



# 2023 Brief Guide to Employee

## Benefit offerings

- \* Medical Insurance—*FEHB*
- \* Dental Insurance—*Delta Dental of Kansas*
- \* Vision Insurance—*VSP*
- \* Group and Voluntary Life Insurance—*Advance Insurance Company of Kansas*
- \* Short and Long Term Disability—*Advance Insurance Company of Kansas*
- \* Flexible Spending Account – *Keating and Associates / WEX*
- \* Accident, Critical Illness, hospital indemnity—*AFLAC*
- \* Retirement—*Sentinel Benefits*
- \* EAP—*New Directions*
- \* Pharmacy Advocate Program— *Tria Health*

## *When will my benefits start?*

New employees are eligible for benefits starting the first of the month after their date of hire

## *Who can be placed on my insurance?*

Your legal spouse or spouse through common law marriage, and/or your child(ren) up to age 26. Children can include, natural, step, adopted, and foster. You may be asked to provide proof of eligibility.

## *What if I don't want or need all the benefit offerings?*

Each of our benefits are stand alone policies meaning that you can participate in all, some, or none of the benefits. The same goes with your dependents, you can sign them up just for the benefits they need.

# Medical Insurance—Federal Employees Health Benefits System (FEHB)

January of 2022 the Nation moved to the Federal Employees Health Benefits System or FEHB for health insurance. This moved has allowed freedom of choice in plans options and carriers, lower premiums as well as premium stability.

- ⇒ To view a full listing of medical plans available for your home zip code, and what each plan has to offer, click the following link: [Healthcare : Compare 2022 Plans - OPM.gov](#) enter your zip code and select “Tribal Employee” under enrollment type.
- ⇒ The Nation pays 85% of the cost of our health insurance, so the premium amounts listed on the Federal site are incorrect. Please refer to the chart below for pricing information

## Monthly Cost of Medical Insurance Premiums for Employees living in the Topeka, Mayetta, Holton areas.

\*\*for potential employees living in or near the Lawrence, KS or Kansas City Metro areas you will have access to HMO's. To see a full listing of all insurance plans based on your home zip code please visit the link listed above.

Plan Name	Employee Only			Employee + 1			Family		
	Monthly Total Premium	Monthly Employer Share 85%	Monthly Employee Share 15%	Monthly Total Premium	Monthly Employer Share 85%	Monthly Employee Share 15%	Monthly Total Premium	Monthly Employer Share 85%	Monthly Employee Share 15%
APWU Health Plan - High	\$824.89	\$701.16	\$123.73	\$1,732.19	\$701.16	\$123.73	\$1,979.64	\$701.16	\$123.73
APWU Health Plan - CDHP	\$639.86	\$543.88	\$95.98	\$1,390.70	\$543.88	\$95.98	\$1,517.12	\$543.88	\$95.98
Aetna Advantage - Advantage Z24	\$500.02	\$425.02	\$75.00	\$1,100.02	\$935.02	\$165.00	\$1,325.00	\$1,126.25	\$198.75
Aetna Direct - CDHP	\$641.42	\$545.21	\$96.21	\$1,406.67	\$1,195.67	\$211.00	\$1,617.57	\$1,374.93	\$242.64
Aetna HealthFund CDHP and Aetna Value Plan - Value	\$874.06	\$742.95	\$131.11	\$1,962.70	\$1,668.30	\$294.41	\$2,001.94	\$1,701.65	\$300.29
Aetna HealthFund - CDHP	\$1,152.41	\$979.55	\$172.86	\$2,602.64	\$2,212.24	\$390.40	\$2,628.64	\$2,234.34	\$394.30
Aetna HealthFund HDHP - HDHP	\$832.65	\$707.75	\$124.90	\$1,800.72	\$1,530.61	\$270.11	\$1,836.66	\$1,561.16	\$275.50
Blue Cross and Blue Shield - Basic Option	\$750.51	\$637.93	\$112.58	\$1,686.58	\$637.93	\$112.58	\$1,840.22	\$637.93	\$112.58
Blue Cross and Blue Shield - FEP Blue Focus	\$469.86	\$399.38	\$70.48	\$1,010.06	\$399.38	\$70.48	\$1,111.02	\$399.38	\$70.48
Blue Cross and Blue Shield - Standard Option	\$871.26	\$740.57	\$130.69	\$1,905.30	\$740.57	\$130.69	\$2,078.51	\$740.57	\$130.69
GEHA Benefit Plan - High	\$791.83	\$673.06	\$118.77	\$1,742.02	\$673.06	\$118.77	\$1,984.26	\$673.06	\$118.77
GEHA Benefit Plan - Standardf	\$596.05	\$506.64	\$89.41	\$1,281.56	\$506.64	\$89.41	\$1,568.00	\$506.64	\$89.41
GEHA - HDHP	\$601.21	\$511.03	\$90.18	\$1,292.61	\$511.03	\$90.18	\$1,588.43	\$511.03	\$90.18
GEHA Indemnity Benefit Plan - elevate plus	\$743.38	\$631.87	\$111.51	\$1,621.01	\$631.87	\$111.51	\$1,779.38	\$631.87	\$111.51
GEHA Indemnity Benefit Plan - Elevate	\$439.34	\$373.44	\$65.90	\$1,029.90	\$373.44	\$65.90	\$1,253.83	\$373.44	\$65.90
MHBP Consumer Option - HDHP	\$682.00	\$579.70	\$102.30	\$1,509.24	\$579.70	\$102.30	\$1,584.68	\$579.70	\$102.30
MHBP Standard Option- Standard	\$698.60	\$593.81	\$104.79	\$1,608.06	\$593.81	\$104.79	\$1,623.51	\$593.81	\$104.79
MHBP Value Plan - Value	\$504.44	\$428.77	\$75.67	\$1,195.24	\$428.77	\$75.67	\$1,219.10	\$428.77	\$75.67
NALC Health Benefit Plan - High	\$785.85	\$667.97	\$117.88	\$1,738.21	\$667.97	\$117.88	\$1,782.56	\$667.97	\$117.88
NALC Health Benefit Plan - CDHP	\$482.97	\$410.52	\$72.45	\$1,065.59	\$410.52	\$72.45	\$1,144.24	\$410.52	\$72.45
NALC Health Benefit Plan - Value	\$396.41	\$336.95	\$59.46	\$874.49	\$336.95	\$59.46	\$939.51	\$336.95	\$59.46
SAMBA Health Benefit Plan - High	\$900.92	\$765.78	\$135.14	\$1,982.02	\$765.78	\$135.14	\$2,162.20	\$765.78	\$135.14
SAMBA Health Benefit Plan - Standard	\$729.17	\$619.79	\$109.38	\$1,569.40	\$619.79	\$109.38	\$1,663.57	\$619.79	\$109.38

