

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)	2021 Biweekly Postal Premium Rates						2021 Biweekly Postal Premium Rates				
	2020 Total Biweekly Premium	Category 1				2020 Total Biweekly Premium	Category 2				
		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employment Pays	Change in employment payment	
Plan - Option - Enrollment Code											
Nationwide APWU Health Plan											
CDHP Self	474	275.85	278.61	211.74	66.87	0.67	275.85	278.61	220.80	57.81	0.57
CDHP Self & Family	475	654.04	660.58	502.04	158.54	1.57	654.04	660.58	523.51	137.07	1.36
CDHP Self Plus One	476	599.54	605.53	460.20	145.33	1.44	599.54	605.53	479.88	125.65	1.25
High Self	471	335.18	345.24	244.94	100.30	4.17	335.18	345.24	255.00	90.24	3.93
High Self & Family	472	804.42	828.55	570.06	258.49	8.13	804.42	828.55	593.48	235.07	7.47
High Self Plus One	473	703.86	724.97	524.65	200.32	7.58	703.86	724.97	546.21	178.76	7.03
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option											
Basic Self	111	303.78	314.42	238.96	75.46	2.55	303.78	314.42	249.18	65.24	2.21
Basic Self & Family	112	737.69	763.52	570.06	193.46	9.83	737.69	763.52	593.48	170.04	9.17
Basic Self Plus One	113	682.73	706.63	524.65	181.98	10.37	682.73	706.63	546.21	160.42	9.82
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus											
FEP Blue Focus Self	131	212.58	212.58	161.56	51.02	0.00	212.58	212.58	168.47	44.11	0.00
FEP Blue Focus Self & Family	132	502.70	502.70	382.05	120.65	0.00	502.70	502.70	398.39	104.31	0.00
FEP Blue Focus Self Plus One	133	457.02	457.02	347.34	109.68	0.00	457.02	457.02	362.19	94.83	0.00
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option											
Standard Self	104	352.68	365.03	244.94	120.09	6.46	352.68	365.03	255.00	110.03	6.22
Standard Self & Family	105	833.21	862.37	570.06	292.31	13.16	833.21	862.37	593.48	268.89	12.50
Standard Self Plus One	106	771.27	798.27	524.65	273.62	13.47	771.27	798.27	546.21	252.06	12.92
Nationwide Compass Rose Health Plan											
High Self	421	337.43	347.55	244.94	102.61	4.23	337.43	347.55	255.00	92.55	3.99
High Self & Family	422	809.84	834.13	570.06	264.07	8.29	809.84	834.13	593.48	240.65	7.63
High Self Plus One	423	742.35	764.62	524.65	239.97	8.74	742.35	764.62	546.21	218.41	8.19
Nationwide Foreign Service Benefit Plan											
High Self	401	275.95	287.02	218.14	68.88	2.65	275.95	287.02	227.46	59.56	2.30
High Self & Family	402	682.70	710.02	539.62	170.40	6.55	682.70	710.02	562.69	147.33	5.67
High Self Plus One	403	675.91	696.19	524.65	171.54	6.75	675.91	696.19	546.21	149.98	6.20

Postal Premium Rates for the Federal Employees Health Benefits Program

Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2021 Biweekly Postal Premium Rates					2021 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code		2020 Total Biweekly Premium	Category 1				2020 Total Biweekly Premium	Category 2			
			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employment Pays	Change in employment payment
Nationwide GEHA Benefit Plan											
High Self	311	341.19	349.72	244.94	104.78	2.64	341.19	349.72	255.00	94.72	2.40
High Self & Family	312	850.86	876.38	570.06	306.32	9.52	850.86	876.38	593.48	282.90	8.86
High Self Plus One	313	750.63	769.39	524.65	244.74	5.23	750.63	769.39	546.21	223.18	4.68
Standard Self	314	242.18	250.66	190.50	60.16	2.04	242.18	250.66	198.65	52.01	1.76
Standard Self & Family	315	622.08	659.40	501.14	158.26	8.96	622.08	659.40	522.57	136.83	7.75
Standard Self Plus One	316	520.71	538.94	409.59	129.35	4.38	520.71	538.94	427.11	111.83	3.78
Nationwide GEHA HDHP											
HDHP Self	341	237.16	245.47	186.56	58.91	1.99	237.16	245.47	194.53	50.94	1.73
HDHP Self & Family	342	600.16	636.18	483.50	152.68	8.64	600.16	636.18	504.17	132.01	7.48
HDHP Self Plus One	343	509.91	527.76	401.10	126.66	4.28	509.91	527.76	418.25	109.51	3.70
Nationwide GEHA Indemnity Benefit Plan											
Elevate Plus Self	251	290.69	301.44	229.09	72.35	2.58	290.69	301.44	238.89	62.55	2.23
Elevate Plus Self & Family	252	720.91	747.57	568.15	179.42	6.40	720.91	747.57	592.45	155.12	5.53
Elevate Plus Self Plus One	253	674.39	693.27	524.65	168.62	5.35	674.39	693.27	546.21	147.06	4.80
Elevate Self	254	189.29	189.29	143.86	45.43	0.00	189.29	189.29	150.01	39.28	0.00
Elevate Self & Family	255	530.03	530.03	402.82	127.21	0.00	530.03	530.03	420.05	109.98	0.00
Elevate Self Plus One	256	435.38	435.38	330.89	104.49	0.00	435.38	435.38	345.04	90.34	0.00
Nationwide MHBP Consumer Option											
HDHP Self	481	264.59	291.04	221.19	69.85	6.35	264.59	291.04	230.65	60.39	5.49
HDHP Self & Family	482	614.80	676.28	513.97	162.31	14.76	614.80	676.28	535.95	140.33	12.76
HDHP Self Plus One	483	585.53	644.08	489.50	154.58	14.05	585.53	644.08	510.43	133.65	12.15
Nationwide MHBP Standard Option											
Standard Self	454	263.47	287.19	218.26	68.93	5.70	263.47	287.19	227.60	59.59	4.92
Standard Self & Family	455	612.30	667.41	507.23	160.18	13.23	612.30	667.41	528.92	138.49	11.44
Standard Self Plus One	456	606.47	661.06	502.41	158.65	13.10	606.47	661.06	523.89	137.17	11.33

