

2021

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

| Health Management Organizations (HMO)                                  |                               |          | 2020 Total       | 2021 Biweekly premium rates |            |           |                         | 2020 Total      | 2021 Monthly premium rates |            |            |                         |
|--|-------------------------------|----------|------------------|-----------------------------|------------|-----------|-------------------------|-----------------|----------------------------|------------|------------|-------------------------|
| Plan   | Option                        | Code     | Biweekly Premium | Total Premium               | Gov't Pays | Empl Pays | Change in empl. Payment | Monthly Premium | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| District of Columbia Aetna Advantage                                   | Advantage Self                | Z24      | \$214.08         | \$230.78                    | \$173.09   | \$57.69   | \$4.17                  | \$463.84        | \$500.02                   | \$375.02   | \$125.00   | \$9.04                  |
|  | Advantage Self & Family       | Z25      | \$567.31         | \$611.54                    | \$458.66   | \$152.88  | \$11.05                 | \$1,229.17      | \$1,325.00                 | \$993.75   | \$331.25   | \$23.96                 |
|  | Advantage Self Plus One       | Z26      | \$470.97         | \$507.70                    | \$380.78   | \$126.92  | \$9.18                  | \$1,020.44      | \$1,100.02                 | \$825.02   | \$275.00   | \$19.89                 |
| District of Columbia Aetna HealthFund CDHP and Aetna Value Plan        | CDHP Self                     | F51      | \$382.72         | \$393.11                    | \$241.58   | \$151.53  | \$4.58                  | \$829.23        | \$851.74                   | \$523.42   | \$328.32   | \$9.93                  |
|  | CDHP Self & Family            | F52      | \$872.64         | \$896.32                    | \$562.25   | \$334.07  | \$7.90                  | \$1,890.72      | \$1,942.03                 | \$1,218.21 | \$723.82   | \$17.12                 |
|  | CDHP Self Plus One            | F53      | \$864.00         | \$887.45                    | \$517.46   | \$369.99  | \$10.11                 | \$1,872.00      | \$1,922.81                 | \$1,121.16 | \$801.65   | \$21.91                 |
|  | Value Self                    | F54      | \$378.45         | \$379.30                    | \$241.58   | \$137.72  | -\$4.96                 | \$819.98        | \$821.82                   | \$523.42   | \$298.40   | -\$10.74                |
|  | Value Self & Family           | F55      | \$866.59         | \$868.56                    | \$562.25   | \$306.31  | -\$13.81                | \$1,877.61      | \$1,881.88                 | \$1,218.21 | \$663.67   | -\$29.92                |
|  | Value Self Plus One           | F56      | \$849.59         | \$851.52                    | \$517.46   | \$334.06  | -\$11.41                | \$1,840.78      | \$1,844.96                 | \$1,121.16 | \$723.80   | -\$24.72                |
| District of Columbia Aetna HealthFund HDHP                             | HDHP Self                     | 224      | \$336.37         | \$362.78                    | \$241.58   | \$121.20  | \$20.60                 | \$728.80        | \$786.02                   | \$523.42   | \$262.60   | \$44.64                 |
|  | HDHP Self & Family            | 225      | \$741.97         | \$800.23                    | \$562.25   | \$237.98  | \$42.48                 | \$1,607.60      | \$1,733.83                 | \$1,218.21 | \$515.62   | \$92.04                 |
|  | HDHP Self Plus One            | 226      | \$727.43         | \$784.56                    | \$517.46   | \$267.10  | \$43.79                 | \$1,576.10      | \$1,699.88                 | \$1,121.16 | \$578.72   | \$94.88                 |
| District of Columbia Aetna Direct                                      | CDHP Self                     | N61      | \$282.76         | \$284.23                    | \$213.17   | \$71.06   | \$0.37                  | \$612.65        | \$615.83                   | \$461.87   | \$153.96   | \$0.80                  |
