N/A N/A	\$10	\$25	\$250	\$4	50% \$500 max Or Member Pays All Charges	No
<div> GEHA Indemnity Benefit Plan - Elevate (25) - </div>	\$163.28	None	\$6,000	N/A	\$20	\$35	\$200	\$5	\$80 Or 40%	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
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MHBP - Standard and Value - Standard (45) -  456	\$358.07	\$700	\$12,000	\$0 N/A	\$20	\$30	10%	\$5	Tier 2: 30% \$200 max Tier 3: 50% \$200 max	No
MHBP - Standard and Value - Standard (45) -  455	\$361.51	\$700	\$12,000	\$0 N/A	\$20	\$30	10%	\$5	Tier 2: 30% \$200 max Tier 3: 50% \$200 max	No
MHBP - Standard and Value - Value (41) -  414	\$115.60	\$600	\$6,600	N/A	\$30	\$50	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	No
MHBP - Standard and Value - Value (41) -  416	\$273.89	\$1,200	\$13,200	\$0 N/A	\$30	\$50	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	No
MHBP - Standard and Value - Value (41) -  415	\$279.36	\$1,200	\$13,200	\$0 N/A	\$30	\$50	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	No
MHBP Consumer Option - HDHP (48) -  481	\$157.65	\$2,000	\$6,000	\$1,200 HSA/HRA	\$15	\$15	Member Pays Nothing	\$10	Tier 2: 30% + \$200 max Tier 3: 50% + \$200 max	No
MHBP Consumer Option - HDHP (48) -  483	\$348.88	\$4,000	\$12,000	\$2,400 HSA/HRA	\$15	\$15	Member Pays Nothing	\$10	Tier 2: 30% + \$200 max Tier 3: 50% + \$200 max	No
MHBP Consumer Option - HDHP (48) -  482	\$366.32	\$4,000	\$12,000	\$2,400 HSA/HRA	\$15	\$15	Member Pays Nothing	\$10	Tier 2: 30% + \$200 max Tier 3: 50% + \$200 max	No
NALC - CDHP (32) -  321	\$118.38	\$2,000	\$6,600	\$1,200 HRA	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
NALC - CDHP (32) - 326	\$261.17	\$4,000	\$13,200	\$2,400 HRA	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No

NALC - CDHP (32) - 325	\$274.98	\$4,000	\$13,200	\$2,400 HRA	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No
NALC - High (32) - 321	\$205.47	\$300	\$3,500	N/A	\$20	\$20	15%	20%	Tier 2: 30% Tier 3: 50%	No
NALC - High (32) - 323	\$491.06	\$600	\$5,000	\$0 N/A	\$20	\$20	15%	20%	Tier 2: 30% Tier 3: 50%	No
NALC - High (32) - 322	\$430.49	\$600	\$5,000	\$0 N/A	\$20	\$20	15%	20%	Tier 2: 30% Tier 3: 50%	No
NALC - Value (KM) - KM1	\$97.16	\$2,000	\$6,600	\$100 HRA	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No
NALC - Value (KM) - KM3	\$214.34	\$4,000	\$13,200	\$200 HRA	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No
NALC - Value (KM) - KM2	\$225.78	\$4,000	\$13,200	\$200 HRA	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No
SAMBA - High (44) - 441	\$351.26	\$300	\$5,000	N/A	\$15	\$25	15%	Tier 1: \$10	Tier 2: 30% \$100 max Tier 3: 45% \$300 max	No
SAMBA - High (44) - 443	\$803.14	\$600	\$10,000	\$0 N/A	\$15	\$25	15%	Tier 1: \$10	Tier 2: 30% \$100 max Tier 3: 45% \$300 max	No
SAMBA - High (44) - 442	\$881.01	\$600	\$10,000	\$0 N/A	\$15	\$25	15%	Tier 1: \$10	Tier 2: 30% \$100 max Tier 3: 45% \$300 max	No

SAMBA - Standard (44) - Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	\$150 max Retail Brand \$300 max	Plan Requires Referral to See Certain Specialists

