	Plan Name (Plan Code) Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery
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## 2024 FEHB PLAN RESULTS

Results for coverage in 22015 for Federal & U.S. Postal Employee paid Biweekly

Please note the benefits displayed on this page are for in-network benefits only! To see out-of-network benefits, please select up to 3 plans to compare.

Filters	Self	Self Plus One	📽 Self & Family

## Plan Selection Comparison Tool

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain Specialists
Aetna Advantage Plan - Advantage (Z2) - ┋ Z24	\$57.69	\$2000	\$7500	N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
Aetna Advantage Plan - Advantage (Z2) - 35226	\$126.92	\$4000	\$15000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
Aetna Advantage Plan - Advantage (Z2) - ₩Z25	\$152.88	\$4000	\$15000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		Name (Plan Co rollment Code	de)	Enrollee Premium	I	Annual Deducti	ble	Annual of Pock Maximu	ket	Medica Accour (HRA/H	nt	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (F5) - ♣ F51	\$217.56	\$1000	\$5000	\$100 HRA		15%	,	15%		15%		Tier 1: Tier 3: \$300 m	50%	Tier 2: \$200 r Tier 3: \$300 r	nax 50%	No	
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (F5) - ♣F53	\$517.41	\$2000	\$10000	\$200 HRA		15%		15%		15%		Tier 1: Tier 3: \$300 m	50%	Tier 2: \$200 r Tier 3: \$300 r	nax 50%	No	
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (F5) - #F52	\$468.78	\$2000	\$10000	\$200 HRA		15%		15%		15%		Tier 1: Tier 3: \$300 m	50%	Tier 2: \$200 r Tier 3: \$300 r	nax 50%	No	
Aetna HealthFund CDHP and Aetna Value Plan - Value (F5) - ♣ F54	\$201.17	\$700	\$6000	N/A		\$25		\$40		20%		Tier 1: Tier 3: \$600 m	50%	Tier 2: \$600 r Tier 3: \$600 r	nax 50%	No	
Aetna HealthFund CDHP and Aetna Value Plan - Value (F5) - ¥F56	\$474.49	\$1400	\$12000	\$0 N/A		\$25		\$40		20%		Tier 1: Tier 3: \$600 m	50%	Tier 2: \$600 r Tier 3: \$600 r	nax 50%	No	
Aetna HealthFund CDHP and Aetna Value Plan - Value (F5) -	\$436.05	\$1400	\$12000	\$0 N/A		\$25		\$40		20%		Tier 1: Tier 3: \$600 m	50%	Tier 2: \$600 r Tier 3: \$600 r	nax 50%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co rollment Code		rollee emium	Annual Deduct	ble	Annua of Pocl Maxim	ket	Medic Accou (HRA/	unt	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
₩F55																
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) - ♣ N61	\$74.21	\$1600	\$6000	\$900 HRA	20	%	20%		20%		Tier 1: Tier 3: \$600 M	50%	Tier 2: \$600 M Tier 3: \$600 M	/lax 50%	No	
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) -	\$162.76	\$3200	\$12000	\$1800 HRA	209	%	20%		20%		Tier 1: Tier 3: \$600 M	50%	Tier 2: \$600 M Tier 3: \$600 M	/lax 50%	No	
Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) - ₩N62	\$187.16	\$3200	\$12000	\$1800 HRA	204	%	20%		20%		Tier 1: Tier 3: \$600 M	50%	Tier 2: \$600 M Tier 3: \$600 M	/lax 50%	No	
Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) - \$ 224	\$125.82	\$1800	\$6900	\$800 HSA/HR	15 <sup>0</sup> A	%	15%		15%		Tier 1: Tier 3: \$300 r	50%	Tier 2: \$200 n Tier 3: \$300 n	nax 50%	No	
Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) - \$226	\$272.59	\$3600	\$13800	\$1600 HSA/HR	15' A	%	15%		15%		Tier 1: Tier 3: \$300 r	50%	Tier 2: \$200 n Tier 3: \$300 n	nax 50%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Cod rollment Code	de)	Enrollee Premium	I	Annual Deducti	ble	Annual of Pocl Maximu	ket	Medic Accou (HRA/	int	Prima Care Visit	iry Office	Specia Office		Doctor Costs Inpatient Surgery
Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) - #225	\$230.06	\$3600	\$13800	\$160 HSA	00 /HRA	15%		15%		15%		Tier 1: Tier 3: \$300 n	50%	Tier 2: \$200 n Tier 3: \$300 n	nax 50%	No	
Aetna Open Access - Basic (JN) - ≛ JN4	\$100.03	None	\$6000	N/A		\$25		\$55		20%		Tier 1: Tier 3: \$300 n	50%	Tier 2: \$200 n Tier 3: \$300 n	nax 50%	No	
Aetna Open Access - Basic (JN) - & JN6	\$195.15	None	\$12000	\$0 N/A		\$25		\$55		20%		Tier 1: Tier 3: \$300 n	50%	Tier 2: \$200 n Tier 3: \$300 n	nax 50%	No	
Aetna Open Access - Basic (JN) - #JN5	\$212.51	None	\$12000	\$0 N/A		\$25		\$55		20%		Tier 1: Tier 3: \$300 m	50%	Tier 2: \$200 n Tier 3: \$300 n	nax 50%	No	
Aetna Open Access - High (JN) - & JN1	\$358.14	None	\$5000	N/A		\$15		\$30		You p nothin	-	Tier 1: Tier 3: \$200 n	50%	Tier 2: Tier 3: \$200 n	50%	No	
Aetna Open Access - High (JN) - ¥JN3	\$814.85	None	\$10000	\$0 N/A		\$15		\$30		You p nothin	-	Tier 1: Tier 3: \$200 n	50%	Tier 2: Tier 3: \$200 n	50%	No	
Aetna Open	\$769.20	None	\$10000	\$0 N/A		\$15		\$30		You p nothin		Tier 1: Tier 3: \$200 n	50%	Tier 2: Tier 3: \$200 n	50%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co nrollment Code	ode)	Enrollee Premium		Annual Deducti	ble	Annua of Poc Maxim	ket	Medic Accou (HRA/	ınt	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
Access - High (JN) -																	
Aetna Open Access - Saver (QQ) - S QQ4	\$71.80	\$1000	\$6500	N/A		30%	)	30%		30%		Tier 1:	\$10	Tier 2:	50%	No	
Aetna Open Access - Saver (QQ) - ♣QQ6	\$150.89	\$2000	\$13000	\$0 N/A	N/A \$0		)	30%		30%		Tier 1:	\$10	Tier 2:	50%	No	
Aetna Open Access - Saver (QQ) - ₩QQ5	\$164.32	\$2000	\$13000	\$0 N/A	\$0		)	30%		30%		Tier 1:	\$10	Tier 2:	50%	No	
APWU Health Plan - CDHP (47) - å 474	\$76.78	\$2200	\$6500	\$12 HR/		15%	,	15%		15%		\$15 mi 1: 25% \$200 n Tier 2: \$200 n Tier 3: \$300 n	nax 25% nax 40%	\$15 mi 1: 25% max Ti 25% \$ max Ti 40% \$ max	\$200 er 2: 200 er 3:	No	
APWU Health Plan - CDHP (47) - ₩476	\$166.88	\$4400	\$13000	\$24 HR/		15%	,	15%		15%		\$15 mi 1: 25% \$200 n Tier 2: \$200 n Tier 3: \$300 n	nax 25% nax 40%	\$15 mi 1: 25% max Ti 25% \$ max Ti 40% \$ max	s \$200 er 2: 200 er 3:	No	
APWU Health Plan - CDHP (47) -	\$182.05	\$4400	\$13000	\$24 HRA		15%	)	15%		15%		\$15 mi 1: 25% \$200 n	)	\$15 mi 1: 25% max Ti	\$200	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co nrollment Code	ode)	Enrollee Premium		Annual Deducti	ble	Annua of Poc Maxim	ket	Medic Accou (HRA/	int	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
¥475 ا												Tier 2: \$200 n Tier 3: \$300 n	nax 40%	25% \$ max Ti 40% \$ max	er 3:		
APWU Health Plan - High (47) - ቆ 471	\$124.52	\$450	\$6500	N/A		\$25		\$25		15%		Tier 1: Tier 2: \$200 n Tier 3: \$300 n	25% nax 45%	Tier 1: Tier 2: \$200 r Tier 3: \$300 r	25% nax 45%	No	
APWU Health Plan - High (47) - ¥473	\$244.95	\$800	\$13000	\$0 N/A		\$25		\$25		15%		Tier 1: Tier 2: \$200 n Tier 3: \$300 n	25% nax 45%	Tier 1: Tier 2: \$200 r Tier 3: \$300 r	25% nax 45%	No	
APWU Health Plan - High (47) - ₩472	\$304.05	\$800	\$13000	\$0 N/A		\$25		\$25		15%		Tier 1: Tier 2: \$200 n Tier 3: \$300 n	25% nax 45%	Tier 1: Tier 2: \$200 r Tier 3: \$300 r	25% nax 45%	No	
Blue Cross and Blue Shield Service Benefit Plan - Basic (11) - ♣ 111	\$95.74	None	\$6500	N/A		\$35		\$45		\$200		Tier 1:	\$15	Tier 2: Tier 3: \$90 Mi	60%	No	
Blue Cross and Blue Shield Service Benefit Plan - Basic (11) - ¥113	\$238.63	None	\$13000	\$0 N/A		\$35		\$45		\$200		Tier 1:	\$15	Tier 2: Tier 3: \$90 Mi	60%	No	