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)	2021 Biweekly Postal Premium Rates										
	2020 Total Biweekly Premium	Category 1					2020 Total Biweekly Premium	Category 2			
		Total Premium	Government Pays	Employee Pays	Change in employee payment	Total Premium		Government Pays	Employment Pays	Change in employment payment	
Plan - Option - Enrollment Code											
Nationwide MHBP Value Plan											
Value Self	414	209.22	213.41	162.19	51.22	1.01	209.22	213.41	169.13	44.28	0.87
Value Self & Family	415	505.63	515.75	391.97	123.78	2.43	505.63	515.75	408.73	107.02	2.10
Value Self Plus One	416	495.73	505.65	384.29	121.36	2.38	495.73	505.65	400.73	104.92	2.06
Nationwide NALC Health Benefit Plan											
CDHP Self	324	218.55	218.55	166.10	52.45	0.00	218.55	218.55	173.20	45.35	0.00
CDHP Self & Family	325	502.63	507.66	385.82	121.84	1.21	502.63	507.66	402.32	105.34	1.04
CDHP Self Plus One	326	482.16	482.16	366.44	115.72	0.00	482.16	482.16	382.11	100.05	0.00
High Self	321	326.61	336.41	244.94	91.47	3.91	326.61	336.41	255.00	81.41	3.67
High Self & Family	322	735.21	760.94	570.06	190.88	9.73	735.21	760.94	593.48	167.46	9.07
High Self Plus One	323	722.43	744.10	524.65	219.45	8.14	722.43	744.10	546.21	197.89	7.59
Nationwide NALC Health Benefit Plan											
Value Self	KM1	179.37	179.37	136.32	43.05	0.00	179.37	179.37	142.15	37.22	0.00
Value Self & Family	KM2	412.69	416.82	316.78	100.04	0.99	412.69	416.82	330.33	86.49	0.86
Value Self Plus One	KM3	395.70	395.70	300.73	94.97	0.00	395.70	395.70	313.59	82.11	0.00
Nationwide Panama Canal Area Benefit Plan											
High Self	431	290.09	304.60	231.50	73.10	3.48	290.09	304.60	241.40	63.20	3.01
High Self & Family	432	605.54	635.81	483.22	152.59	7.26	605.54	635.81	503.88	131.93	6.28
High Self Plus One	433	578.99	607.94	462.03	145.91	6.95	578.99	607.94	481.79	126.15	6.01
Nationwide Rural Carrier Benefit Plan											
High Self	381	358.00	368.30	244.94	123.36	4.41	358.00	368.30	255.00	113.30	4.17
High Self & Family	382	734.00	781.71	570.06	211.65	31.71	734.00	781.71	593.48	188.23	31.05
High Self Plus One	383	709.00	744.21	524.65	219.56	21.68	709.00	744.21	546.21	198.00	21.13

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)	2021 Biweekly Postal Premium Rates Category 1					2021 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Biweekly Premium	Total Premium	Government Pays	Employment Pays	Change in employment payment

Nationwide SAMBA Health Benefit Plan

High Self	441	416.19	403.70	244.94	158.76	-18.38	416.19	403.70	255.00	148.70	-18.62
High Self & Family	442	998.84	968.87	570.06	398.81	-45.97	998.84	968.87	593.48	375.39	-46.63
High Self Plus One	443	915.61	888.14	524.65	363.49	-41.00	915.61	888.14	546.21	341.93	-41.55
Standard Self	444	314.08	323.50	244.94	78.56	3.18	314.08	323.50	255.00	68.50	3.29
Standard Self & Family	445	716.56	738.06	560.93	177.13	5.16	716.56	738.06	584.91	153.15	4.46
Standard Self Plus One	446	676.00	696.28	524.65	171.63	6.75	676.00	696.28	546.21	150.07	6.20