

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Fee-for-Service Plans (FFS)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premiums		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Empl. Pays	Change in Former Spouse payment
<b>Nationwide APWU Health Plan</b>							
CDHP Self	474	609.63	609.63	0.00	597.68	597.68	0.00
CDHP Self & Family	475	1445.43	1445.43	0.00	1417.09	1417.09	0.00
CDHP Self Plus One	476	1324.98	1324.98	0.00	1299.00	1299.00	0.00
High Self	471	740.74	740.74	0.00	726.22	726.22	0.00
High Self & Family	472	1777.77	1777.77	0.00	1742.91	1742.91	0.00
High Self Plus One	473	1555.53	1555.53	0.00	1525.03	1525.03	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option</b>							
Basic Self	111	651.73	671.35	19.62	638.95	658.19	19.24
Basic Self & Family	112	1552.65	1630.30	77.65	1522.21	1598.33	76.12
Basic Self Plus One	113	1464.87	1508.84	43.97	1436.15	1479.25	43.10
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus</b>							
FEP Blue Focus Self	131	469.80	469.80	0.00	460.59	460.59	0.00
FEP Blue Focus Self & Family	132	1110.96	1110.96	0.00	1089.18	1089.18	0.00
FEP Blue Focus Self Plus One	133	1010.01	1010.01	0.00	990.21	990.21	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option</b>							
Standard Self	104	756.73	779.42	22.69	741.89	764.14	22.25
Standard Self & Family	105	1753.71	1841.40	87.69	1719.32	1805.29	85.97
Standard Self Plus One	106	1654.87	1704.51	49.64	1622.42	1671.09	48.67
<b>Nationwide Compass Rose Health Plan</b>							
High Self	421	710.21	745.72	35.51	696.28	731.10	34.82
High Self & Family	422	1704.51	1789.74	85.23	1671.09	1754.65	83.56
High Self Plus One	423	1562.47	1640.60	78.13	1531.83	1608.43	76.60
<b>Nationwide Foreign Service Benefit Plan</b>							
High Self	401	592.68	609.85	17.17	581.06	597.89	16.83
High Self & Family	402	1466.25	1508.76	42.51	1437.50	1479.18	41.68
High Self Plus One	403	1451.66	1493.76	42.10	1423.20	1464.47	41.27
<b>Nationwide GEHA Benefit Plan</b>							
High Self	311	742.90	754.04	11.14	728.33	739.25	10.92
High Self & Family	312	1852.58	1880.40	27.82	1816.25	1843.53	27.28
High Self Plus One	313	1634.37	1658.90	24.53	1602.32	1626.37	24.05
Standard Self	314	519.64	535.21	15.57	509.45	524.72	15.27
Standard Self & Family	315	1309.33	1374.80	65.47	1283.66	1347.84	64.18
Standard Self Plus One	316	1117.25	1150.77	33.52	1095.34	1128.21	32.87

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Fee-for-Service Plans (FFS)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premiums		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Empl. Pays	Change in Former Spouse payment
<b>Nationwide GEHA HDHP</b>							
HDHP Self	341	518.96	524.13	5.17	508.78	513.85	5.07
HDHP Self & Family	342	1287.75	1326.36	38.61	1262.50	1300.35	37.85
HDHP Self Plus One	343	1115.74	1126.91	11.17	1093.86	1104.81	10.95
<b>Nationwide GEHA Indemnity Benefit Plan</b>							
Elevate Plus Self	251	New Plan	642.43	New Plan	New Plan	629.83	New Plan
Elevate Plus Self & Family	252	New Plan	1593.21	New Plan	New Plan	1561.97	New Plan
Elevate Plus Self Plus One	253	New Plan	1490.40	New Plan	New Plan	1461.18	New Plan
Elevate Self	254	New Plan	418.33	New Plan	New Plan	410.13	New Plan
Elevate Self & Family	255	New Plan	1171.37	New Plan	New Plan	1148.40	New Plan
Elevate Self Plus One	256	New Plan	962.19	New Plan	New Plan	943.32	New Plan
<b>Nationwide MHBP Consumer Option</b>							
HDHP Self	481	573.27	584.75	11.48	562.03	573.28	11.25
HDHP Self & Family	482	1332.06	1358.71	26.65	1305.94	1332.07	26.13
HDHP Self Plus One	483	1268.66	1294.02	25.36	1243.78	1268.65	24.87
<b>Nationwide MHBP Standard Option</b>							
Standard Self	454	588.17	582.27	-5.90	576.64	570.85	-5.79
Standard Self & Family	455	1366.84	1353.18	-13.66	1340.04	1326.65	-13.39
Standard Self Plus One	456	1353.83	1340.30	-13.53	1327.28	1314.02	-13.26
<b>Nationwide MHBP Value Plan</b>							
Value Self	414	486.71	462.38	-24.33	477.17	453.31	-23.86
Value Self & Family	415	1176.25	1117.44	-58.81	1153.19	1095.53	-57.66
Value Self Plus One	416	1153.22	1095.56	-57.66	1130.61	1074.08	-56.53
<b>Nationwide NALC Health Benefit Plan</b>							
CDHP Self	324	483.00	483.00	0.00	473.53	473.53	0.00
CDHP Self & Family	325	1089.02	1110.81	21.79	1067.67	1089.03	21.36
CDHP Self Plus One	326	1055.04	1065.57	10.53	1034.35	1044.68	10.33
High Self	321	695.73	721.81	26.08	682.09	707.66	25.57
High Self & Family	322	1562.31	1624.82	62.51	1531.68	1592.96	61.28
High Self Plus One	323	1531.47	1596.58	65.11	1501.44	1565.27	63.83

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Fee-for-Service Plans (FFS)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premiums		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Empl. Pays	Change in Former Spouse payment
<b>Nationwide NALC Health Benefit Plan</b>							
Value Self	KM1	396.41	396.41	0.00	388.64	388.64	0.00
Value Self & Family	KM2	894.16	912.04	17.88	876.63	894.16	17.53
Value Self Plus One	KM3	865.84	874.50	8.66	848.86	857.35	8.49
<b>Nationwide Panama Canal Area Benefit Plan</b>							
High Self	431	613.50	641.10	27.60	601.47	628.53	27.06
High Self & Family	432	1280.63	1338.24	57.61	1255.52	1312.00	56.48
High Self Plus One	433	1224.47	1279.57	55.10	1200.46	1254.48	54.02
<b>Nationwide Rural Carrier Benefit Plan</b>							
High Self	381	699.40	791.18	91.78	685.69	775.67	89.98
High Self & Family	382	1381.43	1622.14	240.71	1354.34	1590.33	235.99
High Self Plus One	383	1354.36	1566.89	212.53	1327.80	1536.17	208.37
<b>Nationwide SAMBA Health Benefit Plan</b>							
High Self	441	930.94	919.79	-11.15	912.69	901.75	-10.94
High Self & Family	442	2234.25	2207.43	-26.82	2190.44	2164.15	-26.29
High Self Plus One	443	2048.05	2023.50	-24.55	2007.89	1983.82	-24.07
Standard Self	444	700.64	694.12	-6.52	686.90	680.51	-6.39
Standard Self & Family	445	1611.53	1583.60	-27.93	1579.93	1552.55	-27.38
Standard Self Plus One	446	1541.45	1493.96	-47.49	1511.23	1464.67	-46.56