

## 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)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premiu m	Govt Pays	Empl. Pays	Change in empl. payment
<b>Nationwide APWU Health Plan</b>											
High Self	471	258.69	293.37	225.23	68.14	17.05	258.69	293.37	213.37	80.00	15.33
High Self & Family	472	584.92	704.10	515.64	188.46	72.94	584.92	704.10	488.50	215.60	69.37
High Self Plus One	473	-	616.09	486.63	129.46	-	-	616.09	461.02	155.07	-
CDHP Self	474	185.24	207.76	164.65	43.11	6.53	185.24	207.76	155.82	51.94	5.63
CDHP Self & Family	475	416.73	498.62	395.16	103.46	21.16	416.73	498.62	373.97	124.65	20.47
CDHP Self Plus One	476	-	457.07	362.23	94.84	-	-	457.07	342.80	114.27	-
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>											
Standard Self	104	293.04	313.55	225.23	88.32	11.32	293.04	313.55	213.37	100.18	9.15
Standard Self & Family	105	661.88	726.74	515.64	211.10	28.94	661.88	726.74	488.50	238.24	24.93
Standard Self Plus One	106	-	692.33	486.63	205.70	-	-	692.33	461.02	231.31	-
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>											
Basic Self	111	253.62	273.94	217.10	56.84	6.75	253.62	273.94	205.46	68.48	5.08
Basic Self & Family	112	593.86	652.70	515.64	137.06	19.77	593.86	652.70	488.50	164.20	15.74
Basic Self Plus One	113	-	621.77	486.63	135.14	-	-	621.77	461.02	160.75	-
<b>Nationwide Compass Rose Health Plan</b>											
High Self	421	279.49	291.49	225.23	66.26	2.81	279.49	291.49	213.37	78.12	0.64
High Self & Family	422	642.51	699.57	515.64	183.93	21.14	642.51	699.57	488.50	211.07	17.13
High Self Plus One	423	-	641.27	486.63	154.64	-	-	641.27	461.02	180.25	-
<b>Nationwide Foreign Service Benefit Plan</b>											
High Self	401	240.67	252.70	200.26	52.44	4.91	240.67	252.70	189.53	63.17	3.00
High Self & Family	402	593.00	625.16	495.44	129.72	12.60	593.00	625.16	468.87	156.29	8.04
High Self Plus One	403	-	618.98	486.63	132.35	-	-	618.98	461.02	157.96	-

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<b>Nationwide GEHA Benefit Plan</b>											
High Self	311	296.26	313.72	225.23	88.49	8.27	296.26	313.72	213.37	100.35	6.10
High Self & Family	312	673.80	745.43	515.64	229.79	35.71	673.80	745.43	488.50	256.93	31.70
High Self Plus One	313	-	690.18	486.63	203.55	-	-	690.18	461.02	229.16	-
Standard Self	314	196.18	207.16	164.17	42.99	4.24	196.18	207.16	155.37	51.79	2.75
Standard Self & Family	315	446.12	489.91	388.25	101.66	13.55	446.12	489.91	367.43	122.48	10.95
Standard Self Plus One	316	-	445.39	352.97	92.42	-	-	445.39	334.04	111.35	-
<b>Nationwide GEHA High Deductible Health Plan</b>											
HDHP Self	341	203.47	216.01	171.19	44.82	4.63	203.47	216.01	162.01	54.00	3.13
HDHP Self & Family	342	464.72	510.85	404.85	106.00	14.22	464.72	510.85	383.14	127.71	11.53
HDHP Self Plus One	343	-	464.42	368.05	96.37	-	-	464.42	348.32	116.10	-
<b>Nationwide MHBP - Consumer Option</b>											
HDHP Self	481	256.90	259.47	205.63	53.84	3.10	256.90	259.47	194.60	64.87	0.65
HDHP Self & Family	482	582.10	602.92	477.81	125.11	10.15	582.10	602.92	452.19	150.73	5.21
HDHP Self Plus One	483	-	574.22	455.07	119.15	-	-	574.22	430.67	143.55	-
<b>Nationwide MHBP - Std</b>											
Standard Self	454	294.66	279.93	221.84	58.09	-20.53	294.66	279.93	209.95	69.98	-22.67
Standard Self & Family	455	674.36	650.55	515.56	134.99	-59.65	674.36	650.55	487.91	162.64	-63.15
Standard Self Plus One	456	-	637.79	486.63	151.16	-	-	637.79	461.02	176.77	-
<b>Nationwide MHBP - Value Plan</b>											
Standard Self	414	227.44	236.60	187.51	49.09	4.17	227.44	236.60	177.45	59.15	2.29
Standard Self & Family	415	542.24	571.80	453.15	118.65	11.56	542.24	571.80	428.85	142.95	7.39
Standard Self Plus One	416	-	560.59	444.27	116.32	-	-	560.59	420.44	140.15	-

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<b>Nationwide NALC</b>											
High Self	321	278.95	285.92	225.23	60.69	-2.22	278.95	285.92	213.37	72.55	-4.39
High Self & Family	322	604.27	634.74	503.03	131.71	7.16	604.27	634.74	476.06	158.68	2.98
High Self Plus One	323	-	623.30	486.63	136.67	-	-	623.30	461.02	162.28	-
CDHP Self	324	200.24	200.24	158.69	41.55	2.00	200.24	200.24	150.18	50.06	0.00
CDHP Self & Family	325	434.79	434.80	344.58	90.22	4.35	434.79	434.80	326.10	108.70	0.00
CDHP Self Plus One	326	-	434.79	344.57	90.22	-	-	434.79	326.09	108.70	-
<b>Nationwide NALC Value Option</b>											
Basic Self	KM1	172.40	172.40	136.63	35.77	1.72	172.40	172.40	129.30	43.10	0.00
Basic Self & Family	KM2	374.38	374.39	296.70	77.69	3.75	374.38	374.39	280.79	93.60	0.01
Basic Self Plus One	KM3	-	374.38	296.70	77.68	-	-	374.38	280.79	93.59	-
<b>Nationwide Panama Canal Area Benefit Plan</b>											
High Self	431	222.72	238.66	189.14	49.52	5.53	222.72	238.66	179.00	59.66	3.98
High Self & Family	432	464.88	498.18	394.81	103.37	11.56	464.88	498.18	373.64	124.54	8.32
High Self Plus One	433	-	476.34	377.50	98.84	-	-	476.34	357.26	119.08	-
<b>Nationwide Rural Carrier Benefit Plan</b>											
High Self	381	292.49	298.34	225.23	73.11	-3.34	292.49	298.34	213.37	84.97	-5.51
High Self & Family	382	557.72	577.71	457.84	119.87	9.72	557.72	577.71	433.28	144.43	5.00
High Self Plus One	383	-	566.37	448.85	117.52	-	-	566.37	424.78	141.59	-
<b>Nationwide SAMBA</b>											
High Self	441	339.89	347.16	225.23	121.93	-1.92	339.89	347.16	213.37	133.79	-4.09
High Self & Family	442	800.46	833.19	515.64	317.55	-3.19	800.46	833.19	488.50	344.69	-7.20
High Self Plus One	443	-	763.76	486.63	277.13	-	-	763.76	461.02	302.74	-
Standard Self	444	243.16	253.76	201.10	52.66	4.64	243.16	253.76	190.32	63.44	2.65
Standard Self & Family	445	555.35	583.65	462.54	121.11	11.43	555.35	583.65	437.74	145.91	7.07
Standard Self Plus One	446	-	558.27	442.43	115.84	-	-	558.27	418.70	139.57	-