

2020

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan	Option	Code		Total Premium	Gov't Pays	Empl Pays	Change in empl. Payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
District of Columbia Aetna Advantage	Advantage Self	Z24	New Plan	\$214.08	\$160.56	\$53.52	New Plan	New Plan	\$463.84	\$347.88	\$115.96	New Plan
	Advantage Self & Family	Z25	New Plan	\$567.31	\$425.48	\$141.83	New Plan	New Plan	\$1,229.17	\$921.88	\$307.29	New Plan
	Advantage Self Plus One	Z26	New Plan	\$470.97	\$353.23	\$117.74	New Plan	New Plan	\$1,020.44	\$765.33	\$255.11	New Plan
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan	CDHP Self	F51	\$374.21	\$382.72	\$235.77	\$146.95	\$2.92	\$810.79	\$829.23	\$510.84	\$318.39	\$6.32
	CDHP Self & Family	F52	\$853.25	\$872.64	\$546.47	\$326.17	-\$1.76	\$1,848.71	\$1,890.72	\$1,184.02	\$706.70	-\$3.82
	CDHP Self Plus One	F53	\$844.80	\$864.00	\$504.12	\$359.88	\$7.35	\$1,830.40	\$1,872.00	\$1,092.26	\$779.74	\$15.93
	Value Self	F54	\$326.97	\$378.45	\$235.77	\$142.68	\$45.89	\$708.44	\$819.98	\$510.84	\$309.14	\$99.42
	Value Self & Family	F55	\$748.73	\$866.59	\$546.47	\$320.12	\$96.71	\$1,622.25	\$1,877.61	\$1,184.02	\$693.59	\$209.53
	Value Self Plus One	F56	\$734.04	\$849.59	\$504.12	\$345.47	\$103.70	\$1,590.42	\$1,840.78	\$1,092.26	\$748.52	\$224.69
District of Columbia Aetna HealthFund HDHP	HDHP Self	Z24	\$304.48	\$336.37	\$235.77	\$100.60	\$24.48	\$659.71	\$728.80	\$510.84	\$217.96	\$53.03
	HDHP Self & Family	Z25	\$671.63	\$741.97	\$546.47	\$195.50	\$27.59	\$1,455.20	\$1,607.60	\$1,184.02	\$423.58	\$59.78
	HDHP Self Plus One	Z26	\$658.47	\$727.43	\$504.12	\$223.31	\$57.11	\$1,426.69	\$1,576.10	\$1,092.26	\$483.84	\$123.74
District of Columbia Aetna Direct	CDHP Self	N61	\$257.23	\$282.76	\$212.07	\$70.69	\$6.38	\$557.33	\$612.65	\$459.49	\$153.16	\$13.83
	CDHP Self & Family	N62	\$648.71	\$713.08	\$534.81	\$178.27	\$16.09	\$1,405.54	\$1,545.01	\$1,158.76	\$386.25	\$34.87
	CDHP Self Plus One	N63	\$564.12	\$620.10	\$465.08	\$155.02	\$13.99	\$1,222.26	\$1,343.55	\$1,007.66	\$335.89	\$30.33
District of Columbia Aetna Open Access	High Self	JN1	\$516.52	\$525.03	\$235.77	\$289.26	\$2.92	\$1,119.13	\$1,137.57	\$510.84	\$626.73	\$6.32
	High Self & Family	JN2	\$1,161.22	\$1,180.35	\$546.47	\$633.88	-\$2.02	\$2,515.98	\$2,557.43	\$1,184.02	\$1,373.41	-\$4.38
	High Self Plus One	JN3	\$1,149.71	\$1,168.66	\$504.12	\$664.54	\$7.10	\$2,491.04	\$2,532.10	\$1,092.26	\$1,439.84	\$15.39
	Basic Self	JN4	\$314.06	\$321.74	\$235.77	\$85.97	\$2.09	\$680.46	\$697.10	\$510.84	\$186.26	\$4.52
	Basic Self & Family	JN5	\$718.73	\$736.31	\$546.47	\$189.84	-\$3.57	\$1,557.25	\$1,595.34	\$1,184.02	\$411.32	-\$7.74
	Basic Self Plus One	JN6	\$660.00	\$676.15	\$504.12	\$172.03	\$4.30	\$1,430.00	\$1,464.99	\$1,092.26	\$372.73	\$9.32
District of Columbia Aetna Saver	Saver Self	QQ4	New Plan	\$274.71	\$206.03	\$68.68	New Plan	New Plan	\$595.21	\$446.41	\$148.80	New Plan
