

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







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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) - Z26	\$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

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Aetna HealthFund CDHP and Aetna Value Plan - CDHP (F5) - F51	\$217.56	\$1000	\$5000	\$1000 HRA		15%	15%	15%		Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (F5) - F53	\$517.41	\$2000	\$10000	\$2000 HRA		15%	15%	15%		Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
Aetna HealthFund CDHP and Aetna Value Plan - CDHP (F5) - F52	\$468.78	\$2000	\$10000	\$2000 HRA		15%	15%	15%		Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
Aetna HealthFund CDHP and Aetna Value Plan - Value (F5) - F54	\$201.17	\$700	\$6000	N/A		\$25	\$40	20%		Tier 1: \$10 Tier 3: 50% \$600 max	Tier 2: 30% \$600 max Tier 3: 50% \$600 max	No	
Aetna HealthFund CDHP and Aetna Value Plan - Value (F5) - F56	\$474.49	\$1400	\$12000	\$0 N/A		\$25	\$40	20%		Tier 1: \$10 Tier 3: 50% \$600 max	Tier 2: 30% \$600 max Tier 3: 50% \$600 max	No	
Aetna HealthFund CDHP and Aetna Value Plan - Value (F5) -	\$436.05	\$1400	\$12000	\$0 N/A		\$25	\$40	20%		Tier 1: \$10 Tier 3: 50% \$600 max	Tier 2: 30% \$600 max Tier 3: 50% \$600 max	No	

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 F55										
<b>Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) -</b>  N61	\$74.21	\$1600	\$6000	\$900 <a href="#">HRA</a>	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	No
<b>Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) -</b>  N63	\$162.76	\$3200	\$12000	\$1800 <a href="#">HRA</a>	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	No
<b>Aetna HealthFund HDHP and Aetna Direct Plan - CDHP (N6) -</b>  N62	\$187.16	\$3200	\$12000	\$1800 <a href="#">HRA</a>	20%	20%	20%	Tier 1: \$6 Tier 3: 50% \$600 Max	Tier 2: 30% \$600 Max Tier 3: 50% \$600 Max	No
<b>Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) -</b>  224	\$125.82	\$1800	\$6900	\$800 <a href="#">HSA/HRA</a>	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No
<b>Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) -</b>  226	\$272.59	\$3600	\$13800	\$1600 <a href="#">HSA/HRA</a>	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No

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<b>Aetna HealthFund HDHP and Aetna Direct Plan - HDHP (22) -</b> 👤 225	\$230.06	\$3600	\$13800	\$1600 HSA/HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
<b>Aetna Open Access - Basic (JN)</b> - 👤 JN4	\$100.03	None	\$6000	N/A	\$25	\$55	20%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
<b>Aetna Open Access - Basic (JN)</b> - 👤 JN6	\$195.15	None	\$12000	\$0 N/A	\$25	\$55	20%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
<b>Aetna Open Access - Basic (JN)</b> - 👤 JN5	\$212.51	None	\$12000	\$0 N/A	\$25	\$55	20%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50% \$300 max	No	
<b>Aetna Open Access - High (JN)</b> - 👤 JN1	\$358.14	None	\$5000	N/A	\$15	\$30	You pay nothing	Tier 1: \$3 Tier 3: 50% \$200 max	Tier 2: \$35 Tier 3: 50% \$200 max	No	
<b>Aetna Open Access - High (JN)</b> - 👤 JN3	\$814.85	None	\$10000	\$0 N/A	\$15	\$30	You pay nothing	Tier 1: \$3 Tier 3: 50% \$200 max	Tier 2: \$35 Tier 3: 50% \$200 max	No	
<b>Aetna Open</b>	\$769.20	None	\$10000	\$0 N/A	\$15	\$30	You pay nothing	Tier 1: \$3 Tier 3: 50% \$200 max	Tier 2: \$35 Tier 3: 50% \$200 max	No	

