



## **MOST UTILIZED HEALTH PLANS - 2021 RATES AND ENROLLMENT CODES**

Attached are some of the top Federal Health Plans utilized by DCRB annuitants. For your convenience, we have listed information about the 2021 premiums and enrollment codes.

Below are the specific links to the plan information.

### **Blue Cross & Blue Shield**

<https://www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms/#>

### **Kaiser Foundation HP - The Mid Atlantic**

<https://healthplans.kaiserpermanente.org/federal-employees-fehb/tools-resources/brochures-forms/>

### **Government Employees Hospital Association**

<https://www.geha.com/enroll/plan-brochures>

### **Aetna Open Access**

<http://www.aetnafeds.com/brochures.php>

### **Mail Handlers Benefit Plan**

<https://mhbp.com/plan-documents/>

### **M.D. IPA: The Quality Care HP**

<https://www.uhcfeds.com/health-benefits/mdipa>

### **Capital Care, Inc. (CareFirst Blue Choice)**

<http://www.carefirst.com/fedhmo/>

For access to these and other complete plan brochures you may either visit the plan provider's web page or OPM's health plan web page at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/>.

# Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> Service Benefit Plan

[www.fepblue.org](http://www.fepblue.org)



## 2021

## A Fee-For-Service Plan (FEP Blue Standard and FEP Blue Basic Options) with a Preferred Provider Organization

This Plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 9 for details. This Plan is accredited. See page 13.

**Sponsored and administered by:** The Blue Cross and Blue Shield Association and participating Blue Cross and Blue Shield Plans

**Who may enroll in this Plan:** All Federal employees, Tribal employees, and annuitants who are eligible to enroll in the Federal Employees Health Benefits Program

### Enrollment codes for this Plan:

- 104 Standard Option - Self Only
- 106 Standard Option - Self Plus One
- 105 Standard Option - Self and Family
- 111 Basic Option - Self Only
- 113 Basic Option - Self Plus One
- 112 Basic Option - Self and Family

### IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 15
- Summary of Benefits: Page 163



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RI 71-005

## 2021 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan

To compare your FEHB health plan options please go to [www.opm.gov/fehcompare](http://www.opm.gov/fehcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

**Non-Postal rates** apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates apply to certain United States Postal Service employees as follows:**

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreement: NALC.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the following agreement: PPOA.

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees and career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NPMHU, NPPN and NRLCA. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.**

If you are a Postal Service employee and have questions or require assistance, please contact:

USPS Human Resources Shared Service Center: 877-477-3273, option 5, Federal Relay Service 800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share

### Nationwide

Standard Option Self Only	104	\$241.58	\$123.45	\$523.42	\$267.48	\$120.09	\$110.03
Standard Option Self Plus One	106	\$517.46	\$280.81	\$1,121.16	\$608.43	\$273.62	\$252.06
Standard Option Self and Family	105	\$562.25	\$300.12	\$1,218.21	\$650.26	\$292.31	\$268.89

### Nationwide

Basic Option Self Only	111	\$235.82	\$78.60	\$510.93	\$170.31	\$75.46	\$65.24
Basic Option Self Plus One	113	\$517.46	\$189.17	\$1,121.16	\$409.87	\$181.98	\$160.42
Basic Option Self and Family	112	\$562.25	\$201.27	\$1,218.21	\$436.08	\$193.46	\$170.04

# Kaiser Permanente - Mid-Atlantic States

[www.kp.org/feds](http://www.kp.org/feds)

Member Services 877-KP4-FEDS (877-574-3337) (TTY: 711)



**KAISER PERMANENTE®**

# 2021

## A Health Maintenance Organization (High, Standard and Basic Options)

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 7 for details. This plan is accredited. See page 12.

**Serving:** *Washington, DC, Northern Virginia, and Metropolitan Baltimore, Maryland Area*

### IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 15
- Summary of Benefits: Page 99

**Enrollment in this Plan is limited. You must live or work in our geographic service area to enroll. See pages 13 and 14 for requirements.**

### Enrollment codes for this Plan:

- E31 High Option - Self Only**
- E33 High Option - Self Plus One**
- E32 High Option - Self and Family**
  
- E34 Standard Option - Self Only**
- E36 Standard Option - Self Plus One**
- E35 Standard Option - Self and Family**
  
- T71 Basic Option - Self Only**
- T73 Basic Option - Self Plus One**
- T72 Basic Option - Self and Family**

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Office of Personnel Management**

Healthcare and Insurance  
<http://www.opm.gov/insure>



RI 73-047

## 2021 Rate Information for Kaiser Permanente - Mid-Atlantic States

To compare your FEHB health plan options please go to [www.opm.gov/fehbcompare](http://www.opm.gov/fehbcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

**Non-Postal rates** apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates apply to certain United States Postal Service employees as follows:**

- **Postal Category 1 rates** apply to career bargaining unit employees who are represented by the following agreement: NALC.
- **Postal Category 2 rates** apply to career bargaining unit employees who are represented by the following agreement: PPOA.