### Simple Plan Comparison of Medical Insurance Options 2023

Plan Name (Listed alphabetically)	Enrollment Code	Plan Code: EE (employee only) Plus 1 (employee plus 1) FM (Employee and family)	Weekly Payroll Deduction Effective January 1, 2023	Carrier	Out of Network Coverage	Annual Deductible: Single/ Family	Annual out of Pocket Maximum: Single/ Family	Medical Account (HRA/HAS/FSA): Single/ Family	Primary Care Office Visit	Specialist Office Visit	ER	Urgent Care	Emergency & Urgent Care - Accidental Injuries	Simple Diagnostic Tests/ Procedures (eg. blood test, urinalysis, ultrasound)	Complex Diagnostic Tests/ Procedures (eg. CT scan, MRIs, PET scan, Sleep Labs)	Retail Generic Prescriptions	Retail Brand Prescriptions	Specialty Prescriptions
Aetna HealthFund and Aetna Value Plan - CDHP (G5)	G51	EE	\$43.22	Aetna	yes	\$1000/ \$2000	\$5,000/ \$10,000	\$1000/\$2000 HRA	15%	15%	15%	15%	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 Max	Tier 2: 50% \$200 Max Tier 3: 50% \$300 Max	Tier 4: 50% \$350 Max Tier 5: 50% \$700 Max
	G53	Plus 1	\$97.60															
	G52	FM	\$98.57															
Aetna HealthFund CDHP and Aetna Value Plan - Value (G5)	G54	EE	\$32.78	Aetna	yes	\$700/ \$1400	\$6000/ \$12,000	N/A	\$25	\$40	20%	20%	20%	\$25 Min \$40 Max	\$25 Min \$40 Max	Tier 1: \$10 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	Tier 4: 50% \$600 Max Tier 5: 50% \$1200 Max
	G56	Plus 1	\$73.60															
	G55	FM	\$75.07															
Aetna Advantage Plan - Advantage (Z2) -Z24	Z24	EE	\$18.75	Aetna	yes	\$2,000/ \$4000	\$7500/ \$15,000	N/A	30%	30%	30%	30%	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	Tier 2: 45%
	Z26	Plus 1	\$41.25															
	Z25	FM	\$49.69															
Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22)	224	EE	\$31.22	Aetna	yes	\$1800/ \$3600	\$6900/ \$13,800	\$800/\$1600 HSA/HRA	15%	15%	15%	15%	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 Max	Tier 2: 50% \$200 Max Tier 3: 50% \$300 Max	Tier 4: 50% \$350 Max Tier 5: 50% \$700 Max
	226	Plus 1	\$67.53															
	225	FM	\$68.87															
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6)	G51	EE	\$24.05	Aetna	yes	\$1600/ \$3200	\$6000/ \$12,000	\$900/\$1800 HRA	20%	20%	20%	20%	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	Tier 4: 50% \$600 Max Tier 5: 50% \$1200 Max
	G53	Plus 1	\$52.75															
	G52	FM	\$60.66															