	Saver Self & Family	QQ5	New Plan	\$628.68	\$471.51	\$157.17	New Plan	New Plan	\$1,362.14	\$1,021.61	\$340.53	New Plan
	Saver Self Plus One	QQ6	New Plan	\$577.30	\$432.98	\$144.32	New Plan	New Plan	\$1,250.82	\$938.12	\$312.70	New Plan
District of Columbia CareFirst BlueChoice	Standard Self	2G4	\$368.16	\$390.25	\$235.77	\$154.48	\$16.50	\$797.68	\$845.54	\$510.84	\$334.70	\$35.74
	Standard Self & Family	2G5	\$874.73	\$927.21	\$546.47	\$380.74	\$31.33	\$1,895.25	\$2,008.96	\$1,184.02	\$824.94	\$67.88
	Standard Self Plus One	2G6	\$736.31	\$780.49	\$504.12	\$276.37	\$32.33	\$1,595.34	\$1,691.06	\$1,092.26	\$598.80	\$70.05
	HDHP Self	B61	\$239.20	\$263.12	\$197.34	\$65.78	\$5.98	\$518.27	\$570.09	\$427.57	\$142.52	\$12.95
	HDHP Self & Family	B62	\$568.33	\$625.16	\$468.87	\$156.29	\$14.21	\$1,231.38	\$1,354.51	\$1,015.88	\$338.63	\$30.79
	HDHP Self Plus One	B63	\$478.39	\$526.23	\$394.67	\$131.56	\$11.96	\$1,036.51	\$1,140.17	\$855.13	\$285.04	\$25.91
	Blue Value Plus Self	B64	New Plan	\$325.84	\$235.77	\$90.07	New Plan	New Plan	\$705.99	\$510.84	\$195.15	New Plan
	Blue Value Plus Self & Family	B65	New Plan	\$774.21	\$546.47	\$227.74	New Plan	New Plan	\$1,677.46	\$1,184.02	\$493.44	New Plan
	Blue Value Plus Self Plus One	B66	New Plan	\$651.70	\$488.78	\$162.92	New Plan	New Plan	\$1,412.02	\$1,059.02	\$353.00	New Plan
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	\$319.70	\$333.61	\$235.77	\$97.84	\$8.32	\$692.68	\$722.82	\$510.84	\$211.98	\$18.02
	High Self & Family	E32	\$735.30	\$767.32	\$546.47	\$220.85	\$10.87	\$1,593.15	\$1,662.53	\$1,184.02	\$478.51	\$23.55
	High Self Plus One	E33	\$735.30	\$767.32	\$504.12	\$263.20	\$20.17	\$1,593.15	\$1,662.53	\$1,092.26	\$570.27	\$43.71
	Standard Self	E34	\$240.81	\$263.79	\$197.84	\$65.95	\$5.75	\$521.76	\$571.55	\$428.66	\$142.89	\$12.45
	Standard Self & Family	E35	\$553.84	\$606.69	\$455.02	\$151.67	\$13.21	\$1,199.99	\$1,314.50	\$985.88	\$328.62	\$28.62
	Standard Self Plus One	E36	\$553.84	\$606.69	\$455.02	\$151.67	\$13.21	\$1,199.99	\$1,314.50	\$985.88	\$328.62	\$28.62

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Plan	Option	Code		Total Premium	Gov't Pays	Empl Pays	Change in empl. Payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	Basic Self	T71	\$193.90	\$193.90	\$145.43	\$48.47	\$0.00	\$420.12	\$420.12	\$315.09	\$105.03	\$0.00
	Basic Self & Family	T72	\$473.61	\$473.61	\$355.21	\$118.40	\$0.00	\$1,026.16	\$1,026.16	\$769.62	\$256.54	\$0.00
	Basic Self Plus One	T73	\$431.49	\$431.49	\$323.62	\$107.87	\$0.00	\$934.90	\$934.90	\$701.18	\$233.72	\$0.00
District of Columbia M.D. IPA	High Self	JP1	\$365.01	\$404.59	\$235.77	\$168.82	\$33.99	\$790.86	\$876.61	\$510.84	\$365.77	\$73.63
	High Self & Family	JP2	\$1,023.48	\$1,134.48	\$546.47	\$588.01	\$89.85	\$2,217.54	\$2,458.04	\$1,184.02	\$1,274.02	\$194.67
	High Self Plus One	JP3	\$712.86	\$790.17	\$504.12	\$286.05	\$65.46	\$1,544.53	\$1,712.04	\$1,092.26	\$619.78	\$141.84
