

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Category 1			2019 Total Biweekly Premium	Category 2			
				Total Premium	Govt Pays	Empl. Pays		Change in empl. payment	Total Premium	Govt Pays	Empl. Pays
<b>Nationwide APWU Health Plan</b>											
CDHP Self	474	275.85	275.85	209.65	66.20	0.00	275.85	275.85	218.61	57.24	0.00
CDHP Self & Family	475	654.04	654.04	497.07	156.97	0.00	654.04	654.04	518.33	135.71	0.00
CDHP Self Plus One	476	599.54	599.54	455.65	143.89	0.00	599.54	599.54	475.14	124.40	0.00
High Self	471	335.18	335.18	239.05	96.13	-5.67	335.18	335.18	248.87	86.31	-5.90
High Self & Family	472	804.42	804.42	554.06	250.36	-21.44	804.42	804.42	576.82	227.60	-22.32
High Self Plus One	473	703.86	703.86	511.12	192.74	-12.01	703.86	703.86	532.13	171.73	-12.51
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option</b>											
Basic Self	111	294.90	303.78	230.87	72.91	2.13	294.90	303.78	240.75	63.03	1.84
Basic Self & Family	112	702.56	737.69	554.06	183.63	13.69	702.56	737.69	576.82	160.87	12.81
Basic Self Plus One	113	662.84	682.73	511.12	171.61	7.88	662.84	682.73	532.13	150.60	7.38
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus</b>											
FEP Blue Focus Self	131	212.58	212.58	161.56	51.02	0.00	212.58	212.58	168.47	44.11	0.00
FEP Blue Focus Self & Family	132	502.70	502.70	382.05	120.65	0.00	502.70	502.70	398.39	104.31	0.00
FEP Blue Focus Self Plus One	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</b>											
Standard Self	104	342.41	352.68	239.05	113.63	4.60	342.41	352.68	248.87	103.81	4.37
Standard Self & Family	105	793.53	833.21	554.06	279.15	18.24	793.53	833.21	576.82	256.39	17.36
Standard Self Plus One	106	748.81	771.27	511.12	260.15	10.45	748.81	771.27	532.13	239.14	9.95
<b>Nationwide Compass Rose Health Plan</b>											
High Self	421	321.36	337.43	239.05	98.38	10.40	321.36	337.43	248.87	88.56	10.17
High Self & Family	422	771.27	809.84	554.06	255.78	17.13	771.27	809.84	576.82	233.02	16.25
High Self Plus One	423	707.00	742.35	511.12	231.23	23.34	707.00	742.35	532.13	210.22	22.84
<b>Nationwide Foreign Service Benefit Plan</b>											
High Self	401	268.18	275.95	209.72	66.23	1.87	268.18	275.95	218.69	57.26	1.61
High Self & Family	402	663.46	682.70	518.85	163.85	4.62	663.46	682.70	541.04	141.66	3.99
High Self Plus One	403	656.86	675.91	511.12	164.79	7.04	656.86	675.91	532.13	143.78	6.54
<b>Nationwide GEHA Benefit Plan</b>											
High Self	311	336.15	341.19	239.05	102.14	-0.63	336.15	341.19	248.87	92.32	-0.86
High Self & Family	312	838.27	850.86	554.06	296.80	-8.85	838.27	850.86	576.82	274.04	-9.73
High Self Plus One	313	739.53	750.63	511.12	239.51	-0.91	739.53	750.63	532.13	218.50	-1.41
Standard Self	314	235.13	242.18	184.06	58.12	1.69	235.13	242.18	191.93	50.25	1.46
Standard Self & Family	315	592.46	622.08	472.78	149.30	7.11	592.46	622.08	493.00	129.08	6.14
Standard Self Plus One	316	505.54	520.71	395.74	124.97	3.64	505.54	520.71	412.66	108.05	3.15

