Tribal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Nationwide APWU Health Plan			
Consumer Driven Option Self	474	$889.46	$907.25
Consumer Driven Option Self & Family	475	$2,108.93	$2,151.11
Consumer Driven Option Self Plus One	476	$1,933.17	$1,971.83
High Option Self	471	$1,178.58	$1,202.15
High Option Self & Family	472	$2,828.43	$2,885.00
High Option Self Plus One	473	$2,474.85	$2,524.35
Nationwide Blue Cross and Blue Shield			
Basic Option Self	111	$1,077.92	$1,099.48
Basic Option Self & Family	112	$2,667.95	$2,721.31
Basic Option Self Plus One	113	$2,422.36	$2,470.81
FEP Blue Focus Self	131	$642.76	$655.62
FEP Blue Focus Self & Family	132	$1,519.74	$1,550.13
FEP Blue Focus Self Plus One	133	$1,381.77	$1,409.41
Standard Option Self	104	$1,206.16	$1,230.28
Standard Option Self & Family	105	$2,904.89	$2,962.99
Standard Option Self Plus One	106	$2,637.74	$2,690.49
Nationwide Compass Rose Health Plan			
High Option Self	421	$1,087.69	$1,109.44
High Option Self & Family	422	$2,610.51	$2,662.72
High Option Self Plus One	423	$2,392.91	$2,440.77
Standard Option Self	424	$598.33	$610.30
Standard Option Self & Family	425	$1,436.02	$1,464.74
Standard Option Self Plus One	426	$1,316.36	$1,342.69
Nationwide Foreign Service Benefit Plan			
High Option Self	401	$1,074.21	$1,095.69
High Option Self & Family	402	$2,657.35	$2,710.50
High Option Self Plus One	403	$2,593.24	$2,645.10
Nationwide GEHA			
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
High Option Self	311	$1,126.78	$1,149.32
High Option Self & Family	312	$2,823.62	$2,880.09
High Option Self Plus One	313	$2,478.93	$2,528.51
Standard Option Self	314	$751.81	$766.85
Standard Option Self & Family	315	$2,005.88	$2,046.00
Standard Option Self Plus One	316	$1,616.46	$1,648.79

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Fee-for-Service Plans (FFS)		**2027 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Total Premium**	**TCC Rates**
Nationwide GEHA Indemnity Benefit Plan			
Elevate Option Self	254	$675.33	$688.84
Elevate Option Self & Family	255	$1,983.41	$2,023.08
Elevate Option Self Plus One	256	$1,629.23	$1,661.81
Elevate Plus Option Self	251	$1,331.79	$1,358.43
Elevate Plus Option Self & Family	252	$3,202.36	$3,266.41
Elevate Plus Option Self Plus One	253	$2,917.37	$2,975.72
Nationwide MHBP			
Standard Option Self	454	$1,094.49	$1,116.38
Standard Option Self & Family	455	$2,696.63	$2,750.56
Standard Option Self Plus One	456	$2,622.32	$2,674.77
Nationwide Panama Canal Area Benefit Plan			
FFS Plan with a POS Option Self	431	$1,317.96	$1,344.32
FFS Plan with a POS Option Self & Family	432	$2,776.80	$2,832.34
FFS Plan with a POS Option Self Plus One	433	$2,655.03	$2,708.13
Nationwide SAMBA			
High Self	441	$1,432.21	$1,460.85
High Self & Family	442	$3,437.42	$3,506.17
High Self Plus One	443	$3,150.94	$3,213.96
Standard Self	444	$1,057.14	$1,078.28
Standard Self & Family	445	$2,432.39	$2,481.04
Standard Self Plus One	446	$2,236.37	$2,281.10