2024 Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Manageme	2023 Total	20	24 Biweekly	premium ra	tes	2023 Total	2024 Monthly premium rates					
			Biweekly	Total	Gov't	Empl	Change in	Monthly	Total	Gov't	Empl.	Change in
Plan	Option	Code	Premium	Premium	Pays	Pays	empl. Payment	Premium	Premium	Pays	Pays	empl. payment
District of Columbia Aetna	Advantage Self	Z24	\$230.78	\$230.78	\$173.09	\$57.69	\$0.00	\$500.02	\$500.02	\$375.02	\$125.00	\$0.00
Advantage	Advantage Self & Family	Z25	\$611.54	\$611.54	\$458.66	\$152.88	\$0.00	\$1,325.00	\$1,325.00	\$993.75	\$331.25	\$0.00
	Advantage Self Plus One	Z26	\$507.70	\$507.70	\$380.78	\$126.92	\$0.00	\$1,100.02	\$1,100.02	\$825.02	\$275.00	\$0.00
District of Columbia Aetna	CDHP Self	F51	\$451.48	\$488.99	\$271.43	\$217.56	\$25.80	\$978.21	\$1,059.48	\$588.10	\$471.38	\$55.90
HealthFund CDHP and	CDHP Self & Family	F52	\$1,029.43	\$1,114.96	\$646.18	\$468.78	\$50.77	\$2,230.43	\$2,415.75	\$1,400.06	\$1,015.69	\$110.00
Aetna Value Plan	CDHP Self Plus One	F53	\$1,019.23	\$1,103.91	\$586.50	\$517.41	\$58.70	\$2,208.33	\$2,391.81	\$1,270.75	\$1,121.06	\$127.19
	Value Self	F54	\$465.36	\$472.60	\$271.43	\$201.17	-\$4.47	\$1,008.28	\$1,023.97	\$588.10	\$435.87	-\$9.68
	Value Self & Family	F55	\$1,065.64	\$1,082.23	\$646.18	\$436.05	-\$18.17	\$2,308.89	\$2,344.83	\$1,400.06	\$944.77	-\$39.38
	Value Self Plus One	F56	\$1,044.73	\$1,060.99	\$586.50	\$474.49	-\$9.72	\$2,263.58	\$2,298.81	\$1,270.75	\$1,028.06	-\$21.06
District of Columbia Aetna	HDHP Self	224	\$384.30	\$397.25	\$271.43	\$125.82	\$1.24	\$832.65	\$860.71	\$588.10	\$272.61	\$2.69
HealthFund HDHP	HDHP Self & Family	225	\$847.69	\$876.24	\$646.18	\$230.06	-\$6.21	\$1,836.66	\$1,898.52	\$1,400.06	\$498.46	-\$13.46
	HDHP Self Plus One	226	\$831.10	\$859.09	\$586.50	\$272.59	\$2.01	\$1,800.72	\$1,861.36	\$1,270.75	\$590.61	\$4.35
District of Columbia	CDHP Self	N61	\$296.04	\$296.86	\$222.65	\$74.21	\$0.20	\$641.42	\$643.20	\$482.40	\$160.80	\$0.45
Aetna Direct	CDHP Self & Family	N62	\$746.57	\$748.64	\$561.48	\$187.16	\$0.52	\$1,617.57	\$1,622.05	\$1,216.54	\$405.51	\$1.12
	CDHP Self Plus One	N63	\$649.23	\$651.03	\$488.27	\$162.76	\$0.45	\$1,406.67	\$1,410.57	\$1,057.93	\$352.64	\$0.97
District of Columbia Aetna Open	High Self	JN1	\$613.31	\$629.57	\$271.43	\$358.14	\$4.55	\$1,328.84	\$1,364.07	\$588.10	\$775.97	\$9.86
Access	High Self & Family	JN2	\$1,378.80	\$1,415.38	\$646.18	\$769.20	\$1.82	\$2,987.40	\$3,066.66	\$1,400.06	\$1,666.60	\$3.94
	High Self Plus One	JN3	\$1,365.14	\$1,401.35	\$586.50	\$814.85	\$10.23	\$2,957.80	\$3,036.26	\$1,270.75	\$1,765.51	\$22.17
	Basic Self	JN4	\$355.72	\$371.46	\$271.43	\$100.03	\$4.03	\$770.73	\$804.83	\$588.10	\$216.73	\$8.73
	Basic Self & Family	JN5	\$814.07	\$850.06	\$637.55	\$212.51	\$8.99	\$1,763.82	\$1,841.80	\$1,381.35	\$460.45	\$19.50
	Basic Self Plus One	JN6	\$747.54	\$780.59	\$585.44	\$195.15	\$8.13	\$1,619.67	\$1,691.28	\$1,268.46	\$422.82	\$17.61
District of Columbia Aetna	Saver Self	QQ4	\$283.18	\$287.21	\$215.41	\$71.80	\$1.01	\$613.56	\$622.29	\$466.72	\$155.57	\$2.18
Saver (Open Access)	Saver Self & Family	QQ5	\$648.09	\$657.28	\$492.96	\$164.32	\$2.30	\$1,404.20	\$1,424.11	\$1,068.08	\$356.03	\$4.98
' '	Saver Self Plus One	QQ6	\$595.13	\$603.58	\$452.69	\$150.89	\$2.11	\$1,289.45	\$1,307.76	\$980.82	\$326.94	\$4.58
District of Columbia CareFirst	Standard Self	2G4	\$472.28	\$514.79	\$271.43	\$243.36	\$30.80	\$1,023.27	\$1,115.38	\$588.10	\$527.28	\$66.74
BlueChoice	Standard Self & Family	2G5	\$1,122.14	\$1,223.13	\$646.18	\$576.95	\$66.23	\$2,431.30	\$2,650.12	\$1,400.06	\$1,250.06	\$143.50
	Standard Self Plus One	2G6	\$944.57	\$1,029.58	\$586.50	\$443.08	\$59.03	\$2,046.57	\$2,230.76	\$1,270.75	\$960.01	\$127.90
	HDHP Self	B61	\$319.34	\$335.32	\$251.49	\$83.83	\$4.00	\$691.90	\$726.53	\$544.90	\$181.63	\$8.66
	HDHP Self & Family	B62	\$758.75	\$796.69	\$597.52	\$199.17	\$9.48	\$1,643.96	\$1,726.16	\$1,294.62	\$431.54	\$20.55
	HDHP Self Plus One	B63	\$638.70	\$670.62	\$502.97	\$167.65	\$7.98	\$1,383.85	\$1,453.01	\$1,089.76	\$363.25	\$17.29
	Blue Value Plus Self	B64	\$350.69	\$357.71	\$268.28	\$89.43	-\$1.54	\$759.83	\$775.04	\$581.28	\$193.76	-\$3.34
	Blue Value Plus Self & Family	B65	\$833.24	\$849.90	\$637.43	\$212.47	-\$9.35	\$1,805.35	\$1,841.45	\$1,381.09	\$460.36	-\$20.25
	Blue Value Plus Self Plus One	B66	\$701.39	\$715.42	\$536.57	\$178.85	\$3.50	\$1,519.68	\$1,550.08	\$1,162.56	\$387.52	\$7.60
District of Columbia Kaiser	Prosper Self	T71	\$175.26	\$196.16	\$147.12	\$49.04	\$5.23	\$379.73	\$425.01	\$318.76	\$106.25	\$11.32
Foundation Health Plan	Prosper Self & Family	T72	\$493.08	\$551.91	\$413.93	\$137.98	\$14.71	\$1,068.34	\$1,195.81	\$896.86	\$298.95	\$31.87
Mid-Atlantic States	Prosper Self Plus One	T73	\$418.70	\$468.67	\$351.50	\$117.17	\$12.50	\$907.18	\$1,015.45	\$761.59	\$253.86	\$27.07
	Standard Self	E34	\$293.20	\$326.55	\$244.91	\$81.64	\$8.34	\$635.27	\$707.53	\$530.65	\$176.88	\$18.06
	Standard Self & Family	E35	\$674.35	\$751.06	\$563.30	\$187.76	\$19.17	\$1,461.09	\$1,627.30	\$1,220.48	\$406.82	\$41.55