APWU Health Plan - High (47)	471	EE	\$30.93	Cigna	yes	\$450/ \$800	\$6500/ \$13,000	N/A	\$25	\$25	15%	\$30	0	15%	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	Tier 4: 25% \$300 Max Tier 5: 25% \$600 Max Tier 6: 45% \$1000 Max
	473	Plus 1	\$64.96															
	472	FM	\$74.24															
APWU Health Plan - CDHP (47)	474	EE	\$23.99	Cigna	yes	\$2200/ \$4400	\$6500/ \$13,000	\$1200/\$2400 HRA	15%	15%	15%	15%	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	\$15 Min Tier 1: 25% \$200 Max Tier 2: 25% \$200 Max Tier 3: 40% \$300 Max
	476	Plus 1	\$52.15															
	475	FM	\$56.89															
Blue Cross and Blue Shield - Standard (10)	104	EE	\$32.67	BCBS	yes	\$350/ \$700	\$6000/ \$12,000	N/A	\$25	\$35	15%	\$0 Or \$30	0	15%	15%	Tier 1: \$7.50	Tier 2: 30% Tier 3: 50%	Tier 4: \$65 Or Tier 4: 30% Tier 5: \$85 Or Tier 5: 30%
	106	Plus 1	\$71.45															
	105	FM	\$77.94															
Blue Cross and Blue Shield - Basic (11)	111	EE	\$28.14	BCBS	no	None	\$6500/ \$13,000	N/A	\$30	\$40	\$250	\$35	\$250	15% Or \$40 Or \$100	\$40 Or \$100	Tier 1: \$15	Tier 2: \$60 Tier 3: 60% \$90 Min	Tier 4: \$85 Or Tier 4: \$80 Tier 5: \$110 Or Tier 5: \$100
	113	Plus 1	\$63.25															
	112	FM	\$69.01															
Blue Cross and Blue Shield - FEP Blue Focus (13)	131	EE	\$17.62	BCBS	no	\$500/ \$1000	\$8500/ \$17,000	N/A	\$10 Or 30%	\$10 Or 30%	30%	\$0 Or \$25	0	\$0 Or 30% Or \$25	30%	Tier 1: \$5	Tier 2: 40% \$350 Max	Tier 2: 40% \$350 Max
	133	Plus 1	\$37.88															
	132	FM	\$41.66															
GEHA Benefit Plan - High (31)	311	EE	\$29.69	United	yes	\$350/ \$700	\$5000/ \$10,000	N/A	\$20	\$20	10%	\$35	0	\$0	10%	\$10	25% \$150 Max Or 40% \$200 Max	25% \$150 Max Or 40% \$200 Max
	313	Plus 1	\$65.33															
	312	FM	\$74.41															
GEHA Benefit Plan - Standard (31)	314	EE	\$22.35	United	yes	\$350/ \$700	\$6500/ \$13,000	N/A	\$20	\$35	15%	\$35	15%	15%	\$100 + \$150	\$10	50% \$200 Max Or 50% \$300 Max	50% \$250 Max Or 50% \$400 Max
	316	Plus 1	\$48.06															
	315	FM	\$58.80															
GEHA Benefit Plan - HDHP (34)	341	EE	\$22.55	United	yes	\$1500/ \$3000	\$5000/ \$10,000	\$900/\$1800 HSA/HRA	5%	5%	5%	5%	5%	5%	5%	25%	25% Or 40%	25% Or 40%
	343	Plus 1	\$48.47															
	342	FM	\$59.57															
GEHA - Elevate (25)	254	EE	\$16.48	United	yes	\$500/ \$1000	\$8500/ \$17,000	N/A	\$10	\$30	25%	\$50	25%	25%	25%	\$4	50% \$500 Max Or Member Pays All Charges	50% \$500 Max Or Member Pays All Charges
	256	Plus 1	\$38.62															
	255	FM	\$47.02															