Blue Cross and Blue Shield Service	\$262.60	None	\$13000	\$0 N/A		\$35		\$45		\$200		Tier 1:	\$15	Tier 2: Tier 3: \$90 Mi	60%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co rollment Code	ode)	Enrollee Premium	1	Annual Deducti	ble	Annua of Poc Maxim	ket	Medic Accou (HRA/	int	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
Benefit Plan - Basic (11) - ₩112																	
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) -	\$55.30	\$500	\$9000	N/A		\$10	Or 30%	\$10	Or 30%	30%		Tier 1:	\$5	Tier 2: \$350 r		No	
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - 3133	\$118.88	\$1000	\$18000	\$0 N/A		\$10	Or 30%	\$10	Or 30%	30%		Tier 1:	\$5	Tier 2: \$350 r		No	
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - #132	\$130.76	\$1000	\$18000	\$0 N/A		\$10	Or 30%	\$10	Or 30%	30%		Tier 1:	\$5	Tier 2: \$350 r		No	
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) - \$ 104	\$150.79	\$350	\$6000	N/A		\$30		\$40	_	15%		Tier 1: \$7.50		Tier 2: Tier 3:		No	
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) -	\$336.84	\$700	\$12000	\$0 N/A		\$30		\$40		15%		Tier 1: \$7.50		Tier 2: Tier 3:		No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co rrollment Code	de)	Enrollee Premium	1	Annual Deducti	ble	Annual of Pocl Maxim	ket	Medic Accou (HRA/	int	Prima Care Visit	nry Office	Specia Office		Doctor Costs Inpatient Surgery
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) - #105	\$370.68	\$700	\$12000	\$0 N/A		\$30		\$40		15%		Tier 1: \$7.50		Tier 2: Tier 3:		No	
CareFirst BlueChoice - Blue Value Plus (B6) - & B64	\$89.43	None	\$6000	N/A		\$15		\$50		25%		\$10		Tier 2: \$200 Calenc Year Deduc	dar	No	
CareFirst BlueChoice - Blue Value Plus (B6) - ₩B66	\$178.85	None	\$12000	\$NA N/A		\$15		\$50		25%		\$10		Tier 2: \$200 Calenc Year Deduc	dar	No	
CareFirst BlueChoice - Blue Value Plus (B6) - #B65	\$212.47	None	\$12000	\$NA N/A		\$15		\$50		25%		\$10		Tier 2: \$200 Calenc Year Deduc	dar	No	
CareFirst BlueChoice - HDHP (B6) - ቆ B61	\$83.83	\$1600	\$5000	\$900 HSA	) /HRA	towa Leve	ndar mum rd Plan	Cale Year Maxi towa Leve	mum rd Plan	20% \$ Calen Year Maxin toward Level Deduc	dar num d Plan	\$0		Tier 2: Tier 3: \$3200 Calenc Year Maxim toward Level Deduc	\$75 dar um I Plan	No	
CareFirst BlueChoice - HDHP (B6) - #B63	\$167.65	\$3200	\$10000	\$180 HSA	00 /HRA		ndar	Cale Year Maxi		20% \$ Calen Year Maxin toward	dar num	\$0		Tier 2: Tier 3: \$3200 Calend Year	\$75	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		an Name (Plan Co inrollment Code	ode)	Enrollee Premium		Annual Deducti	ble	Annua of Poc Maxim	ket	Medic Accou (HRA/	Int	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
						Lev Dec	el luctible	Leve Dedu	l uctible	Level Dedu	ctible			toward Level Deduc			
CareFirst BlueChoice - HDHP (B6) - ₩B62	\$199.17	\$3200	\$10000	\$18 HS	300 A/HRA	Calo Yea Max towa	kimum ard Plan	Cale Year Maxi towa Leve	mum rd Plan	Caler Year Maxir	num d Plan	\$0		Tier 2: Tier 3: \$3200 Calend Year Maxim toward Level Deduc	\$75 dar um ⊨Plan	No	
CareFirst BlueChoice - Standard (2G) - 3 2G4	\$243.36	None	\$5000	N/A	N/A			\$40		20%		\$0		Tier 2: Tier 3:		No	
CareFirst BlueChoice - Standard (2G) - ¥2G6	\$443.08	None	\$10000	\$0 N/A	۸.	\$0		\$40		20%		\$0		Tier 2: Tier 3:		No	
CareFirst BlueChoice - Standard (2G) - #2G5	\$576.95	None	\$10000	\$0 N/A	л	\$0		\$40		20%		\$0		Tier 2: Tier 3:		No	
