

## U.S. OFFICE OF PERSONNEL MANAGEMENT

## HEALTHCARE PLAN INFORMATION

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

## FFS (Fee-for-Service/Nationwide Plans)

Plan - Option	Enrollment Code	2020 Total Biweekly Premium	2021 Biweekly Postal Premium Rates - Category 1 Total Premium	2021 Biweekly Postal Premium Rates - Category 1 Government Pays	2021 Biweekly Postal Premium Rates - Category 1 Employee Pays	2021 Biweekly Postal Premium Rates - Category 1 Change in Employee Payment	2020 Total Biweekly Premium	2021 Biweekly Postal Premium Rates - Category 2 Total Premium	2021 Biweekly Postal Premium Rates - Category 2 Government Pays	2021 Biweekly Postal Premium Rates - Category 2 Employee Pays	2021 Biweekly Postal Premium Rates - Category 2 Change in Employee Payment
Nationwide APWU Health Plan - CDHP Self	474	275.85	278.61	211.74	66.87	0.67	275.85	278.61	220.80	57.81	0.57
Nationwide APWU Health Plan - CDHP Self & Family	475	654.04	660.58	502.04	158.54	1.57	654.04	660.58	523.51	137.07	1.36
Nationwide APWU Health Plan - CDHP Self Plus One	476	599.54	605.53	460.20	145.33	1.44	599.54	605.53	479.88	125.65	1.25
Nationwide APWU Health Plan - High Self	471	335.18	345.24	244.94	100.30	4.17	335.18	345.24	255.00	90.24	3.93

<b>Nationwide APWU Health Plan - High Self &amp; Family</b>	472	804.42	828.55	570.06	258.49	8.13	804.42	828.55	593.48	235.07	7.47
<b>Nationwide APWU Health Plan - High Self Plus One</b>	473	703.86	724.97	524.65	200.32	7.58	703.86	724.97	546.21	178.76	7.03
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self</b>	111	303.78	314.42	238.96	75.46	2.55	303.78	314.42	249.18	65.24	2.21
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self &amp; Family</b>	112	737.69	763.52	570.06	193.46	9.83	737.69	763.52	593.48	170.04	9.17
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self Plus One</b>	113	682.73	706.63	524.65	181.98	10.37	682.73	706.63	546.21	160.42	9.82

<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self</b>	131	212.58	212.58	161.56	51.02	0.00	212.58	212.58	168.47	44.11	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self &amp; Family</b>	132	502.70	502.70	382.05	120.65	0.00	502.70	502.70	398.39	104.31	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self Plus One</b>	133	457.02	457.02	347.34	109.68	0.00	457.02	457.02	362.19	94.83	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self</b>	104	352.68	365.03	244.94	120.09	6.46	352.68	365.03	255.00	110.03	6.22

<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self &amp; Family</b>	105	833.21	862.37	570.06	292.31	13.16	833.21	862.37	593.48	268.89	12.50
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self Plus One</b>	106	771.27	798.27	524.65	273.62	13.47	771.27	798.27	546.21	252.06	12.92
<b>Nationwide Compass Rose Health Plan - High Self</b>	421	337.43	347.55	244.94	102.61	4.23	337.43	347.55	255.00	92.55	3.99
<b>Nationwide Compass Rose Health Plan - High Self &amp; Family</b>	422	809.84	834.13	570.06	264.07	8.29	809.84	834.13	593.48	240.65	7.63

<b>Nationwide Compass Rose Health Plan - High Self Plus One</b>	423	742.35	764.62	524.65	239.97	8.74	742.35	764.62	546.21	218.41	8.19
<b>Nationwide Foreign Service Benefit Plan - High Self</b>	401	275.95	287.02	218.14	68.88	2.65	275.95	287.02	227.46	59.56	2.30
<b>Nationwide Foreign Service Benefit Plan - High Self &amp; Family</b>	402	682.70	710.02	539.62	170.40	6.55	682.70	710.02	562.69	147.33	5.67
<b>Nationwide Foreign Service Benefit Plan - High Self Plus One</b>	403	675.91	696.19	524.65	171.54	6.75	675.91	696.19	546.21	149.98	6.20
<b>Nationwide GEHA Benefit Plan - High Self</b>	311	341.19	349.72	244.94	104.78	2.64	341.19	349.72	255.00	94.72	2.40
<b>Nationwide GEHA Benefit Plan - High Self &amp; Family</b>	312	850.86	876.38	570.06	306.32	9.52	850.86	876.38	593.48	282.90	8.86

