2024 Federal Employees Health Benefits Program												
2024 FEE-FOR-SERVICE PREMIUM RATES												
Plan	Enroll Code	2023 Biweekly Total Premium	2024 Biweekly Total Premium	2024 Biweekly Gov't Pays	2024 Biweekly Employee Pays	2024 Biweekly Change in Employee Payment	2023 Monthly Total Premium	2024 Monthly Total Premium	2024 Monthly Gov't Pays	2024 Monthly Employee Pays	2024 Monthly Change in Employee Payment	
APWU HEALTH PLAN												
CDHP Self	474	\$295.32	\$307.13	\$230.35	\$76.78	\$2.95	\$639.86	\$665.45	\$499.09	\$166.36	\$6.40	
CDHP Self & Family	475	\$700.21	\$728.22	\$546.17	\$182.05	\$7.00	\$1,517.12	\$1,577.81	\$1,183.36	\$394.45	\$15.17	
CDHP Self Plus One	476	\$641.86	\$667.53	\$500.65	\$166.88	\$6.42	\$1,390.70	\$1,446.32	\$1,084.74	\$361.58	\$13.91	
High Self	471	\$380.72	\$395.95	\$271.43	\$124.52	\$3.52	\$824.89	\$857.89	\$588.10	\$269.79	\$7.63	
High Self & Family	472	\$913.68	\$950.23	\$646.18	\$304.05	\$1.79	\$1,979.64	\$2,058.83	\$1,400.06	\$658.77	\$3.87	
High Self Plus One	473	\$799.47	\$831.45	\$586.50	\$244.95	\$6.00	\$1,732.19	\$1,801.48	\$1,270.75	\$530.73	\$13.00	
BLUE CROSS/BLUE SHIELD												
Basic Self	111	\$346.39	\$367.17	\$271.43	\$95.74	\$9.07	\$750.51	\$795.54	\$588.10	\$207.44	\$19.66	
Basic Self & Family	112	\$849.33	\$908.78	\$646.18	\$262.60	\$24.69	\$1,840.22	\$1,969.02	\$1,400.06	\$568.96	\$53.48	
Basic Self Plus One	113	\$778.42	\$825.13	\$586.50	\$238.63	\$20.73	\$1,686.58	\$1,787.78	\$1,270.75	\$517.03	\$44.91	
BLUE CROSS/BLUE SHIELD												
FEP Blue Focus Self	131	\$216.86	\$221.22	\$165.92	\$55.30	\$1.09	\$469.86	\$479.31	\$359.48	\$119.83	\$2.37	
FEP Blue Focus Self & Family	132	\$512.78	\$523.06	\$392.30	\$130.76	\$2.57	\$1,111.02	\$1,133.30	\$849.98	\$283.32	\$5.57	
FEP Blue Focus Self Plus One	133	\$466.18	\$475.54	\$356.66	\$118.88	\$2.34	\$1,010.06	\$1,030.34	\$772.76	\$257.58	\$5.07	

Plan	Enroll Code	2023 Biweekly Total Premium	2024 Biweekly Total Premium	2024 Biweekly Gov't Pays	2024 Biweekly Employee Pays	2024 Biweekly Change in Employee Payment	2023 Monthly Total Premium	2024 Monthly Total Premium	2024 Monthly Gov't Pays	2024 Monthly Employee Pays	2024 Monthly Change in Employee Payment