Compass Rose Health Plan - High (42) This plan is only open to specific groups - 421	\$104.52	\$350	\$5000	N/A		\$15	.00	\$25.(	00	10%		Tier 1:	\$5	Tier 2: Tier 3: \$75 Mi	40%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		Name (Plan Co rollment Code		nrollee remium	Annual Deduct		Annual of Pock Maxim	ket	Medica Accou (HRA/I	nt	Prima Care ( Visit	-	Specia Office		Doctor Costs Inpatient Surgery
Compass Rose Health Plan - High (42) This plan is only open to specific groups - #423	\$240.59	\$700	\$9000	\$0 N/A	Ş	\$15.00	\$25.0	00	10%		Tier 1:	\$5	Tier 2: Tier 3: \$75 Mi	40%	No	
Compass Rose Health Plan - High (42) This plan is only open to specific groups - #422	\$256.11	\$700	\$9000	\$0 N/A	S	\$15.00	\$25.0	00	10%		Tier 1:	\$5	Tier 2: Tier 3: \$75 Mi	40%	No	
Compass Rose Health Plan - Standard (42) This plan is only open to specific groups - 424	\$52.86	\$500	\$9000	N/A	Ş	\$10	\$30		30% \$ Calen Year Deduo	dar	Tier 1:	\$5	Tier 2: \$400 N Tier 3:	lax	No	
Compass Rose Health Plan - Standard (42) This plan is only open to specific groups - \$426	\$116.31	\$1000	\$18000	\$0 N/A	S	\$10	\$30		30% \$ Calen Year Deduo	dar	Tier 1:	\$5	Tier 2: \$400 N Tier 3:	lax	No	
Compass Rose Health Plan - Standard (42) This plan is only open to specific groups - #425	\$126.88	\$1000	\$18000	\$0 N/A	S	\$10	\$30		30% \$ Calen Year Deduo	dar	Tier 1:	\$5	Tier 2: \$400 N Tier 3:	lax	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		Plan Name (Plan Co Enrollment Code	ode)	Enrollee Premium	Annual Deduct		Annua of Poci Maxim	ket	Medica Accou (HRA/H	nt	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
Foreign Service Benefit Plan - High (40) This plan is only open to specific groups - 401	\$82.62	\$300	\$5000	N/A		\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$600 Calei Year	ndar uctible ndar uctible	10%		Tier 1: S	\$10	Tier 2: \$30 Mi \$100 M Tier 3: \$60 Mi \$200 M	in ⁄lax 35% in	No	
Foreign Service Benefit Plan - High (40) This plan is only open to specific groups - 4403	\$211.30	\$600	\$7000	\$0 N/A		\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$600 Calei Year	ndar uctible ndar uctible	10%		Tier 1: S	\$10	Tier 2: \$30 Mi \$100 M Tier 3: \$60 Mi \$200 M	in ⁄Iax 35% in	No	
Foreign Service Benefit Plan - High (40) This plan is only open to specific groups - ₩402	\$204.38	\$600	\$7000	\$0 N/A		\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$600 Calei Year	ndar uctible ndar uctible	10%		Tier 1: S	\$10	Tier 2: \$30 Mi \$100 N Tier 3: \$60 Mi \$200 N	in ⁄lax 35% in	No	
GEHA Benefit Plan - HDHP (34) - ቆ 341	\$71.45	\$1600	\$6000	\$100 HSA	00 A/HRA	5%	5%		5%		25%		25% C	0r 40%	No	
GEHA Benefit Plan - HDHP (34) - ¥ 343	\$153.62	\$3200	\$12000	\$200 HSA	00 A/HRA	5%	5%		5%		25%		25% C	0r 40%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co rollment Code	ode)	Enrollee Premium	1	Annual Deducti	ble	Annual of Pocl Maxim	ket	Medic Accou (HRA/	nt	Prima Care Visit	-	Specia Office		Doctor Costs Inpatient Surgery
GEHA Benefit Plan - HDHP (34) - #342	\$188.78	\$3200	\$12000	\$200 HSA	)0 /HRA	5%		5%		5%		25%		25% C	9r 40%	No	
GEHA Benefit Plan - High (31) - 🌡 311	\$108.65	\$350	\$5000	N/A		\$20		\$20		10%		\$10		25% \$ max O \$200 r	r 40%	No	
GEHA Benefit Plan - High (31) - ¥ 313	\$249.67	\$700	\$10000	\$0 N/A		\$20		\$20		10%		\$10		25% \$ max O \$200 r	r 40%	No	
GEHA Benefit Plan - High (31) - #312	\$306.26	\$700	\$10000	\$0 N/A		\$20		\$20		10%		\$10		25% \$ max O \$200 r	r 40%	No	
GEHA Benefit Plan - Standard (31) - <b>š</b> 314	\$70.15	\$350	\$6500	N/A		\$20		\$35		15%		\$10		40% \$ Max O \$350 N	r 60%	No	