|  | CDHP Self & Family            | N62      | \$713.08         | \$716.80                    | \$537.60   | \$179.20  | \$0.93                  | \$1,545.01      | \$1,553.07                 | \$1,164.80 | \$388.27   | \$2.02                  |
|  | CDHP Self Plus One            | N63      | \$620.10         | \$623.33                    | \$467.50   | \$155.83  | \$0.81                  | \$1,343.55      | \$1,350.55                 | \$1,012.91 | \$337.64   | \$1.75                  |
| District of Columbia Aetna Open Access                                 | High Self                     | JN1      | \$525.03         | \$543.03                    | \$241.58   | \$301.45  | \$12.19                 | \$1,137.57      | \$1,176.57                 | \$523.42   | \$653.15   | \$26.42                 |
|  | High Self & Family            | JN2      | \$1,180.35       | \$1,220.79                  | \$562.25   | \$658.54  | \$24.66                 | \$2,557.43      | \$2,645.05                 | \$1,218.21 | \$1,426.84 | \$53.43                 |
|  | High Self Plus One            | JN3      | \$1,168.66       | \$1,208.70                  | \$517.46   | \$691.24  | \$26.70                 | \$2,532.10      | \$2,618.85                 | \$1,121.16 | \$1,497.69 | \$57.85                 |
|  | Basic Self                    | JN4      | \$321.74         | \$329.73                    | \$241.58   | \$88.15   | \$2.18                  | \$697.10        | \$714.42                   | \$523.42   | \$191.00   | \$4.74                  |
|  | Basic Self & Family           | JN5      | \$736.31         | \$754.58                    | \$562.25   | \$192.33  | \$2.49                  | \$1,595.34      | \$1,634.92                 | \$1,218.21 | \$416.71   | \$5.39                  |
|  | Basic Self Plus One           | JN6      | \$676.15         | \$692.92                    | \$517.46   | \$175.46  | \$3.43                  | \$1,464.99      | \$1,501.33                 | \$1,121.16 | \$380.17   | \$7.44                  |
| District of Columbia Aetna Saver                                       | Saver Self                    | QQ4      | \$274.71         | \$274.71                    | \$206.03   | \$68.68   | \$0.00                  | \$595.21        | \$595.21                   | \$446.41   | \$148.80   | \$0.00                  |
|  | Saver Self & Family           | QQ5      | \$628.68         | \$628.67                    | \$471.50   | \$157.17  | \$0.00                  | \$1,362.14      | \$1,362.14                 | \$1,021.59 | \$340.53   | \$0.00                  |
|  | Saver Self Plus One           | QQ6      | \$577.30         | \$577.30                    | \$432.98   | \$144.32  | \$0.00                  | \$1,250.82      | \$1,250.82                 | \$938.12   | \$312.70   | \$0.00                  |
| District of Columbia CareFirst BlueChoice                              | Standard Self                 | 2G4      | \$390.25         | \$409.76                    | \$241.58   | \$168.18  | \$13.70                 | \$845.54        | \$887.81                   | \$523.42   | \$36.39    | \$26.69                 |
|  | Standard Self & Family        | 2G5      | \$927.21         | \$973.58                    | \$562.25   | \$411.33  | \$30.59                 | \$2,008.96      | \$2,109.42                 | \$1,218.21 | \$891.21   | \$66.27                 |
|  | Standard Self Plus One        | 2G6      | \$780.49         | \$819.51                    | \$517.46   | \$302.05  | \$25.68                 | \$1,691.06      | \$1,775.61                 | \$1,121.16 | \$654.45   | \$55.65                 |
|  | HDHP Self                     | B61      | \$263.12         | \$263.12                    | \$197.34   | \$65.78   | \$0.00                  | \$570.09        | \$570.09                   | \$427.57   | \$142.52   | \$0.00                  |
|  | HDHP Self & Family            | B62      | \$625.16         | \$625.16                    | \$468.87   | \$156.29  | \$0.00                  | \$1,354.51      | \$1,354.51                 | \$1,015.88 | \$338.63   | \$0.00                  |
|  | HDHP Self Plus One            | B63      | \$526.23         | \$526.23                    | \$394.67   | \$131.56  | \$0.00                  | \$1,140.17      | \$1,140.17                 | \$855.13   | \$285.04   | \$0.00                  |
