

U.S. OFFICE OF PERSONNEL MANAGEMENT

HEALTHCARE PLAN INFORMATION

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

FFS (Fee-for-Service/Nationwide Plans)

Plan - Option	Enrollment Code	2020 Total Biweekly Premium	2021 Biweekly Premium Rates - Total Premium	2021 Biweekly Premium Rates - Government Pays	2021 Biweekly Premium Rates - Employee Pays	2021 Biweekly Premium Rates - Change in Employee Payment	2020 Total Monthly Premium	2021 Monthly Premium Rates - Total Premium	2021 Monthly Premium Rates - Government Pays	2021 Monthly Premium Rates - Employee Pays	2021 Monthly Premium Rates - Change in Employee Payment
Nationwide APWU Health Plan - CDHP Self	474	275.85	278.61	208.96	69.65	0.69	597.68	603.66	452.75	150.91	1.49
Nationwide APWU Health Plan - CDHP Self & Family	475	654.04	660.58	495.44	165.14	1.63	1417.09	1431.26	1073.45	357.81	3.54
Nationwide APWU Health Plan - CDHP Self Plus One	476	599.54	605.53	454.15	151.38	1.50	1299.00	1311.98	983.99	327.99	3.24
Nationwide APWU Health Plan - High Self	471	335.18	345.24	241.58	103.66	4.25	726.22	748.02	523.42	224.60	9.22
Nationwide APWU Health Plan - High Self & Family	472	804.42	828.55	562.25	266.30	8.35	1742.91	1795.19	1218.21	576.98	18.09
Nationwide APWU Health Plan - High Self Plus One	473	703.86	724.97	517.46	207.51	7.77	1525.03	1570.77	1121.16	449.61	16.84
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic	111	303.78	314.42	235.82	78.60	2.66	658.19	681.24	510.93	170.31	5.76

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Option - Basic Self											
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self & Family	112	737.69	763.52	562.25	201.27	10.05	1598.33	1654.29	1218.21	436.08	21.77
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self Plus One	113	682.73	706.63	517.46	189.17	10.56	1479.25	1531.03	1121.16	409.87	22.88
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self	131	212.58	212.58	159.44	53.14	0.00	460.59	460.59	345.44	115.15	0.00
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self & Family	132	502.70	502.70	377.03	125.67	0.00	1089.18	1089.18	816.89	272.29	0.00
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	133	457.02	457.02	342.77	114.25	0.00	990.21	990.21	742.66	247.55	0.00

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- FEP Blue Focus Self Plus One											
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self	104	352.68	365.03	241.58	123.45	6.54	764.14	790.90	523.42	267.48	14.18
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self & Family	105	833.21	862.37	562.25	300.12	13.38	1805.29	1868.47	1218.21	650.26	28.99
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self Plus One	106	771.27	798.27	517.46	280.81	13.66	1671.09	1729.59	1121.16	608.43	29.60
Nationwide Compass Rose Health Plan - High Self	421	337.43	347.55	241.58	105.97	4.31	731.10	753.03	523.42	229.61	9.35
Nationwide Compass Rose Health Plan - High Self & Family	422	809.84	834.13	562.25	271.88	8.51	1754.65	1807.28	1218.21	589.07	18.44