District of Columbia UnitedHealthcare Insurance Company, Inc., Choice HMO	High Self	LR1	308.28	\$329.95	\$235.77	\$94.18	\$16.08	\$667.94	\$714.89	\$510.84	\$204.05	\$34.83
	High Self & Family	LR2	730.61	\$781.98	\$546.47	\$235.51	\$30.22	\$1,582.99	\$1,694.29	\$1,184.02	\$510.27	\$65.47
	High Self Plus One	LR3	662.79	\$709.38	\$504.12	\$205.26	\$34.74	\$1,436.05	\$1,536.99	\$1,092.26	\$444.73	\$75.27
District of Columbia UnitedHealthcare Insurance Co. Inc., Choice Plus Advanced	Value Self	L91	\$201.72	\$240.69	\$180.52	\$60.17	\$9.74	\$437.06	\$521.50	\$391.13	\$130.37	\$21.11
	Value Self & Family	L92	\$565.61	\$674.89	\$506.17	\$168.72	\$27.32	\$1,225.49	\$1,462.26	\$1,096.70	\$365.56	\$59.19
	Value Self Plus One	L93	\$393.95	\$470.06	\$352.55	\$117.51	\$19.02	\$853.56	\$1,018.46	\$763.85	\$254.61	\$41.22
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP Self	V41	\$228.78	\$224.57	\$168.43	\$56.14	-\$1.05	\$495.69	\$486.57	\$364.93	\$121.64	-\$2.28
	HDHP Self & Family	V42	\$526.18	\$516.51	\$387.38	\$129.13	-\$2.41	\$1,140.06	\$1,119.11	\$839.33	\$279.78	-\$5.23
	HDHP Self Plus One	V43	\$491.87	\$482.83	\$362.12	\$120.71	-\$2.26	\$1,065.72	\$1,046.13	\$784.60	\$261.53	-\$4.90
District of Columbia UnitedHealthcare Insurance Choice Plus Primary Advantage	High Self	AS1	New Plan	\$242.68	\$182.01	\$60.67	New Plan	New Plan	\$525.81	\$394.36	\$131.45	New Plan
	High Self & Family	AS2	New Plan	\$573.86	\$430.40	\$143.46	New Plan	New Plan	\$1,243.36	\$932.52	\$310.84	New Plan
	High Self Plus One	AS3	New Plan	\$521.73	\$391.30	\$130.43	New Plan	New Plan	\$1,130.42	\$847.82	\$282.60	New Plan
District of Columbia UnitedHealthcare Insurance Choice Primary Advantage	High Self	Y81	New Plan	\$233.88	\$175.41	\$58.47	New Plan	New Plan	\$506.74	\$380.06	\$126.68	New Plan
	High Self & Family	Y82	New Plan	\$553.03	\$414.77	\$138.26	New Plan	New Plan	\$1,198.23	\$898.67	\$299.56	New Plan
	High Self Plus One	Y83	New Plan	\$502.79	\$377.09	\$125.70	New Plan	New Plan	\$1,089.38	\$817.04	\$272.34	New Plan

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Fee-for-Service Plans (FFS)			2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
				Total Premium	Gov't Pays	Empl Pays	Change in empl. Payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan	Option	Code										
APWU Health Plan	High Self	471	\$335.18	\$335.18	\$235.77	\$99.41	-\$5.59	\$726.22	\$726.22	\$510.84	\$215.38	-\$12.12
	High Self & Family	472	\$804.42	\$804.42	\$546.47	\$257.95	-\$21.15	\$1,742.91	\$1,742.91	\$1,184.02	\$558.89	-\$45.83
	High Self Plus One	473	\$703.86	\$703.86	\$504.12	\$199.74	-\$11.85	\$1,525.03	\$1,525.03	\$1,092.26	\$432.77	-\$25.67
	CDHP Self	474	\$275.85	\$275.85	\$206.89	\$68.96	\$0.00	\$597.68	\$597.68	\$448.26	\$149.42	\$0.00
	CDHP Self & Family	475	\$654.04	\$654.04	\$490.53	\$163.51	\$0.00	\$1,417.09	\$1,417.09	\$1,062.82	\$354.27	\$0.00
	CDHP Self Plus One	476	\$599.54	\$599.54	\$449.66	\$149.88	\$0.00	\$1,299.00	\$1,299.00	\$974.25	\$324.75	\$0.00