GEHA Benefit Plan - Standard (31) - ¥316	\$150.83	\$700	\$13000	\$0 N/A		\$20		\$35		15%		\$10		40% \$ Max O \$350 N	r 60%	No	
GEHA Benefit Plan - Standard (31) - #315	\$186.35	\$700	\$13000	\$0 N/A		\$20		\$35		15%		\$10		40% \$ Max O \$350 N	r 60%	No	
GEHA Indemnity Benefit Plan - Elevate (25) - \$ 254	\$52.21	\$500	\$8500	N/A		\$10		\$30		\$250		\$4		50% \$ max O Membr Pays A Charge	r er MI	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Con nrollment Code		nrollee remium	Annual Deducti	ble	Annual of Pock Maxim	ket	Medic Accou (HRA/	Int	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
GEHA Indemnity Benefit Plan - Elevate (25) - 3256	\$125.97	\$1000	\$17000	\$0 N/A	\$10	0	\$30		\$250		\$4		50% \$ max O Membe Pays A Charge	r ər III	No	
GEHA Indemnity Benefit Plan - Elevate (25) - #255	\$153.35	\$1000	\$17000	\$0 N/A	\$10	0	\$30		\$250		\$4		50% \$ max O Membe Pays A Charge	r er III	No	
GEHA Indemnity Benefit Plan - Elevate Plus (25) - ቆ 251	\$102.55	\$200	\$7000	N/A	\$3(	0	\$50		15%		\$10		\$80 Oi	<sup>.</sup> 50%	No	
GEHA Indemnity Benefit Plan - Elevate Plus (25) - 253	\$232.73	\$400	\$14000	\$0 N/A	\$30	D	\$50		15%		\$10		\$80 Oi	<sup>.</sup> 50%	No	
GEHA Indemnity Benefit Plan - Elevate Plus (25) - #252	\$253.08	\$400	\$14000	\$0 N/A	\$3(	0	\$50		15%		\$10		\$80 Oi	<sup>.</sup> 50%	No	
Kaiser Permanente - Mid-Atlantic States - High (E3) - È E31	\$139.28	None	\$2250	N/A	\$1(	0	\$20		Memb Pays Nothir		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	
Kaiser Permanente - Mid-Atlantic States - High (E3) -	\$358.13	None	\$4500	\$0 N/A	\$10	)	\$20		Memb Pays Nothir		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co nrollment Code	ode)	Enrollee Premium		Annual Deducti	ble	Annual of Pocl Maxim	ket	Medic Accou (HRA/	int	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
<b>#</b> E33																	
Kaiser Permanente - Mid-Atlantic States - High (E3) - #E32	\$298.45	None	\$4500	\$0 N/A		\$10		\$20		Memł Pays Nothi		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	
Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - T71	\$49.04	\$100	\$4000	N/A		\$30		\$40		Memt Pays Nothi		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	
Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - & T73	\$117.17	\$200	\$8000	\$0 N/A		\$30		\$40		Memt Pays Nothi		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	
Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - ₩T72	\$137.98	\$200	\$8000	\$0 N/A		\$30		\$40		Memt Pays Nothi		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	
Kaiser Permanente - Mid-Atlantic States - Standard (E3) - ♣ E34	\$81.64	None	\$3500	N/A		\$20		\$30		Meml Pays Nothi		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	
Kaiser Permanente - Mid-Atlantic	\$187.76	None	\$7000	\$0 N/A		\$20		\$30		Memt Pays Nothi		Tier 1: Tier 3:		Tier 2: Tier 3:		Yes	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co nrollment Code	ode)	Enrollee Premium		Annual Deducti	ble	Annua of Poc Maxim	ket	Medic Accou (HRA/	int	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
States - Standard (E3) - #E36																	
Kaiser Permanente - Mid-Atlantic States - Standard (E3) - ₩E35	\$187.76	None	\$7000	\$0 N/A		\$20		\$30		Memb Pays Nothir		Tier 1: Tier 3:		Tier 2: Tier 3:	, .	Yes	
M.D. IPA - High (JP) - ቆ JP1	\$260.86	None	\$5000	N/A		Pay	ning Or	\$40		You p nothir		Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$75	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$75	Yes	