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Nationwide Compass Rose Health Plan - High Self Plus One	423	742.35	764.62	517.46	247.16	8.93	1608.43	1656.68	1121.16	535.52	19.35
Nationwide Foreign Service Benefit Plan - High Self	401	275.95	287.02	215.27	71.75	2.76	597.89	621.88	466.41	155.47	6.00
Nationwide Foreign Service Benefit Plan - High Self & Family	402	682.70	710.02	532.52	177.50	6.83	1479.18	1538.38	1153.79	384.59	14.80
Nationwide Foreign Service Benefit Plan - High Self Plus One	403	675.91	696.19	517.46	178.73	6.94	1464.47	1508.41	1121.16	387.25	15.04
Nationwide GEHA Benefit Plan - High Self	311	341.19	349.72	241.58	108.14	2.72	739.25	757.73	523.42	234.31	5.90
Nationwide GEHA Benefit Plan - High Self & Family	312	850.86	876.38	562.25	314.13	9.74	1843.53	1898.82	1218.21	680.61	21.10
Nationwide GEHA Benefit Plan - High Self Plus One	313	750.63	769.39	517.46	251.93	5.42	1626.37	1667.01	1121.16	545.85	11.74
Nationwide GEHA Benefit Plan - Standard Self	314	242.18	250.66	188.00	62.66	2.12	524.72	543.10	407.33	135.77	4.59
	315	622.08	659.40	494.55	164.85	9.33	1347.84	1428.70	1071.53	357.17	20.21

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Nationwide GEHA Benefit Plan - Standard Self & Family											
Nationwide GEHA Benefit Plan - Standard Self Plus One	316	520.71	538.94	404.21	134.73	4.55	1128.21	1167.70	875.78	291.92	9.87
Nationwide GEHA HDHP - HDHP Self	341	237.16	245.47	184.10	61.37	2.08	513.85	531.85	398.89	132.96	4.50
Nationwide GEHA HDHP - HDHP Self & Family	342	600.16	636.18	477.14	159.04	9.00	1300.35	1378.39	1033.79	344.60	19.51
Nationwide GEHA HDHP - HDHP Self Plus One	343	509.91	527.76	395.82	131.94	4.46	1104.81	1143.48	857.61	285.87	9.67
Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self	251	290.69	301.44	226.08	75.36	2.69	629.83	653.12	489.84	163.28	5.82
Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self & Family	252	720.91	747.57	560.68	186.89	6.66	1561.97	1619.74	1214.81	404.93	14.44
Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self Plus One	253	674.39	693.27	517.46	175.81	5.54	1461.18	1502.09	1121.16	380.93	12.01

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Nationwide GEHA Indemnity Benefit Plan - Elevate Self	254	189.29	189.29	141.97	47.32	0.00	410.13	410.13	307.60	102.53	0.00
Nationwide GEHA Indemnity Benefit Plan - Elevate Self & Family	255	530.03	530.03	397.52	132.51	0.00	1148.40	1148.40	861.30	287.10	0.00
Nationwide GEHA Indemnity Benefit Plan - Elevate Self Plus One	256	435.38	435.38	326.54	108.84	0.00	943.32	943.32	707.49	235.83	0.00
Nationwide MHBP Consumer Option - HDHP Self	481	264.59	291.04	218.28	72.76	6.61	573.28	630.59	472.94	157.65	14.33
Nationwide MHBP Consumer Option - HDHP Self & Family	482	614.80	676.28	507.21	169.07	15.37	1332.07	1465.27	1098.95	366.32	33.30
Nationwide MHBP Consumer Option - HDHP Self Plus One	483	585.53	644.08	483.06	161.02	14.64	1268.65	1395.51	1046.63	348.88	31.72
Nationwide MHBP Standard Option - Standard Self	454	263.47	287.19	215.39	71.80	5.93	570.85	622.25	466.69	155.56	12.85
Nationwide MHBP Standard Option - Standard Self & Family	455	612.30	667.41	500.56	166.85	13.78	1326.65	1446.06	1084.55	361.51	29.85
	456	606.47	661.06	495.80	165.26	13.64	1314.02	1432.30	1074.23	358.07	29.57