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Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	E31	\$241.58	\$102.84	\$523.42	\$222.82	\$99.48	\$89.42
High Option Self Plus One	E33	\$517.46	\$274.70	\$1,121.16	\$595.19	\$267.51	\$245.95
High Option Self and Family	E32	\$562.25	\$229.91	\$1,218.21	\$498.14	\$222.10	\$198.68
Standard Option Self Only	E34	\$207.10	\$69.03	\$448.71	\$149.57	\$66.27	\$57.30
Standard Option Self Plus One	E36	\$476.33	\$158.77	\$1,032.04	\$344.01	\$152.42	\$131.78
Standard Option Self and Family	E35	\$476.33	\$158.77	\$1,032.04	\$344.01	\$152.42	\$131.78
Basic Option Self Only	T71	\$148.06	\$49.35	\$320.79	\$106.93	\$47.38	\$40.96
Basic Option Self Plus One	T73	\$329.48	\$109.83	\$713.88	\$237.96	\$105.43	\$91.16
Basic Option Self and Family	T72	\$380.60	\$126.87	\$824.64	\$274.88	\$121.79	\$105.30

# GEHA Benefit Plan

[www.geha.com](http://www.geha.com)

800-821-6136



# 2021

## A Fee-for-Service (High and Standard Options) health plan with a Preferred Provider Organization

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 7 for details. This plan is accredited. See page 12.

**Sponsored and administered by:**  
**Government Employees Health Association, Inc.**

### IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 14
- Summary of Benefits: Page 128

**Who may enroll in this Plan:** All Federal employees and annuitants who are eligible to enroll in the Federal Employees Health Benefits Program may become members of GEHA. You must be, or must become a member of Government Employees Health Association, Inc.

**To become a member:** You join simply by signing a completed Standard Form 2809, Health Benefits Registration Form, evidencing your enrollment in the Plan.

**Membership dues:** There are no membership dues for the Year 2021.

Enrollment codes for this Plan:

- 311 High Option - Self Only
- 313 High Option - Self Plus One
- 312 High Option - Self and Family
- 314 Standard Option - Self Only
- 316 Standard Option - Self Plus One
- 315 Standard Option - Self and Family



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RI 71-006

## 2021 Rate Information for Government Employees Health Association, Inc. (GEHA) Benefit Plan

To compare your FEHB health plan options, please go to [www.opm.gov/fehcompare](http://www.opm.gov/fehcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

**Non-Postal rates** apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates apply to certain United States Postal Service employees as follows:**

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreements:  
NALC.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the following agreement:  
PPOA.

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees and career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NPMHU, NPPN and NRLCA. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.**

USPS Human Resources Shared Service Center: 1-877-477-3273, option 5, Federal Relay Service 1-800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	311	\$241.58	\$108.14	\$523.42	\$234.31	\$104.78	\$94.72
High Option Self Plus One	313	\$517.46	\$251.93	\$1,121.16	\$545.85	\$244.74	\$223.18
High Option Self and Family	312	\$562.25	\$314.13	\$1,218.21	\$680.61	\$306.32	\$282.90
Standard Option Self Only	314	\$188.00	\$62.66	\$407.33	\$135.77	\$60.16	\$52.01
Standard Option Self Plus One	316	\$404.21	\$134.73	\$875.78	\$291.92	\$129.35	\$111.83
Standard Option Self and Family	315	\$494.55	\$164.85	\$1,071.53	\$357.17	\$158.26	\$136.83

# Aetna Open Access® and Aetna Saver Plans

[www.aetnafeds.com](http://www.aetnafeds.com)  
Customer Service 800-537-9384



# 2021

## A Health Maintenance Organization (High, Basic and Saver Options)

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 7 for details. This Plan is accredited. See page 12.