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Access - High (JN) - JN2										
Aetna Open Access - Saver (QQ) - 👤 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	30%	30%	30%	Tier 1: \$10	Tier 2: 50%	No
Aetna Open Access - Saver (QQ) - 👤 QQ5	\$164.32	\$2000	\$13000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 50%	No
APWU Health Plan - CDHP (47) - 👤 474	\$76.78	\$2200	\$6500	\$1200 <a href="#">HRA</a>	15%	15%	15%	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	No
APWU Health Plan - CDHP (47) - 👤 476	\$166.88	\$4400	\$13000	\$2400 <a href="#">HRA</a>	15%	15%	15%	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	\$15 min Tier 1: 25% \$200 max Tier 2: 25% \$200 max Tier 3: 40% \$300 max	No
APWU Health Plan - CDHP (47) -	\$182.05	\$4400	\$13000	\$2400 <a href="#">HRA</a>	15%	15%	15%	\$15 min Tier 1: 25% \$200 max	\$15 min Tier 1: 25% \$200 max Tier 2:	No

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 475								Tier 2: 25% \$200 max Tier 3: 40% \$300 max	25% \$200 max Tier 3: 40% \$300 max	
<b>APWU Health Plan - High (47) -</b>  471	\$124.52	\$450	\$6500	N/A	\$25	\$25	15%	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	No
<b>APWU Health Plan - High (47) -</b>  473	\$244.95	\$800	\$13000	\$0 N/A	\$25	\$25	15%	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	No
<b>APWU Health Plan - High (47) -</b>  472	\$304.05	\$800	\$13000	\$0 N/A	\$25	\$25	15%	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	Tier 1: \$10 Tier 2: 25% \$200 max Tier 3: 45% \$300 max	No
<b>Blue Cross and Blue Shield Service Benefit Plan - Basic (11) -</b>  111	\$95.74	None	\$6500	N/A	\$35	\$45	\$200	Tier 1: \$15	Tier 2: \$60 Tier 3: 60% \$90 Min	No
<b>Blue Cross and Blue Shield Service Benefit Plan - Basic (11) -</b>  113	\$238.63	None	\$13000	\$0 N/A	\$35	\$45	\$200	Tier 1: \$15	Tier 2: \$60 Tier 3: 60% \$90 Min	No
<b>Blue Cross and Blue Shield Service</b>	\$262.60	None	\$13000	\$0 N/A	\$35	\$45	\$200	Tier 1: \$15	Tier 2: \$60 Tier 3: 60% \$90 Min	No




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Benefit Plan - Basic (11) - 👤112										
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - 👤131	\$55.30	\$500	\$9000	N/A	\$10 Or 30%	\$10 Or 30%	30%	Tier 1: \$5	Tier 2: 40% \$350 max	No
Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13) - 👤133	\$118.88	\$1000	\$18000	\$0 N/A	\$10 Or 30%	\$10 Or 30%	30%	Tier 1: \$5	Tier 2: 40% \$350 max	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: 40% \$350 max	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: 30% Tier 3: 50%	No
Blue Cross and Blue Shield Service Benefit Plan - Standard (10) - 👤106	\$336.84	\$700	\$12000	\$0 N/A	\$30	\$40	15%	Tier 1: \$7.50	Tier 2: 30% Tier 3: 50%	No

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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: 30% Tier 3: 50%	No	
CareFirst BlueChoice - Blue Value Plus (B6) - 👤B64	\$89.43	None	\$6000	N/A	\$15	\$50	25%	\$10	Tier 2: \$50 \$200 Calendar Year Deductible	No	
CareFirst BlueChoice - Blue Value Plus (B6) - 👤B66	\$178.85	None	\$12000	\$NA N/A	\$15	\$50	25%	\$10	Tier 2: \$50 \$200 Calendar Year Deductible	No	
CareFirst BlueChoice - Blue Value Plus (B6) - 👤B65	\$212.47	None	\$12000	\$NA N/A	\$15	\$50	25%	\$10	Tier 2: \$50 \$200 Calendar Year Deductible	No	
CareFirst BlueChoice - HDHP (B6) - 👤B61	\$83.83	\$1600	\$5000	\$900 HSA/HRA	\$0 \$3200 Calendar Year Maximum toward Plan Level Deductible	\$35 \$3200 Calendar Year Maximum toward Plan Level Deductible	20% \$3200 Calendar Year Maximum toward Plan Level Deductible	\$0	Tier 2: \$50 Tier 3: \$75 \$3200 Calendar Year Maximum toward Plan Level Deductible	No	
CareFirst BlueChoice - HDHP (B6) - 👤B63	\$167.65	\$3200	\$10000	\$1800 HSA/HRA	\$0 \$3200 Calendar Year Maximum toward Plan	\$35 \$3200 Calendar Year Maximum toward Plan	20% \$3200 Calendar Year Maximum toward Plan	\$0	Tier 2: \$50 Tier 3: \$75 \$3200 Calendar Year	No	



