

## U.S. OFFICE OF PERSONNEL MANAGEMENT

## HEALTHCARE PLAN INFORMATION

## Temporary Continuation of Coverage (TCC) Premium Rates and Former Spouse Premiums

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

Plan - Option	Enrollment Code	2020 TCC Premium	2021 TCC Monthly Premiums - Total Premium	2021 TCC Monthly Premiums - Government Pays	2021 TCC Monthly Premiums - Employee Pays	2021 TCC Monthly Premiums - Change in Employee Payment	2020 Former Spouse Premium	2021 Former Spouse Monthly Premiums - Total Premium	2021 Former Spouse Monthly Premiums - Government Pays	2021 Former Spouse Monthly Premiums - Employee Pays	2021 Former Spouse Monthly Premiums - Change in Employee Payment
Nationwide APWU Health Plan - CDHP Self	474	609.63	615.73	0.00	615.73	6.10	597.68	603.66	0.00	603.66	5.98
Nationwide APWU Health Plan - CDHP Self & Family	475	1445.43	1459.89	0.00	1459.89	14.46	1417.09	1431.26	0.00	1431.26	14.17
Nationwide APWU Health Plan - CDHP Self Plus One	476	1324.98	1338.22	0.00	1338.22	13.24	1299.00	1311.98	0.00	1311.98	12.98
Nationwide APWU Health Plan - High Self	471	740.74	762.98	0.00	762.98	22.24	726.22	748.02	0.00	748.02	21.80

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<b>Nationwide APWU Health Plan - High Self &amp; Family</b>	472	1777.77	1831.09	0.00	1831.09	53.32	1742.91	1795.19	0.00	1795.19	52.28
<b>Nationwide APWU Health Plan - High Self Plus One</b>	473	1555.53	1602.19	0.00	1602.19	46.66	1525.03	1570.77	0.00	1570.77	45.74
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self</b>	111	671.35	694.86	0.00	694.86	23.51	658.19	681.24	0.00	681.24	23.05
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self &amp; Family</b>	112	1630.30	1687.38	0.00	1687.38	57.08	1598.33	1654.29	0.00	1654.29	55.96

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<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option - Basic Self Plus One</b>	113	1508.84	1561.65	0.00	1561.65	52.81	1479.25	1531.03	0.00	1531.03	51.78
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self</b>	131	469.80	469.80	0.00	469.80	0.00	460.59	460.59	0.00	460.59	0.00
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self &amp; Family</b>	132	1110.96	1110.96	0.00	1110.96	0.00	1089.18	1089.18	0.00	1089.18	0.00

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Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - FEP Blue Focus Self Plus One	133	1010.01	1010.01	0.00	1010.01	0.00	990.21	990.21	0.00	990.21	0.00
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self	104	779.42	806.72	0.00	806.72	27.30	764.14	790.90	0.00	790.90	26.76
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self & Family	105	1841.40	1905.84	0.00	1905.84	64.44	1805.29	1868.47	0.00	1868.47	63.18

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<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option - Standard Self Plus One</b>	106	1704.51	1764.18	0.00	1764.18	59.67	1671.09	1729.59	0.00	1729.59	58.50
<b>Nationwide Compass Rose Health Plan - High Self</b>	421	745.72	768.09	0.00	768.09	22.37	731.10	753.03	0.00	753.03	21.93
<b>Nationwide Compass Rose Health Plan - High Self &amp; Family</b>	422	1789.74	1843.43	0.00	1843.43	53.69	1754.65	1807.28	0.00	1807.28	52.63
<b>Nationwide Compass Rose Health Plan - High Self Plus One</b>	423	1640.60	1689.81	0.00	1689.81	49.21	1608.43	1656.68	0.00	1656.68	48.25

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<b>Nationwide Foreign Service Benefit Plan - High Self</b>	401	609.85	634.32	0.00	634.32	24.47	597.89	621.88	0.00	621.88	23.99
<b>Nationwide Foreign Service Benefit Plan - High Self &amp; Family</b>	402	1508.76	1569.15	0.00	1569.15	60.39	1479.18	1538.38	0.00	1538.38	59.20
<b>Nationwide Foreign Service Benefit Plan - High Self Plus One</b>	403	1493.76	1538.58	0.00	1538.58	44.82	1464.47	1508.41	0.00	1508.41	43.94
<b>Nationwide GEHA Benefit Plan - High Self</b>	311	754.04	772.88	0.00	772.88	18.84	739.25	757.73	0.00	757.73	18.48
<b>Nationwide GEHA Benefit Plan - High Self &amp; Family</b>	312	1880.40	1936.80	0.00	1936.80	56.40	1843.53	1898.82	0.00	1898.82	55.29