SAMBA - Standard (44) - 446	\$387.45	\$700	\$12,000	\$0 N/A	\$20	\$30	20%	Tier 1: \$12	Tier 2: 35% \$150 max Tier 3: 50% \$300 max	No
SAMBA - Standard (44) - 445	\$399.78	\$900	\$12,000	\$0 N/A	\$20	\$30	20%	Tier 1: \$12	Tier 2: 35% \$150 max Tier 3: 50% \$300 max	No
UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan - High (Y5) - Y51	\$102.93	\$2,000	\$7,350	N/A	30%	30%	30%	Tier 1: \$15 Tier 2: \$45 Tier 3: \$85 Tier 4: \$200	Tier 1: \$15 Tier 2: \$45 Tier 3: \$85 Tier 4: \$200	No
UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan - High (Y5) - Y53	\$226.45	\$4,000	\$14,700	\$N/A N/A	30%	30%	30%	Tier 1: \$15 Tier 2: \$45 Tier 3: \$85 Tier 4: \$200	Tier 1: \$15 Tier 2: \$45 Tier 3: \$85 Tier 4: \$200	No
UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan - High (Y5) - Y52	\$272.77	\$4,000	\$14,700	\$N/A N/A	30%	30%	30%	Tier 1: \$15 Tier 2: \$45 Tier 3: \$85 Tier 4: \$200	Tier 1: \$15 Tier 2: \$45 Tier 3: \$85 Tier 4: \$200	No

HEALTHCARE & INSURANCE TRIBAL EMPLOYERS

Introduction

- Federal Employees Health Benefits (FEHB) law enacted September 28, 1959
- FEHB Program administered by the Office of Personnel Management (OPM)
- Minimum of 15 choices available in the FEHB Program in any given geographical location
- Over 8 million covered lives
- Over \$40 billion in annual premiums

OPM Responsibilities

- Administer contracts with carriers
 - Negotiate benefits and rates
 - Approve plan's FEHB brochures
 - Audit plans
- Publish FEHB regulations and informational material
- Prepare Open Season materials
- Maintain OPM and FEHB websites
- Provide guidance to agencies and plans
- Resolve disputed health benefits claims

Carrier Responsibilities

- Furnish a plan identification card to each enrollee
- Process claims and/or provide services to enrollee and covered family members
- Maintain provider networks
- Reconsider disputed claims
- Print and distribute plan brochures

Tribal Employer's Responsibilities

- Determine tribal employer/employee contributions toward FEHB premium
- Provide FEHB information and guidance to tribal employees
- Enroll tribal employees in health insurance plan of their choice
- Deduct premiums from employee pay

Picking a Health Plan

- What types of plans are offered?
 - Fee-for-Service (FFS) with Preferred Provider Organization (PPO)
 - Health Maintenance Organization (HMO)
- Which plan is best?
 - Highly individual answer
 - Employees must make an informed choice

FFS Plans

- Nationwide
 - Fifteen choices open to all employees
 - Others open only to specific groups, such as postal workers
- Fewer costs are incurred if PPO providers are used
- Some paperwork if PPO provider is not used

HMOs

- Enrollee must “live” or “work” in HMO’s enrollment area to enroll (plan may be changed if enrollee or a family member moves)
- Plans operate in a specific geographic area (service area)
- Generally members must use the network and get referrals from primary care doctor
- Out-of-pocket costs are generally limited to copays
- Little, if any, paperwork

FEHB Program Features

- No waiting periods
- No pre-existing condition limitations

Enrollment

- Coverage is effective on first day of pay period after enrollment request is received
- Three enrollment types:
 - Self Only
 - Self Plus One
 - Self and Family
- Do not need to reenroll each year

Family Member Eligibility

- Spouse
- Children under age 26
- Includes:
 - Married children
 - Adopted children
 - Stepchildren
 - Foster Children (as long as all requirements are met)

Family Members not Eligible

- Grandchildren, unless foster child requirements are met
- Parents
- Siblings
- In-laws

Open Season

- Held annually from mid-November to mid-December
- Enrollments and changes become effective on the first day of January, the year following the Open Season
- During Open Season can:
 - Enroll
 - Cancel enrollment
 - Change type of enrollment
 - Change from one plan or option to another

Additional Opportunities to Enroll or Change Enrollment

- When you experience a Qualifying Life Event
- Common QLEs include:

- Change in Family Status
- Enrollee or family member loses coverage under other insurance coverage
- Enrollee enrolled in an HMO moves from plan's service area