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							Level Deductible	Level Deductible	Level Deductible		toward Plan Level Deductible		
<b>CareFirst BlueChoice - HDHP (B6) -</b> 👤 B62	\$199.17	\$3200	\$10000	\$1800 HSA/HRA		\$0 \$3200 Calendar Year Maximum toward Plan Level Deductible	\$35 \$3200 Calendar Year Maximum toward Plan Level Deductible	20% \$3200 Calendar Year Maximum toward Plan Level Deductible	\$0		Tier 2: \$50 Tier 3: \$75 \$3200 Calendar Year Maximum toward Plan Level Deductible	No	
<b>CareFirst BlueChoice - Standard (2G) -</b> 👤 2G4	\$243.36	None	\$5000	N/A		\$0	\$40	20%	\$0		Tier 2: \$50 Tier 3: \$75	No	
<b>CareFirst BlueChoice - Standard (2G) -</b> 👤 2G6	\$443.08	None	\$10000	\$0 N/A		\$0	\$40	20%	\$0		Tier 2: \$50 Tier 3: \$75	No	
<b>CareFirst BlueChoice - Standard (2G) -</b> 👤 2G5	\$576.95	None	\$10000	\$0 N/A		\$0	\$40	20%	\$0		Tier 2: \$50 Tier 3: \$75	No	
<b>Compass Rose Health Plan - High (42)</b> <i>This plan is only open to specific groups -</i> 👤 421	\$104.52	\$350	\$5000	N/A		\$15.00	\$25.00	10%	Tier 1: \$5		Tier 2: \$50 Tier 3: 40% \$75 Min	No	

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<b>Compass Rose Health Plan - High (42)</b> <i>This plan is only open to specific groups -</i> 👥423	\$240.59	\$700	\$9000	\$0 N/A	\$15.00	\$25.00	10%	Tier 1: \$5	Tier 2: \$50 Tier 3: 40% \$75 Min	No	
<b>Compass Rose Health Plan - High (42)</b> <i>This plan is only open to specific groups -</i> 👥422	\$256.11	\$700	\$9000	\$0 N/A	\$15.00	\$25.00	10%	Tier 1: \$5	Tier 2: \$50 Tier 3: 40% \$75 Min	No	
<b>Compass Rose Health Plan - Standard (42)</b> <i>This plan is only open to specific groups -</i> 👥424	\$52.86	\$500	\$9000	N/A	\$10	\$30	30% \$500 Calendar Year Deductible	Tier 1: \$5	Tier 2: 40% \$400 Max Tier 3: 100%	No	
<b>Compass Rose Health Plan - Standard (42)</b> <i>This plan is only open to specific groups -</i> 👥426	\$116.31	\$1000	\$18000	\$0 N/A	\$10	\$30	30% \$500 Calendar Year Deductible	Tier 1: \$5	Tier 2: 40% \$400 Max Tier 3: 100%	No	
<b>Compass Rose Health Plan - Standard (42)</b> <i>This plan is only open to specific groups -</i> 👥425	\$126.88	\$1000	\$18000	\$0 N/A	\$10	\$30	30% \$500 Calendar Year Deductible	Tier 1: \$5	Tier 2: 40% \$400 Max Tier 3: 100%	No	