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<b>Nationwide GEHA Benefit Plan - High Self Plus One</b>	313	1658.90	1700.35	0.00	1700.35	41.45	1626.37	1667.01	0.00	1667.01	40.64
<b>Nationwide GEHA Benefit Plan - Standard Self</b>	314	535.21	553.96	0.00	553.96	18.75	524.72	543.10	0.00	543.10	18.38
<b>Nationwide GEHA Benefit Plan - Standard Self &amp; Family</b>	315	1374.80	1457.27	0.00	1457.27	82.47	1347.84	1428.70	0.00	1428.70	80.86
<b>Nationwide GEHA Benefit Plan - Standard Self Plus One</b>	316	1150.77	1191.05	0.00	1191.05	40.28	1128.21	1167.70	0.00	1167.70	39.49
<b>Nationwide GEHA HDHP - HDHP Self</b>	341	524.13	542.49	0.00	542.49	18.36	513.85	531.85	0.00	531.85	18.00
<b>Nationwide GEHA HDHP - HDHP Self &amp; Family</b>	342	1326.36	1405.96	0.00	1405.96	79.60	1300.35	1378.39	0.00	1378.39	78.04

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<b>Nationwide GEHA HDHP - HDHP Self Plus One</b>	343	1126.91	1166.35	0.00	1166.35	39.44	1104.81	1143.48	0.00	1143.48	38.67
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self</b>	251	642.43	666.18	0.00	666.18	23.75	629.83	653.12	0.00	653.12	23.29
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self &amp; Family</b>	252	1593.21	1652.13	0.00	1652.13	58.92	1561.97	1619.74	0.00	1619.74	57.77
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Plus Self Plus One</b>	253	1490.40	1532.13	0.00	1532.13	41.73	1461.18	1502.09	0.00	1502.09	40.91
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Self</b>	254	418.33	418.33	0.00	418.33	0.00	410.13	410.13	0.00	410.13	0.00



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<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Self &amp; Family</b>	255	1171.37	1171.37	0.00	1171.37	0.00	1148.40	1148.40	0.00	1148.40	0.00
<b>Nationwide GEHA Indemnity Benefit Plan - Elevate Self Plus One</b>	256	962.19	962.19	0.00	962.19	0.00	943.32	943.32	0.00	943.32	0.00
<b>Nationwide MHBP Consumer Option - HDHP Self</b>	481	584.75	643.20	0.00	643.20	58.45	573.28	630.59	0.00	630.59	57.31
<b>Nationwide MHBP Consumer Option - HDHP Self &amp; Family</b>	482	1358.71	1494.58	0.00	1494.58	135.87	1332.07	1465.27	0.00	1465.27	133.20
<b>Nationwide MHBP Consumer Option - HDHP Self Plus One</b>	483	1294.02	1423.42	0.00	1423.42	129.40	1268.65	1395.51	0.00	1395.51	126.86

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<b>Nationwide MHBP Standard Option - Standard Self</b>	454	582.27	634.70	0.00	634.70	52.43	570.85	622.25	0.00	622.25	51.40
<b>Nationwide MHBP Standard Option - Standard Self &amp; Family</b>	455	1353.18	1474.98	0.00	1474.98	121.80	1326.65	1446.06	0.00	1446.06	119.41
<b>Nationwide MHBP Standard Option - Standard Self Plus One</b>	456	1340.30	1460.95	0.00	1460.95	120.65	1314.02	1432.30	0.00	1432.30	118.28
<b>Nationwide MHBP Value Plan - Value Self</b>	414	462.38	471.64	0.00	471.64	9.26	453.31	462.39	0.00	462.39	9.08
<b>Nationwide MHBP Value Plan - Value Self &amp; Family</b>	415	1117.44	1139.81	0.00	1139.81	22.37	1095.53	1117.46	0.00	1117.46	21.93
<b>Nationwide MHBP Value Plan - Value Self Plus One</b>	416	1095.56	1117.49	0.00	1117.49	21.93	1074.08	1095.58	0.00	1095.58	21.50