**Serving:** All of Washington, D.C., All of Maryland, and Northern Virginia Areas.

**Enrollment in this Plan is limited. You must live or work in our geographic service area to enroll. See page 16 for requirements.**

**Enrollment codes for this Plan:**

- JN1 High Option - Self Only
- JN3 High Option - Self Plus One
- JN2 High Option - Self and Family

- JN4 Basic Option - Self Only
- JN6 Basic Option - Self Plus One
- JN5 Basic Option - Self and Family

- QQ4 Aetna Saver - Self Only
- QQ6 Aetna Saver - Self Plus One
- QQ5 Aetna Saver - Self and Family

**IMPORTANT**

- Rates: Back Cover
- Changes for 2021: Page 17
- Summary of Benefits: Page 143



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Healthcare and Insurance  
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RI 73-052



## 2021 Rate Information for the Aetna Open Access Plans and Aetna Saver Plan

To compare your FEHB health plan options please go to [www.opm.gov/fehbcompare](http://www.opm.gov/fehbcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

**Non-Postal rates apply** to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates apply to certain United States Postal Service employees as follows:**

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreement: NALC.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the following agreement: PPOA.

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees and career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NPMHU, NPPN and NRLCA. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.**

If you are a Postal Service employee and have questions or require assistance, please contact:

USPS Human Resources Shared Service Center: 1-877-477-3273, option 5, Federal Relay Service 1-800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	JN1	\$241.58	\$301.45	\$523.42	\$653.15	\$298.09	\$288.03
High Option Self Plus One	JN3	\$517.46	\$691.24	\$1,121.16	\$1,497.69	\$684.05	\$662.49
High Option Self and Family	JN2	\$562.25	\$658.54	\$1,218.21	\$1,426.84	\$650.73	\$627.31
Basic Option Self Only	JN4	\$241.58	\$88.15	\$523.42	\$191.00	\$84.79	\$74.73
Basic Option Self Plus One	JN6	\$517.46	\$175.46	\$1,121.16	\$380.17	\$168.27	\$146.71
Basic Option Self and Family	JN5	\$562.25	\$192.33	\$1,218.21	\$416.71	\$184.52	\$161.10
Saver Option Self Only	QQ4	\$206.03	\$68.68	\$446.41	\$148.80	\$65.93	\$57.00
Saver Option Self Plus One	QQ6	\$432.98	\$144.32	\$938.12	\$312.70	\$138.55	\$119.79
Saver Option Self and Family	QQ5	\$471.50	\$157.17	\$1,021.59	\$340.53	\$150.88	\$130.45

# MHBP

[www.MHBP.com](http://www.MHBP.com)

Customer Service - 800.410.7778



# 2021

## A Fee for Service Plan (Standard Option and Value Plan) with a Provider Network

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 8 for details. This plan is accredited. See Section 1, *How This Plan Works*.

**Sponsored by:** The National Postal Mail Handlers Union, AFL-CIO, a Division of LIUNA.

**Who may enroll in this Plan:** All Federal employees and annuitants who are eligible to enroll in the Federal Employees Health Benefits Program and who are, or become, members or associate members of the National Postal Mail Handlers Union, AFL-CIO, a division of LIUNA.

**To become a member or associate member:** If you are a non-postal employee or an annuitant, you will automatically become an associate member of the National Postal Mail Handlers Union upon enrollment in MHBP. There is no membership charge for members of the National Postal Mail Handlers Union, AFL-CIO, a division of LIUNA.

**Membership dues:** \$42 per year for an associate membership except where exempt by law. New associate members will be billed by the National Postal Mail Handlers Union for annual dues when the Plan receives notice of enrollment. Continuing associate members will be billed by the National Postal Mail Handlers Union for the annual membership.

### Enrollment codes for this Plan:

- 454 Standard Option - Self Only
- 456 Standard Option - Self Plus One
- 455 Standard Option - Self and Family
  
- 414 Value Plan - Self Only
- 416 Value Plan - Self Plus One
- 415 Value Plan - Self and Family

### IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 14
- Summary of Benefits: Page 122

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Healthcare and Insurance  
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## 2021 MHBP Standard Option and Value Plan Rate Information

To compare your FEHB health plan options please go to [www.opm.gov/fehcompare](http://www.opm.gov/fehcompare).

To review premium rates for all FEHB health plan options, please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

**Non-Postal rates** apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates apply to certain United States Postal Service employees as follows:**

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreement: NALC.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the following agreement: PPOA.

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees and career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NPMHU, NPPN and NRLCA. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.**

If you are a Postal Service employee and have questions or require assistance, please contact:

USPS Human Resources Shared Service Center: 1-877-477-3273, option 5, Federal Relay Service 1-800-877-8339.