	Standard Self Plus One	E36	\$674.35	\$751.06	\$563.30	\$187.76	\$19.17	\$1,461.09	\$1,627.30	\$1,220.48	\$406.82	\$41.55
	High Self	E31	\$365.03	\$410.71	\$271.43	\$139.28	\$33.97	\$790.90	\$889.87	\$588.10	\$301.77	\$73.60
	High Self & Family	E32	\$839.55	\$944.63	\$646.18	\$298.45	\$70.32	\$1,819.03	\$2,046.70	\$1,400.06	\$646.64	\$152.35
	High Self Plus One	E33	\$839.55	\$944.63	\$586.50	\$358.13	\$79.10	\$1,819.03	\$2,046.70	\$1,270.75	\$775.95	\$171.38

https://www.opm.gov/healthcare-insurance/healthcare/

2024 Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Manageme	2023 Total 2024 Biweekly premium rates					2023 Total	2024 Monthly premium rates					
			Biweekly	Total	Gov't	Empl	Change in	Monthly	Total	Gov't	Empl.	Change in
Plan	Option	Code	Premium	Premium	Pays	Pays	empl. Payment	Premium	Premium	Pays	Pays	empl. payment
District of Columbia M.D. IPA	High Self	JP1	\$491.90	\$532.29	\$271.43	\$260.86	\$28.68	\$1,065.78	\$1,153.30	\$588.10	\$565.20	\$62.15
	High Self & Family	JP2	\$1,379.28	\$1,492.55	\$646.18	\$846.37	\$78.51	\$2,988.44	\$3,233.86	\$1,400.06	\$1,833.80	\$170.10
	High Self Plus One	JP3	\$960.67	\$1,039.58	\$586.50	\$453.08	\$52.93	\$2,081.45	\$2,252.42	\$1,270.75	\$981.67	\$114.68
District of Columbia	High Self	LR1	\$419.08	\$465.02	\$271.43	\$193.59	\$34.23	\$908.01	\$1,007.54	\$588.10	\$419.44	\$74.16
UnitedHealthcare Insurance	High Self & Family	LR2	\$993.20	\$1,102.10	\$646.18	\$455.92	\$74.14	\$2,151.93	\$2,387.88	\$1,400.06	\$987.82	\$160.63
Co. Inc,. Choice Open Access HMC	High Self Plus One	LR3	\$901.00	\$999.79	\$586.50	\$413.29	\$72.81	\$1,952.17	\$2,166.21	\$1,270.75	\$895.46	\$157.75
District of Columbia	Value Self	L91	\$321.69	\$355.04	\$266.28	\$88.76	\$8.34	\$697.00	\$769.25	\$576.94	\$192.31	\$18.06
UnitedHealthcare Insurance	Value Self & Family	L92	\$772.06	\$852.11	\$639.08	\$213.03	\$20.02	\$1,672.80	\$1,846.24	\$1,384.68	\$461.56	\$43.36
Co. Inc., Choice Plus Advanced	Value Self Plus One	L93	\$683.61	\$754.47	\$565.85	\$188.62	\$17.72	\$1,481.16	\$1,634.69	\$1,226.02	\$408.67	\$38.38
District of Columbia	HDHP Self	V41	\$307.01	\$320.10	\$240.08	\$80.02	\$3.27	\$665.19	\$693.55	\$520.16	\$173.39	\$7.09
UnitedHealthcare Insurance	HDHP Self & Family	V42	\$706.09	\$732.83	\$549.62	\$183.21	\$6.69	\$1,529.86	\$1,587.80	\$1,190.85	\$396.95	\$14.49
Company, Inc. Choice HDHP	HDHP Self Plus One	V43	\$660.06	\$688.24	\$516.18	\$172.06	\$7.05	\$1,430.13	\$1,491.19	\$1,118.39	\$372.80	\$15.27
