

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)	2015 Total Biweekly Premium	2016 Biweekly premium rates				2015 Total Monthly Premium	2016 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>											
High Self	471	258.69	293.37	213.37	80.00	15.33	560.50	635.64	462.30	173.34	33.22
High Self & Family	472	584.92	704.10	488.50	215.60	69.37	1267.33	1525.55	1058.42	467.13	150.30
High Self Plus One	473	-	616.09	461.02	155.07	-	-	1334.86	998.88	335.98	-
CDHP Self	474	185.24	207.76	155.82	51.94	5.63	401.35	450.15	337.61	112.54	12.20
CDHP Self & Family	475	416.73	498.62	373.97	124.65	20.47	902.92	1080.34	810.26	270.08	44.35
CDHP Self Plus One	476	-	457.07	342.80	114.27	-	-	990.32	742.74	247.58	-
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>											
Standard Self	104	293.04	313.55	213.37	100.18	9.15	634.92	679.36	462.30	217.06	19.83
Standard Self & Family	105	661.88	726.74	488.50	238.24	24.93	1434.07	1574.60	1058.42	516.18	54.01
Standard Self Plus One	106	-	692.33	461.02	231.31	-	-	1500.05	998.88	501.17	-
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>											
Basic Self	111	253.62	273.94	205.46	68.48	5.08	549.51	593.54	445.16	148.38	11.00
Basic Self & Family	112	593.86	652.70	488.50	164.20	15.74	1286.70	1414.18	1058.42	355.76	34.09
Basic Self Plus One	113	-	621.77	461.02	160.75	-	-	1347.17	998.88	348.29	-
<b>Nationwide Compass Rose Health Plan</b>											
High Self	421	279.49	291.49	213.37	78.12	0.64	605.56	631.56	462.30	169.26	1.39
High Self & Family	422	642.51	699.57	488.50	211.07	17.13	1392.11	1515.74	1058.42	457.32	37.11
High Self Plus One	423	-	641.27	461.02	180.25	-	-	1389.42	998.88	390.54	-
<b>Nationwide Foreign Service Benefit Plan</b>											
High Self	401	240.67	252.70	189.53	63.17	3.00	521.45	547.52	410.64	136.88	6.52
High Self & Family	402	593.00	625.16	468.87	156.29	8.04	1284.83	1354.51	1015.88	338.63	17.42
High Self Plus One	403	-	618.98	461.02	157.96	-	-	1341.12	998.88	342.24	-

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<b>Nationwide GEHA Benefit Plan</b>														
High Self	311	296.26	313.72	213.37	100.35	6.10		641.90	679.73	462.30	217.43	13.22		
High Self & Family	312	673.80	745.43	488.50	256.93	31.70		1459.90	1615.10	1058.42	556.68	68.68		
High Self Plus One	313	-	690.18	461.02	229.16	-		-	1495.39	998.88	496.51	-		
Standard Self	314	196.18	207.16	155.37	51.79	2.75		425.06	448.85	336.64	112.21	5.95		
Standard Self & Family	315	446.12	489.91	367.43	122.48	10.95		966.59	1061.47	796.10	265.37	23.72		
Standard Self Plus One	316	-	445.39	334.04	111.35	-		-	965.01	723.76	241.25	-		
<b>Nationwide GEHA High Deductible Health Plan</b>														
HDHP Self	341	203.47	216.01	162.01	54.00	3.13		440.85	468.02	351.02	117.00	6.79		
HDHP Self & Family	342	464.72	510.85	383.14	127.71	11.53		1006.89	1106.84	830.13	276.71	24.99		
HDHP Self Plus One	343	-	464.42	348.32	116.10	-		-	1006.24	754.68	251.56	-		
<b>Nationwide MHBP - Consumer Option</b>														
HDHP Self	481	256.90	259.47	194.60	64.87	0.65		556.62	562.19	421.64	140.55	1.40		
HDHP Self & Family	482	582.10	602.92	452.19	150.73	5.21		1261.22	1306.33	979.75	326.58	11.28		
HDHP Self Plus One	483	-	574.22	430.67	143.55	-		-	1244.14	933.11	311.03	-		
<b>Nationwide MHBP - Std</b>														
Standard Self	454	294.66	279.93	209.95	69.98	-22.67		638.43	606.52	454.89	151.63	-49.11		
Standard Self & Family	455	674.36	650.55	487.91	162.64	-63.15		1461.11	1409.53	1057.15	352.38	-136.83		
Standard Self Plus One	456	-	637.79	461.02	176.77	-		-	1381.88	998.88	383.00	-		
<b>Nationwide MHBP - Value Plan</b>														
Value Self	414	227.44	236.60	177.45	59.15	2.29		492.79	512.63	384.47	128.16	4.96		
Value Self & Family	415	542.24	571.80	428.85	142.95	7.39		1174.85	1238.90	929.18	309.72	16.01		
Value Self Plus One	416	-	560.59	420.44	140.15	-		-	1214.61	910.96	303.65	-		

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<b>Nationwide NALC</b>											
High Self	321	278.95	285.92	213.37	72.55	-4.39	604.39	619.49	462.30	157.19	-9.51
High Self & Family	322	604.27	634.74	476.06	158.68	2.98	1309.25	1375.27	1031.45	343.82	6.47
High Self Plus One	323	-	623.30	461.02	162.28	-	-	1350.48	998.88	351.60	-
CDHP Self	324	200.24	200.24	150.18	50.06	0.00	433.85	433.85	325.39	108.46	0.00
CDHP Self & Family	325	434.79	434.80	326.10	108.70	0.00	942.05	942.07	706.55	235.52	0.01
CDHP Self Plus One	326	-	434.79	326.09	108.70	-	-	942.05	706.54	235.51	-
<b>Nationwide NALC Value Option</b>											
Basic Self	KM1	172.40	172.40	129.30	43.10	0.00	373.53	373.53	280.15	93.38	0.00
Basic Self & Family	KM2	374.38	374.39	280.79	93.60	0.01	811.16	811.18	608.39	202.79	0.00
Basic Self Plus One	KM3	-	374.38	280.79	93.59	-	-	811.16	608.37	202.79	-
<b>Nationwide Panama Canal Area Benefit Plan</b>											
High Self	431	222.72	238.66	179.00	59.66	3.98	482.56	517.10	387.83	129.27	8.63
High Self & Family	432	464.88	498.18	373.64	124.54	8.32	1007.24	1079.39	809.54	269.85	18.04
High Self Plus One	433	-	476.34	357.26	119.08	-	-	1032.07	774.05	258.02	-
<b>Nationwide Rural Carrier Benefit Plan</b>											
High Self	381	292.49	298.34	213.37	84.97	-5.51	633.73	646.40	462.30	184.10	-11.94
High Self & Family	382	557.72	577.71	433.28	144.43	5.00	1208.39	1251.71	938.78	312.93	10.83
High Self Plus One	383	-	566.37	424.78	141.59	-	-	1227.14	920.36	306.78	-
<b>Nationwide SAMBA</b>											
High Self	441	339.89	347.16	213.37	133.79	-4.09	736.43	752.18	462.30	289.88	-8.86
High Self & Family	442	800.46	833.19	488.50	344.69	-7.20	1734.33	1805.25	1058.42	746.83	-15.60
High Self Plus One	443	-	763.76	461.02	302.74	-	-	1654.81	998.88	655.93	-
Standard Self	444	243.16	253.76	190.32	63.44	2.65	526.85	549.81	412.36	137.45	5.74
Standard Self & Family	445	555.35	583.65	437.74	145.91	7.07	1203.26	1264.58	948.44	316.14	15.33
Standard Self Plus One	446	-	558.27	418.70	139.57	-	-	1209.59	907.19	302.40	-