

FEHB EMPLOYEES AND RETIREES

source: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums/>

Fee-for-Service (FFS) Plans -Premium Rates for the Federal Employees Health Benefits Program for All Federal Employees (Except Postal Employees)

FEHB - NATIONWIDE	Option	Enrollment Code	Location	Enrollment Type	2026 Biweekly - Total Premium	2026 Biweekly - Gov't Pays	2026 Biweekly - Employee Pays	2026 Biweekly - Change in Employee Payment	2026 Monthly - Total Premium	2026 Monthly - Gov't Pays	2026 Monthly - Employee Pays	2026 Monthly - Change in Employee Payment
APWU Health Plan	CDHP	474	Nationwide	Self	402.47	301.85	100.62	14.62	872.02	654.02	218.00	31.67
APWU Health Plan	CDHP	475	Nationwide	Self & Family	954.26	715.70	238.56	34.66	2067.56	1550.67	516.89	75.10
APWU Health Plan	CDHP	476	Nationwide	Self Plus One	874.73	656.05	218.68	31.77	1895.25	1421.44	473.81	68.84
APWU Health Plan	High	471	Nationwide	Self	464.92	324.76	140.16	30.41	1007.33	703.65	303.68	65.89
APWU Health Plan	High	472	Nationwide	Self & Family	1115.75	778.03	337.72	73.22	2417.46	1685.73	731.73	158.65
APWU Health Plan	High	473	Nationwide	Self Plus One	976.28	711.17	265.11	51.01	2115.27	1540.87	574.40	110.52
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Basic	Basic	111	Nationwide	Self	458.53	324.76	133.77	20.61	993.48	703.65	289.83	44.65
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Basic	Basic	112	Nationwide	Self & Family	1134.89	778.03	356.86	53.25	2458.93	1685.73	773.20	115.38
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Basic	Basic	113	Nationwide	Self Plus One	1030.42	711.17	319.25	45.11	2232.58	1540.87	691.71	97.74
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	FEP Blue Focus	131	Nationwide	Self	267.26	200.45	66.81	7.64	579.06	434.30	144.76	16.55
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	FEP Blue Focus	132	Nationwide	Self & Family	631.90	473.93	157.97	18.05	1369.12	1026.84	342.28	39.11
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	FEP Blue Focus	133	Nationwide	Self Plus One	574.54	430.91	143.63	16.42	1244.84	933.63	311.21	35.58
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Standard	Standard	104	Nationwide	Self	513.08	324.76	188.32	13.51	1111.67	703.65	408.02	29.26
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Standard	Standard	105	Nationwide	Self & Family	1235.69	778.03	457.66	33.01	2677.33	1685.73	991.60	71.53
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Standard	Standard	106	Nationwide	Self Plus One	1122.05	711.17	410.88	26.74	2431.11	1540.87	890.24	57.93
Compass Rose Health Plan	High	421	Nationwide	Self	464.82	324.76	140.06	15.58	1007.11	703.65	303.46	33.75
Compass Rose Health Plan	High	422	Nationwide	Self & Family	1115.60	778.03	337.57	37.62	2417.13	1685.73	731.40	81.51
Compass Rose Health Plan	High	423	Nationwide	Self Plus One	1022.61	711.17	311.44	31.79	2215.66	1540.87	674.79	68.88
Compass Rose Health Plan	Standard	424	Nationwide	Self	246.56	184.92	61.64	3.49	534.21	400.66	133.55	7.55
Compass Rose Health Plan	Standard	425	Nationwide	Self & Family	591.77	443.83	147.94	8.37	1282.17	961.63	320.54	18.14
Compass Rose Health Plan	Standard	426	Nationwide	Self Plus One	542.45	406.84	135.61	7.67	1175.31	881.48	293.83	16.63
Foreign Service Benefit Plan	High	401	Nationwide	Self	401.45	301.09	100.36	7.00	869.81	652.36	217.45	15.17
Foreign Service Benefit Plan	High	402	Nationwide	Self & Family	993.10	744.83	248.27	17.32	2151.72	1613.79	537.93	37.53
Foreign Service Benefit Plan	High	403	Nationwide	Self Plus One	969.13	711.17	257.96	6.44	2099.78	1540.87	558.91	13.95
GEHA Benefit Plan	High	311	Nationwide	Self	520.05	324.76	195.29	58.18	1126.78	703.65	423.13	126.06
GEHA Benefit Plan	High	312	Nationwide	Self & Family	1303.21	778.03	525.18	148.86	2823.62	1685.73	1137.89	322.53
GEHA Benefit Plan	High	313	Nationwide	Self Plus One	1144.12	711.17	432.95	125.53	2478.93	1540.87	938.06	271.98
GEHA Benefit Plan	Standard	314	Nationwide	Self	346.99	260.24	86.75	6.43	751.81	563.86	187.95	13.92
GEHA Benefit Plan	Standard	315	Nationwide	Self & Family	925.79	694.34	231.45	17.15	2005.88	1504.41	501.47	37.15
GEHA Benefit Plan	Standard	316	Nationwide	Self Plus One	746.06	559.55	186.51	13.81	1616.46	1212.35	404.11	29.93
GEHA HDHP	HDHP	341	Nationwide	Self	326.47	244.85	81.62	5.35	707.35	530.51	176.84	11.58
GEHA HDHP	HDHP	342	Nationwide	Self & Family	862.51	646.88	215.63	14.11	1868.77	1401.58	467.19	30.56
GEHA HDHP	HDHP	343	Nationwide	Self Plus One	701.88	526.41	175.47	11.48	1520.74	1140.56	380.18	24.87
GEHA Indemnity Benefit Plan	Elevate Plus	251	Nationwide	Self	529.89	324.76	205.13	61.64	1148.10	703.65	444.45	133.55
GEHA Indemnity Benefit Plan	Elevate Plus	252	Nationwide	Self & Family	1274.15	778.03	496.12	148.56	2760.66	1685.73	1074.93	321.88
GEHA Indemnity Benefit Plan	Elevate Plus	253	Nationwide	Self Plus One	1160.75	711.17	449.58	132.29	2514.96	1540.87	974.09	286.62

