## **BAD RIVER BENEFIT COST SUMMARY**

PLAN YEAR 1/1/2024- 12/31/2024

BC/BS Standard Plan	Weekly Amount	Code
Self	\$21.11	(104)
Self + One	\$46.17	(106)
Family	\$50.84	(105)
BC/BS Basic Plan	Weekly Amount	Code
Self	\$18.36	(111)
Self + One	\$41.26	(113)
Family	\$45.44	(112)
BC/BS Blue Focus Plan	Weekly Amount	Code
Self	\$11.06	(131)
Self + One	\$23.78	(133)
Family	\$26.15	(132)

Vision Insurance	Weekly Amount		
Employee Only (Single)	\$1.81		
Employee + Spouse	\$3.17		
Employee + Children	\$3.17		
Family (Employee + Spouse + Children)	\$4.70	Waiting period is 30 days from	
Dental Insurance	Weekly Amount	hire	
Single Coverage	\$5.00		
Employee + Spouse	\$10.00		
Employee + Child(ren)	\$10.00		
Family Coverage (Employee + Spouse + Children)	\$15.00		



While there are several alternative plans available, it's important to note that only BC/BS Plans and GEHA currently include our Clinic and Pharmacy in their network. Please consult the list of available plans for alternative health plan options.

Insurance coverage or a new enrollment in the Federal Employees Health Benefits (FEHB) program becomes effective on the first day of the initial pay period following the tribal employer's receipt of SF2809, provided that the tribal employee is in pay status (30 days). The waiting period is 30 days from the date of hire.