

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

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Fee-for-Service Plans (FFS)	2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Nationwide APWU Health Plan</b>											
CDHP Self	474	275.85	275.85	206.89	68.96	0.00	597.68	597.68	448.26	149.42	0.00
CDHP Self & Family	475	654.04	654.04	490.53	163.51	0.00	1417.09	1417.09	1062.82	354.27	0.00
CDHP Self Plus One	476	599.54	599.54	449.66	149.88	0.00	1299.00	1299.00	974.25	324.75	0.00
High Self	471	335.18	335.18	235.77	99.41	-5.59	726.22	726.22	510.84	215.38	-12.12
High Self & Family	472	804.42	804.42	546.47	257.95	-21.15	1742.91	1742.91	1184.02	558.89	-45.83
High Self Plus One	473	703.86	703.86	504.12	199.74	-11.85	1525.03	1525.03	1092.26	432.77	-25.67
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option</b>											
Basic Self	111	294.90	303.78	227.84	75.94	2.22	638.95	658.19	493.64	164.55	4.81
Basic Self & Family	112	702.56	737.69	546.47	191.22	13.98	1522.21	1598.33	1184.02	414.31	30.29
Basic Self Plus One	113	662.84	682.73	504.12	178.61	8.04	1436.15	1479.25	1092.26	386.99	17.43
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus</b>											
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
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
FEP Blue Focus Self Plus One	133	457.02	457.02	342.77	114.25	0.00	990.21	990.21	742.66	247.55	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option</b>											
Standard Self	104	342.41	352.68	235.77	116.91	4.68	741.89	764.14	510.84	253.30	10.13
Standard Self & Family	105	793.53	833.21	546.47	286.74	18.53	1719.32	1805.29	1184.02	621.27	40.14
Standard Self Plus One	106	748.81	771.27	504.12	267.15	10.61	1622.42	1671.09	1092.26	578.83	23.00
<b>Nationwide Compass Rose Health Plan</b>											
High Self	421	321.36	337.43	235.77	101.66	10.48	696.28	731.10	510.84	220.26	22.70
High Self & Family	422	771.27	809.84	546.47	263.37	17.42	1671.09	1754.65	1184.02	570.63	37.73
High Self Plus One	423	707.00	742.35	504.12	238.23	23.50	1531.83	1608.43	1092.26	516.17	50.93
<b>Nationwide Foreign Service Benefit Plan</b>											
High Self	401	268.18	275.95	206.96	68.99	1.95	581.06	597.89	448.42	149.47	4.21
High Self & Family	402	663.46	682.70	512.03	170.67	4.81	1437.50	1479.18	1109.39	369.79	10.42
High Self Plus One	403	656.86	675.91	504.12	171.79	7.20	1423.20	1464.47	1092.26	372.21	15.60
<b>Nationwide GEHA Benefit Plan</b>											
High Self	311	336.15	341.19	235.77	105.42	-0.55	728.33	739.25	510.84	228.41	-1.20
High Self & Family	312	838.27	850.86	546.47	304.39	-8.56	1816.25	1843.53	1184.02	659.51	-18.55
High Self Plus One	313	739.53	750.63	504.12	246.51	-0.75	1602.32	1626.37	1092.26	534.11	-1.62
Standard Self	314	235.13	242.18	181.64	60.54	1.76	509.45	524.72	393.54	131.18	3.82
Standard Self & Family	315	592.46	622.08	466.56	155.52	7.41	1283.66	1347.84	1010.88	336.96	16.05
Standard Self Plus One	316	505.54	520.71	390.53	130.18	3.80	1095.34	1128.21	846.16	282.05	8.22