BLUE CROSS/BLUE SHIELD											
Standard Self	104	\$402.12	\$422.22	\$271.43	\$150.79	\$8.39	\$871.26	\$914.81	\$588.10	\$326.71	\$18.18
Standard Self & Family	105	\$959.31	\$1,016.86	\$646.18	\$370.68	\$22.79	\$2,078.51	\$2,203.20	\$1,400.06	\$803.14	\$49.37
Standard Self Plus One	106	\$879.37	\$923.34	\$586.50	\$336.84	\$17.99	\$1,905.30	\$2,000.57	\$1,270.75	\$729.82	\$38.98
GEHA BENEFIT PLAN											
High Self	311	\$365.46	\$380.08	\$271.43	\$108.65	\$2.91	\$791.83	\$823.51	\$588.10	\$235.41	\$6.31
High Self & Family	312	\$915.81	\$952.44	\$646.18	\$306.26	\$1.87	\$1,984.26	\$2,063.62	\$1,400.06	\$663.56	\$4.04
High Self Plus One	313	\$804.01	\$836.17	\$586.50	\$249.67	\$6.18	\$1,742.02	\$1,811.70	\$1,270.75	\$540.95	\$13.39
Standard Self	314	\$275.10	\$280.60	\$210.45	\$70.15	\$1.38	\$596.05	\$607.97	\$455.98	\$151.99	\$2.98
Standard Self & Family	315	\$723.69	\$745.40	\$559.05	\$186.35	\$5.43	\$1,568.00	\$1,615.03	\$1,211.27	\$403.76	\$11.76
Standard Self Plus One	316	\$591.49	\$603.31	\$452.48	\$150.83	\$2.96	\$1,281.56	\$1,307.17	\$980.38	\$326.79	\$6.40
GEHA HIGH DEDUCTIBLE HP											
HDHP Self	341	\$277.48	\$285.81	\$214.36	\$71.45	\$2.08	\$601.21	\$619.26	\$464.45	\$154.81	\$4.51
HDHP Self & Family	342	\$733.12	\$755.11	\$566.33	\$188.78	\$5.50	\$1,588.43	\$1,636.07	\$1,227.05	\$409.02	\$11.91
HDHP Self & Plus One	343	\$596.59	\$614.48	\$460.86	\$153.62	\$4.47	\$1,292.61	\$1,331.37	\$998.53	\$332.84	\$9.69
GEHA INDEMNITY PLAN											
Elevate Plus Self	251	\$343.10	\$373.98	\$271.43	\$102.55	\$16.78	\$743.38	\$810.29	\$588.10	\$222.19	\$36.35
Elevate Plus Self & Family	252	\$821.25	\$899.26	\$646.18	\$253.08	\$43.25	\$1,779.38	\$1,948.40	\$1,400.06	\$548.34	\$93.70
Elevate Plus Self Plus One	253	\$748.16	\$819.23	\$586.50	\$232.73	\$45.09	\$1,621.01	\$1,775.00	\$1,270.75	\$504.25	\$97.70

Plan	Enroll Code	2023 Biweekly Total Premium	2024 Biweekly Total Premium	2024 Biweekly Gov't Pays	2024 Biweekly Employee Pays	2024 Biweekly Change in Employee Payment	2023 Monthly Total Premium	2024 Monthly Total Premium	2024 Monthly Gov't Pays	2024 Monthly Employee Pays	2024 Monthly Change in Employee Payment
GEHA INDEMNITY PLAN cont'd.											