District of Columbia	High Self	AS1	\$328.52	\$365.31	\$271.43	\$93.88	\$11.75	\$711.79	\$791.51	\$588.10	\$203.41	\$25.46
UnitedHealthcare Insurance	High Self & Family	AS2	\$776.94	\$863.99	\$646.18	\$217.81	\$23.58	\$1,683.37	\$1,871.98	\$1,400.06	\$471.92	\$51.08
Choice Plus Primary	High Self Plus One	AS3	\$706.31	\$785.44	\$586.50	\$198.94	\$22.36	\$1,530.34	\$1,701.79	\$1,270.75	\$431.04	\$48.46
District of Columbia	High Self	Y81	\$311.73	\$334.71	\$251.03	\$83.68	\$5.75	\$675.42	\$725.21	\$543.91	\$181.30	\$12.45
UnitedHealthcare Insurance	High Self & Family	Y82	\$737.24	\$791.60	\$593.70	\$197.90	\$13.59	\$1,597.35	\$1,715.13	\$1,286.35	\$428.78	\$29.44
Choice Primary	High Self Plus One	Y83	\$670.22	\$719.64	\$539.73	\$179.91	\$12.36	\$1,452.14	\$1,559.22	\$1,169.42	\$389.80	\$26.77

2024 Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)			2023 Total	203	24 Biweekly	premium ra	tes	2023 Total	2	2024 Monthly premium rates				
Plan	Option	Code	Biweekly Premium	Total Premium	Gov't Pays	Empl Pays	Change in empl. Payment	Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
APWU Health Plan	High Self	471	\$380.72	\$395.95	\$271.43	\$124.52	\$3.52	\$824.89	\$857.89	\$588.10	\$269.79	\$7.63		
	High Self & Family	472	\$913.68	\$950.23	\$646.18	\$304.05	\$1.79	\$1,979.64	\$2,058.83	\$1,400.06	\$658.77	\$3.87		
	High Self Plus One	473	\$799.47	\$831.45	\$586.50	\$244.95	\$6.00	\$1,732.19	\$1,801.48	\$1,270.75	\$530.73	\$13.00		
	CDHP Self	474	\$295.32	\$307.13	\$230.35	\$76.78	\$2.95	\$639.86	\$665.45	\$499.09	\$166.36	\$6.40		
	CDHP Self & Family	475	\$700.21	\$728.22	\$546.17	\$182.05	\$7.00	\$1,517.12	\$1,577.81	\$1,183.36	\$394.45	\$15.17		
	CDHP Self Plus One	476	\$641.86	\$667.53	\$500.65	\$166.88	\$6.42	\$1,390.70	\$1,446.32	\$1,084.74	\$361.58	\$13.91		
Blue Cross and Blue Shield	Standard Self	104	\$402.12	\$422.22	\$271.43	\$150.79	\$8.39	\$871.26	\$914.81	\$588.10	\$326.71	\$18.18		
Service Benefit Plan	Standard Self & Family	105	\$959.31	\$1,016.86	\$646.18	\$370.68	\$22.79	\$2,078.51	\$2,203.20	\$1,400.06	\$803.14	\$49.37		
Standard Option	Standard Self Plus One	106	\$879.37	\$923.34	\$586.50	\$336.84	\$17.99	\$1,905.30	\$2,000.57	\$1,270.75	\$729.82	\$38.98		
Blue Cross and Blue Shield	Basic Self	111	\$346.39	\$367.17	\$271.43	\$95.74	\$9.07	\$750.51	\$795.54	\$588.10	\$207.44	\$19.66		
Service Benefit Plan	Basic Self & Family	112	\$849.33	\$908.78	\$646.18	\$262.60	\$24.69	\$1,840.22	\$1,969.02	\$1,400.06	\$568.96	\$53.48		
Basic Option	Basic Self Plus One	113	\$778.42	\$825.13	\$586.50	\$238.63	\$20.73	\$1,686.58	\$1,787.78	\$1,270.75	\$517.03	\$44.91		