|  | Blue Value Plus Self          | B64      | \$325.84         | \$334.00                    | \$241.58   | \$92.42   | \$2.35                  | \$705.99        | \$723.67                   | \$523.42   | \$200.25   | \$5.10                  |
|  | Blue Value Plus Self & Family | B65      | \$774.21         | \$793.56                    | \$562.25   | \$231.31  | \$3.57                  | \$1,677.46      | \$1,719.46                 | \$1,218.21 | \$501.17   | \$7.73                  |
|  | Blue Value Plus Self Plus One | B66      | \$651.70         | \$667.98                    | \$500.99   | \$166.99  | \$4.07                  | \$1,412.02      | \$1,447.29                 | \$1,085.47 | \$361.82   | \$8.82                  |
| District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States | High Self                     | E31      | \$333.61         | \$344.42                    | \$241.58   | \$102.84  | \$5.00                  | \$722.82        | \$746.24                   | \$523.42   | \$222.82   | \$10.84                 |
|  | High Self & Family            | E32      | \$767.32         | \$792.16                    | \$562.25   | \$229.91  | \$9.06                  | \$1,662.53      | \$1,716.35                 | \$1,218.21 | \$498.14   | \$19.63                 |
|  | High Self Plus One            | E33      | \$767.32         | \$792.16                    | \$517.46   | \$274.70  | \$11.50                 | \$1,662.53      | \$1,716.35                 | \$1,121.16 | \$595.19   | \$24.92                 |
|  | Standard Self                 | E34      | \$263.79         | \$276.13                    | \$207.10   | \$69.03   | \$3.08                  | \$571.55        | \$598.28                   | \$448.71   | \$149.57   | \$6.68                  |
|  | Standard Self & Family        | E35      | \$606.69         | \$635.10                    | \$476.33   | \$158.77  | \$7.10                  | \$1,314.50      | \$1,376.05                 | \$1,032.04 | \$344.01   | \$15.39                 |
| Standard Self Plus One   | E36                           | \$606.69 | \$635.10         | \$476.33                    | \$158.77   | \$7.10    | \$1,314.50              | \$1,376.05      | \$1,032.04                 | \$344.01   | \$15.39    |                         |

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

| Health Management Organizations (HMO)  |                     |      | 2020 Total | 2021 Biweekly premium rates |          |          |                               | 2020 Total | 2021 Monthly premium rates |            |            |                               |
|--|---------------------|------|------------|-----------------------------|----------|----------|-------------------------------|------------|----------------------------|------------|------------|-------------------------------|
| Plan   | Option              | Code | Biweekly   | Total                       | Gov't    | Empl     | Change in<br>empl.<br>Payment | Monthly    | Total                      | Gov't      | Empl.      | Change in<br>empl.<br>payment |
|  |                     |      | Premium    | Premium                     | Pays     | Pays     |                               | Premium    | Premium                    | Pays       | Pays       |                               |
| District of Columbia Kaiser Foundation Health Plan<br>Mid-Atlantic States      | Basic Self          | T71  | \$193.90   | \$197.41                    | \$148.06 | \$49.35  | \$0.88                        | \$420.12   | \$427.72                   | \$320.79   | \$106.93   | \$1.90                        |
|  | Basic Self & Family | T72  | \$473.61   | \$507.47                    | \$380.60 | \$126.87 | \$8.47                        | \$1,026.16 | \$1,099.52                 | \$824.64   | \$274.88   | \$18.34                       |
|  | Basic Self Plus One | T73  | \$431.49   | \$431.49                    | \$329.48 | \$109.83 | \$1.96                        | \$934.90   | \$951.84                   | \$713.88   | \$237.96   | \$4.24                        |
| District of Columbia M.D. IPA  | High Self           | JP1  | \$404.59   | \$538.87                    | \$241.58 | \$197.29 | \$28.47                       | \$876.61   | \$950.89                   | \$523.42   | \$427.47   | \$61.70                       |
|  | High Self & Family  | JP2  | \$1,134.48 | \$1,230.59                  | \$562.25 | \$668.34 | \$80.33                       | \$2,458.04 | \$2,666.28                 | \$1,218.21 | \$1,448.07 | \$174.05                      |
