

Plan	Option	Enrollment Code	Location	Enrollment Type	2025 Biweekly- Total Premium	2025 Biweekly Gov't Pays	2025 Biweekly Empl. Pays	2025 Monthly- Total Premium	2025 Monthly Gov't Pays	2025 Monthly Empl. Pays
APWU Health Plan	High Option	23A	Nationwide	Self	395.95	286.09	109.86	857.89	619.86	238.03
APWU Health Plan	High Option	23B	Nationwide	Self & Family	950.23	672.95	277.28	2058.83	1458.06	600.77
APWU Health Plan	High Option	23C	Nationwide	Self Plus One	831.45	618.40	213.05	1801.48	1339.87	461.61
APWU Health Plan	Consumer Driven Option	23D	Nationwide	Self	322.49	241.87	80.62	698.73	524.05	174.68
APWU Health Plan	Consumer Driven Option	23E	Nationwide	Self & Family	764.63	573.47	191.16	1656.70	1242.53	414.17
APWU Health Plan	Consumer Driven Option	23F	Nationwide	Self Plus One	700.91	525.68	175.23	1518.64	1138.98	379.66
Blue Cross and Blue Shield Service Benefit Plan	Basic Option	33A	Nationwide	Self	400.21	286.09	114.12	867.12	619.86	247.26
Blue Cross and Blue Shield Service Benefit Plan	Basic Option	33B	Nationwide	Self & Family	990.57	672.95	317.62	2146.24	1458.06	688.18
Blue Cross and Blue Shield Service Benefit Plan	Basic Option	33C	Nationwide	Self Plus One	899.39	618.40	280.99	1948.68	1339.87	608.81
Blue Cross and Blue Shield Service Benefit Plan	Standard Option	33D	Nationwide	Self	460.22	286.09	174.13	997.14	619.86	377.28
Blue Cross and Blue Shield Service Benefit Plan	Standard Option	33E	Nationwide	Self & Family	1108.38	672.95	435.43	2401.49	1458.06	943.43
Blue Cross and Blue Shield Service Benefit Plan	Standard Option	33F	Nationwide	Self Plus One	1006.44	618.40	388.04	2180.62	1339.87	840.75
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	FEP Blue Focus	35A	Nationwide	Self	236.70	177.53	59.17	512.85	384.64	128.21
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	FEP Blue Focus	35B	Nationwide	Self & Family	559.70	419.78	139.92	1212.68	909.51	303.17
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus	FEP Blue Focus	35C	Nationwide	Self Plus One	508.86	381.65	127.21	1102.53	826.90	275.63
GEHA Benefit Plan - HDHP	High Deductible Health Plan	39A	Nationwide	Self	314.39	235.79	78.60	681.18	510.89	170.29
GEHA Benefit Plan - HDHP	High Deductible Health Plan	39B	Nationwide	Self & Family	830.63	622.97	207.66	1799.70	1349.78	449.92
GEHA Benefit Plan - HDHP	High Deductible Health Plan	39C	Nationwide	Self Plus One	675.94	506.96	168.98	1464.54	1098.41	366.13
GEHA Benefit Plan - High and Standard	High Option	37A	Nationwide	Self	414.28	286.09	128.19	897.61	619.86	277.75
GEHA Benefit Plan - High and Standard	High Option	37B	Nationwide	Self & Family	1038.17	672.95	365.22	2249.37	1458.06	791.31
GEHA Benefit Plan - High and Standard	High Option	37C	Nationwide	Self Plus One	911.44	618.40	293.04	1974.79	1339.87	634.92
GEHA Benefit Plan - High and Standard	Standard Option	37D	Nationwide	Self	297.44	223.08	74.36	644.45	483.34	161.11
