Tribal Premium Rates for the Federal Employees Health Benefits Program									
Fee-for-Service Plans (FFS) Plan - Option - Enrollment Code		- 2025 Total Monthly Premium	2026 Monthly Premium Rates						
			Total Monthly Premium	Chugach Pays per Month	Employee Pays per Month	Employee Semi- Monthly Cost (24 Paychecks)			
Nationwide APWU Health Plan									
CDHP Self	474	\$745.31	\$872.02	\$654.02	\$218.00	\$109.00			
CDHP Self & Family	475	\$1,767.16	\$2,067.56	\$1,550.67	\$516.89	\$258.45			
CDHP Self Plus One	476	\$1,619.89	\$1,895.25	\$1,421.44	\$473.81	\$236.91			
High Self	471	\$883.63	\$1,007.33	\$703.65	\$303.68	\$151.84			
High Self & Family	472	\$2,120.58	\$2,417.46	\$1,685.73	\$731.73	\$365.87			
High Self Plus One	473	\$1,855.51	\$2,115.27	\$1,540.87	\$574.40	\$287.20			
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Basic									
Basic Self	111	\$891.02	\$993.48	\$703.65	\$289.83	\$144.92			
Basic Self & Family	112	\$2,205.32	\$2,458.93	\$1,685.73	\$773.20	\$386.60			
Basic Self Plus One	113	\$2,002.30	\$2,232.58	\$1,540.87	\$691.71	\$345.86			
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus									
FEP Blue Focus Self	131	\$512.85	\$579.06	\$434.30	\$144.76	\$72.38			
FEP Blue Focus Self & Family	132	\$1,212.68	\$1,369.12	\$1,026.84	\$342.28	\$171.14			
FEP Blue Focus Self Plus One	133	\$1,102.53	\$1,244.84	\$933.63	\$311.21	\$155.61			
Nationwide Blue Cross and Blue Shield S	Service Benefit	t Plan FEP Blue Standard							
Standard Self	104	\$1,024.60	\$1,111.67	\$703.65	\$408.02	\$204.01			
Standard Self & Family	105	\$2,467.57	\$2,677.33	\$1,685.73	\$991.60	\$495.80			
Standard Self Plus One	106	\$2,240.64	\$2,431.11	\$1,540.87	\$890.24	\$445.12			
Nationwide GEHA Benefit Plan									
High Self	311	\$942.91	\$1,126.78	\$703.65	\$423.13	\$211.57			
High Self & Family	312	\$2,362.86	\$2,823.62	\$1,685.73	\$1,137.89	\$568.95			
High Self Plus One	313	\$2,074.41	\$2,478.93	\$1,540.87	\$938.06	\$469.03			
Standard Self	314	\$696.13	\$751.81	\$563.86	\$187.95	\$93.98			
Standard Self & Family	315	\$1,857.29	\$2,005.88	\$1,504.41	\$501.47	\$250.74			
Standard Self Plus One	316	\$1,496.73	\$1,616.46	\$1,212.35	\$404.11	\$202.06			
Nationwide GEHA HDHP									
HDHP Self	341	\$661.05	\$707.35	\$530.51	\$176.84	\$88.42			
HDHP Self & Family	342	\$1,746.51	\$1,868.77	\$1,401.58	\$467.19	\$233.60			
HDHP Self Plus One	343	\$1,421.25	\$1,520.74	\$1,140.56	\$380.18	\$190.09			

Tribal Premium Rates for the Federal Employees Health Benefits Program									
Fee-for-Service Plans (FFS) Plan - Option - Enrollment Code		- 2025 Total Monthly Premium	2026 Monthly Premium Rates						
			Total Monthly Premium	Chugach Pays per Month	Employee Pays per Month	Employee Semi- Monthly Cost (24 Paychecks)			
Nationwide GEHA Indemnity Benefit Plan									
Elevate Plus Self	251	\$956.74	\$1,148.10	\$703.65	\$444.45	\$222.23			
Elevate Plus Self & Family	252	\$2,300.55	\$2,760.66	\$1,685.73	\$1,074.93	\$537.47			
Elevate Plus Self Plus One	253	\$2,095.80	\$2,514.96	\$1,540.87	\$974.09	\$487.05			
Elevate Self	254	\$501.17	\$675.33	\$506.50	\$168.83	\$84.42			
Elevate Self & Family	255	\$1,471.93	\$1,983.41	\$1,487.56	\$495.85	\$247.93			
Elevate Self Plus One	256	\$1,209.07	\$1,629.23	\$1,221.92	\$407.31	\$203.66			
Nationwide MHBP Consumer Option									
HDHP Self	481	\$729.73	\$831.89	\$623.92	\$207.97	\$103.99			
HDHP Self & Family	482	\$1,695.61	\$1,932.99	\$1,449.74	\$483.25	\$241.63			
HDHP Self Plus One	483	\$1,614.90	\$1,841.00	\$1,380.75	\$460.25	\$230.13			
Nationwide MHBP Standard Option									
Standard Self	454	\$726.55	\$813.76	\$610.32	\$203.44	\$101.72			
Standard Self & Family	455	\$1,688.44	\$1,891.05	\$1,418.29	\$472.76	\$236.38			
Standard Self Plus One	456	\$1,672.39	\$1,873.08	\$1,404.81	\$468.27	\$234.14			
Nationwide MHBP Value Plan									
Value Self	414	\$524.62	\$587.58	\$440.69	\$146.89	\$73.45			
Value Self & Family	415	\$1,267.87	\$1,420.01	\$1,065.01	\$355.00	\$177.50			
Value Self Plus One	416	\$1,243.06	\$1,392.21	\$1,044.16	\$348.05	\$174.03			
Nationwide SAMBA Health Benefit Plan									
High Self	441	\$994.61	\$1,193.51	\$703.65	\$489.86	\$244.93			
High Self & Family	442	\$2,387.08	\$2,864.51	\$1,685.73	\$1,178.78	\$589.39			
High Self Plus One	443	\$2,188.16	\$2,625.78	\$1,540.87	\$1,084.91	\$542.46			
Standard Self	444	\$828.90	\$969.84	\$703.65	\$266.19	\$133.10			
Standard Self & Family	445	\$1,891.13	\$2,231.54	\$1,673.66	\$557.88	\$278.94			
Standard Self Plus One	446	\$1,784.10	\$2,051.70	\$1,538.78	\$512.92	\$256.46			