|  | High Self Plus One  | JP3  | \$790.17   | \$857.12                    | \$517.46 | \$339.66 | \$53.61                       | \$1,712.04 | \$1,857.09                 | \$1,121.16 | \$735.98   | \$116.15                      |
| District of Columbia UnitedHealthcare Insurance Company, Inc., Choice HMO      | High Self           | LR1  | 329.95     | \$355.57                    | \$241.58 | \$113.99 | \$19.81                       | \$714.89   | \$770.40                   | \$523.42   | \$246.98   | \$42.93                       |
|  | High Self & Family  | LR2  | 781.98     | \$842.69                    | \$562.25 | \$280.44 | \$44.93                       | \$1,694.29 | \$1,825.83                 | \$1,218.21 | \$607.62   | \$97.35                       |
|  | High Self Plus One  | LR3  | 709.38     | \$764.46                    | \$517.46 | \$247.00 | \$41.74                       | \$1,536.99 | \$1,656.33                 | \$1,121.16 | \$535.17   | \$90.44                       |
| District of Columbia UnitedHealthcare Insurance Co. Inc., Choice Plus Advanced | Value Self          | L91  | \$240.69   | \$255.98                    | \$191.99 | \$63.99  | \$3.82                        | \$521.50   | \$554.62                   | \$415.97   | \$138.65   | \$8.28                        |
|  | Value Self & Family | L92  | \$674.89   | \$717.76                    | \$538.32 | \$179.44 | \$10.72                       | \$1,462.26 | \$1,555.15                 | \$1,166.36 | \$388.79   | \$23.23                       |
|  | Value Self Plus One | L93  | \$470.06   | \$499.93                    | \$374.95 | \$124.98 | \$7.47                        | \$1,018.46 | \$1,083.18                 | \$812.39   | \$270.79   | \$16.18                       |
| District of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP      | HDHP Self           | V41  | \$224.57   | \$239.96                    | \$179.97 | \$59.99  | \$3.85                        | \$486.57   | \$519.91                   | \$389.93   | \$129.98   | \$8.34                        |
|  | HDHP Self & Family  | V42  | \$516.51   | \$551.91                    | \$413.93 | \$137.98 | \$8.85                        | \$1,119.11 | \$1,195.81                 | \$896.86   | \$298.95   | \$19.17                       |
|  | HDHP Self Plus One  | V43  | \$482.83   | \$515.91                    | \$386.93 | \$128.98 | \$8.27                        | \$1,046.13 | \$1,117.81                 | \$838.36   | \$279.45   | \$17.92                       |
| District of Columbia UnitedHealthcare Insurance Choice Plus Primary            | High Self           | AS1  | \$242.68   | \$276.68                    | \$207.51 | \$69.17  | \$8.50                        | \$525.81   | \$599.47                   | \$449.60   | \$149.87   | \$18.42                       |
|  | High Self & Family  | AS2  | \$573.86   | \$654.35                    | \$490.76 | \$163.59 | \$20.13                       | \$1,243.36 | \$1,417.76                 | \$1,063.32 | \$354.44   | \$43.60                       |
|  | High Self Plus One  | AS3  | \$521.73   | \$594.87                    | \$446.15 | \$148.72 | \$18.29                       | \$1,130.42 | \$1,288.89                 | \$966.67   | \$322.22   | \$39.62                       |
| District of Columbia UnitedHealthcare Insurance Choice Primary                 | High Self           | Y81  | \$233.88   | \$266.18                    | \$199.64 | \$66.54  | \$8.07                        | \$506.74   | \$576.72                   | \$432.54   | \$144.18   | \$17.50                       |
|  | High Self & Family  | Y82  | \$553.03   | \$629.51                    | \$472.13 | \$157.38 | \$19.12                       | \$1,198.23 | \$1,363.94                 | \$1,022.96 | \$340.98   | \$41.42                       |
|  | High Self Plus One  | Y83  | \$502.79   | \$572.28                    | \$429.21 | \$143.07 | \$17.37                       | \$1,089.38 | \$1,239.94                 | \$929.96   | \$309.98   | \$37.64                       |
| District of Columbia UnitedHealthcare Insurance Advantage Plan                 | High Self           | Y51  | New Plan   | \$190.03                    | \$142.52 | \$47.51  | New Plan                      | New Plan   | \$411.73                   | \$308.80   | \$102.93   | New Plan                      |