Plan Name	Enrollment Code	Plan Code: EE (employee only) Plus 1 (employee plus 1) FM (Employee and family)	Weekly Payroll Deduction Effective January 1, 2023	Carrier	Out of Network Coverage	Annual Deductible: Single/ Family	Annual out of Pocket Maximum: Single/ Family	Medical Account (HRA/HAS/FSA): Single/ Family	Primary Care Office Visit	Specialist Office Visit	ER	Urgent Care	Emergency & Urgent Care - Accidental Injuries	Simple Diagnostic Tests/ Procedures (eg. blood test, urinalysis, ultrasound)	Complex Diagnostic Tests/ Procedures (eg. CT scan, MRIs, PET scan, Sleep Labs)	Retail Generic Prescriptions	Retail Brand Prescriptions	Specialty Prescriptions
GEHA - Elevate Plus (25)	251	EE	\$27.88	United	no	\$150/ \$300	\$6000/ \$12,000	N/A	\$30	\$45	15%	\$50	15%	\$0 Or \$50	\$100 Or 15%	\$10	\$80 Or 50%	40% \$500 Max Or 50%
	253	Plus 1	\$60.79															
	252	FM	\$66.73															
MHBP - Standard and Value - Value (41)	414	EE	\$18.92	Aetna	yes	\$600/ \$1200	\$6600/ \$13,200	N/A	\$30	\$50	20%	20%	20%	20%	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	Tier 4: 50% \$600 Max Tier 5: 50% \$600 Max Tier 6: 50% \$700 Max
	416	Plus 1	\$44.82															
	415	FM	\$45.72															
MHBP - Standard and Value - Standard (45)	454	EE	\$26.20	Aetna	yes	\$350/ \$700	\$6000/ \$12,000	N/A	\$20	\$30	\$200	\$50	\$200	10%	10%	\$5	Tier 2: 30% \$200 Max Tier 3: 50% \$200 Max	Tier 4: 15% \$225 Max Tier 5: 15% \$225 Max Tier 6: 25% \$275 Max
	456	Plus 1	\$60.30															
	455	FM	\$60.88															
MHBP Consumer Option - HDHP (48)	481	EE	\$25.58	Aetna	yes	\$2000/ \$4000	\$6000/ \$12,000	\$1200/ \$2400 HSA/HRA	\$15	\$15	\$50	\$50	\$50	\$15	\$15	\$10	Tier 2: 30% + Difference Between Plan Allowance and Billed Amount \$200 Max Tier 3: 50% + Difference Between Plan Allowance and Billed Amount \$200 Max	Tier 4: 30% \$225 Max Tier 5: 30% \$225 Max Tier 6: 30% \$275 Max
	483	Plus 1	\$56.60															
	482	FM	\$59.43															
NALC - High (32)	321	EE	\$29.47	Cigna	yes	\$300/ \$600	\$3500/ \$5000	N/A	\$25	\$25	15%	\$25	0	15%	15%	20%	Tier 2: 30% Tier 3: 50%	Tier 4: \$200
	323	Plus 1	\$65.18															
	322	FM	\$66.85															
NALC - CDHP (32)	324	EE	\$18.11	Cigna	yes	\$2000/ \$4000	\$6600/ \$13,200	\$1200/\$2400 HRA	20%	20%	20%	20%	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	Tier 4: \$250
	326	Plus 1	\$39.96															
	325	FM	\$42.91															
NALC - Value (KM)	KM1	EE	\$14.87	Cigna	yes	\$2000/ \$4000	\$6600/ \$13,200	\$100/\$200 HRA	20%	20%	20%	20%	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	Tier 4: \$250
	KM3	Plus 1	\$32.79															
	KM2	FM	\$35.23															
SAMBA - High (44)	441	EE	\$33.78	Cigna	yes	\$300/ \$600	\$5000/ \$10,000	N/A	\$15	\$25	15%	15%	0	15%	15%	Tier 1: \$10	Tier 2: 30% \$100 Max Tier 3: 45% \$300 Max	Tier 4: 30% \$160 Max Tier 5: 45% \$320 Max
	443	Plus 1	\$74.33															
	442	FM	\$81.08															
SAMBA - Standard (44)	444	EE	\$27.34	Cigna	yes	\$350/ \$700/ \$900	\$6000/ \$12,000	N/A	\$20	\$30	20%	20%	0	20%	20%	Tier 1: \$12	Tier 2: 35% \$150 Max Tier 3: 50% \$300 Max	Tier 4: 35% \$240 Max Tier 5: 50% \$480 Max
	446	Plus 1	\$58.85															
	445	FM	\$62.38															



