Tribal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Nationwide APWU Health Plan			
CDHP Self	474	$872.02	$889.46
CDHP Self & Family	475	$2,067.56	$2,108.91
CDHP Self Plus One	476	$1,895.25	$1,933.16
High Self	471	$1,007.33	$1,027.48
High Self & Family	472	$2,417.46	$2,465.81
High Self Plus One	473	$2,115.27	$2,157.58
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Basic			
Basic Self	111	$993.48	$1,013.35
Basic Self & Family	112	$2,458.93	$2,508.11
Basic Self Plus One	113	$2,232.58	$2,277.23
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus			
FEP Blue Focus Self	131	$579.06	$590.64
FEP Blue Focus Self & Famil	132	$1,369.12	$1,396.50
FEP Blue Focus Self Plus On	133	$1,244.84	$1,269.74
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Standard			
Standard Self	104	$1,111.67	$1,133.90
Standard Self & Family	105	$2,677.33	$2,730.88
Standard Self Plus One	106	$2,431.11	$2,479.73
Nationwide GEHA Benefit Plan			
High Self	311	$1,126.78	$1,149.32
High Self & Family	312	$2,823.62	$2,880.09
High Self Plus One	313	$2,478.93	$2,528.51
Standard Self	314	$751.81	$766.85
Standard Self & Family	315	$2,005.88	$2,046.00
Standard Self Plus One	316	$1,616.46	$1,648.79
Nationwide GEHA HDHP			
HDHP Self	341	$707.35	$721.50
HDHP Self & Family	342	$1,868.77	$1,906.15
HDHP Self Plus One	343	$1,520.74	$1,551.15
Nationwide GEHA Indemnity Benefit Plan			
Elevate Plus Self	251	$1,148.10	$1,171.06
Elevate Plus Self & Family	252	$2,760.66	$2,815.87
Elevate Plus Self Plus One	253	$2,514.96	$2,565.26
Elevate Self	254	$675.33	$688.84
Elevate Self & Family	255	$1,983.41	$2,023.08
Elevate Self Plus One	256	$1,629.23	$1,661.81

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Fee-for-Service Plans (FFS)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Nationwide MHBP Consumer Option			
HDHP Self	481	$831.89	$848.53
HDHP Self & Family	482	$1,932.99	$1,971.65
HDHP Self Plus One	483	$1,841.00	$1,877.82
Nationwide MHBP Standard Option			
Standard Self	454	$813.76	$830.04
Standard Self & Family	455	$1,891.05	$1,928.87
Standard Self Plus One	456	$1,873.08	$1,910.54
Nationwide MHBP Value Plan			
Value Self	414	$587.58	$599.33
Value Self & Family	415	$1,420.01	$1,448.41
Value Self Plus One	416	$1,392.21	$1,420.05
Nationwide SAMBA Health Benefit Plan			
High Self	441	$1,193.51	$1,217.38
High Self & Family	442	$2,864.51	$2,921.80
High Self Plus One	443	$2,625.78	$2,678.30
Standard Self	444	$969.84	$989.24
Standard Self & Family	445	$2,231.54	$2,276.17
Standard Self Plus One	446	$2,051.70	$2,092.73