

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

| Fee-for-Service Plans (FFS) | 2017 Total Biweekly Premium | 2018 Biweekly premium rates | | | | 2017 Total Monthly Premium | 2018 Monthly premium rates | | | | |
|---|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|-------|
| | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | |
| Plan - Option - Enrollment Code | | | | | | | | | | | |
| Nationwide APWU Health Plan | | | | | | | | | | | |
| High Self | 471 | 315.96 | 322.29 | 229.25 | 93.04 | -1.25 | 684.58 | 698.30 | 496.71 | 201.59 | -2.70 |
| High Self & Family | 472 | 758.32 | 773.48 | 521.58 | 251.90 | -1.20 | 1,643.03 | 1,675.87 | 1,130.09 | 545.78 | -2.61 |
| High Self Plus One | 473 | 663.52 | 676.79 | 491.00 | 185.79 | -1.94 | 1,437.63 | 1,466.38 | 1,063.83 | 402.55 | -4.20 |
| CDHP Self | 474 | 247.24 | 255.89 | 191.92 | 63.97 | 2.16 | 535.69 | 554.43 | 415.82 | 138.61 | 4.69 |
| CDHP Self & Family | 475 | 593.35 | 614.12 | 460.59 | 153.53 | 5.19 | 1,285.59 | 1,330.59 | 997.94 | 332.65 | 11.25 |
| CDHP Self Plus One | 476 | 543.91 | 562.95 | 422.21 | 140.74 | 4.76 | 1,178.47 | 1,219.73 | 914.80 | 304.93 | 10.31 |
| Nationwide Blue Cross and Blue Shield Service Benefit Plan | | | | | | | | | | | |
| Standard Self | 104 | 327.66 | 342.41 | 229.25 | 113.16 | 7.17 | 709.93 | 741.89 | 496.71 | 245.18 | 15.54 |
| Standard Self & Family | 105 | 759.45 | 793.53 | 521.58 | 271.95 | 17.72 | 1,645.48 | 1,719.32 | 1,130.09 | 589.23 | 38.39 |
| Standard Self Plus One | 106 | 716.56 | 748.81 | 491.00 | 257.81 | 17.04 | 1,552.55 | 1,622.42 | 1,063.83 | 558.59 | 36.92 |
| Nationwide Blue Cross and Blue Shield Service Benefit Plan | | | | | | | | | | | |
| Basic Self | 111 | 284.90 | 294.90 | 221.18 | 73.72 | 2.50 | 617.28 | 638.95 | 479.21 | 159.74 | 5.42 |
| Basic Self & Family | 112 | 678.81 | 702.56 | 521.58 | 180.98 | 7.39 | 1,470.76 | 1,522.21 | 1,130.09 | 392.12 | 16.00 |
| Basic Self Plus One | 113 | 640.43 | 662.84 | 491.00 | 171.84 | 7.20 | 1,387.60 | 1,436.15 | 1,063.83 | 372.32 | 15.60 |
| Nationwide Compass Rose Health Plan | | | | | | | | | | | |
| High Self | 421 | 306.06 | 321.36 | 229.25 | 92.11 | 7.72 | 663.13 | 696.28 | 496.71 | 199.57 | 16.73 |
| High Self & Family | 422 | 734.55 | 771.27 | 521.58 | 249.69 | 20.36 | 1,591.53 | 1,671.09 | 1,130.09 | 541.00 | 44.11 |
| High Self Plus One | 423 | 673.34 | 707.00 | 491.00 | 216.00 | 18.45 | 1,458.90 | 1,531.83 | 1,063.83 | 468.00 | 39.98 |
| Nationwide Foreign Service Benefit Plan | | | | | | | | | | | |
| High Self | 401 | 257.76 | 264.22 | 198.17 | 66.05 | 1.61 | 558.48 | 572.48 | 429.36 | 143.12 | 3.50 |
| High Self & Family | 402 | 637.66 | 653.62 | 490.22 | 163.40 | 3.99 | 1,381.60 | 1,416.18 | 1,062.14 | 354.04 | 8.64 |
| High Self Plus One | 403 | 631.36 | 647.14 | 485.36 | 161.78 | 3.94 | 1,367.95 | 1,402.14 | 1,051.61 | 350.53 | 8.54 |

