



2024 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 unmarried child(ren) up to age 26. Children can include, natural, step, adopted, and foster.

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

Plan Name	Employee Only		Employee + 1		Family	
	Employee monthly Cost	Employee Weekly Cost	Employee monthly Cost	Employee Weekly Cost	Employee monthly Cost	Employee Weekly Cost
GEHA Indemnity Benefit Plan - Elevate	\$ 67.88	\$ 16.97	\$ 163.76	\$ 40.94	\$ 199.35	\$ 49.84
NALC Health Benefit Plan - CDHP	\$ 71.84	\$ 17.96	\$ 161.15	\$ 40.29	\$ 174.44	\$ 43.61
BCBS Service Benefit Plan - FEP Blue Focus	\$ 71.90	\$ 17.97	\$ 154.55	\$ 38.64	\$ 170.00	\$ 42.50
Aetna - Advantage	\$ 75.00	\$ 18.75	\$ 165.00	\$ 41.25	\$ 198.75	\$ 49.69
MHBP - Value	\$ 75.67	\$ 18.92	\$ 179.29	\$ 44.82	\$ 182.87	\$ 45.72
GEHA Benefit Plan - Standard	\$ 91.20	\$ 22.80	\$ 196.08	\$ 49.02	\$ 242.25	\$ 60.56
GEHA - HDHP	\$ 92.89	\$ 23.22	\$ 199.71	\$ 49.93	\$ 245.41	\$ 61.35
Aetna Direct	\$ 96.48	\$ 24.12	\$ 211.59	\$ 52.90	\$ 243.31	\$ 60.83
APWU Health Plan - CDHP	\$ 99.82	\$ 24.95	\$ 216.95	\$ 54.24	\$ 236.67	\$ 59.17
MHBP Consumer Option - HDHP	\$ 102.30	\$ 25.58	\$ 226.39	\$ 56.60	\$ 237.70	\$ 59.43
MHBP - Standard Option	\$ 104.79	\$ 26.20	\$ 241.21	\$ 60.30	\$ 243.53	\$ 60.88
SAMBA Health Benefit Plan - Standard	\$ 111.02	\$ 27.75	\$ 238.94	\$ 59.74	\$ 253.28	\$ 63.32
BCBS Service Benefit Plan - Basic Option	\$ 119.33	\$ 29.83	\$ 268.17	\$ 67.04	\$ 295.35	\$ 73.84
GEHA Indemnity Benefit Plan - Elevate Plus	\$ 121.54	\$ 30.39	\$ 266.25	\$ 66.56	\$ 292.26	\$ 73.07
GEHA Benefit Plan - High	\$ 123.53	\$ 30.88	\$ 271.76	\$ 67.94	\$ 309.54	\$ 77.39
NALC Health Benefit Plan - High	\$ 123.77	\$ 30.94	\$ 273.77	\$ 68.44	\$ 282.09	\$ 70.52
APWU Health Plan - High	\$ 128.68	\$ 32.17	\$ 198.22	\$ 49.56	\$ 308.82	\$ 77.21
Aetna HealthFund HDHP	\$ 129.11	\$ 32.28	\$ 279.20	\$ 69.80	\$ 284.78	\$ 71.19
SAMBA Health Benefit Plan - High	\$ 129.73	\$ 32.43	\$ 285.42	\$ 71.35	\$ 311.36	\$ 77.84
BCBS Service Benefit Plan - Standard Option	\$ 137.22	\$ 34.31	\$ 300.09	\$ 75.02	\$ 330.48	\$ 82.62
Aetna HealthFund CDHP and Aetna - Value Plan	\$ 139.58	\$ 34.89	\$ 313.41	\$ 78.35	\$ 319.68	\$ 79.92
Aetna Health Fund and Aetna Value Plan - CDHP	\$ 198.22	\$ 49.56	\$ 447.68	\$ 111.92	\$ 452.15	\$ 113.04