|  | High Self & Family  | Y52  | New Plan   | \$503.57                    | \$377.68 | \$125.89 | New Plan                      | New Plan   | \$1,091.07                 | \$818.30   | \$272.77   | New Plan                      |
|  | High Self Plus One  | Y53  | New Plan   | \$418.06                    | \$313.55 | \$104.51 | New Plan                      | New Plan   | \$905.80                   | \$679.35   | \$226.45   | New Plan                      |

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

| Fee-for-Service Plans (FFS)                                       |                            |      | 2020 Total<br>Biweekly<br>Premium | 2021 Biweekly premium rates |               |              |                               | 2020 Total<br>Monthly<br>Premium | 2021 Monthly premium rates |               |               |                               |
|---|----------------------------|------|-----------------------------------|-----------------------------|---------------|--------------|-------------------------------|----------------------------------|----------------------------|---------------|---------------|-------------------------------|
| Plan  | Option                     | Code |                                   | Total<br>Premium            | Gov't<br>Pays | Empl<br>Pays | Change in<br>empl.<br>Payment |                                  | Total<br>Premium           | Gov't<br>Pays | Empl.<br>Pays | Change in<br>empl.<br>payment |
| APWU Health Plan  | High Self                  | 471  | \$335.18                          | \$345.24                    | \$241.58      | \$103.66     | \$4.25                        | \$726.22                         | \$748.02                   | \$523.42      | \$224.60      | \$9.22                        |
|   | High Self & Family         | 472  | \$804.42                          | \$828.55                    | \$562.25      | \$266.30     | \$8.35                        | \$1,742.91                       | \$1,795.19                 | \$1,218.21    | \$576.98      | \$18.09                       |
|   | High Self Plus One         | 473  | \$703.86                          | \$724.97                    | \$517.46      | \$207.51     | \$7.77                        | \$1,525.03                       | \$1,570.77                 | \$1,121.16    | \$449.61      | \$16.84                       |
|   | CDHP Self                  | 474  | \$275.85                          | \$278.61                    | \$208.96      | \$69.65      | \$0.69                        | \$597.68                         | \$603.66                   | \$452.75      | \$150.91      | \$1.49                        |
|   | CDHP Self & Family         | 475  | \$654.04                          | \$660.58                    | \$495.44      | \$165.14     | \$1.63                        | \$1,417.09                       | \$1,431.26                 | \$1,073.45    | \$357.81      | \$3.54                        |
|   | CDHP Self Plus One         | 476  | \$599.54                          | \$605.53                    | \$454.15      | \$151.38     | \$1.50                        | \$1,299.00                       | \$1,311.98                 | \$983.99      | \$327.99      | \$3.24                        |
| Blue Cross and Blue Shield Service Benefit Plan                   | Standard Self              | 104  | \$352.68                          | \$365.03                    | \$241.58      | \$123.45     | \$6.54                        | \$764.14                         | \$790.90                   | \$523.62      | \$267.48      | \$14.18                       |
|   | Standard Self & Family     | 105  | \$833.21                          | \$862.37                    | \$562.25      | \$300.12     | \$13.38                       | \$1,805.29                       | \$1,868.47                 | \$1,218.21    | \$650.26      | \$28.99                       |
|   | Standard Self Plus One     | 106  | \$771.27                          | \$798.27                    | \$517.46      | \$280.81     | \$13.66                       | \$1,671.09                       | \$1,729.59                 | \$1,121.16    | \$608.43      | \$29.60                       |