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Nationwide MHBP Standard Option - Standard Self Plus One											
Nationwide MHBP Value Plan - Value Self	414	209.22	213.41	160.06	53.35	1.05	453.31	462.39	346.79	115.60	2.27
Nationwide MHBP Value Plan - Value Self & Family	415	505.63	515.75	386.81	128.94	2.53	1095.53	1117.46	838.10	279.36	5.48
Nationwide MHBP Value Plan - Value Self Plus One	416	495.73	505.65	379.24	126.41	2.48	1074.08	1095.58	821.69	273.89	5.37
Nationwide NALC Health Benefit Plan - CDHP Self	324	218.55	218.55	163.91	54.64	0.00	473.53	473.53	355.15	118.38	0.00
Nationwide NALC Health Benefit Plan - CDHP Self & Family	325	502.63	507.66	380.75	126.91	1.25	1089.03	1099.93	824.95	274.98	2.72
Nationwide NALC Health Benefit Plan - CDHP Self Plus One	326	482.16	482.16	361.62	120.54	0.00	1044.68	1044.68	783.51	261.17	0.00
Nationwide NALC Health Benefit Plan - High Self	321	326.61	336.41	241.58	94.83	3.99	707.66	728.89	523.42	205.47	8.65
Nationwide NALC Health Benefit	322	735.21	760.94	562.25	198.69	9.95	1592.96	1648.70	1218.21	430.49	21.55

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Plan - High Self & Family											
Nationwide NALC Health Benefit Plan - High Self Plus One	323	722.43	744.10	517.46	226.64	8.33	1565.27	1612.22	1121.16	491.06	18.05
Nationwide NALC Health Benefit Plan - Value Self	KM1	179.37	179.37	134.53	44.84	0.00	388.64	388.64	291.48	97.16	0.00
Nationwide NALC Health Benefit Plan - Value Self & Family	KM2	412.69	416.82	312.62	104.20	1.03	894.16	903.11	677.33	225.78	2.24
Nationwide NALC Health Benefit Plan - Value Self Plus One	KM3	395.70	395.70	296.78	98.92	0.00	857.35	857.35	643.01	214.34	0.00
Nationwide Panama Canal Area Benefit Plan - High Self	431	290.09	304.60	228.45	76.15	3.63	628.53	659.97	494.98	164.99	7.86
Nationwide Panama Canal Area Benefit Plan - High Self & Family	432	605.54	635.81	476.86	158.95	7.57	1312.00	1377.59	1033.19	344.40	16.40
Nationwide Panama Canal Area Benefit Plan - High Self Plus One	433	578.99	607.94	455.96	151.98	7.23	1254.48	1317.20	987.90	329.30	15.68
	381	358.00	368.30	241.58	126.72	4.49	775.67	797.98	523.42	274.56	9.73

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Nationwide Rural Carrier Benefit Plan - High Self											
Nationwide Rural Carrier Benefit Plan - High Self & Family	382	734.00	781.71	562.25	219.46	31.93	1590.33	1693.71	1218.21	475.50	69.19
Nationwide Rural Carrier Benefit Plan - High Self Plus One	383	709.00	744.21	517.46	226.75	21.87	1536.17	1612.46	1121.16	491.30	47.39
Nationwide SAMBA Health Benefit Plan - High Self	441	416.19	403.70	241.58	162.12	-18.30	901.75	874.68	523.42	351.26	-39.65
Nationwide SAMBA Health Benefit Plan - High Self & Family	442	998.84	968.87	562.25	406.62	-45.75	2164.15	2099.22	1218.21	881.01	-99.12
Nationwide SAMBA Health Benefit Plan - High Self Plus One	443	915.61	888.14	517.46	370.68	-40.81	1983.82	1924.30	1121.16	803.14	-88.42
Nationwide SAMBA Health Benefit Plan - Standard Self	444	314.08	323.50	241.58	81.92	3.40	680.51	700.92	523.42	177.50	7.37
Nationwide SAMBA Health Benefit	445	716.56	738.06	553.55	184.51	5.37	1552.55	1599.13	1199.35	399.78	11.64

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Plan - Standard Self & Family											
Nationwide SAMBA Health Benefit Plan - Standard Self Plus One	446	676.00	696.28	517.46	178.82	6.94	1464.67	1508.61	1121.16	387.45	15.04