Blue Cross and Blue Shield Service Benefit Plan	Standard Self	104	\$342.41	\$352.68	\$235.77	\$116.91	\$4.68	\$741.89	\$764.14	\$510.84	\$253.30	\$10.13
	Standard Self & Family	105	\$793.53	\$833.21	\$546.47	\$286.74	\$18.53	\$1,719.32	\$1,805.29	\$1,184.02	\$621.27	\$40.14
	Standard Self Plus One	106	\$748.81	\$771.27	\$504.12	\$267.15	\$10.61	\$1,622.42	\$1,671.09	\$1,092.26	\$578.83	\$23.00
Blue Cross and Blue Shield Service Benefit Plan	Basic Self	111	\$294.90	\$303.78	\$227.84	\$75.94	\$2.22	\$638.95	\$658.19	\$493.64	\$164.55	\$4.81
	Basic Self & Family	112	\$702.56	\$737.69	\$546.47	\$191.22	\$13.98	\$1,522.21	\$1,598.33	\$1,184.02	\$414.31	\$30.29
	Basic Self Plus One	113	\$662.84	\$682.73	\$504.12	\$178.61	\$8.04	\$1,436.15	\$1,479.25	\$1,092.26	\$386.99	\$17.43
Blue Cross and Blue Shield Service Benefit Plan Fep Blue Focus	Blue Focus Self	131	\$212.58	\$212.58	\$159.44	\$53.14	\$0.00	\$460.59	\$460.59	\$345.44	\$115.15	\$0.00
	Blue Focus Self&Family	132	\$502.70	\$502.70	\$377.03	\$125.67	\$0.00	\$1,089.18	\$1,089.18	\$816.89	\$272.29	\$0.00
	Blue Focus Self Plus One	133	\$457.02	\$457.02	\$342.77	\$114.25	\$0.00	\$990.21	\$990.21	\$742.66	\$247.55	\$0.00
GEHA Benefit Plan	High Self	311	\$336.15	\$341.19	\$235.77	\$105.42	-\$0.55	\$728.33	\$739.25	\$510.84	\$228.41	-\$1.20
	High Self & Family	312	\$838.27	\$850.86	\$546.47	\$304.39	-\$8.56	\$1,816.25	\$1,843.53	\$1,184.02	\$659.51	-\$18.55
	High Self Plus One	313	\$739.53	\$750.63	\$504.12	\$246.51	-\$0.75	\$1,602.32	\$1,626.37	\$1,092.26	\$534.11	-\$1.62
	Standard Self	314	\$235.13	\$242.18	\$181.64	\$60.54	\$1.76	\$509.45	\$524.72	\$393.54	\$131.18	\$3.82
	Standard Self & Family	315	\$592.46	\$622.08	\$466.56	\$155.52	\$7.41	\$1,283.66	\$1,347.84	\$1,010.88	\$336.96	\$16.05
	Standard Self Plus One	316	\$505.54	\$520.71	\$390.53	\$130.18	\$3.80	\$1,095.34	\$1,128.21	\$846.16	\$282.05	\$8.22
GEHA High Deductible Health Plan	HDHP Self	341	\$234.82	\$237.16	\$177.87	\$59.29	\$0.59	\$508.78	\$513.85	\$385.39	\$128.46	\$1.27
	HDHP Self & Family	342	\$582.69	\$600.16	\$450.12	\$150.04	\$4.37	\$1,262.50	\$1,300.35	\$975.26	\$325.09	\$9.47
	HDHP Self Plus One	343	\$504.86	\$509.91	\$382.43	\$127.48	\$1.27	\$1,093.86	\$1,104.81	\$828.61	\$276.20	\$2.74
GEHA Indemnity Benefit Plan	Elevate Plus Self	251	New Plan	\$290.69	\$218.02	\$72.67	New Plan	New Plan	\$629.83	\$472.37	\$157.46	New Plan
	Elevate Plus Self & Family	252	New Plan	\$720.91	\$540.68	\$180.23	New Plan	New Plan	\$1,561.97	\$1,171.48	\$390.49	New Plan
	Elevate Plus Self Plus One	253	New Plan	\$674.39	\$504.12	\$170.27	New Plan	New Plan	\$1,461.18	\$1,092.26	\$368.92	New Plan
	Elevate Self	254	New Plan	\$189.29	\$141.97	\$47.32	New Plan	New Plan	\$410.13	\$307.60	\$102.53	New Plan
	Elevate Self & Family	255	New Plan	\$530.03	\$397.52	\$132.51	New Plan	New Plan	\$1,148.40	\$861.30	\$287.10	New Plan