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

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|--|-----------------------------------|-----------------------------|---------------|---------------|-------------------------------|-------------------------------------|----------------------------|---------------|------------|-------------------------------|--------|
| Fee-for-Service Plans (FFS) | 2017 Total Biweekly Premium | 2018 Biweekly premium rates | | | | 2017 Total Monthly Premium | 2018 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 | |
| Nationwide GEHA | | | | | | | | | | | |
| High Self | 311 | 323.13 | 332.82 | 229.25 | 103.57 | 2.11 | 700.12 | 721.11 | 496.71 | 224.40 | 4.57 |
| High Self & Family | 312 | 767.79 | 790.83 | 521.58 | 269.25 | 6.68 | 1,663.55 | 1,713.47 | 1,130.09 | 583.38 | 14.47 |
| High Self Plus One | 313 | 710.88 | 732.21 | 491.00 | 241.21 | 6.12 | 1,540.24 | 1,586.46 | 1,063.83 | 522.63 | 13.27 |
| Standard Self | 314 | 215.45 | 219.75 | 164.81 | 54.94 | 1.08 | 466.81 | 476.13 | 357.10 | 119.03 | 2.33 |
| Standard Self & Family | 315 | 509.51 | 519.70 | 389.78 | 129.92 | 2.54 | 1,103.94 | 1,126.02 | 844.52 | 281.50 | 5.52 |
| Standard Self Plus One | 316 | 463.21 | 472.47 | 354.35 | 118.12 | 2.32 | 1,003.62 | 1,023.69 | 767.77 | 255.92 | 5.02 |
| Nationwide GEHA | | | | | | | | | | | |
| HDHP Self | 341 | 226.81 | 231.35 | 173.51 | 57.84 | 1.14 | 491.42 | 501.26 | 375.95 | 125.31 | 2.46 |
| HDHP Self & Family | 342 | 536.39 | 547.12 | 410.34 | 136.78 | 2.68 | 1,162.18 | 1,185.43 | 889.07 | 296.36 | 5.82 |
| HDHP Self Plus One | 343 | 487.65 | 497.40 | 373.05 | 124.35 | 2.44 | 1,056.58 | 1,077.70 | 808.28 | 269.42 | 5.28 |
| Nationwide MHBP - Consumer Option | | | | | | | | | | | |
| HDHP Self | 481 | 264.66 | 262.02 | 196.52 | 65.50 | -0.66 | 573.43 | 567.71 | 425.78 | 141.93 | -1.43 |
| HDHP Self & Family | 482 | 614.98 | 608.83 | 456.62 | 152.21 | -1.53 | 1,332.46 | 1,319.13 | 989.35 | 329.78 | -3.33 |
| HDHP Self Plus One | 483 | 585.71 | 579.85 | 434.89 | 144.96 | -1.47 | 1,269.04 | 1,256.34 | 942.26 | 314.08 | -3.18 |
| Nationwide MHBP - Std | | | | | | | | | | | |
| Standard Self | 454 | 271.53 | 268.82 | 201.62 | 67.20 | -0.68 | 588.32 | 582.44 | 436.83 | 145.61 | -1.47 |
| Standard Self & Family | 455 | 631.03 | 624.72 | 468.54 | 156.18 | -1.58 | 1,367.23 | 1,353.56 | 1,015.17 | 338.39 | -3.42 |
| Standard Self Plus One | 456 | 625.03 | 618.78 | 464.09 | 154.69 | -1.57 | 1,354.23 | 1,340.69 | 1,005.52 | 335.17 | -3.39 |
| Nationwide MHBP - Value Plan | | | | | | | | | | | |
| Value Self | 414 | 238.97 | 229.41 | 172.06 | 57.35 | -2.39 | 517.77 | 497.06 | 372.80 | 124.26 | -5.18 |
| Value Self & Family | 415 | 577.52 | 554.42 | 415.82 | 138.60 | -5.78 | 1,251.29 | 1,201.24 | 900.93 | 300.31 | -12.51 |
| Value Self Plus One | 416 | 566.20 | 543.56 | 407.67 | 135.89 | -5.66 | 1,226.77 | 1,177.71 | 883.28 | 294.43 | -12.26 |