<b>Nationwide GEHA Benefit Plan - High Self Plus One</b>	313	750.63	769.39	524.65	244.74	5.23	750.63	769.39	546.21	223.18	4.68
<b>Nationwide GEHA Benefit Plan - Standard Self</b>	314	242.18	250.66	190.50	60.16	2.04	242.18	250.66	198.65	52.01	1.76
<b>Nationwide GEHA Benefit Plan - Standard Self &amp; Family</b>	315	622.08	659.40	501.14	158.26	8.96	622.08	659.40	522.57	136.83	7.75
<b>Nationwide GEHA Benefit Plan - Standard Self Plus One</b>	316	520.71	538.94	409.59	129.35	4.38	520.71	538.94	427.11	111.83	3.78
<b>Nationwide GEHA HDHP - HDHP Self</b>	341	237.16	245.47	186.56	58.91	1.99	237.16	245.47	194.53	50.94	1.73
<b>Nationwide GEHA HDHP - HDHP Self &amp; Family</b>	342	600.16	636.18	483.50	152.68	8.64	600.16	636.18	504.17	132.01	7.48
<b>Nationwide GEHA HDHP - HDHP Self Plus One</b>	343	509.91	527.76	401.10	126.66	4.28	509.91	527.76	418.25	109.51	3.70

<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self</b>	251	290.69	301.44	229.09	72.35	2.58	290.69	301.44	238.89	62.55	2.23
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self &amp; Family</b>	252	720.91	747.57	568.15	179.42	6.40	720.91	747.57	592.45	155.12	5.53
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self Plus One</b>	253	674.39	693.27	524.65	168.62	5.35	674.39	693.27	546.21	147.06	4.80
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Self</b>	254	189.29	189.29	143.86	45.43	0.00	189.29	189.29	150.01	39.28	0.00
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Self &amp; Family</b>	255	530.03	530.03	402.82	127.21	0.00	530.03	530.03	420.05	109.98	0.00
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Self Plus One</b>	256	435.38	435.38	330.89	104.49	0.00	435.38	435.38	345.04	90.34	0.00

<b>Nationwide MHBP Consumer Option - HDHP Self</b>	481	264.59	291.04	221.19	69.85	6.35	264.59	291.04	230.65	60.39	5.49
<b>Nationwide MHBP Consumer Option - HDHP Self &amp; Family</b>	482	614.80	676.28	513.97	162.31	14.76	614.80	676.28	535.95	140.33	12.76
<b>Nationwide MHBP Consumer Option - HDHP Self Plus One</b>	483	585.53	644.08	489.50	154.58	14.05	585.53	644.08	510.43	133.65	12.15
<b>Nationwide MHBP Standard Option - Standard Self</b>	454	263.47	287.19	218.26	68.93	5.70	263.47	287.19	227.60	59.59	4.92
<b>Nationwide MHBP Standard Option - Standard Self &amp; Family</b>	455	612.30	667.41	507.23	160.18	13.23	612.30	667.41	528.92	138.49	11.44
<b>Nationwide MHBP Standard Option - Standard Self Plus One</b>	456	606.47	661.06	502.41	158.65	13.10	606.47	661.06	523.89	137.17	11.33
<b>Nationwide MHBP Value Plan - Value Self</b>	414	209.22	213.41	162.19	51.22	1.01	209.22	213.41	169.13	44.28	0.87