| Blue Cross and Blue Shield Service Benefit Plan                   | Basic Self                 | 111  | \$303.78                          | \$314.42                    | \$235.82      | \$78.60      | \$2.66                        | \$658.19                         | \$681.24                   | \$510.93      | \$170.31      | \$5.76                        |
|   | Basic Self & Family        | 112  | \$737.69                          | \$763.52                    | \$562.25      | \$201.27     | \$10.05                       | \$1,598.33                       | \$1,654.29                 | \$1,218.21    | \$436.08      | \$21.77                       |
|   | Basic Self Plus One        | 113  | \$682.73                          | \$706.63                    | \$517.46      | \$189.17     | \$10.56                       | \$1,479.25                       | \$1,531.03                 | \$1,121.16    | \$409.87      | \$22.88                       |
| Blue Cross and Blue Shield Service Benefit Plan<br>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  | \$341.19                          | \$349.72                    | \$241.58      | \$108.14     | \$2.72                        | \$739.25                         | \$757.73                   | \$523.42      | \$234.31      | \$5.90                        |
|   | High Self & Family         | 312  | \$850.86                          | \$876.38                    | \$562.25      | \$314.13     | \$9.74                        | \$1,843.53                       | \$1,898.82                 | \$1,218.21    | \$680.61      | \$21.10                       |
|   | High Self Plus One         | 313  | \$750.63                          | \$769.39                    | \$517.46      | \$251.93     | \$5.42                        | \$1,626.37                       | \$1,667.01                 | \$1,121.16    | \$545.85      | \$11.74                       |
|   | Standard Self              | 314  | \$242.18                          | \$250.66                    | \$188.00      | \$62.66      | \$2.12                        | \$524.72                         | \$543.10                   | \$407.33      | \$135.77      | \$4.59                        |
|   | Standard Self & Family     | 315  | \$622.08                          | \$659.40                    | \$494.55      | \$164.85     | \$9.33                        | \$1,347.84                       | \$1,428.70                 | \$1,071.53    | \$357.17      | \$20.21                       |
|   | Standard Self Plus One     | 316  | \$520.71                          | \$538.94                    | \$404.21      | \$134.73     | \$4.55                        | \$1,128.21                       | \$1,167.70                 | \$875.78      | \$291.92      | \$9.87                        |
| GEHA High Deductible Health Plan                                  | HDHP Self                  | 341  | \$237.16                          | \$245.47                    | \$184.10      | \$61.37      | \$2.08                        | \$513.85                         | \$531.85                   | \$398.89      | \$132.96      | \$4.50                        |
|   | HDHP Self & Family         | 342  | \$600.16                          | \$636.18                    | \$477.14      | \$159.04     | \$9.00                        | \$1,300.35                       | \$1,378.39                 | \$1,033.79    | \$344.60      | \$19.51                       |
|   | HDHP Self Plus One         | 343  | \$509.91                          | \$527.76                    | \$395.82      | \$131.94     | \$4.46                        | \$1,104.81                       | \$1,143.48                 | \$857.61      | \$285.87      | \$9.67                        |
| GEHA Indemnity Benefit Plan                                       | Elevate Plus Self          | 251  | \$290.69                          | \$301.44                    | \$226.08      | \$75.36      | \$2.69                        | \$629.83                         | \$653.12                   | \$489.84      | \$163.28      | \$5.82                        |
|   | Elevate Plus Self & Family | 252  | \$720.91                          | \$747.57                    | \$560.68      | \$186.89     | \$6.66                        | \$1,561.97                       | \$1,619.74                 | \$1,214.81    | \$404.93      | \$14.44                       |
|   | Elevate Plus Self Plus One | 253  | \$674.39                          | \$693.27                    | \$517.46      | \$175.81     | \$5.54                        | \$1,461.18                       | \$1,502.09                 | \$1,121.16    | \$380.93      | \$12.01                       |