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Plan - Option - Enrollment Code		Category 1				Category 2				
<b>Nationwide GEHA HDHP</b>										
341	HDHP Self	234.82	180.24	56.92	0.56	234.82	237.16	187.95	49.21	0.48
342	HDHP Self & Family	582.69	456.12	144.04	4.19	582.69	600.16	475.63	124.53	3.62
343	HDHP Self Plus One	504.86	387.53	122.38	1.21	504.86	509.91	404.10	105.81	1.05
<b>Nationwide GEHA Indemnity Benefit Plan</b>										
251	Elevate Plus Self	<b>New Plan</b>	220.92	69.77	<b>New Plan</b>	<b>New Plan</b>	290.69	230.37	60.32	<b>New Plan</b>
252	Elevate Plus Self & Family	<b>New Plan</b>	547.89	173.02	<b>New Plan</b>	<b>New Plan</b>	720.91	571.32	149.59	<b>New Plan</b>
253	Elevate Plus Self Plus One	<b>New Plan</b>	511.12	163.27	<b>New Plan</b>	<b>New Plan</b>	674.39	532.13	142.26	<b>New Plan</b>
254	Elevate Self	<b>New Plan</b>	143.86	45.43	<b>New Plan</b>	<b>New Plan</b>	189.29	150.01	39.28	<b>New Plan</b>
255	Elevate Self & Family	<b>New Plan</b>	402.82	127.21	<b>New Plan</b>	<b>New Plan</b>	530.03	420.05	109.98	<b>New Plan</b>
256	Elevate Self Plus One	<b>New Plan</b>	330.89	104.49	<b>New Plan</b>	<b>New Plan</b>	435.38	345.04	90.34	<b>New Plan</b>
<b>Nationwide MHBP Consumer Option</b>										
481	HDHP Self	259.40	201.09	63.50	1.24	259.40	264.59	209.69	54.90	1.07
482	HDHP Self & Family	602.74	467.25	147.55	2.89	602.74	614.80	487.23	127.57	2.50
483	HDHP Self Plus One	574.05	445.00	140.53	2.76	574.05	585.53	464.03	121.50	2.38
<b>Nationwide MHBP Standard Option</b>										
454	Standard Self	266.14	200.24	63.23	-0.64	266.14	263.47	208.80	54.67	-0.55
455	Standard Self & Family	618.48	465.35	146.95	-1.49	618.48	612.30	485.25	127.05	-1.28
456	Standard Self Plus One	612.59	460.92	145.55	-1.47	612.59	606.47	480.63	125.84	-1.27
<b>Nationwide MHBP Value Plan</b>										
414	Value Self	220.23	159.01	50.21	-2.65	220.23	209.22	165.81	43.41	-2.29
415	Value Self & Family	532.24	384.28	121.35	-6.39	532.24	505.63	400.71	104.92	-5.52
416	Value Self Plus One	521.82	376.75	118.98	-6.26	521.82	495.73	392.87	102.86	-5.42
<b>Nationwide NALC Health Benefit Plan</b>										
324	CDHP Self	218.55	166.10	52.45	0.00	218.55	218.55	173.20	45.35	0.00
325	CDHP Self & Family	492.77	382.00	120.63	2.37	492.77	502.63	398.33	104.30	2.05
326	CDHP Self Plus One	477.39	366.44	115.72	1.15	477.39	482.16	382.11	100.05	0.99
321	High Self	314.81	239.05	87.56	6.13	314.81	326.61	248.87	77.74	5.90
322	High Self & Family	706.93	554.06	181.15	6.84	706.93	735.21	576.82	158.39	5.96
323	High Self Plus One	692.97	511.12	211.31	17.45	692.97	722.43	532.13	190.30	16.95
<b>Nationwide NALC Health Benefit Plan</b>										
KM1	Value Self	179.37	136.32	43.05	0.00	179.37	179.37	142.15	37.22	0.00
KM2	Value Self & Family	404.60	313.64	99.05	1.95	404.60	412.69	327.06	85.63	1.68
KM3	Value Self Plus One	391.78	300.73	94.97	0.94	391.78	395.70	313.59	82.11	0.82

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<b>Nationwide Panama Canal Area Benefit Plan</b>											
High Self	431	277.60	290.09	220.47	69.62	3.00	277.60	290.09	229.90	60.19	2.59
High Self & Family	432	579.47	605.54	460.21	145.33	6.26	579.47	605.54	479.89	125.65	5.41
High Self Plus One	433	554.06	578.99	440.03	138.96	5.99	554.06	578.99	458.85	120.14	5.17
<b>Nationwide Rural Carrier Benefit Plan</b>											
High Self	381	316.47	358.00	239.05	118.95	35.86	316.47	358.00	248.87	109.13	35.63
High Self & Family	382	625.08	734.00	554.06	179.94	29.92	625.08	734.00	576.82	157.18	27.48
High Self Plus One	383	612.83	709.00	511.12	197.88	50.80	612.83	709.00	532.13	176.87	49.71
<b>Nationwide SAMBA Health Benefit Plan</b>											
High Self	441	421.24	416.19	239.05	177.14	-10.72	421.24	416.19	248.87	167.32	-10.95
High Self & Family	442	1010.97	998.84	554.06	444.78	-33.57	1010.97	998.84	576.82	422.02	-34.45
High Self Plus One	443	926.72	915.61	511.12	404.49	-23.12	926.72	915.61	532.13	383.48	-23.62
Standard Self	444	317.03	314.08	238.70	75.38	-8.27	317.03	314.08	248.87	65.21	-8.85
Standard Self & Family	445	729.20	716.56	544.59	171.97	-24.61	729.20	716.56	567.87	148.69	-26.01
Standard Self Plus One	446	697.49	676.00	511.12	164.88	-33.50	697.49	676.00	532.13	143.87	-34.00