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<b>Nationwide GEHA HDHP</b>											
HDHP Self	341	234.82	237.16	177.87	59.29	0.59	508.78	513.85	385.39	128.46	1.27
HDHP Self & Family	342	582.69	600.16	450.12	150.04	4.37	1262.50	1300.35	975.26	325.09	9.47
HDHP Self Plus One	343	504.86	509.91	382.43	127.48	1.27	1093.86	1104.81	828.61	276.20	2.74
<b>Nationwide GEHA Indemnity Benefit Plan</b>											
Elevate Plus Self	251	<b>New Plan</b>	290.69	218.02	72.67	<b>New Plan</b>	<b>New Plan</b>	629.83	472.37	157.46	<b>New Plan</b>
Elevate Plus Self & Family	252	<b>New Plan</b>	720.91	540.68	180.23	<b>New Plan</b>	<b>New Plan</b>	1561.97	1171.48	390.49	<b>New Plan</b>
Elevate Plus Self Plus One	253	<b>New Plan</b>	674.39	504.12	170.27	<b>New Plan</b>	<b>New Plan</b>	1461.18	1092.26	368.92	<b>New Plan</b>
Elevate Self	254	<b>New Plan</b>	189.29	141.97	47.32	<b>New Plan</b>	<b>New Plan</b>	410.13	307.60	102.53	<b>New Plan</b>
Elevate Self & Family	255	<b>New Plan</b>	530.03	397.52	132.51	<b>New Plan</b>	<b>New Plan</b>	1148.40	861.30	287.10	<b>New Plan</b>
Elevate Self Plus One	256	<b>New Plan</b>	435.38	326.54	108.84	<b>New Plan</b>	<b>New Plan</b>	943.32	707.49	235.83	<b>New Plan</b>
<b>Nationwide MHBP Consumer Option</b>											
HDHP Self	481	259.40	264.59	198.44	66.15	1.30	562.03	573.28	429.96	143.32	2.81
HDHP Self & Family	482	602.74	614.80	461.10	153.70	3.02	1305.94	1332.07	999.05	333.02	6.54
HDHP Self Plus One	483	574.05	585.53	439.15	146.38	2.87	1243.78	1268.65	951.49	317.16	6.22
<b>Nationwide MHBP Standard Option</b>											
Standard Self	454	266.14	263.47	197.60	65.87	-0.66	576.64	570.85	428.14	142.71	-1.45
Standard Self & Family	455	618.48	612.30	459.23	153.07	-1.55	1340.04	1326.65	994.99	331.66	-3.35
Standard Self Plus One	456	612.59	606.47	454.85	151.62	-1.53	1327.28	1314.02	985.52	328.50	-3.32
<b>Nationwide MHBP Value Plan</b>											
Value Self	414	220.23	209.22	156.92	52.30	-2.76	477.17	453.31	339.98	113.33	-5.96
Value Self & Family	415	532.24	505.63	379.22	126.41	-6.65	1153.19	1095.53	821.65	273.88	-14.42
Value Self Plus One	416	521.82	495.73	371.80	123.93	-6.52	1130.61	1074.08	805.56	268.52	-14.13
<b>Nationwide NALC Health Benefit Plan</b>											
CDHP Self	324	218.55	218.55	163.91	54.64	0.00	473.53	473.53	355.15	118.38	0.00
CDHP Self & Family	325	492.77	502.63	376.97	125.66	2.47	1067.67	1089.03	816.77	272.26	5.34
CDHP Self Plus One	326	477.39	482.16	361.62	120.54	1.19	1034.35	1044.68	783.51	261.17	2.58
High Self	321	314.81	326.61	235.77	90.84	6.21	682.09	707.66	510.84	196.82	13.45
High Self & Family	322	706.93	735.21	546.47	188.74	7.13	1531.68	1592.96	1184.02	408.94	15.45
High Self Plus One	323	692.97	722.43	504.12	218.31	17.61	1501.44	1565.27	1092.26	473.01	38.16
<b>Nationwide NALC Health Benefit Plan</b>											
Value Self	KM1	179.37	179.37	134.53	44.84	0.00	388.64	388.64	291.48	97.16	0.00
Value Self & Family	KM2	404.60	412.69	309.52	103.17	2.02	876.63	894.16	670.62	223.54	4.38
Value Self Plus One	KM3	391.78	395.70	296.78	98.92	0.98	848.86	857.35	643.01	214.34	2.13

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<b>Nationwide Panama Canal Area Benefit Plan</b>											
High Self	431	277.60	290.09	217.57	72.52	3.12	601.47	628.53	471.40	157.13	6.76
High Self & Family	432	579.47	605.54	454.16	151.38	6.51	1255.52	1312.00	984.00	328.00	14.12
High Self Plus One	433	554.06	578.99	434.24	144.75	6.24	1200.46	1254.48	940.86	313.62	13.51
<b>Nationwide Rural Carrier Benefit Plan</b>											
High Self	381	316.47	358.00	235.77	122.23	35.94	685.69	775.67	510.84	264.83	77.86
High Self & Family	382	625.08	734.00	546.47	187.53	31.26	1354.34	1590.33	1184.02	406.31	67.73
High Self Plus One	383	612.83	709.00	504.12	204.88	51.67	1327.80	1536.17	1092.26	443.91	111.96
<b>Nationwide SAMBA Health Benefit Plan</b>											
High Self	441	421.24	416.19	235.77	180.42	-10.64	912.69	901.75	510.84	390.91	-23.06
High Self & Family	442	1010.97	998.84	546.47	452.37	-33.28	2190.44	2164.15	1184.02	980.13	-72.12
High Self Plus One	443	926.72	915.61	504.12	411.49	-22.96	2007.89	1983.82	1092.26	891.56	-49.74
Standard Self	444	317.03	314.08	235.56	78.52	-8.33	686.90	680.51	510.38	170.13	-18.05
Standard Self & Family	445	729.20	716.56	537.42	179.14	-24.74	1579.93	1552.55	1164.41	388.14	-53.60
Standard Self Plus One	446	697.49	676.00	504.12	171.88	-33.34	1511.23	1464.67	1092.26	372.41	-72.23