M.D. IPA - High (JP) - ♣JP3	\$453.08	None	\$10000	\$0 N/A		Men Pays Noth \$25	s ning Or	\$40		You p nothir	-	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$75	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$75	Yes	
M.D. IPA - High (JP) - &JP2	\$846.37	None	\$10000	\$0 N/A		Men Pays Noth \$25	s ning Or	\$40		You p nothir	-	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$75	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$75	Yes	
MHBP - Standard and Value - Standard (45) - ♣ 454	\$80.61	\$350	\$6000	N/A		\$20		\$30		10%		\$5		Tier 2: \$200 r Tier 3: \$200 r	nax 50%	No	
MHBP - Standard and Value - Standard (45) - ¥456	\$185.54	\$700	\$12000	\$0 N/A		\$20		\$30		10%		\$5		Tier 2: \$200 r Tier 3: \$200 r	nax 50%	No	
MHBP - Standard	\$187.33	\$700	\$12000	\$0 N/A		\$20		\$30		10%		\$5		Tier 2: \$200 r		No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co nrollment Code	ode)	Enrollee Premium		Annual Deducti	ble	Annua of Poc Maxim	ket	Medic Accou (HRA/	unt	Prima Care Visit	ory Office	Specia Office		Doctor Costs Inpatient Surgery
and Value - Standard (45) - #455														Tier 3: \$200 r			
MHBP - Standard and Value - Value (41) - & 414	\$58.20	\$600	\$6600	N/A		\$30		\$50		20%		\$10		Tier 2: \$300 M Tier 3: \$500 M	Лах 75%	No	
MHBP - Standard and Value - Value (41) - & 416	\$137.91	\$1200	\$13200	\$0 N/A		\$30		\$50		20%		\$10		Tier 2: \$300 M Tier 3: \$500 M	Лах 75%	No	
MHBP - Standard and Value - Value (41) - #415	\$140.66	\$1200	\$13200	\$0 N/A		\$30		\$50		20%		\$10		Tier 2: \$300 M Tier 3: \$500 M	Лах 75%	No	
MHBP Consumer Option - HDHP (48) - \$ 481	\$78.69	\$2000	\$6000	\$120 HSA	00 v/HRA	\$15		\$15		Memt Pays Nothin		\$10		Tier 2: + \$200 Tier 3: + \$200	) max 50%	No	
MHBP Consumer Option - HDHP (48) - -	\$174.14	\$4000	\$12000	\$240 HSA	00 VHRA	\$15		\$15		Memt Pays Nothin		\$10		Tier 2: + \$200 Tier 3: + \$200	) max 50%	No	
MHBP Consumer Option - HDHP (48) - #482	\$182.85	\$4000	\$12000	\$240 HSA	00 v/HRA	\$15		\$15		Memt Pays Nothii		\$10		Tier 2: + \$200 Tier 3: + \$200	) max 50%	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		Plan Name (Plan Coo - Enrollment Code	de)	Enrollee Premium		Annual Deducti	ble	Annual of Pock Maxim	ket	Medic Accou (HRA/	nt	Prima Care Visit	ary Office	Specia Office	Visit	Doctor Costs Inpatient Surgery
NALC - CDHP (32) -	\$55.26	\$2000	\$6600	\$12 HR/		20%	)	20%		20%		Tier 1:	\$10	Tier 2: Tier 3:		No	
NALC - CDHP (32) -	\$123.96	\$4000	\$12000	\$24 HR/		20%		20%		20%		Tier 1:	\$10	Tier 2: Tier 3:		No	
NALC - CDHP (32) - #325	\$134.19	\$4000	\$12000	\$24 HR/		20%	)	20%		20%		Tier 1:	\$10	Tier 2: Tier 3:		No	
NALC - High (32) - ∎ 321	\$109.41	\$300	\$3500	N/A		\$25		\$25		15%		Tier 1:	20%	Tier 2: Tier 3:		No	
NALC - High (32) - ቆ323	\$255.86	\$600	\$5000	\$0 N/A		\$25		\$25		15%		Tier 1:	20%	Tier 2: Tier 3:		No	
NALC - High (32) -	\$221.79	\$600	\$5000	\$0 N/A		\$25		\$25		15%		Tier 1:	20%	Tier 2: Tier 3:		No	
Panama Canal Area Benefit Plan - High (43) This plan is only open to specific groups - 431	\$115.76	None	\$8200	N/A		\$5		\$5		You p nothin	-	20%		30%		Yes	
Panama Canal Area Benefit Plan - High (43) This plan is only open to specific groups - 43433	\$195.00	None	\$12000	\$0 N/A		\$5		\$5		You p nothin		20%		30%		Yes	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co rollment Code	ode)	Enrollee Premium	I	Annual Deductil	ble	Annual of Pock Maximu	cet	Medica Accou (HRA/I	nt	Prima Care ( Visit	-	Specia Office		Doctor Costs Inpatient Surgery