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share

**Nationwide**

Standard Option Self Only	454	\$215.39	\$71.80	\$466.69	\$155.56	\$68.93	\$59.59
Standard Option Self Plus One	456	\$495.80	\$165.26	\$1,074.23	\$358.07	\$158.65	\$137.17
Standard Option Self and Family	455	\$500.56	\$166.85	\$1,084.55	\$361.51	\$160.18	\$138.49

**Nationwide**

Value Option Self Only	414	\$160.06	\$53.35	\$346.79	\$115.60	\$51.22	\$44.28
Value Option Self Plus One	416	\$379.24	\$126.41	\$821.69	\$273.89	\$121.36	\$104.92
Value Option Self and Family	415	\$386.81	\$128.94	\$838.10	\$279.36	\$123.78	\$107.02

# MD-Individual Practice Association, Inc.

<http://www.uhcfeds.com>

Customer Service 877-835-9861



# 2021

## A Health Maintenance Organization and an Individual Practice Plan (High Option)

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 7 for details. This plan is accredited. See page 12.

**Serving: District of Columbia, Maryland and Northern Virginia**

**Enrollment in this plan is limited. You must live or work in our geographic service area to enroll. See page 13 for requirements.**

**Enrollment code for this Plan:**

JP1 High Option -Self Only

JP3 High Option - Self Plus One

JP2 High Option - Self and Family

**IMPORTANT**

- Rates: Back Cover
- Changes for 2021: Page 14
- Summary of Benefits: Page 92



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Healthcare and Insurance  
<http://www.opm.gov/insure>

RI 73-100

## 2021 Rate Information for MD IPA

To compare your FEHB health plan options please go to [www.opm.gov/fehbcompare](http://www.opm.gov/fehbcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

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Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
<b>District of Columbia, Maryland and Northern Virginia</b>							
High Option Self Only	JP1	\$241.58	\$197.29	\$523.42	\$427.47	\$193.93	\$183.87
High Option Self Plus One	JP3	\$517.46	\$339.66	\$1,121.16	\$735.93	\$332.47	\$310.91
High Option Self and Family	JP2	\$562.25	\$668.34	\$1,218.21	\$1,448.07	\$660.53	\$637.11

# CareFirst BlueChoice, Inc.

[www.carefirst.com/fedhmo/](http://www.carefirst.com/fedhmo/)

Member Services  
(888) 789-9065



## 2021

### A Health Maintenance Organization (Standard Option and Blue Value Plus Option) and a High Deductible Health Plan (HDHP)

This Plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 8 for details. This Plan is accredited. See page 13.

**Serving:** Maryland, the Northern Virginia area and Washington, DC

**Enrollment in this Plan is limited. You must live or work in our geographic service area to enroll. See page 16 for requirements.**

Enrollment Codes for this Plan:

2G4 Standard HealthyBlue - Self Only  
2G6 Standard HealthyBlue - Self Plus One  
2G5 Standard HealthyBlue - Self and Family

B61 HealthyBlue Advantage HDHP - Self Only  
B63 HealthyBlue Advantage HDHP - Self Plus One  
B62 HealthyBlue Advantage HDHP - Self and Family

B64 Blue Value Plus - Self Only  
B66 Blue Value Plus - Self Plus One  
B65 Blue Value Plus - Self and Family

#### IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 17
- Summary of Benefits: Page 173



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United States  
Office of Personnel Management

Healthcare and Insurance  
<http://www.opm.gov/insure>

RI 73-718

## 2021 Rate Information for CareFirst BlueChoice, Inc.

To compare your FEHB health plan options please go to [www.opm.gov/fehcompare](http://www.opm.gov/fehcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

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USPS Human Resources Shared Service Center: 1-877-477-3273, option 5, Federal Relay Service 1-800-877-8339

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		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
Standard Option Self Only	2G4	\$241.58	\$168.18	\$523.42	\$364.39	\$164.82	\$154.76
Standard Option Self Plus One	2G6	\$517.46	\$302.05	\$1,121.16	\$654.45	\$294.86	\$273.30
Standard Option Self and Family	2G5	\$562.25	\$411.33	\$1,218.21	\$891.21	\$403.52	\$380.10
HDHP Option Self Only	B61	\$197.34	\$65.78	\$427.57	\$142.52	\$63.15	\$54.60
HDHP Option Self Plus One	B63	\$394.67	\$131.56	\$855.13	\$285.04	\$126.30	\$109.19
HDHP Option Self and Family	B62	\$468.87	\$156.29	\$1,015.88	\$338.63	\$150.04	\$129.72
Blue Value Plus Option Self Only	B64	\$241.58	\$92.42	\$523.42	\$200.25	\$89.06	\$79.00
Blue Value Plus Self Plus One	B66	\$500.99	\$166.99	\$1,085.47	\$361.82	\$160.32	\$138.61
Blue Value Plus Option Self and Family	B65	\$562.25	\$231.31	\$1,218.21	\$501.17	\$223.50	\$200.08