Blue Cross and Blue Shield	Blue Focus Self	131	\$216.86	\$221.22	\$165.92	\$55.30	\$1.09	\$469.86	\$479.31	\$359.48	\$119.83	\$2.37		
Service Benefit Plan	Blue Focus Self&Family	132	\$512.78	\$523.06	\$392.30	\$130.76	\$2.57	\$1,111.02	\$1,133.30	\$849.98	\$283.32	\$5.57		
Fep Blue Focus	Blue Focus Self Plus One	133	\$466.18	\$475.54	\$356.66	\$118.88	\$2.34	\$1,010.06	\$1,030.34	\$772.76	\$257.58	\$5.07		
GEHA Benefit Plan	High Self	311	\$365.46	\$380.08	\$271.43	\$108.65	\$2.91	\$791.83	\$823.51	\$588.10	\$235.41	\$6.31		
	High Self & Family	312	\$915.81	\$952.44	\$646.18	\$306.26	\$1.87	\$1,984.26	\$2,063.62	\$1,400.06	\$663.56	\$4.04		
	High Self Plus One	313	\$804.01	\$836.17	\$586.50	\$249.67	\$6.18	\$1,742.02	\$1,811.70	\$1,270.75	\$540.95	\$13.39		
	Standard Self	314	\$275.10	\$280.60	\$210.45	\$70.15	\$1.38	\$596.05	\$607.97	\$455.98	\$151.99	\$2.98		
	Standard Self & Family	315	\$723.69	\$745.40	\$559.05	\$186.35	\$5.43	\$1,568.00	\$1,615.03	\$1,211.27	\$403.76	\$11.76		
	Standard Self Plus One	316	\$591.49	\$603.31	\$452.48	\$150.83	\$2.96	\$1,281.56	\$1,307.17	\$980.38	\$326.79	\$6.40		
GEHA High Deductible	HDHP Self	341	\$277.48	\$285.81	\$214.36	\$71.45	\$2.08	\$601.21	\$619.26	\$464.45	\$154.81	\$4.51		
Health Plan	HDHP Self & Family	342	\$733.12	\$755.11	\$566.33	\$188.78	\$5.50	\$1,588.43	\$1,636.07	\$1,227.05	\$409.02	\$11.91		
	HDHP Self Plus One	343	\$596.59	\$614.48	\$460.86	\$153.62	\$4.47	\$1,292.61	\$1,331.37	\$998.53	\$332.84	\$9.69		
GEHA Indemnity Benefit Plan	Elevate Plus Self	251	\$343.10	\$373.98	\$271.43	\$102.55	\$16.78	\$743.38	\$810.29	\$588.10	\$222.19	\$36.35		
ĺ	Elevate Plus Self & Family	252	\$821.25	\$899.26	\$646.18	\$253.08	\$43.25	\$1,779.38	\$1,948.40	\$1,400.06	\$548.34	\$93.70		
	Elevate Plus Self Plus One	253	\$748.16	\$819.23	\$586.50	\$232.73	\$45.09	\$1,621.01	\$1,775.00	\$1,270.75	\$504.25	\$97.70		
	Elevate Self	254	\$202.77	\$208.85	\$156.64	\$52.21	\$1.52	\$439.34	\$452.51	\$339.38	\$113.13	\$3.30		
	Elevate Self & Family	255	\$578.69	\$613.40	\$460.05	\$153.35	\$8.68	\$1,253.83	\$1,329.03	\$996.77	\$332.26	\$18.80		
	Elevate Self Plus One	256	\$475.34	\$503.87	\$377.90	\$125.97	\$7.14	\$1,029.90	\$1,091.72	\$818.79	\$272.93	\$15.46		
MHBP- Consumer Option	HDHP Self	481	\$314.77	\$314.77	\$236.08	\$78.69	\$0.00	\$682.00	\$682.00	\$511.50	\$170.50	\$0.00		
1	HDHP Self & Family	482	\$731.39	\$731.39	\$548.54	\$182.85	\$0.00	\$1,584.68	\$1,584.68	\$1,188.51	\$396.17	\$0.00		