FEHB EMPLOYEES AND RETIREES

source: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums/>

Fee-for-Service (FFS) Plans -Premium Rates for the Federal Employees Health Benefits Program for All Federal Employees (Except Postal Employees)

FEHB - NATIONWIDE	Option	Enrollment Code	Location	Enrollment Type	2026 Biweekly - Total Premium	2026 Biweekly - Gov't Pays	2026 Biweekly - Employee Pays	2026 Biweekly - Change in Employee Payment	2026 Monthly - Total Premium	2026 Monthly - Gov't Pays	2026 Monthly - Employee Pays	2026 Monthly - Change in Employee Payment
GEHA Indemnity Benefit Plan	Elevate	254	Nationwide	Self	311.69	233.77	77.92	20.09	675.33	506.50	168.83	43.54
GEHA Indemnity Benefit Plan	Elevate	255	Nationwide	Self & Family	915.42	686.57	228.85	59.01	1983.41	1487.56	495.85	127.87
GEHA Indemnity Benefit Plan	Elevate	256	Nationwide	Self Plus One	751.95	563.96	187.99	48.48	1629.23	1221.92	407.31	105.04
MHBP Consumer Option	HDHP	481	Nationwide	Self	383.95	287.96	95.99	11.79	831.89	623.92	207.97	25.54
MHBP Consumer Option	HDHP	482	Nationwide	Self & Family	892.15	669.11	223.04	27.39	1932.99	1449.74	483.25	59.35
MHBP Consumer Option	HDHP	483	Nationwide	Self Plus One	849.69	637.27	212.42	26.09	1841.00	1380.75	460.25	56.53
MHBP Standard Option	Standard	454	Nationwide	Self	375.58	281.69	93.89	10.06	813.76	610.32	203.44	21.80
MHBP Standard Option	Standard	455	Nationwide	Self & Family	872.79	654.59	218.20	23.38	1891.05	1418.29	472.76	50.65
MHBP Standard Option	Standard	456	Nationwide	Self Plus One	864.50	648.38	216.12	23.15	1873.08	1404.81	468.27	50.17
MHBP Value Plan	Value	414	Nationwide	Self	271.19	203.39	67.80	7.27	587.58	440.69	146.89	15.74
MHBP Value Plan	Value	415	Nationwide	Self & Family	655.39	491.54	163.85	17.56	1420.01	1065.01	355.00	38.03
MHBP Value Plan	Value	416	Nationwide	Self Plus One	642.56	481.92	160.64	17.21	1392.21	1044.16	348.05	37.29
Panama Canal Area Benefit Plan	High	431	Nationwide	Self	630.34	324.76	305.58	177.75	1365.74	703.65	662.09	385.12
Panama Canal Area Benefit Plan	High	432	Nationwide	Self & Family	1328.08	778.03	550.05	325.71	2877.51	1685.73	1191.78	705.72
Panama Canal Area Benefit Plan	High	433	Nationwide	Self Plus One	1269.85	711.17	558.68	344.18	2751.34	1540.87	1210.47	745.72
SAMBA Health Benefit Plan	High	441	Nationwide	Self	550.85	324.76	226.09	65.12	1193.51	703.65	489.86	141.09
SAMBA Health Benefit Plan	High	442	Nationwide	Self & Family	1322.08	778.03	544.05	156.55	2864.51	1685.73	1178.78	339.20
SAMBA Health Benefit Plan	High	443	Nationwide	Self Plus One	1211.90	711.17	500.73	140.81	2625.78	1540.87	1084.91	305.08
SAMBA Health Benefit Plan	Standard	444	Nationwide	Self	447.62	324.76	122.86	27.22	969.84	703.65	266.19	58.97
SAMBA Health Benefit Plan	Standard	445	Nationwide	Self & Family	1029.94	772.46	257.48	39.27	2231.54	1673.66	557.88	85.10
SAMBA Health Benefit Plan	Standard	446	Nationwide	Self Plus One	946.94	710.21	236.73	30.87	2051.70	1538.78	512.92	66.90