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

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|--|-----|-----------------------------------|-----------------------------|---------------|---------------|-------------------------------|-------------------------------------|----------------------------|---------------|------------|-------------------------------|
| Fee-for-Service Plans (FFS) | | 2017 Total Biweekly Premium | 2018 Biweekly premium rates | | | | 2017 Total Monthly Premium | 2018 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 |
| Nationwide NALC | | | | | | | | | | | |
| High Self | 321 | 299.07 | 308.04 | 229.25 | 78.79 | 1.39 | 647.99 | 667.42 | 496.71 | 170.71 | 3.01 |
| High Self & Family | 322 | 671.56 | 691.71 | 518.78 | 172.93 | 5.04 | 1,455.05 | 1,498.71 | 1,124.03 | 374.68 | 10.92 |
| High Self Plus One | 323 | 651.98 | 678.06 | 491.00 | 187.06 | 10.87 | 1,412.62 | 1,469.13 | 1,063.83 | 405.30 | 23.56 |
| CDHP Self | 324 | 214.26 | 214.26 | 160.70 | 53.56 | 0.00 | 464.23 | 464.23 | 348.17 | 116.06 | 0.00 |
| CDHP Self & Family | 325 | 464.53 | 473.82 | 355.37 | 118.45 | 2.32 | 1,006.48 | 1,026.61 | 769.96 | 256.65 | 5.03 |
| CDHP Self Plus One | 326 | 463.49 | 463.49 | 347.62 | 115.87 | 0.00 | 1,004.23 | 1,004.23 | 753.17 | 251.06 | 0.00 |
| Nationwide NALC | | | | | | | | | | | |
| Value Self | KM1 | 175.85 | 175.85 | 131.89 | 43.96 | 0.00 | 381.01 | 381.01 | 285.76 | 95.25 | 0.00 |
| Value Self & Family | KM2 | 381.41 | 389.03 | 291.77 | 97.26 | 1.91 | 826.39 | 842.90 | 632.18 | 210.72 | 4.12 |
| Value Self Plus One | KM3 | 380.37 | 380.37 | 285.28 | 95.09 | 0.00 | 824.14 | 824.14 | 618.11 | 206.03 | 0.00 |
| Nationwide Panama Canal Area Benefit Plan | | | | | | | | | | | |
| High Self | 431 | 247.08 | 264.38 | 198.29 | 66.09 | 4.32 | 535.34 | 572.82 | 429.62 | 143.20 | 9.37 |
| High Self & Family | 432 | 515.77 | 551.88 | 413.91 | 137.97 | 9.03 | 1,117.50 | 1,195.74 | 896.81 | 298.93 | 19.56 |
| High Self Plus One | 433 | 493.16 | 527.68 | 395.76 | 131.92 | 8.63 | 1,068.51 | 1,143.31 | 857.48 | 285.83 | 18.70 |
| Nationwide Rural Carrier Benefit Plan | | | | | | | | | | | |
| High Self | 381 | 304.30 | 316.47 | 229.25 | 87.22 | 4.59 | 659.32 | 685.69 | 496.71 | 188.98 | 9.95 |
| High Self & Family | 382 | 589.26 | 612.83 | 459.62 | 153.21 | 5.90 | 1,276.73 | 1,327.80 | 995.85 | 331.95 | 12.77 |
| High Self Plus One | 383 | 577.70 | 600.81 | 450.61 | 150.20 | 5.78 | 1,251.68 | 1,301.76 | 976.32 | 325.44 | 12.52 |
| Nationwide SAMBA | | | | | | | | | | | |
| High Self | 441 | 393.68 | 421.24 | 229.25 | 191.99 | 19.98 | 852.97 | 912.69 | 496.71 | 415.98 | 43.30 |
| High Self & Family | 442 | 944.83 | 1,010.97 | 521.58 | 489.39 | 49.78 | 2,047.13 | 2,190.44 | 1,130.09 | 1,060.35 | 107.86 |
| High Self Plus One | 443 | 866.10 | 926.72 | 491.00 | 435.72 | 45.41 | 1,876.55 | 2,007.89 | 1,063.83 | 944.06 | 98.39 |
| Standard Self | 444 | 291.82 | 326.84 | 229.25 | 97.59 | 24.64 | 632.28 | 708.15 | 496.71 | 211.44 | 53.37 |
| Standard Self & Family | 445 | 671.20 | 751.74 | 521.58 | 230.16 | 62.36 | 1,454.27 | 1,628.77 | 1,130.09 | 498.68 | 135.11 |
| Standard Self Plus One | 446 | 642.01 | 719.06 | 491.00 | 228.06 | 61.84 | 1,391.02 | 1,557.96 | 1,063.83 | 494.13 | 133.99 |