Panama Canal Area Benefit Plan - High (43) This plan is only open to specific groups - #432	\$203.94	None	\$12000	\$0 N/A		\$5		\$5		You pa nothin	•	20%		30%		Yes	
Rural Carrier Benefit Plan - High (38) This plan is only open to specific groups - 381	\$130.99	\$350	\$5000	N/A		\$20		\$35		15%		Tier 1: \$7.50 N \$200 Calend Year Deduct	∕lax ar	Tier 2: \$200 M \$200 Calence Year Deduct Tier 3: \$200 M \$200 Calence Year Deduct	lax lar tible 30% lax lar	No	
Rural Carrier Benefit Plan - High (38) This plan is only open to specific groups - 383	\$251.57	\$700	\$10000	\$0 N/A		\$20		\$35		15%		Tier 1: \$7.50 N \$200 Calend Year Deduct	∕lax ar	Tier 2: \$200 M \$200 Calence Year Deduce Tier 3: \$200 M \$200 Calence Year Deduce	lar tible 30% lax	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co prollment Code		Enrollee Premium		Annual Deducti	ble	Annual of Pocl Maxim	ket	Medic Accou (HRA/	nt	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
Rural Carrier Benefit Plan - High (38) This plan is only open to specific groups - #382	\$234.11	\$700	\$10000	\$0 N/A		\$20		\$35		15%		Tier 1: \$7.50 \$200 Calenc Year Deduc	Max dar	Tier 2: \$200 N \$200 Calend Year Deduc Tier 3: \$200 N \$200 Calend Year Deduc	Лах dar tible 30% Лах dar	No	
SAMBA - High (44) - ቆ 441	\$127.74	\$300	\$5000 N/A \$10000 \$0			\$15		\$25		15%		Tier 1:	\$10	Tier 2: \$100 r Tier 3: \$300 r	nax 45%	No	
SAMBA - High (44) - ♣ 443	\$291.70	\$600	\$10000	\$0 N/A		\$15		\$25		15%		Tier 1:	\$10	Tier 2: \$100 r Tier 3: \$300 r	nax 45%	No	
SAMBA - High (44) - #442	\$311.85	\$600	\$10000	\$0 N/A		\$15		\$25		15%		Tier 1:	\$10	Tier 2: \$100 r Tier 3: \$300 r	nax 45%	No	
SAMBA - Standard (44) - ቆ 444	\$85.40	\$350	\$6000	N/A		\$20		\$30		20%		Tier 1:	\$12	Tier 2: \$150 r Tier 3: \$300 r	nax 50%	No	
SAMBA - Standard (44) - & 446	\$183.80	\$700	\$12000	\$0 N/A		\$20		\$30		20%		Tier 1:	\$12	Tier 2: \$150 r Tier 3: \$300 r	nax 50%	No	
SAMBA - Standard (44) -	\$194.83	\$900	\$12000	\$0 N/A		\$20		\$30		20%		Tier 1:	\$12	Tier 2: \$150 r		No	

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Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		an Name (Plan Cc Enrollment Code	Jue)	Enrollee Premium	1	Annual Deducti	ble	of Pocl Maxim	ket	Medic Accou (HRA/	int	Prima Care Visit	office	Specia Office		Doctor Costs Inpatient Surgery
<b>#</b> 445														Tier 3: \$300 r			
Sentara Health Plans - High (F2) - ♣ F21	\$81.85	None	\$5500	N/A		\$25		\$55		20%		\$10		50%		No	
Sentara Health Plans - High (F2) - ¥F23	\$187.31	None	\$11000	\$0 N/A		\$25		\$55		20%		\$10		50%		No	
Sentara Health Plans - High (F2) - ₩F22	\$187.33	None	\$11000	\$0 N/A		\$25		\$55		20%		\$10		50%		No	
UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA)) - HDHP (V4)	\$80.02	\$2000	\$6000	\$75( HSA	0 VHRA	\$15		\$30		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	No	
UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA)) - HDHP (V4)	\$172.06	\$4000	\$12000	\$15( HSA	00 VHRA	\$15		\$30		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	No	
UnitedHealthcare	\$183.21	\$4000	\$12000	\$150 HSA	00 A/HRA	\$15		\$30		20%		Tier 1: Tier 2:		Tier 1: Tier 2:		No	

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Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deducti	Plan Name (Plan Co - Enrollment Code	de)	Enrollee Premium			Annual of Pocl Maxim	ket	Medic Accou (HRA/	unt	Prima Care Visit	ary Office	Specia Office		Doctor Costs Inpatient Surgery