	Elevate Self Plus One	256	New Plan	\$435.38	\$326.54	\$108.84	New Plan	New Plan	\$943.32	\$707.49	\$235.83	New Plan
MHBP- Consumer Option	HDHP Self	481	\$259.40	\$264.59	\$198.44	\$66.15	\$1.30	\$562.03	\$573.28	\$429.96	\$143.32	\$2.81
	HDHP Self & Family	482	\$602.74	\$614.80	\$461.10	\$153.70	\$3.02	\$1,305.94	\$1,332.07	\$999.05	\$333.02	\$6.54
	HDHP Self Plus One	483	\$574.05	\$585.53	\$439.15	\$146.38	\$2.87	\$1,243.78	\$1,268.65	\$951.49	\$317.16	\$6.22
MHBP- Std	Standard Self	454	\$266.14	\$263.47	\$197.60	\$65.87	-\$0.66	\$576.64	\$570.85	\$428.14	\$142.71	-\$1.45
	Standard Self & Family	455	\$618.48	\$612.30	\$459.23	\$153.07	-\$1.55	\$1,340.04	\$1,326.65	\$994.99	\$331.66	-\$3.35
	Standard Self Plus One	456	\$612.59	\$606.47	\$454.85	\$151.62	-\$1.53	\$1,327.28	\$1,314.02	\$985.52	\$328.50	-\$3.32
MHBP- Value Plan	Value Self	414	\$220.23	\$209.22	\$156.92	\$52.30	-\$2.76	\$477.17	\$453.31	\$339.98	\$113.33	-\$5.96
	Value Self & Family	415	\$532.24	\$505.63	\$379.22	\$126.41	-\$6.65	\$1,153.19	\$1,095.53	\$821.65	\$273.88	-\$14.42
	Standard Self Plus One	416	\$521.82	\$495.73	\$371.80	\$123.93	-\$6.52	\$1,130.61	\$1,074.08	\$805.56	\$268.52	-\$14.13
NALC	High Self	321	\$314.81	\$326.61	\$235.77	\$90.84	\$6.21	\$682.09	\$707.66	\$510.84	\$196.82	\$13.45
	High Self & Family	322	\$706.93	\$735.21	\$546.47	\$188.74	\$7.13	\$1,531.68	\$1,592.96	\$1,184.02	\$408.94	\$15.45
	High Self Plus One	323	\$692.97	\$722.43	\$504.12	\$218.31	\$17.61	\$1,501.44	\$1,565.27	\$1,092.26	\$473.01	\$38.16
	CDHP Self	324	\$218.55	\$218.55	\$163.91	\$54.64	\$0.00	\$473.53	\$473.53	\$355.15	\$118.38	\$0.00
	CDHP Self & Family	325	\$492.77	\$502.63	\$376.97	\$125.66	\$2.47	\$1,067.67	\$1,089.03	\$816.77	\$272.26	\$5.34
	CDHP Self Plus One	326	\$477.39	\$482.16	\$361.62	\$120.54	\$1.19	\$1,034.35	\$1,044.68	\$783.51	\$261.17	\$2.58
NALC Value Option	Basic Self	KM1	\$179.37	\$179.37	\$134.53	\$44.84	\$0.00	\$388.64	\$388.64	\$291.48	\$97.16	\$0.00
	Basic Self & Family	KM2	\$404.60	\$412.69	\$309.52	\$103.17	\$2.02	\$876.63	\$894.16	\$670.62	\$223.54	\$4.38
	Basic Self Plus One	KM3	\$391.78	\$395.70	\$296.78	\$98.92	\$0.98	\$848.86	\$857.35	\$643.01	\$214.34	\$2.13

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SAMBA	High Self	441	\$421.24	\$416.19	\$235.77	\$180.42	-\$10.64	\$912.69	\$901.75	\$510.84	\$390.91	-\$23.06
	High Self & Family	442	\$1,010.97	\$998.84	\$546.47	\$452.37	-\$33.28	\$2,190.44	\$2,164.15	\$1,184.02	\$980.13	-\$72.12
	High Self Plus One	443	\$926.72	\$915.61	\$504.12	\$411.49	-\$22.96	\$2,007.89	\$1,983.82	\$1,092.26	\$891.56	-\$49.74
	Standard Self	444	\$317.03	\$314.08	\$235.56	\$78.52	-\$8.33	\$686.90	\$680.51	\$510.38	\$170.13	-\$18.05
	Standard Self & Family	445	\$729.20	\$716.56	\$537.42	\$179.14	-\$24.74	\$1,579.93	\$1,552.55	\$1,164.41	\$388.14	-\$53.60
	Standard Self Plus One	446	\$697.49	\$676.00	\$504.12	\$171.88	-\$33.34	\$1,511.23	\$1,464.67	\$1,092.26	\$372.41	-\$72.23