|   | Elevate Self               | 254  | \$189.29                          | \$189.29                    | \$141.97      | \$47.32      | \$0.00                        | \$410.13                         | \$410.13                   | \$307.60      | \$102.53      | \$0.00                        |
|   | Elevate Self & Family      | 255  | \$530.03                          | \$530.03                    | \$397.52      | \$132.51     | \$0.00                        | \$1,148.40                       | \$1,148.40                 | \$861.30      | \$287.10      | \$0.00                        |
|   | Elevate Self Plus One      | 256  | \$435.38                          | \$435.38                    | \$326.54      | \$108.84     | \$0.00                        | \$943.32                         | \$943.32                   | \$707.49      | \$235.83      | \$0.00                        |
| MHBP- Consumer Option   | HDHP Self                  | 481  | \$264.59                          | \$291.04                    | \$218.28      | \$72.76      | \$6.61                        | \$573.28                         | \$630.59                   | \$472.94      | \$157.65      | \$14.33                       |
|   | HDHP Self & Family         | 482  | \$614.80                          | \$676.28                    | \$507.21      | \$169.07     | \$15.37                       | \$1,332.07                       | \$1,465.27                 | \$1,098.95    | \$366.32      | \$33.30                       |
|   | HDHP Self Plus One         | 483  | \$585.53                          | \$644.08                    | \$483.06      | \$161.02     | \$14.64                       | \$1,268.65                       | \$1,395.51                 | \$1,046.63    | \$348.88      | \$31.72                       |
| MHBP- Std   | Standard Self              | 454  | \$263.47                          | \$287.19                    | \$215.39      | \$71.80      | \$5.93                        | \$570.85                         | \$622.25                   | \$466.69      | \$155.56      | \$12.85                       |
|   | Standard Self & Family     | 455  | \$612.30                          | \$667.41                    | \$500.56      | \$166.85     | \$13.78                       | \$1,326.65                       | \$1,446.06                 | \$1,084.55    | \$361.51      | \$29.85                       |
|   | Standard Self Plus One     | 456  | \$606.47                          | \$661.06                    | \$495.80      | \$165.26     | \$13.64                       | \$1,314.02                       | \$1,432.30                 | \$1,074.23    | \$358.07      | \$29.57                       |
| MHBP- Value Plan  | Value Self                 | 414  | \$209.22                          | \$213.41                    | \$160.06      | \$53.35      | \$1.05                        | \$453.31                         | \$462.39                   | \$346.79      | \$115.60      | \$2.27                        |
|   | Value Self & Family        | 415  | \$505.63                          | \$515.75                    | \$386.81      | \$128.94     | \$2.53                        | \$1,095.53                       | \$1,117.46                 | \$838.10      | \$279.36      | \$5.48                        |
|   | Standard Self Plus One     | 416  | \$495.73                          | \$505.65                    | \$379.24      | \$126.41     | \$2.48                        | \$1,074.08                       | \$1,095.58                 | \$821.69      | \$273.89      | \$5.37                        |
| NALC  | High Self                  | 321  | \$326.61                          | \$336.41                    | \$241.58      | \$94.83      | \$3.99                        | \$707.66                         | \$728.89                   | \$523.42      | \$205.47      | \$8.65                        |
|   | High Self & Family         | 322  | \$735.21                          | \$760.94                    | \$562.25      | \$198.69     | \$9.95                        | \$1,592.96                       | \$1,648.70                 | \$1,218.21    | \$430.49      | \$21.55                       |