Company, Inc. (A HDHP with a Health Savings Account (HSA)) - HDHP (V4)											Tier 3: Tier 4:		Tier 3: Tier 4:			
₩V42																
UnitedHealthcare Insurance Company, Inc. (Choice Open Access) - High (LR) - • LR1	\$193.59	None	\$5000	N/A		\$25 \$0 copay ages 0-18 non- prev visits	\$35		\$35		Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	No	
UnitedHealthcare Insurance Company, Inc. (Choice Open Access) - High (LR) -	\$413.29	None	\$10000	\$0 N/A		\$25 \$0 copay ages 0-18 non- prev visits	\$35		\$35		Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	No	
UnitedHealthcare Insurance Company, Inc. (Choice Open Access) - High (LR) - #LR2	\$455.92	None	\$10000	\$0 N/A		\$25 \$0 copay ages 0-18 non- prev visits	\$35		\$35		Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	Tier 1: Tier 2: Tier 3: Tier 4:	\$40 \$85	No	
UnitedHealthcare Insurance Company, Inc. (Choice Plus	\$88.76	\$500	\$6000	N/A		\$25	\$50		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$35 \$70	Tier 1: Tier 2: Tier 3: Tier 4:	\$35 \$70	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		n Name (Plan Co rollment Code	ode)	Enrollee Premium		Annual Deductible		Annual Out of Pocket Maximum		Medical Account (HRA/HSA)				Specia Office		Doctor Costs Inpatient Surgery
Advanced) - Value (L9) - L91																	
UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced) - Value (L9) -	\$188.62	\$1000	\$12000	\$0 N/A		\$25		\$50		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$35 \$70	Tier 1: Tier 2: Tier 3: Tier 4:	\$35 \$70	No	
UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced) - Value (L9) - #L92	\$213.03	\$1000	\$12000	\$0 N/A		\$25		\$50		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$35 \$70	Tier 1: Tier 2: Tier 3: Tier 4:	\$35 \$70	No	
UnitedHealthcare Insurance Company, Inc. Choice Plus Primary - High (AS) - & AS1	\$93.88	\$500	\$7350	N/A		Member Pays Nothing		\$60		20%		Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150		Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150		No	
UnitedHealthcare Insurance Company, Inc. Choice Plus Primary - High (AS) -	\$198.94	\$1000	\$14700	\$0 N/A		Meml Pays Nothi		\$60		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$50 \$100	Tier 1: Tier 2: Tier 3: Tier 4:	\$50 \$100	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium		an Name (Plan Code) Enrollment Code		Enrollee Premium		Annual Deductible		Annual of Pock Maxim	et Accou		nt	Prima Care Visit	-	Specia Office		Doctor Costs Inpatient Surgery
UnitedHealthcare Insurance Company, Inc. Choice Plus Primary - High (AS) - -	\$217.81	\$1000	\$14700	\$0 N/A		Mem Pays Noth	S			20%		Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150		Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150		No	
UnitedHealthcare Insurance Company, Inc. Choice Primary - High (Y8) - ♣ Y81	\$83.68	\$500	\$7350	N/A		Mem Pays Noth	6	\$60		20%		Tier 1: Tier 2: Tier 3: Tier 4:	\$50 \$100	Tier 1: Tier 2: Tier 3: Tier 4:	\$50 \$100	No	
UnitedHealthcare Insurance Company, Inc. Choice Primary - High (Y8) - ¥ Y83	\$179.91	\$1000	\$14700	\$0 N/A		Mem Pays Noth	6	\$60		20%		Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150		Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150		No	
UnitedHealthcare Insurance Company, Inc. Choice Primary - High (Y8) - ₩ Y82	\$197.90	\$1000	\$14700	\$0 N/A		Mem Pays Noth	3	\$60		20%		Tier 1: 1 Tier 2: 1 Tier 3: 1 Tier 4: 1	\$50 \$100	Tier 1: Tier 2: Tier 3: Tier 4:	\$50 \$100	No	