Tribal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Nationwide APWU Health Plan							
Consumer Driven Option Self	474	$872.02	$889.46	$667.10	$222.36	$111.18	$907.25
Consumer Driven Option Self & Family	475	$2,067.56	$2,108.93	$1,581.70	$527.23	$263.62	$2,151.11
Consumer Driven Option Self Plus One	476	$1,895.25	$1,933.17	$1,449.88	$483.29	$241.65	$1,971.83
High Option Self	471	$1,007.33	$1,178.58	$762.75	$415.83	$207.92	$1,202.15
High Option Self & Family	472	$2,417.46	$2,828.43	$1,828.28	$1,000.15	$500.08	$2,885.00
High Option Self Plus One	473	$2,115.27	$2,474.85	$1,662.98	$811.87	$405.94	$2,524.35
Nationwide Blue Cross and Blue Shield							
Basic Option Self	111	$993.48	$1,077.92	$762.75	$315.17	$157.59	$1,099.48
Basic Option Self & Family	112	$2,458.93	$2,667.95	$1,828.28	$839.67	$419.84	$2,721.31
Basic Option Self Plus One	113	$2,232.58	$2,422.36	$1,662.98	$759.38	$379.69	$2,470.81
FEP Blue Focus Self	131	$579.06	$642.76	$482.07	$160.69	$80.35	$655.62
FEP Blue Focus Self & Family	132	$1,369.12	$1,519.74	$1,139.81	$379.93	$189.97	$1,550.13
FEP Blue Focus Self Plus One	133	$1,244.84	$1,381.77	$1,036.33	$345.44	$172.72	$1,409.41
Standard Option Self	104	$1,111.67	$1,206.16	$762.75	$443.41	$221.71	$1,230.28
Standard Option Self & Family	105	$2,677.33	$2,904.89	$1,828.28	$1,076.61	$538.31	$2,962.99
Standard Option Self Plus One	106	$2,431.11	$2,637.74	$1,662.98	$974.76	$487.38	$2,690.49
Nationwide Compass Rose Health Plan							
High Option Self	421	$1,007.11	$1,087.69	$762.75	$324.94	$162.47	$1,109.44
High Option Self & Family	422	$2,417.13	$2,610.51	$1,828.28	$782.23	$391.12	$2,662.72
High Option Self Plus One	423	$2,215.66	$2,392.91	$1,662.98	$729.93	$364.97	$2,440.77
Standard Option Self	424	$534.21	$598.33	$448.75	$149.58	$74.79	$610.30
Standard Option Self & Family	425	$1,282.17	$1,436.02	$1,077.02	$359.00	$179.50	$1,464.74
Standard Option Self Plus One	426	$1,175.31	$1,316.36	$987.27	$329.09	$164.55	$1,342.69
Nationwide Foreign Service Benefit Plan							
High Option Self	401	$869.81	$1,074.21	$762.75	$311.46	$155.73	$1,095.69
High Option Self & Family	402	$2,151.72	$2,657.35	$1,828.28	$829.07	$414.54	$2,710.50
High Option Self Plus One	403	$2,099.78	$2,593.24	$1,662.98	$930.26	$465.13	$2,645.10

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Nationwide GEHA							
HDHP Self	341	$707.35	$707.35	$530.51	$176.84	$88.42	$721.50
HDHP Self & Family	342	$1,868.77	$1,868.77	$1,401.58	$467.19	$233.60	$1,906.15
HDHP Self Plus One	343	$1,520.74	$1,520.74	$1,140.56	$380.18	$190.09	$1,551.15
High Option Self	311	$1,126.78	$1,126.78	$762.75	$364.03	$182.02	$1,149.32
High Option Self & Family	312	$2,823.62	$2,823.62	$1,828.28	$995.34	$497.67	$2,880.09
High Option Self Plus One	313	$2,478.93	$2,478.93	$1,662.98	$815.95	$407.98	$2,528.51
Standard Option Self	314	$751.81	$751.81	$563.86	$187.95	$93.98	$766.85
Standard Option Self & Family	315	$2,005.88	$2,005.88	$1,504.41	$501.47	$250.74	$2,046.00
Standard Option Self Plus One	316	$1,616.46	$1,616.46	$1,212.35	$404.11	$202.06	$1,648.79
Nationwide GEHA Indemnity Benefit Plan							
Elevate Option Self	254	$675.33	$675.33	$506.50	$168.83	$84.42	$688.84
Elevate Option Self & Family	255	$1,983.41	$1,983.41	$1,487.56	$495.85	$247.93	$2,023.08
Elevate Option Self Plus One	256	$1,629.23	$1,629.23	$1,221.92	$407.31	$203.66	$1,661.81
Elevate Plus Option Self	251	$1,148.10	$1,331.79	$762.75	$569.04	$284.52	$1,358.43
Elevate Plus Option Self & Family	252	$2,760.66	$3,202.36	$1,828.28	$1,374.08	$687.04	$3,266.41
Elevate Plus Option Self Plus One	253	$2,514.96	$2,917.37	$1,662.98	$1,254.39	$627.20	$2,975.72
Nationwide MHBP							
Standard Option Self	454	$813.76	$1,094.49	$762.75	$331.74	$165.87	$1,116.38
Standard Option Self & Family	455	$1,891.05	$2,696.63	$1,828.28	$868.35	$434.18	$2,750.56
Standard Option Self Plus One	456	$1,873.08	$2,622.32	$1,662.98	$959.34	$479.67	$2,674.77
Nationwide Panama Canal Area Benefit Plan							
FFS Plan with a POS Option Self	431	$1,365.74	$1,317.96	$762.75	$555.21	$277.61	$1,344.32
FFS Plan with a POS Option Self & Family	432	$2,877.51	$2,776.80	$1,828.28	$948.52	$474.26	$2,832.34
FFS Plan with a POS Option Self Plus One	433	$2,751.34	$2,655.03	$1,662.98	$992.05	$496.03	$2,708.13
Nationwide SAMBA							
High Self	441	$1,193.51	$1,432.21	$762.75	$669.46	$334.73	$1,460.85
High Self & Family	442	$2,864.51	$3,437.42	$1,828.28	$1,609.14	$804.57	$3,506.17

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High Self Plus One	443	$2,625.78	$3,150.94	$1,662.98	$1,487.96	$743.98	$3,213.96
Standard Self	444	$969.84	$1,057.14	$762.75	$294.39	$147.20	$1,078.28
Standard Self & Family	445	$2,231.54	$2,432.39	$1,824.29	$608.10	$304.05	$2,481.04
Standard Self Plus One	446	$2,051.70	$2,236.37	$1,662.98	$573.39	$286.70	$2,281.10