GEHA Benefit Plan - High and Standard	Standard Option	37E	Nationwide	Self & Family	790.13	592.60	197.53	1711.95	1283.96	427.99
GEHA Benefit Plan - High and Standard	Standard Option	37F	Nationwide	Self Plus One	639.52	479.64	159.88	1385.63	1039.22	346.41
GEHA Indemnity - Elevate Plus and Elevate	Elevate Plus Option	58A	Nationwide	Self	448.78	286.09	162.69	972.36	619.86	352.50
GEHA Indemnity - Elevate Plus and Elevate	Elevate Plus Option	58B	Nationwide	Self & Family	1079.11	672.95	406.16	2338.07	1458.06	880.01
GEHA Indemnity - Elevate Plus and Elevate	Elevate Plus Option	58C	Nationwide	Self Plus One	983.07	618.40	364.67	2129.99	1339.87	790.12
GEHA Indemnity - Elevate Plus and Elevate	Elevate Option	58D	Nationwide	Self	272.55	204.41	68.14	590.53	442.90	147.63
GEHA Indemnity - Elevate Plus and Elevate	Elevate Option	58E	Nationwide	Self & Family	800.49	600.37	200.12	1734.40	1300.80	433.60
GEHA Indemnity - Elevate Plus and Elevate	Elevate Option	58F	Nationwide	Self Plus One	657.54	493.16	164.38	1424.67	1068.50	356.17
MHBP Consumer Option	Consumer Option	74A	Nationwide	Self	377.73	283.30	94.43	818.42	613.82	204.60
MHBP Consumer Option	Consumer Option	74B	Nationwide	Self & Family	877.67	658.25	219.42	1901.62	1426.22	475.40
MHBP Consumer Option	Consumer Option	74C	Nationwide	Self Plus One	835.89	618.40	217.49	1811.10	1339.87	471.23
MHBP Standard and Value Option	MHBP Value Plan	73A	Nationwide	Self	251.45	188.59	62.86	544.81	408.61	136.20
MHBP Standard and Value Option	MHBP Value Plan	73B	Nationwide	Self & Family	607.67	455.75	151.92	1316.62	987.47	329.15
MHBP Standard and Value Option	MHBP Value Plan	73C	Nationwide	Self Plus One	595.77	446.83	148.94	1290.84	968.13	322.71
MHBP Standard and Value Option	MHBP Standard Option	73D	Nationwide	Self	328.88	246.66	82.22	712.57	534.43	178.14
MHBP Standard and Value Option	MHBP Standard Option	73E	Nationwide	Self & Family	764.30	573.23	191.07	1655.98	1241.99	413.99
MHBP Standard and Value Option	MHBP Standard Option	73F	Nationwide	Self Plus One	757.03	567.77	189.26	1640.23	1230.17	410.06
NALC Health Benefit Plan	High Option	77A	Nationwide	Self	396.07	286.09	109.98	858.15	619.86	238.29
NALC Health Benefit Plan	High Option	77B	Nationwide	Self & Family	911.37	672.95	238.42	1974.64	1458.06	516.58
NALC Health Benefit Plan	High Option	77C	Nationwide	Self Plus One	884.48	618.40	266.08	1916.37	1339.87	576.50
NALC Health Benefit Plan	CDHP	77D	Nationwide	Self	236.51	177.38	59.13	512.44	384.33	128.11
NALC Health Benefit Plan	CDHP	77E	Nationwide	Self & Family	579.70	434.78	144.92	1256.02	942.02	314.00
NALC Health Benefit Plan	CDHP	77F	Nationwide	Self Plus One	535.54	401.66	133.88	1160.34	870.26	290.08
Rural Carrier Benefit Plan	High Option	79A	Nationwide	Self	432.60	286.09	146.51	937.30	619.86	317.44
Rural Carrier Benefit Plan	High Option	79B	Nationwide	Self & Family	946.32	672.95	273.37	2050.36	1458.06	592.30
Rural Carrier Benefit Plan	High Option	79C	Nationwide	Self Plus One	900.93	618.40	282.53	1952.02	1339.87	612.15