



2016 Federal Employees Health Benefit Plan Premium Rates-12 Month

The premium rates listed below are for employees hired before 10/01/1987 and entitled to participate in the Federal Health Benefit Plan (FEHB). This includes ET-15 teachers who work 10 months of the year but are paid over 12 months.

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
AETNA DIRECT			
Self	N61	\$ 54.61	\$ 118.33
Family	N62	\$ 137.73	\$ 298.42
Self + One	N63	\$ 119.77	\$ 259.50
AETNA OPEN ACCESS HIGH OPTION			
Self	JN1	\$ 213.37	\$ 497.21
Family	JN2	\$ 507.10	\$ 1098.71
Self + One	JN3	\$ 524.73	\$ 1136.91
AETNA OPEN ACCESS BASIC OPTION			
Self	JN4	\$ 68.99	\$ 149.48
Family	JN5	\$ 155.29	\$ 336.46
Self + One	JN6	\$ 152.24	\$ 329.86
AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	F51	\$ 85.51	\$ 185.27
Family	F52	\$ 192.97	\$ 418.10
Self + One	F53	\$ 213.70	\$ 463.01
AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (BASIC)			
Self	F54	\$ 62.66	\$ 135.76
Family	F55	\$ 143.48	\$ 318.88
Self + One	F56	\$ 143.48	\$ 304.78
AETNA HEALTHFUND HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	224	\$ 60.04	\$ 130.08
Family	225	\$ 132.43	\$ 286.94
Self + One	226	\$ 129.83	\$ 281.31



TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
APWU HEALTH PLAN HIGH OPTION			
Self	471	\$ 80.00	\$ 173.34
Family	472	\$ 215.60	\$ 467.13
Self +One	473	\$ 155.07	\$ 335.98
APWU HEALTH PLAN CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	474	\$ 51.94	\$ 112.54
Family	475	\$ 124.65	\$ 270.08
Self + One	476	\$ 114.27	\$ 247.58

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
BLUE CROSS BLUE SHIELD STANDARD			
Self	104	\$ 100.18	\$ 217.06
Family	105	\$ 238.24	\$ 516.18
Self + One	106	\$ 231.31	\$ 501.17
BLUE CROSS BLUE SHIELD BASIC			
Self	111	\$ 68.48	\$ 148.38
Family	112	\$ 164.20	\$ 355.76
Self + One	113	\$ 160.75	\$ 348.29

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
CAREFIRST BLUECHOICE HIGH OPTION			
Self	2G1	\$ 108.40	\$ 234.87
Family	2G2	\$ 276.00	\$ 598.00
Self + One	2G3	\$182.51	\$ 395.44

CAREFIRST BLUECHOICE (STANDARD)			
Self	2G4	\$74.26	\$160.90
Family	2G5	\$194.90	\$422.28
Self + One	2G6	\$143.82	\$311.60



TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
GEHA BENEFIT PLAN HIGH OPTION			
Self	311	\$ 100.35	\$ 204.21
Family	312	\$ 256.93	\$ 488.00
Self + One	313	\$ 229.16	\$ 496.51
GEHA BENEFIT PLAN STANDARD OPTION			
Self	314	\$ 51.79	\$ 112.21
Family	315	\$ 122.48	\$ 265.37
Self + One	316	\$ 111.35	\$ 241.25
GEHA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	341	\$ 54.00	\$ 117.00
Family	342	\$ 127.71	\$ 276.71
Self + One	343	\$ 116.10	\$ 251.56

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
KAISER FOUNDATION HEALTH PLAN HIGH OPTION			
Self	E31	\$ 72.11	\$ 156.24
Family	E32	\$ 179.51	\$ 388.94
Self + One	E33	\$ 184.15	\$ 398.99
KAISER FOUNDATION HEALTH PLAN STANDARD OPTION			
Self	E34	\$ 53.74	\$ 116.44
Family	E35	\$ 125.75	\$ 272.46
Self + One	E36	\$ 121.45	\$ 263.14

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
MAIL HANDLERS BENEFIT PLAN VALUE OPTION			
Self	414	\$ 59.15	\$ 128.16
Family	415	\$ 142.95	\$ 309.72
Self + One	416	\$ 140.15	\$ 303.65
MAIL HANDLERS BENEFIT PLAN STANDARD OPTION			
Self	454	\$ 69.98	\$ 151.63
Family	455	\$ 162.64	\$ 352.38
Self + One	456	\$ 176.77	\$ 383.00
MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION			
Self	481	\$ 64.87	\$ 140.55
Family	482	\$ 150.73	\$ 326.58
Self + One	483	\$ 143.55	\$ 311.03



TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
MDIPA HIGH OPTION			
Self	JP1	\$ 82.50	\$ 178.75
Family	JP2	\$ 341.12	\$ 739.09
Self + One	JP3	\$ 144.46	\$ 312.99

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
NALC			
Self	321	\$ 72.55	\$ 157.19
Family	322	\$ 158.68	\$ 343.82
Self + One	323	\$ 162.28	\$ 351.

NALC (CDHP)			
Self	324	\$ 50.06	\$ 108.46
Family	325	\$ 108.70	\$ 235.52
Self + One	326	\$ 108.70	\$ 235.51

TYPE	ENROLLMENT CODE	2016 BIWEEKLY PREMIUM	2016 MONTHLY PREMIUM
UNITED HEALTHCARE (CHOICE HMO) – NEW PLAN			
Self	LR1	\$ 61.28	\$ 132.78
Family	LR2	\$ 198.85	\$ 430.84
Self + One	LR3	\$ 119.68	\$ 259.32

UNITED HEALTHCARE			
Self	L91	\$ 53.18	\$ 115.22
Family	L92	\$ 149.11	\$ 323.08
Self + One	L93	\$ 103.86	\$ 225.02