|   | High Self Plus One         | 323  | \$722.43                          | \$744.10                    | \$517.46      | \$226.64     | \$8.33                        | \$1,565.27                       | \$1,612.22                 | \$1,121.16    | \$491.06      | \$18.05                       |
|   | 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  | \$502.63                          | \$507.66                    | \$380.75      | \$126.91     | \$1.25                        | \$1,089.03                       | \$1,099.93                 | \$824.95      | \$274.98      | \$2.72                        |
|   | CDHP Self Plus One         | 326  | \$482.16                          | \$482.16                    | \$361.62      | \$120.54     | \$0.00                        | \$1,044.68                       | \$1,044.68                 | \$783.51      | \$261.17      | \$0.00                        |
| 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  | \$412.69                          | \$416.82                    | \$312.62      | \$104.20     | \$1.03                        | \$894.16                         | \$903.11                   | \$677.33      | \$225.78      | \$2.24                        |
|   | Basic Self Plus One        | KM3  | \$395.70                          | \$395.70                    | \$296.78      | \$98.92      | \$0.00                        | \$857.35                         | \$857.35                   | \$643.01      | \$214.34      | \$0.00                        |

2021

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

| Fee-for-Service Plans (FFS) |                        |      | 2020 Total<br>Biweekly<br>Premium | 2021 Biweekly premium rates |               |              |                               | 2020 Total<br>Monthly<br>Premium | 2021 Monthly premium rates |               |               |                               |
|-----------------------------|------------------------|------|-----------------------------------|-----------------------------|---------------|--------------|-------------------------------|----------------------------------|----------------------------|---------------|---------------|-------------------------------|
| Plan                        | Option                 | Code |                                   | Total<br>Premium            | Gov't<br>Pays | Empl<br>Pays | Change in<br>empl.<br>Payment |                                  | Total<br>Premium           | Gov't<br>Pays | Empl.<br>Pays | Change in<br>empl.<br>payment |
| SAMBA                       | High Self              | 441  | \$416.19                          | \$403.70                    | \$241.58      | \$162.12     | -\$18.30                      | \$901.75                         | \$874.68                   | \$523.42      | \$351.26      | -\$39.65                      |
|                             | High Self & Family     | 442  | \$998.84                          | \$968.87                    | \$562.25      | \$406.62     | -\$45.75                      | \$2,164.15                       | \$2,099.22                 | \$1,218.21    | \$881.01      | -\$99.12                      |
|                             | High Self Plus One     | 443  | \$915.61                          | \$888.14                    | \$517.46      | \$370.68     | -\$40.81                      | \$1,983.82                       | \$1,924.30                 | \$1,121.16    | \$803.14      | -\$88.42                      |
|                             | Standard Self          | 444  | \$314.08                          | \$323.50                    | \$241.58      | \$81.92      | \$3.40                        | \$680.51                         | \$700.92                   | \$523.42      | \$177.50      | \$7.37                        |
|                             | Standard Self & Family | 445  | \$716.56                          | \$738.06                    | \$553.55      | \$184.51     | \$5.37                        | \$1,552.55                       | \$1,599.13                 | \$1,199.35    | \$399.78      | \$11.64                       |
|                             | Standard Self Plus One | 446  | \$676.00                          | \$696.28                    | \$517.46      | \$178.82     | \$6.94                        | \$1,464.67                       | \$1,508.61                 | \$1,121.16    | \$387.45      | \$15.04                       |