Tribal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Group Pays	Employee Pays	Employee Semi-Monthly Cost (24 Paychecks)
Nationwide APWU Health Plan						
CDHP Self	474	$665.45	$745.31	$558.98	$186.33	$93.17
CDHP Self & Family	475	$1,577.81	$1,767.16	$1,325.37	$441.79	$220.90
CDHP Self Plus One	476	$1,446.32	$1,619.89	$1,214.92	$404.97	$202.49
High Self	471	$857.89	$883.63	$645.84	$237.79	$118.90
High Self & Family	472	$2,058.83	$2,120.58	$1,547.50	$573.08	$286.54
High Self Plus One	473	$1,801.48	$1,855.51	$1,391.63	$463.88	$231.94
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option						
Basic Self	111	$795.54	$891.02	$645.84	$245.18	$122.59
Basic Self & Family	112	$1,969.02	$2,205.32	$1,547.50	$657.82	$328.91
Basic Self Plus One	113	$1,787.78	$2,002.30	$1,408.33	$593.97	$296.99
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus						
FEP Blue Focus Self	131	$479.31	$512.85	$384.64	$128.21	$64.11
FEP Blue Focus Self & Fami	132	$1,133.30	$1,212.68	$909.51	$303.17	$151.59
FEP Blue Focus Self Plus Or	133	$1,030.34	$1,102.53	$826.90	$275.63	$137.82
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option						
Standard Self	104	$914.81	$1,024.60	$645.84	$378.76	$189.38
Standard Self & Family	105	$2,203.20	$2,467.57	$1,547.50	$920.07	$460.04
Standard Self Plus One	106	$2,000.57	$2,240.64	$1,408.33	$832.31	$416.16
Nationwide Compass Rose Health Plan						
High Self	421	$814.56	$915.55	$645.84	$269.71	$134.86
High Self & Family	422	$1,954.96	$2,197.39	$1,547.50	$649.89	$324.95
High Self Plus One	423	$1,792.03	$2,014.24	$1,408.33	$605.91	$302.96
Standard Self	424	$458.16	$503.99	$377.99	$126.00	$63.00
Standard Self & Family	425	$1,099.63	$1,209.59	$907.19	$302.40	$151.20
Standard Self Plus One	426	$1,008.00	$1,108.79	$831.59	$277.20	$138.60
Nationwide Foreign Service Benefit Plan						

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Fee-for-Service Plans (FFS)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Group Pays	Employee Pays	Employee Semi-Monthly Cost (24 Paychecks)
High Self	401	$716.04	$809.12	$606.84	$202.28	$101.14
High Self & Family	402	$1,771.32	$2,001.59	$1,501.19	$500.40	$250.20
High Self Plus One	403	$1,728.57	$1,953.29	$1,408.33	$544.96	$272.48
Nationwide GEHA Benefit Plan						
High Self	311	$823.51	$942.91	$645.84	$297.07	$148.54
High Self & Family	312	$2,063.62	$2,362.86	$1,547.50	$815.36	$407.68
High Self Plus One	313	$1,811.70	$2,074.41	$1,408.33	$666.08	$333.04
Standard Self	314	$607.97	$696.13	$522.10	$174.03	$87.02
Standard Self & Family	315	$1,615.03	$1,857.29	$1,392.97	$464.32	$232.16
Standard Self Plus One	316	$1,307.17	$1,496.73	$1,122.55	$374.18	$187.09
Nationwide GEHA HDHP						
HDHP Self	341	$619.26	$661.05	$495.79	$165.26	$82.63
HDHP Self & Family	342	$1,636.07	$1,746.51	$1,309.88	$436.63	$218.32
HDHP Self Plus One	343	$1,331.37	$1,421.25	$1,065.94	$355.31	$177.66
Nationwide GEHA Indemnity Benefit Plan						
Elevate Plus Self	251	$810.29	$956.74	$645.84	$310.90	$155.45
Elevate Plus Self & Family	252	$1,948.40	$2,300.55	$1,547.50	$753.05	$376.53
Elevate Plus Self Plus One	253	$1,775.00	$2,095.80	$1,408.33	$687.47	$343.74
Elevate Self	254	$452.51	$501.17	$375.88	$125.29	$62.65
Elevate Self & Family	255	$1,329.03	$1,471.93	$1,103.95	$367.98	$183.99
Elevate Self Plus One	256	$1,091.72	$1,209.07	$906.80	$302.27	$151.14
Nationwide MHBP Consumer Option						
HDHP Self	481	$682.00	$729.73	$547.30	$182.43	$91.22
HDHP Self & Family	482	$1,584.68	$1,695.61	$1,271.71	$423.90	$211.95
HDHP Self Plus One	483	$1,509.24	$1,614.90	$1,211.18	$403.72	$201.86
Nationwide MHBP Standard Option						
Standard Self	454	$698.60	$726.55	$544.91	$181.64	$90.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Group Pays	Employee Pays	Employee Semi-Monthly Cost (24 Paychecks)
Standard Self & Family	455	$1,623.51	$1,688.44	$1,266.33	$422.11	$211.06
Standard Self Plus One	456	$1,608.06	$1,672.39	$1,254.29	$418.10	$209.05
Nationwide MHBP Value Plan						
Value Self	414	$504.44	$524.62	$393.47	$131.15	$65.58
Value Self & Family	415	$1,219.10	$1,267.87	$950.90	$316.97	$158.49
Value Self Plus One	416	$1,195.24	$1,243.06	$932.30	$310.76	$155.38
Nationwide NALC Health Benefit Plan						
CDHP Self	324	$478.90	$517.21	$387.91	$129.30	$64.65
CDHP Self & Family	325	$1,162.96	$1,267.63	$950.72	$316.91	$158.46
CDHP Self Plus One	326	$1,074.36	$1,171.06	$878.30	$292.76	$146.38
High Self	321	$825.15	$940.68	$645.84	$294.84	$147.42
High Self & Family	322	$1,880.60	$2,162.70	$1,547.50	$615.20	$307.60
High Self Plus One	323	$1,825.11	$2,098.87	$1,408.33	$690.54	$345.27
Nationwide Panama Canal Area Benefit Plan						
High Self	431	$838.91	$922.81	$645.84	$276.97	$138.49
High Self & Family	432	$1,767.52	$1,944.26	$1,458.20	$486.06	$243.03
High Self Plus One	433	$1,690.02	$1,859.02	$1,394.27	$464.75	$232.38
Nationwide SAMBA Health Benefit Plan						
High Self	441	$864.87	$994.61	$645.84	$348.77	$174.39
High Self & Family	442	$2,075.73	$2,387.08	$1,547.50	$839.58	$419.79
High Self Plus One	443	$1,902.77	$2,188.16	$1,408.33	$779.83	$389.92
Standard Self	444	$740.11	$828.90	$621.68	$207.22	$103.61
Standard Self & Family	445	$1,688.51	$1,891.13	$1,418.35	$472.78	$236.39
Standard Self Plus One	446	$1,592.96	$1,784.10	$1,338.08	$446.02	$223.01