

2025 FEHB Rates

Plan		Codes	Monthly Retiree	Biweekly Employee
Aetna Direct				
	Aetna Direct & HDHP Self	N61	\$166.53	\$76.86
	Aetna Direct & HDHP Family	N62	\$419.96	\$193.83
	Aetna Direct & HDHP Self + one	N63	\$365.21	\$168.56
	Aetna HF HDHP Self	224	\$292.93	\$135.20
	Aetna HF HDHP Self + Family	225	\$305.63	\$241.49
	Aetna HF HDHP Self + one	226	\$621.86	\$287.01
	Aetna HF CDHP Self	EP1	\$729.21	\$336.56
	Aetna HF CDHP Self + Family	EP2	\$1,588.34	\$733.08
	Aetna HF CDHP Self + one	EP3	\$1,696.44	\$782.97
	Aetna Value plan Self	EP4	\$818.50	\$377.77
	Aetna Value plan Self + Family	EP5	\$1,805.72	\$833.41
	Aetna Value plan Self + one	EP6	\$1,879.09	\$867.27
	Aetna Advantage Self	Z24	\$115.34	\$53.23
	Aetna Advantage Self + Family	Z25	\$305.63	\$141.06
	Aetna Advantage Self + one	Z26	\$253.74	\$117.11
	Aetna Open High Self	JC1	\$1,276.49	\$589.15
	Aetna Open High Self & Family	JC2	\$3,202.61	\$1,478.13
	Aetna Open High Self + one	JC3	\$3,294.77	\$1,520.66
	Aetna Open Basic Self	JC4	\$1,044.96	\$482.29
	Aetna Open Basic Self & Family	JC5	\$2,576.73	\$1,189.26
	Aetna Open High Self + one	JC6	\$2,675.10	\$1,234.66
APWU Health Plan				
	High Self	471	\$237.79	\$109.75
	High Family	472	\$573.08	\$264.50
	High Self Plus One	473	\$463.88	\$214.10
	CDHP Self	474	\$186.33	\$86.00
	CDHP Family	475	\$441.79	\$203.90
	CDHP Self Plus One	476	\$404.97	\$186.91
BCBS				
	Stdrd Self	104	\$378.76	\$174.81
	Stdrd Family	105	\$920.07	\$424.65
	Standard Self Plus One	106	\$832.31	\$384.14
	Basic Self	111	\$245.18	\$113.16
	Basic Family	112	\$657.82	\$303.61
	Basic Self Plus One	113	\$593.97	\$274.14
	Blue Focus Self	131	\$128.21	\$59.17
	Blue Focus Self & Family	132	\$303.17	\$139.92
	Blue Focus Self Plus One	133	\$275.63	\$127.21

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GEHA				
	High Self	311	\$297.07	\$137.11
	High Self & Family	312	\$815.36	\$376.32
	High Self Plus One	313	\$666.08	\$307.42
	Standard Self	314	\$174.03	\$80.32
	Standard Self & Family	315	\$464.32	\$214.30
	Standard Self Plus One	316	\$374.18	\$172.70
	Indem Elevate Self	251	\$310.90	\$143.49
	Indem Elevate Self + Family	252	\$753.05	\$347.56
	Indem Elevate Self + One	253	\$687.47	\$317.29
	Indem Plan Self Only	254	\$125.29	\$57.83
	Indem Elevate Self + Family	255	\$367.98	\$169.84
	Indem Elevate Self + One	256	\$302.27	\$139.51
GEHA High Deductible Health Plan				
	HDHP Self	341	\$165.26	\$76.27
	HDHP Self & Family	342	\$436.63	\$201.52
	HDHP Self Plus One	343	\$355.31	\$163.99
Maihandlers Benefit				
	Stndrd Self Only	454	\$181.64	\$83.83
	Stndrd Self + Family	455	\$422.11	\$194.82
	Stndrd Self + One	456	\$418.10	\$192.97
Mailhandlers Consumer Option				
	Consumer Self Only	481	\$182.43	\$84.20
	Consumer Self + Family	482	\$423.90	\$195.65
	Consumer Self + One	483	403,72	\$186.33
Mailhandlers Value Option				
	Value Self Only	414	\$131.15	\$60.53
	Value Self Plus Family	415	\$316.97	\$146.29
	Value Self Plus One	416	\$310.76	\$143.43
NALC				
	High Self	321	\$294.84	\$136.08
	High Family	322	\$615.20	\$283.94
	High Self Plus One	323	\$690.54	\$318.71
NALC				
	CDHP Self	324	\$129.30	\$59.68
	CDHP Self & Family	325	\$316.91	\$146.26
	CDHP Self Plus One	326	\$292.76	\$135.12
For information on comparing health plans visit http://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans				