



MOST UTILIZED HEALTH PLANS 2019 RATES AND ENROLLMENT CODES

Attached are some of the top Federal Health Plans utilized by DCRB annuitants. For your convenience, we have enclosed information about the 2019 premiums and enrollment codes.

Below are the specific links to the plan information provided in this mailing.

Blue Cross & Blue Shield

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

Kaiser Foundation HP - The Mid Atlantic

<http://healthplans.kaiserpermanente.org/federalemployees/virginia-washington-dc-maryland/shop-and-enroll>

Government Employees Hospital Association

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

Aetna Open Access

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

Mail Handlers Benefit Plan

<http://www.mhbp.com/health-plans/official-plan-brochures/index.htm>

M.D. IPA: The Quality Care HP

<https://www.uhcfeds.com/static/pdf/mdipa/coc-mdipa-washingtondc.pdf>

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[®] and Blue Shield[®] Service Benefit Plan

www.fepblue.org



2019

A Fee-For-Service Plan (Standard and Basic Option) 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 pages 4 and 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

IMPORTANT

- Rates: Back Cover
- Changes for 2019: Page 15
- Summary of benefits: Page 170

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

Authorized for distribution by the:



United States
Office of Personnel Management

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

RI 71-005

2019 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/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- 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. 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
Basic Option Self Only	111	\$221.18	\$73.72	\$479.21	\$159.74	\$70.78	\$61.19
Basic Option Self Plus One	113	\$492.27	\$170.57	\$1,066.59	\$369.56	\$163.73	\$143.22
Basic Option Self and Family	112	\$525.32	\$177.24	\$1,138.19	\$384.02	\$169.94	\$148.06
Standard Option Self Only	104	\$230.18	\$112.23	\$498.72	\$243.17	\$109.03	\$99.44
Standard Option Self Plus One	106	\$492.27	\$256.54	\$1,066.59	\$555.83	\$249.70	\$229.19
Standard Option Self and Family	105	\$525.32	\$268.21	\$1,138.19	\$581.13	\$260.91	\$239.03

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

www.kp.org/feds

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



2019

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 8 for details. This plan is accredited. See page 13.

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

IMPORTANT

- Rates: Back Cover
- Changes for 2019: Page 16
- Summary of benefits: Page 103

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



Authorized for distribution by the:



United States
Office of Personnel Management

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

RI 73-047

2019 Rate Information for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **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. Postal rates do not apply to non-career Postal employees, Postal retirees, and associated 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 Services: 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	E31	\$230.18	\$89.52	\$498.72	\$193.96	\$86.32	\$76.73
High Option Self Plus One	E33	\$492.27	\$243.03	\$1,066.59	\$526.56	\$236.19	\$215.68
High Option Self and Family	E32	\$525.32	\$209.98	\$1,138.19	\$454.96	\$202.68	\$180.80
Standard Option Self Only	E34	\$180.61	\$60.20	\$391.32	\$130.44	\$57.79	\$49.97
Standard Option Self Plus One	E36	\$415.38	\$138.46	\$899.99	\$300.00	\$132.92	\$114.92
Standard Option Self and Family	E35	\$415.38	\$138.46	\$899.99	\$300.00	\$132.92	\$114.92
Basic Option Self Only	T71	\$145.43	\$48.47	\$315.09	\$105.03	\$46.54	\$40.23
Basic Option Self Plus One	T73	\$323.62	\$107.87	\$701.18	\$233.72	\$103.56	\$89.53
Basic Option Self and Family	T72	\$355.21	\$118.40	\$769.62	\$256.54	\$113.67	\$98.27

GEHA Benefit Plan

www.geha.com

800-821-6136



2019

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 8 for details. This plan is accredited. See page 13.

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

IMPORTANT

- Rates: Back Cover
- Changes for 2019: Page 15
- Summary of benefits: Page 124

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 2019.

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

Authorized for distribution by the:



United States
Office of Personnel Management

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

RI 71-006

2019 Rate Information for Government Employees Health Association, Inc. (GEHA) Benefit Plan

To compare your FEHB health plan options, please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **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. 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
High Option Self Only	311	\$230.18	\$105.97	\$498.72	\$229.61	\$102.77	\$93.18
High Option Self Plus One	313	\$492.27	\$247.26	\$1,066.59	\$535.73	\$240.42	\$219.91
High Option Self and Family	312	\$525.32	\$312.95	\$1,138.19	\$678.06	\$305.65	\$283.77
Standard Option Self Only	314	\$176.35	\$58.78	\$382.09	\$127.36	\$56.43	\$48.79
Standard Option Self Plus One	316	\$379.16	\$126.38	\$821.51	\$273.83	\$121.33	\$104.90
Standard Option Self and Family	315	\$444.35	\$148.11	\$962.75	\$320.91	\$142.19	\$122.94

Aetna Open Access®

www.aetnafeds.com
Customer Service 800-537-9384



2019

A Health Maintenance Organization (High and Basic Option)

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 14.

Serving: All of Washington, D.C., Northern/Central/Southern 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 18 for requirements.

Enrollment code 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

IMPORTANT

- Rates: Back Cover
- Changes for 2019: Page 19
- Summary of benefits: Page 104



Authorized for distribution by the:



**United States
Office of Personnel Management**

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

RI 73-052

2019 Rate Information for the Aetna Open Access Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **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. 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
High Option Self Only	JN1	\$230.18	\$286.34	\$498.72	\$620.41	\$283.14	\$273.55
High Option Self Plus One	JN3	\$492.27	\$657.44	\$1,066.59	\$1,424.45	\$650.60	\$630.09
High Option Self and Family	JN2	\$525.32	\$635.90	\$1,138.19	\$1,377.79	\$628.60	\$606.72
Basic Option Self Only	JN4	\$230.18	\$83.88	\$498.72	\$181.74	\$80.68	\$71.09
Basic Option Self Plus One	JN6	\$492.27	\$167.73	\$1,066.59	\$363.41	\$160.89	\$140.38
Basic Option Self and Family	JN5	\$525.32	\$193.41	\$1,138.19	\$419.06	\$186.11	\$164.23

MHBP

www.MHBP.com

Customer Service - 800.410.7778



2019

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.

IMPORTANT

- Rates: Back Cover
- Changes for 2019: Page 15
- Summary of benefits: Page 124

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:

414 Value Plan - Self Only

416 Value Plan - Self Plus One

415 Value Plan - Self and Family

454 Standard Option - Self Only

456 Standard Option - Self Plus One

455 Standard Option - Self and Family

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United States
Office of Personnel Management

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

RI 71-007

2019 MHBP Standard Option and Value Plan Rate Information

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options, please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **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. 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
Value Option Self Only	414	\$165.17	\$55.06	\$357.88	\$119.29	\$52.86	\$45.70
Value Option Self Plus One	416	\$391.37	\$130.45	\$847.96	\$282.65	\$125.24	\$108.28
Value Option Self and Family	415	\$399.18	\$133.06	\$864.89	\$288.30	\$127.74	\$110.44
Standard Option Self Only	454	\$199.61	\$66.53	\$432.48	\$144.16	\$63.87	\$55.22
Standard Option Self Plus One	456	\$459.44	\$153.15	\$995.46	\$331.82	\$147.02	\$127.11
Standard Option Self and Family	455	\$463.86	\$154.62	\$1,005.03	\$335.01	\$148.44	\$128.33

MD-Individual Practice Association, Inc.

<http://www.uhcfeds.com>

Customer Service 877-835-9861



2019

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 8 for details. This plan is accredited. See page 13.

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 14 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 2019: Page 15
- Summary of benefits: Page 91



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United States
Office of Personnel Management

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

RI 73-100

2019 Rate Information for MD IPA

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **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. 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

District of Columbia, Maryland and Northern Virginia

High Option Self Only	JP1	\$230.18	\$134.83	\$498.72	\$292.14	\$131.63	\$122.04
High Option Self Plus One	JP3	\$492.27	\$220.59	\$1,066.59	\$477.94	\$213.75	\$193.24
High Option Self and Family	JP2	\$525.32	\$498.16	\$1,138.19	\$1,079.35	\$490.86	\$468.98

CareFirst BlueChoice, Inc.

www.carefirst.com/fedhmo/

Member Services
(888) 789-9065



2019

A Health Maintenance Organization (Standard 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

IMPORTANT

- Rates: Back Cover
- Changes for 2019: Page 19
- Summary of benefits: Page 171

Special Notice: High Option Open Access will not be offered for the 2019 contract year.



Authorized for distribution by the:



United States
Office of Personnel Management

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

RI 73-718

2019 Rate Information for CareFirst BlueChoice, Inc.

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or 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: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **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. 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
Standard Option Self Only	2G4	\$230.18	\$137.98	\$498.72	\$298.96	\$134.78	\$125.19
Standard Option Self Plus One	2G6	\$492.27	\$244.04	\$1,066.59	\$528.75	\$237.20	\$216.69
Standard Option Self and Family	2G5	\$525.32	\$349.41	\$1,138.19	\$757.06	\$342.11	\$320.23
HDHP Option Self Only	B61	\$179.40	\$59.80	\$388.70	\$129.57	\$57.41	\$49.63
HDHP Option Self Plus One	B63	\$358.79	\$119.60	\$777.38	\$259.13	\$114.81	\$99.27
HDHP Option Self and Family	B62	\$426.25	\$142.08	\$923.54	\$307.84	\$136.40	\$117.93