

Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Fee-for-Service Plans (FFS)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
APWU Health Plan					
	High Self	471	510.47	382.85	127.62
	High Family	472	1154.23	865.67	288.56
	CDHP Self	474	356.92	267.69	89.23
	CDHP Family	475	802.90	602.18	200.72
Blue Cross and Blue Shield Service Benefit Plan					
	Standard Self	104	587.88	402.46	185.42
	Standard Family	105	1327.80	897.76	430.04
Blue Cross and Blue Shield Service Benefit Plan					
	Basic Self	111	487.54	365.66	121.88
	Basic Family	112	1141.70	856.28	285.42
Compass Rose Health Plan					
	High Self	421	530.90	398.18	132.72
	High Family	422	1220.51	897.76	322.75
Foreign Service Benefit Plan					
	High Self	401	493.96	370.47	123.49
	High Family	402	1205.10	897.76	307.34
GEHA Benefit Plan					
	High Self	311	587.49	402.46	185.03
	High Family	312	1336.14	897.76	438.38
	Standard Self	314	370.89	278.17	92.72
	Standard Family	315	843.46	632.60	210.86
GEHA High Deductible Health Plan					
	HDHP Self	341	399.86	299.90	99.96
	HDHP Family	342	913.27	684.95	228.32
MHBP - Consumer Option					
	HDHP Self	481	462.28	346.71	115.57
	HDHP Family	482	1047.45	785.59	261.86
MHBP - Std					
	Standard Self	454	611.20	402.46	208.74
	Standard Family	455	1398.76	897.76	501.00
MHBP - Value Plan					
	Standard Self	414	343.09	257.32	85.77
	Standard Family	415	817.96	613.47	204.49
NALC					
	High Self	321	564.24	402.46	161.78
	High Family	322	1225.36	897.76	327.60
Panama Canal Area Benefit Plan					
	High Self	431	421.53	316.15	105.38
	High Family	432	879.84	659.88	219.96
Rural Carrier Benefit Plan					

These tables show the minimum amount a tribal employer must pay for each employee's health plan.
Tribal employers may pay a higher portion of the premium (up to 100 percent).

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Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Self	381	585.65	402.46	183.19
	High Family	382	1196.22	897.17	299.05
SAMBA					
	High Self	441	661.68	402.46	259.22
	High Family	442	1558.25	897.76	660.49
	Standard Self	444	526.85	395.14	131.71
	Standard Family	445	1203.26	897.76	305.50

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