Elevate Self	254	\$202.77	\$208.85	\$156.64	\$52.21	\$1.52	\$439.34	\$452.51	\$339.38	\$113.13	\$3.30
Elevate Self & Family	255	\$578.69	\$613.40	\$460.05	\$153.35	\$8.68	\$1,253.83	\$1,329.03	\$996.77	\$332.26	\$18.80
Elevate Self Plus One	256	\$475.34	\$503.87	\$377.90	\$125.97	\$7.14	\$1,029.90	\$1,091.72	\$818.79	\$272.93	\$15.46
MAILHANDLERS - HDHP											
Consumer Option Self	481	\$314.77	\$314.77	\$236.08	\$78.69	\$0.00	\$682.00	\$682.00	\$511.50	\$170.50	\$0.00
Consumer Option Self & Family	482	\$731.39	\$731.39	\$548.54	\$182.85	\$0.00	\$1,584.68	\$1,584.68	\$1,188.51	\$396.17	\$0.00
Consumer Option Self Plus One	483	\$696.57	\$696.57	\$522.43	\$174.14	\$0.00	\$1,509.24	\$1,509.24	\$1,131.93	\$377.31	\$0.00
MAILHANDLERS - STANDARD											
Standard Self	454	\$322.43	\$322.43	\$241.82	\$80.61	\$0.00	\$698.60	\$698.60	\$523.95	\$174.65	\$0.00
Standard Self & Family	455	\$749.31	\$749.31	\$561.98	\$187.33	\$0.00	\$1,623.51	\$1,623.51	\$1,217.63	\$405.88	\$0.00
Standard Self Plus One	456	\$742.18	\$742.18	\$556.64	\$185.54	\$0.00	\$1,608.06	\$1,608.06	\$1,206.05	\$402.01	\$0.00
MAILHANDLERS - VALUE											
Value Plan Self	414	\$232.82	\$232.82	\$174.62	\$58.20	\$0.00	\$504.44	\$504.44	\$378.33	\$126.11	\$0.00
Value Plan Self & Family	415	\$562.66	\$562.66	\$422.00	\$140.66	\$0.00	\$1,219.10	\$1,219.10	\$914.33	\$304.77	\$0.00
Value Plan Self Plus One	416	\$551.65	\$551.65	\$413.74	\$137.91	\$0.00	\$1,195.24	\$1,195.24	\$896.43	\$298.81	\$0.00

Plan	Enroll Code	2023 Biweekly Total Premium	2024 Biweekly Total Premium	2024 Biweekly Gov't Pays	2024 Biweekly Employee Pays	2024 Biweekly Change in Employee Payment	2023 Monthly Total Premium	2024 Monthly Total Premium	2024 Monthly Gov't Pays	2024 Monthly Employee Pays	2024 Monthly Change in Employee Payment
NALC HEALTH BENEFIT PLAN											
CDHP Self	324	\$222.91	\$221.03	\$165.77	\$55.26	\$0.47	\$482.97	\$478.90	\$359.18	\$119.72	\$1.02
CDHP Self & Family	325	\$528.11	\$536.75	\$402.56	\$134.19	\$2.16	\$1,144.24	\$1,162.96	\$872.22	\$290.74	\$4.68
CDHP Self Plus One	326	\$491.81	\$495.86	\$371.90	\$123.96	\$1.01	\$1,065.59	\$1,074.36	\$805.77	\$268.59	\$2.19
NALC HEALTH BENEFIT PLAN											
High Self	321	\$362.70	\$380.84	\$271.43	\$109.41	\$6.43	\$785.85	\$825.15	\$588.10	\$237.05	\$13.93
High Self & Family	322	\$822.72	\$867.97	\$646.18	\$221.79	\$10.49	\$1,782.56	\$1,880.60	\$1,400.06	\$480.54	\$22.72
High Self Plus One	323	\$802.25	\$842.36	\$586.50	\$255.86	\$14.13	\$1,738.21	\$1,825.11	\$1,270.75	\$554.36	\$30.61
SAMBA HEALTH PLAN											
High Self	441	\$415.81	\$399.17	\$271.43	\$127.74	\$28.35	\$900.92	\$864.87	\$588.10	\$276.77	\$61.42
High Self & Family	442	\$997.94	\$958.03	\$646.18	\$311.85	\$74.67	\$2,162.20	\$2,075.73	\$1,400.06	\$675.67	\$161.79
High Self Plus One	443	\$914.78	\$878.20	\$586.50	\$291.70	\$62.56	\$1,982.02	\$1,902.77	\$1,270.75	\$632.02	\$135.54
Standard Self	444	\$336.54	\$341.59	\$256.19	\$85.40	\$1.27	\$729.17	\$740.11	\$555.08	\$185.03	\$2.74
Standard Self & Family	445	\$767.80	\$779.31	\$584.48	\$194.83	\$2.88	\$1,663.57	\$1,688.51	\$1,266.38	\$422.13	\$6.24
Standard Self Plus One	446	\$724.34	\$735.21	\$551.41	\$183.80	\$2.72	\$1,569.40	\$1,592.96	\$1,194.72	\$398.24	\$5.89