<b>Nationwide MHBP Value Plan - Value Self &amp; Family</b>	415	505.63	515.75	391.97	123.78	2.43	505.63	515.75	408.73	107.02	2.10
<b>Nationwide MHBP Value Plan - Value Self Plus One</b>	416	495.73	505.65	384.29	121.36	2.38	495.73	505.65	400.73	104.92	2.06
<b>Nationwide NALC Health Benefit Plan - CDHP Self</b>	324	218.55	218.55	166.10	52.45	0.00	218.55	218.55	173.20	45.35	0.00
<b>Nationwide NALC Health Benefit Plan - CDHP Self &amp; Family</b>	325	502.63	507.66	385.82	121.84	1.21	502.63	507.66	402.32	105.34	1.04
<b>Nationwide NALC Health Benefit Plan - CDHP Self Plus One</b>	326	482.16	482.16	366.44	115.72	0.00	482.16	482.16	382.11	100.05	0.00
<b>Nationwide NALC Health Benefit Plan - High Self</b>	321	326.61	336.41	244.94	91.47	3.91	326.61	336.41	255.00	81.41	3.67
<b>Nationwide NALC Health Benefit Plan - High Self &amp; Family</b>	322	735.21	760.94	570.06	190.88	9.73	735.21	760.94	593.48	167.46	9.07

<b>Nationwide NALC Health Benefit Plan - High Self Plus One</b>	323	722.43	744.10	524.65	219.45	8.14	722.43	744.10	546.21	197.89	7.59
<b>Nationwide NALC Health Benefit Plan - Value Self</b>	KM1	179.37	179.37	136.32	43.05	0.00	179.37	179.37	142.15	37.22	0.00
<b>Nationwide NALC Health Benefit Plan - Value Self &amp; Family</b>	KM2	412.69	416.82	316.78	100.04	0.99	412.69	416.82	330.33	86.49	0.86
<b>Nationwide NALC Health Benefit Plan - Value Self Plus One</b>	KM3	395.70	395.70	300.73	94.97	0.00	395.70	395.70	313.59	82.11	0.00
<b>Nationwide Panama Canal Area Benefit Plan - High Self</b>	431	290.09	304.60	231.50	73.10	3.48	290.09	304.60	241.40	63.20	3.01
<b>Nationwide Panama Canal Area Benefit Plan - High Self &amp; Family</b>	432	605.54	635.81	483.22	152.59	7.26	605.54	635.81	503.88	131.93	6.28

<b>Nationwide Panama Canal Area Benefit Plan - High Self Plus One</b>	433	578.99	607.94	462.03	145.91	6.95	578.99	607.94	481.79	126.15	6.01
<b>Nationwide Rural Carrier Benefit Plan - High Self</b>	381	358.00	368.30	244.94	123.36	4.41	358.00	368.30	255.00	113.30	4.17
<b>Nationwide Rural Carrier Benefit Plan - High Self &amp; Family</b>	382	734.00	781.71	570.06	211.65	31.71	734.00	781.71	593.48	188.23	31.05
<b>Nationwide Rural Carrier Benefit Plan - High Self Plus One</b>	383	709.00	744.21	524.65	219.56	21.68	709.00	744.21	546.21	198.00	21.13
<b>Nationwide SAMBA Health Benefit Plan - High Self</b>	441	416.19	403.70	244.94	158.76	-18.38	416.19	403.70	255.00	148.70	-18.62
<b>Nationwide SAMBA Health Benefit Plan - High Self &amp; Family</b>	442	998.84	968.87	570.06	398.81	-45.97	998.84	968.87	593.48	375.39	-46.63

<b>Nationwide SAMBA Health Benefit Plan - High Self Plus One</b>	443	915.61	888.14	524.65	363.49	-41.00	915.61	888.14	546.21	341.93	-41.55
<b>Nationwide SAMBA Health Benefit Plan - Standard Self</b>	444	314.08	323.50	244.94	78.56	3.18	314.08	323.50	255.00	68.50	3.29
<b>Nationwide SAMBA Health Benefit Plan - Standard Self &amp; Family</b>	445	716.56	738.06	560.93	177.13	5.16	716.56	738.06	584.91	153.15	4.46
<b>Nationwide SAMBA Health Benefit Plan - Standard Self Plus One</b>	446	676.00	696.28	524.65	171.63	6.75	676.00	696.28	546.21	150.07	6.20