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<b>Nationwide NALC Health Benefit Plan - CDHP Self</b>	324	483.00	483.00	0.00	483.00	0.00	473.53	473.53	0.00	473.53	0.00
<b>Nationwide NALC Health Benefit Plan - CDHP Self &amp; Family</b>	325	1110.81	1121.93	0.00	1121.93	11.12	1089.03	1099.93	0.00	1099.93	10.90
<b>Nationwide NALC Health Benefit Plan - CDHP Self Plus One</b>	326	1065.57	1065.57	0.00	1065.57	0.00	1044.68	1044.68	0.00	1044.68	0.00
<b>Nationwide NALC Health Benefit Plan - High Self</b>	321	721.81	743.47	0.00	743.47	21.66	707.66	728.89	0.00	728.89	21.23
<b>Nationwide NALC Health Benefit Plan - High Self &amp; Family</b>	322	1624.82	1681.67	0.00	1681.67	56.85	1592.96	1648.70	0.00	1648.70	55.74

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<b>Nationwide NALC Health Benefit Plan - High Self Plus One</b>	323	1596.58	1644.46	0.00	1644.46	47.88	1565.27	1612.22	0.00	1612.22	46.95
<b>Nationwide NALC Health Benefit Plan - Value Self</b>	KM1	396.41	396.41	0.00	396.41	0.00	388.64	388.64	0.00	388.64	0.00
<b>Nationwide NALC Health Benefit Plan - Value Self &amp; Family</b>	KM2	912.04	921.17	0.00	921.17	9.13	894.16	903.11	0.00	903.11	8.95
<b>Nationwide NALC Health Benefit Plan - Value Self Plus One</b>	KM3	874.50	874.50	0.00	874.50	0.00	857.35	857.35	0.00	857.35	0.00
<b>Nationwide Panama Canal Area Benefit Plan - High Self</b>	431	641.10	673.17	0.00	673.17	32.07	628.53	659.97	0.00	659.97	31.44

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<b>Nationwide Panama Canal Area Benefit Plan - High Self &amp; Family</b>	432	1338.24	1405.14	0.00	1405.14	66.90	1312.00	1377.59	0.00	1377.59	65.59
<b>Nationwide Panama Canal Area Benefit Plan - High Self Plus One</b>	433	1279.57	1343.54	0.00	1343.54	63.97	1254.48	1317.20	0.00	1317.20	62.72
<b>Nationwide Rural Carrier Benefit Plan - High Self</b>	381	791.18	813.94	0.00	813.94	22.76	775.67	797.98	0.00	797.98	22.31
<b>Nationwide Rural Carrier Benefit Plan - High Self &amp; Family</b>	382	1622.14	1727.58	0.00	1727.58	105.44	1590.33	1693.71	0.00	1693.71	103.38
<b>Nationwide Rural Carrier Benefit Plan - High Self Plus One</b>	383	1566.89	1644.71	0.00	1644.71	77.82	1536.17	1612.46	0.00	1612.46	76.29

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<b>Nationwide SAMBA Health Benefit Plan - High Self</b>	441	919.79	892.17	0.00	892.17	-27.62	901.75	874.68	0.00	874.68	-27.07
<b>Nationwide SAMBA Health Benefit Plan - High Self &amp; Family</b>	442	2207.43	2141.20	0.00	2141.20	-66.23	2164.15	2099.22	0.00	2099.22	-64.93
<b>Nationwide SAMBA Health Benefit Plan - High Self Plus One</b>	443	2023.50	1962.79	0.00	1962.79	-60.71	1983.82	1924.30	0.00	1924.30	-59.52
<b>Nationwide SAMBA Health Benefit Plan - Standard Self</b>	444	694.12	714.94	0.00	714.94	20.82	680.51	700.92	0.00	700.92	20.41
<b>Nationwide SAMBA Health Benefit Plan - Standard Self &amp; Family</b>	445	1583.60	1631.11	0.00	1631.11	47.51	1552.55	1599.13	0.00	1599.13	46.58

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<b>Nationwide SAMBA Health Benefit Plan - Standard Self Plus One</b>	446	1493.96	1538.78	0.00	1538.78	44.82	1464.67	1508.61	0.00	1508.61	43.94