Simple Plan Comparison of Medical Insurance Options 2024

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, 2024	Carrier	Out of Network Coverage	Annual Deductible: Single/ Family	Annual out of Pocket Maximum: Single/ Family - applies to in network care only	Medical Account (HRA/HSA/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)	Retail Generic Prescriptions	Retail Brand Prescriptions	Specialty Prescriptions
Aetna HealthFund and Aetna Value Plan - CDHP (G5)	G51	EE	\$43.56	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	\$111.32															
	G52	FM	\$113.04															
Aetna HealthFund CDHP and Aetna Value Plan - Value (G5)	G54	EE	\$34.89	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	\$78.35															
	G55	FM	\$79.92															
Aetna Advantage Plan (Z2)	Z24	EE	\$18.75	Aetna	yes	\$2,000/ \$4000	\$7500/ \$15,000	\$0.00	30%	30%	30%	30%	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	Tier 2: 45%
	Z26	Plus 1	\$41.25															
	Z25	FM	\$43.63															
Aetna HealthFund HDHP (Z2)	Z24	EE	\$32.28	Aetna	yes	\$1800/ \$3600	\$6300/ \$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
	Z26	Plus 1	\$63.80															
	Z25	FM	\$71.13															
Aetna Direct (M6)	M61	EE	\$24.12	Aetna	yes	\$1600/ \$3200	\$6000/ \$12,000	\$300/\$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
	M63	Plus 1	\$52.30															
	M62	FM	\$60.83															
AP/WU Health Plan - High (47)	471	EE	\$32.17	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	\$67.56															
	472	FM	\$77.21															
AP/WU Health Plan - CDHP (47)	474	EE	\$24.35	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	\$54.24															
	475	FM	\$53.17															
Blue Cross and Blue Shield - Standard (10)	104	EE	\$34.31	BCBS	yes	\$350/ \$700	\$6000/ \$12,000	N/A	\$30	\$40	15%	\$0 Or \$30	0	15%	15%	Tier 1: \$7.50	Tier 2: 30% Tier 3: 50%	Tier 4: \$65 Tier 5: \$85 Or Tier 5: 30%
	106	Plus 1	\$75.02															
	105	FM	\$82.62															
Blue Cross and Blue Shield - Basic (11)	111	EE	\$29.83	BCBS	no	None	\$6500/ \$13,000	N/A	\$35	\$45	\$250	\$35	\$250	15% Or \$40 Or \$100	\$40 Or \$100	Tier 1: \$15	Tier 2: \$60 Tier 3: 60% \$30 Min	Tier 4: \$85 Or Tier 5: \$110 Or Tier 5: \$100
	113	Plus 1	\$67.04															
	112	FM	\$73.84															
Blue Cross and Blue Shield - FEP Blue Focus (13)	131	EE	\$17.37	BCBS	no	\$500/ \$1000	\$3000/ \$18,000	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	40% \$350 Max
	133	Plus 1	\$38.64															
	132	FM	\$42.50															
GEHA - High (31)	311	EE	\$30.88	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	\$67.34															
	312	FM	\$77.39															
GEHA - Standard (31)	314	EE	\$22.80	United	yes	\$350/ \$700	\$6500/ \$13,000	N/A	\$20	\$35	15%	\$35	15%	15%	\$100 + \$150	\$10	40% \$250 Max Or 60% \$350 Max	50% \$250 Max Or 50% \$400 Max
	316	Plus 1	\$43.02															
	315	FM	\$60.56															
GEHA - HDHP (34)	341	EE	\$23.22	United	yes	\$1600/ \$3200	\$6000/ \$12,000	\$1000/\$2000 HSA/HRA	5%	5%	5%	5%	5%	5%	5%	25%	25% Or 40%	25% Or 40%
	343	Plus 1	\$43.93															
	342	FM	\$61.35															
GEHA - Elevate (25)	254	EE	\$16.37	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	\$40.34															
	255	FM	\$43.84															
GEHA - Elevate Plus (25)	251	EE	\$30.39	United	no	\$200/ \$400	\$7000/ \$14,000	N/A	\$30	\$50	15%	\$50	15%	\$0 Or \$50	\$100 Or 15%	\$10	\$80 Or 50%	40% \$500 Max Or 50%
	253	Plus 1	\$66.56															
	252	FM	\$73.07															

** Items in RED writing indicate a change was made from the previous year

Simple Plan Comparison of Medical Insurance Options 2024 page 2 of 2

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, 2024	Carrier	Out of Network Coverage	Annual Deductible: Single/ Family	Annual out of Pocket Maximum: Single/ Family - applies to in network care only	Medical Account (HRA/HSA/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
MHBP - Value (41)	414	EE	\$18.32	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 (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	\$30.94	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	\$68.44															
	322	FM	\$70.52															
NALC - CDHP (32)	324	EE	\$17.36	Cigna	yes	\$2000/ \$4000	\$6600/ \$12,000	\$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	\$40.23															
	325	FM	\$43.61															
SAMBA - High (44)	441	EE	\$32.43	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	\$71.35															
	442	FM	\$77.84															
SAMBA - Standard (44)	444	EE	\$27.75	Cigna	yes	\$350/ \$700/ \$300	\$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	\$59.74															
	445	FM	\$63.32															
																		PAGE 2 OF 2

To open the "simple Plan Comparison" document, click [HERE](#)



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 only	\$ 0.27	\$ 1.09	\$ 6.19	\$ 7.28
Family	\$ 0.59	\$ 2.35	\$ 13.31	\$ 15.66

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)	\$1,000
Orthodontics (per lifetime)	\$1,500
Dependents (orthodontics)	To age 26 (age 21)

Plan	Employee Pay Period Contribution	Employee Monthly Contribution	Employer Monthly Contribution	Total Monthly Premium
EE only	\$ 0.95	\$ 3.80	\$ 21.55	\$ 25.35
EE + Spouse	\$ 1.89	\$ 7.56	\$ 42.81	\$ 50.37
EE + Child(ren)	\$ 2.51	\$ 10.05	\$ 56.92	\$ 66.97
Family	\$ 3.75	\$ 15.00	\$ 85.01	\$ 100.01

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 s up to 60% of monthly income loss to a maximum of \$4,000.



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

HOLIDAY	DAY	DATE
NEW YEARS DAY	MONDAY	1/1/2024
MARTIN LUTHER KING DAY	MONDAY	1/15/2024
PRESIDENT'S DAY	MONDAY	2/19/2024
GOOD FRIDAY	FRIDAY	3/29/2024
MEMORIAL DAY	FRIDAY - 1/2 DAY MONDAY	5/24/2024 5/27/2024
JUNETEENTH	WEDNESDAY	6/19/2024
INDEPENDENCE DAY	THURSDAY FRIDAY	7/4/2024 7/5/2024
LABOR DAY	FRIDAY - 1/2 DAY MONDAY	8/30/2024 9/2/2024
NATIVE AMERICAN DAY	FRIDAY	9/27/2024
INDIGENOUS PEOPLES' DAY	MONDAY	10/14/2024
VETERAN'S DAY	MONDAY	11/11/2024
THANKSGIVING	WEDNESDAY - 1/2 DAY THURSDAY	11/27/2024 11/28/2024
NATIVE AMERICAN HERITAGE DAY	FRIDAY	11/29/2024
CHRISTMAS	TUESDAY WEDNESDAY THURSDAY	12/24/2024 12/25/2024 12/26/2024
NEW YEARS EVE	TUESDAY	12/31/2024