Eye Exam Copay	\$10
Materials Copay	\$10
Benefit Frequency	Based on Date of Service
Exam Frequency	12 Months
Lenses Frequency	12 Months
Frames Frequency	24 Months
Contact Lenses	12 Months
Elective Contact Lenses	\$120 Retail Allowance
Frames	\$130 allowance for a wide selection of frames
Single Vision Lenses	Covered in Full After Copay
Bifocal Lenses	Covered in Full After Copay
Trifocal Lenses	Covered in Full After Copay
Dependents	To age 26

Plan	Employee Pay Period Contribution	Employee Monthly Contribution	Employer Monthly Contribution	Total Monthly Premium
EE	\$0.27	\$1.08	\$6.01	\$7.09
Family	\$0.57	\$2.28	\$12.96	\$15.24

## Group Life Insurance & Accidental Death and Dismemberment

- \* 100% Paid for by Prairie Band Potawatomi Nation
- \* Benefit is equal to 1 x annual salary
- \* Minimum benefit \$50,000
- \* Maximum Benefit \$150,000



## Voluntary Life Insurance

- \* Coverage up to 5 x your annual salary up to \$500,000
- \* Accidental Death and Dismemberment policy of the same value as life insurance
- \* \$100,000 guarantee issue for employee, \$50,000 guarantee issue for spouse at first opportunity to enroll
- \* Guarantee issue dependent life insurance for \$2,500, \$5,000, \$7,500 or \$10,000



Preventive Services	No deductible, covered at 100%
Basic Services (fillings, simple extractions)	Deductible, then covered at 50%
Major Services (crowns, dentures, and bridges)	Deductible, then covered at 50%
Annual deductible – Single/Family	\$25/\$50
Annual Maximum (per contract year)	\$1,500
Orthodontics (per lifetime)	\$1,500
Dependents (orthodontics)	To age 26 (age 21)

Plan	Employee Pay Period	Employee Monthly	Employer Monthly Contribution	Total Monthly Premium
EE	\$0.90	\$3.62	\$20.52	\$24.14
EE + S	\$1.80	\$7.20	\$40.77	\$47.97
EE + C	\$2.39	\$9.57	\$54.21	\$63.78
Family	\$3.57	\$14.29	\$80.96	\$95.25

## Short –Term and Long-Term Disability

- \* 100% Paid for by Prairie Band Potawatomi Nation
- \* Short term pays up to 60% of basic wages up to a maximum of \$500 per week
- \* Long term pay up to 60% of monthly income loss to a maximum of \$4,000.

## Voluntary Coverages



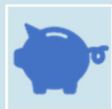
Critical Illness

Accident

Hospital indemnity



## Retirement Benefits



Traditional pre-tax 401K and ROTH options



Match of 50 cents on the dollar up to 10% of eligible wages



Eligible to enroll the first of the quarter after 90 days of employment

### Vesting Schedule

Years of Service	0	1	2	3	4
Percentage Vested	0%	25%	50%	75%	100%

## Holiday Schedule

**NEW YEARS DAY:** MONDAY 1/2/2023

**MARTIN LUTHER KING DAY:** MONDAY 1/16/2023

**PRESIDENT'S DAY:** MONDAY 2/20/2023

**GOOD FRIDAY:** FRIDAY 4/7/2023

**MEMORIAL DAY:** FRIDAY-1/2 DAY 5/26/2023 & MONDAY 5/29/2023

**JUNETEENTH:** MONDAY 6/19/2023

**INDEPENDENCE DAY:** TUESDAY 7/4/2023 & WEDNESDAY 7/5/2023

**LABOR DAY:** FRIDAY-1/2 DAY 9/1/2023 & MONDAY 9/4/2023

**NATIVE AMERICAN DAY:** FRIDAY 9/22/2023

**INDIGENOUS PEOPLES' DAY:** MONDAY 10/9/2023

**VETERAN'S DAY:** FRIDAY 11/10/2023

**THANKSGIVING:** WEDNESDAY-1/2 DAY 11/22/2023 &  
THURSDAY 11/23/2023

**NATIVE AMERICAN HERITAGE DAY:** FRIDAY 11/24/2023

**CHRISTMAS:** FRIDAY 12/22/2023, MONDAY 12/25/2023  
& TUESDAY 12/26/2023

**NEW YEAR'S EVE:** FRIDAY 12/29/2023