

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

Fee-for-Service Plans (FFS)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 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>							
High Self	471	712.27	740.74	28.47	698.30	726.22	27.92
High Self & Family	472	1709.39	1777.77	68.38	1675.87	1742.91	67.04
High Self Plus One	473	1495.71	1555.53	59.82	1466.38	1525.03	58.65
CDHP Self	474	565.52	609.63	44.11	554.43	597.68	43.25
CDHP Self & Family	475	1357.20	1445.43	88.23	1330.59	1417.09	86.50
CDHP Self Plus One	476	1244.12	1324.98	80.86	1219.73	1299.00	79.27
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>							
Standard Self	104	756.73	756.73	0.00	741.89	741.89	0.00
Standard Self & Family	105	1753.71	1753.71	0.00	1719.32	1719.32	0.00
Standard Self Plus One	106	1654.87	1654.87	0.00	1622.42	1622.42	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>							
Basic Self	111	651.73	651.73	0.00	638.95	638.95	0.00
Basic Self & Family	112	1552.65	1552.65	0.00	1522.21	1522.21	0.00
Basic Self Plus One	113	1464.87	1464.87	0.00	1436.15	1436.15	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus</b>							
Blue Focus Self	131	<b>New Plan</b>	469.80	<b>New Plan</b>	<b>New Plan</b>	460.59	<b>New Plan</b>
Blue Focus Self & Famil	132	<b>New Plan</b>	1110.96	<b>New Plan</b>	<b>New Plan</b>	1089.18	<b>New Plan</b>
Blue Focus Self Plus On	133	<b>New Plan</b>	1010.01	<b>New Plan</b>	<b>New Plan</b>	990.21	<b>New Plan</b>
<b>Nationwide Compass Rose Health Plan</b>							
High Self	421	710.21	710.21	0.00	696.28	696.28	0.00
High Self & Family	422	1704.51	1704.51	0.00	1671.09	1671.09	0.00
High Self Plus One	423	1562.47	1562.47	0.00	1531.83	1531.83	0.00
<b>Nationwide Foreign Service Benefit Plan</b>							
High Self	401	583.93	592.68	8.75	572.48	581.06	8.58
High Self & Family	402	1444.50	1466.25	21.75	1416.18	1437.50	21.32
High Self Plus One	403	1430.18	1451.66	21.48	1402.14	1423.20	21.06

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

Fee-for-Service Plans (FFS)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 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</b>							
High Self	311	735.53	742.90	7.37	721.11	728.33	7.22
High Self & Family	312	1747.74	1852.58	104.84	1713.47	1816.25	102.78
High Self Plus One	313	1618.19	1634.37	16.18	1586.46	1602.32	15.86
Standard Self	314	485.65	519.64	33.99	476.13	509.45	33.32
Standard Self & Family	315	1148.54	1309.33	160.79	1126.02	1283.66	157.64
Standard Self Plus One	316	1044.16	1117.25	73.09	1023.69	1095.34	71.65
<b>Nationwide GEHA</b>							
HDHP Self	341	511.29	518.96	7.67	501.26	508.78	7.52
HDHP Self & Family	342	1209.14	1287.75	78.61	1185.43	1262.50	77.07
HDHP Self Plus One	343	1099.25	1115.74	16.49	1077.70	1093.86	16.16
<b>Nationwide MHBP - Consumer Option</b>							
HDHP Self	481	579.06	573.27	-5.79	567.71	562.03	-5.68
HDHP Self & Family	482	1345.51	1332.06	-13.45	1319.13	1305.94	-13.19
HDHP Self Plus One	483	1281.47	1268.66	-12.81	1256.34	1243.78	-12.56
<b>Nationwide MHBP - Std</b>							
Standard Self	454	594.09	588.17	-5.92	582.44	576.64	-5.80
Standard Self & Family	455	1380.63	1366.84	-13.79	1353.56	1340.04	-13.52
Standard Self Plus One	456	1367.50	1353.83	-13.67	1340.69	1327.28	-13.41
<b>Nationwide MHBP - Value Plan</b>							
Value Self	414	507.00	486.71	-20.29	497.06	477.17	-19.89
Value Self & Family	415	1225.26	1176.25	-49.01	1201.24	1153.19	-48.05
Value Self Plus One	416	1201.26	1153.22	-48.04	1177.71	1130.61	-47.10

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

Fee-for-Service Plans (FFS)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 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</b>							
High Self	321	680.77	695.73	14.96	667.42	682.09	14.67
High Self & Family	322	1528.68	1562.31	33.63	1498.71	1531.68	32.97
High Self Plus One	323	1498.51	1531.47	32.96	1469.13	1501.44	32.31
CDHP Self	324	473.51	483.00	9.49	464.23	473.53	9.30
CDHP Self & Family	325	1047.14	1089.02	41.88	1026.61	1067.67	41.06
CDHP Self Plus One	326	1024.31	1055.04	30.73	1004.23	1034.35	30.12
<b>Nationwide NALC</b>							
Value Self	KM1	388.63	396.41	7.78	381.01	388.64	7.63
Value Self & Family	KM2	859.76	894.16	34.40	842.90	876.63	33.73
Value Self Plus One	KM3	840.62	865.84	25.22	824.14	848.86	24.72
<b>Nationwide Panama Canal Area Benefit Plan</b>							
High Self	431	584.28	613.50	29.22	572.82	601.47	28.65
High Self & Family	432	1219.65	1280.63	60.98	1195.74	1255.52	59.78
High Self Plus One	433	1166.18	1224.47	58.29	1143.31	1200.46	57.15
<b>Nationwide Rural Carrier Benefit Plan</b>							
High Self	381	699.40	699.40	0.00	685.69	685.69	0.00
High Self & Family	382	1354.36	1381.43	27.07	1327.80	1354.34	26.54
High Self Plus One	383	1327.80	1354.36	26.56	1301.76	1327.80	26.04
<b>Nationwide SAMBA</b>							
High Self	441	930.94	930.94	0.00	912.69	912.69	0.00
High Self & Family	442	2234.25	2234.25	0.00	2190.44	2190.44	0.00
High Self Plus One	443	2048.05	2048.05	0.00	2007.89	2007.89	0.00
Standard Self	444	722.31	700.64	-21.67	708.15	686.90	-21.25
Standard Self & Family	445	1661.35	1611.53	-49.82	1628.77	1579.93	-48.84
Standard Self Plus One	446	1589.12	1541.45	-47.67	1557.96	1511.23	-46.73