Tribal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Premium	TCC Rates with Administrative Fee
Nationwide APWU Health Plan			
CDHP Self	474	$745.31	$760.22
CDHP Self & Family	475	$1,767.16	$1,802.50
CDHP Self Plus One	476	$1,619.89	$1,652.29
High Self	471	$883.63	$901.30
High Self & Family	472	$2,120.58	$2,162.99
High Self Plus One	473	$1,855.51	$1,892.62
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option			
Basic Self	111	$891.02	$908.84
Basic Self & Family	112	$2,205.32	$2,249.43
Basic Self Plus One	113	$2,002.30	$2,042.35
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus			
FEP Blue Focus Self	131	$512.85	$523.11
FEP Blue Focus Self & Fami	132	$1,212.68	$1,236.93
FEP Blue Focus Self Plus Or	133	$1,102.53	$1,124.58
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option			
Standard Self	104	$1,024.60	$1,045.09
Standard Self & Family	105	$2,467.57	$2,516.92
Standard Self Plus One	106	$2,240.64	$2,285.45
Nationwide Compass Rose Health Plan			
High Self	421	$915.55	$933.86
High Self & Family	422	$2,197.39	$2,241.34
High Self Plus One	423	$2,014.24	$2,054.52
Standard Self	424	$503.99	$514.07
Standard Self & Family	425	$1,209.59	$1,233.78
Standard Self Plus One	426	$1,108.79	$1,130.97
Nationwide GEHA Benefit Plan			
High Self	311	$942.91	$961.77
High Self & Family	312	$2,362.86	$2,410.12
High Self Plus One	313	$2,074.41	$2,115.90
Standard Self	314	$696.13	$710.05
Standard Self & Family	315	$1,857.29	$1,894.44
Standard Self Plus One	316	$1,496.73	$1,526.66
Nationwide GEHA HDHP			
HDHP Self	341	$661.05	$674.27
HDHP Self & Family	342	$1,746.51	$1,781.44
HDHP Self Plus One	343	$1,421.25	$1,449.68

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Nationwide GEHA Indemnity Benefit Plan			
Elevate Plus Self	251	$956.74	$975.87
Elevate Plus Self & Family	252	$2,300.55	$2,346.56
Elevate Plus Self Plus One	253	$2,095.80	$2,137.72
Elevate Self	254	$501.17	$511.19
Elevate Self & Family	255	$1,471.93	$1,501.37
Elevate Self Plus One	256	$1,209.07	$1,233.25
Nationwide MHBP Consumer Option			
HDHP Self	481	$729.73	$744.32
HDHP Self & Family	482	$1,695.61	$1,729.52
HDHP Self Plus One	483	$1,614.90	$1,647.20
Nationwide MHBP Standard Option			
Standard Self	454	$726.55	$741.08
Standard Self & Family	455	$1,688.44	$1,722.21
Standard Self Plus One	456	$1,672.39	$1,705.84
Nationwide MHBP Value Plan			
Value Self	414	$524.62	$535.11
Value Self & Family	415	$1,267.87	$1,293.23
Value Self Plus One	416	$1,243.06	$1,267.92
Nationwide NALC Health Benefit Plan			
CDHP Self	324	$517.21	$527.55
CDHP Self & Family	325	$1,267.63	$1,292.98
CDHP Self Plus One	326	$1,171.06	$1,194.48
High Self	321	$940.68	$959.49
High Self & Family	322	$2,162.70	$2,205.95
High Self Plus One	323	$2,098.87	$2,140.85
Nationwide SAMBA Health Benefit Plan			
High Self	441	$994.61	$1,014.50
High Self & Family	442	$2,387.08	$2,434.82
High Self Plus One	443	$2,188.16	$2,231.92
Standard Self	444	$828.90	$845.48
Standard Self & Family	445	$1,891.13	$1,928.95
Standard Self Plus One	446	$1,784.10	$1,819.78