	HDHP Self Plus One	483	\$696.57	\$696.57	\$522.43	\$174.14	\$0.00	\$1,509.24	\$1,509.24	\$1,131.93	\$377.31	\$0.00		
MHBP- Standard Option	Standard Self	454	\$322.43	\$322.43	\$241.82	\$80.61	\$0.00	\$698.60	\$698.60	\$523.95	\$174.65	\$0.00		
·	Standard Self & Family	455	\$749.31	\$749.31	\$561.98	\$187.33	\$0.00	\$1,623.51	\$1,623.51	\$1,217.63	\$405.88	\$0.00		
	Standard Self Plus One	456	\$742.18	\$742.18	\$556.64	\$185.54	\$0.00	\$1,608.06	\$1,608.06	\$1,206.05	\$402.01	\$0.00		
MHBP- Value Plan	Value Self	414	\$232.82	\$232.82	\$174.62	\$58.20	\$0.00	\$504.44	\$504.44	\$378.33	\$126.11	\$0.00		
	Value Self & Family	415	\$562.66	\$562.66	\$422.00	\$140.66	\$0.00	\$1,219.10	\$1,219.10	\$914.33	\$304.77	\$0.00		
	Value Self Plus One	416	\$551.65	\$551.65	\$413.74	\$137.91	\$0.00	\$1,195.24	\$1,195.24	\$896.43	\$298.81	\$0.00		

2024 Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)			2023 Total	2024 Biweekly premium rates				2023 Total	2	2024 Monthly premium rates			
			Biweekly	/ Total	Gov't	Empl	Change in	Monthly	Total	Gov't	Empl.	Change in	
Plan	Option	Code	Premium	Premium	Pays	Pays	empl. Payment	Premium	Premium	Pays	Pays	empl. payment	
NALC	High Self	321	\$362.70	\$380.84	\$271.43	\$109.41	\$6.43	\$785.85	\$825.15	\$588.10	\$237.05	\$13.93	
	High Self & Family	322	\$822.72	\$867.97	\$646.18	\$221.79	\$10.49	\$1,782.56	\$1,880.60	\$1,400.06	\$480.54	\$22.72	
	High Self Plus One	323	\$802.25	\$842.36	\$586.50	\$255.86	\$14.13	\$1,738.21	\$1,825.11	\$1,270.75	\$554.36	\$30.61	
	CDHP Self	324	\$222.91	\$221.03	\$165.77	\$55.26	-\$0.47	\$482.97	\$478.90	\$359.18	\$119.72	-\$1.02	
	CDHP Self & Family	325	\$528.11	\$536.75	\$402.56	\$134.19	\$2.16	\$1,144.24	\$1,162.96	\$872.22	\$290.74	\$4.68	
	CDHP Self Plus One	326	\$491.81	\$495.86	\$371.90	\$123.96	\$1.01	\$1,065.59	\$1,074.36	\$805.77	\$268.59	\$2.19	
SAMBA	High Self	441	\$415.81	\$399.17	\$271.43	\$127.74	-\$28.35	\$900.92	\$864.87	\$588.10	\$276.77	-\$61.42	
	High Self & Family	442	\$997.94	\$958.03	\$646.18	\$311.85	-\$74.67	\$2,162.20	\$2,075.73	\$1,400.06	\$675.67	-\$161.79	
	High Self Plus One	443	\$914.78	\$878.20	\$586.50	\$291.70	-\$62.56	\$1,982.02	\$1,902.77	\$1,270.75	\$632.02	-\$135.54	
	Standard Self	444	\$336.54	\$341.59	\$256.19	\$85.40	\$1.27	\$729.17	\$740.11	\$555.08	\$185.03	\$2.74	
	Standard Self & Family	445	\$767.80	\$779.31	\$584.48	\$194.83	\$2.88	\$1,663.57	\$1,688.51	\$1,266.38	\$422.13	\$6.24	
	Standard Self Plus One	446	\$724.34	\$735.21	\$551.41	\$183.80	\$2.72	\$1,569.40	\$1,592.96	\$1,194.72	\$398.24	\$5.89	