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<b>Foreign Service Benefit Plan - High (40)</b> <i>This plan is only open to specific groups -</i>  401	\$82.62	\$300	\$5000	N/A	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	10%	Tier 1: \$10	Tier 2: 25% \$30 Min \$100 Max Tier 3: 35% \$60 Min \$200 Max	No
<b>Foreign Service Benefit Plan - High (40)</b> <i>This plan is only open to specific groups -</i>  403	\$211.30	\$600	\$7000	\$0 N/A	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	10%	Tier 1: \$10	Tier 2: 25% \$30 Min \$100 Max Tier 3: 35% \$60 Min \$200 Max	No
<b>Foreign Service Benefit Plan - High (40)</b> <i>This plan is only open to specific groups -</i>  402	\$204.38	\$600	\$7000	\$0 N/A	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	10%	Tier 1: \$10	Tier 2: 25% \$30 Min \$100 Max Tier 3: 35% \$60 Min \$200 Max	No
<b>GEHA Benefit Plan - HDHP (34) -</b>  341	\$71.45	\$1600	\$6000	\$1000 <a href="#">HSA/HRA</a>	5%	5%	5%	25%	25% Or 40%	No
<b>GEHA Benefit Plan - HDHP (34) -</b>  343	\$153.62	\$3200	\$12000	\$2000 <a href="#">HSA/HRA</a>	5%	5%	5%	25%	25% Or 40%	No

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GEHA Benefit Plan - HDHP (34) - 👤 342	\$188.78	\$3200	\$12000	\$2000 HSA/HRA	5%	5%	5%	25%	25% Or 40%	No	
GEHA Benefit Plan - High (31) - 👤 311	\$108.65	\$350	\$5000	N/A	\$20	\$20	10%	\$10	25% \$150 max Or 40% \$200 max	No	
GEHA Benefit Plan - High (31) - 👤 313	\$249.67	\$700	\$10000	\$0 N/A	\$20	\$20	10%	\$10	25% \$150 max Or 40% \$200 max	No	
GEHA Benefit Plan - High (31) - 👤 312	\$306.26	\$700	\$10000	\$0 N/A	\$20	\$20	10%	\$10	25% \$150 max Or 40% \$200 max	No	
GEHA Benefit Plan - Standard (31) - 👤 314	\$70.15	\$350	\$6500	N/A	\$20	\$35	15%	\$10	40% \$250 Max Or 60% \$350 Max	No	
GEHA Benefit Plan - Standard (31) - 👤 316	\$150.83	\$700	\$13000	\$0 N/A	\$20	\$35	15%	\$10	40% \$250 Max Or 60% \$350 Max	No	
GEHA Benefit Plan - Standard (31) - 👤 315	\$186.35	\$700	\$13000	\$0 N/A	\$20	\$35	15%	\$10	40% \$250 Max Or 60% \$350 Max	No	
GEHA Indemnity Benefit Plan - Elevate (25) - 👤 254	\$52.21	\$500	\$8500	N/A	\$10	\$30	\$250	\$4	50% \$500 max Or Member Pays All Charges	No	

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GEHA Indemnity Benefit Plan - Elevate (25) - 👥256	\$125.97	\$1000	\$17000	\$0 N/A	\$10	\$30	\$250	\$4	50% \$500 max Or Member Pays All Charges	No
GEHA Indemnity Benefit Plan - Elevate (25) - 👥255	\$153.35	\$1000	\$17000	\$0 N/A	\$10	\$30	\$250	\$4	50% \$500 max Or Member Pays All Charges	No
GEHA Indemnity Benefit Plan - Elevate Plus (25) - 👤251	\$102.55	\$200	\$7000	N/A	\$30	\$50	15%	\$10	\$80 Or 50%	No
GEHA Indemnity Benefit Plan - Elevate Plus (25) - 👥253	\$232.73	\$400	\$14000	\$0 N/A	\$30	\$50	15%	\$10	\$80 Or 50%	No
GEHA Indemnity Benefit Plan - Elevate Plus (25) - 👥252	\$253.08	\$400	\$14000	\$0 N/A	\$30	\$50	15%	\$10	\$80 Or 50%	No
Kaiser Permanente - Mid-Atlantic States - High (E3) - 👤E31	\$139.28	None	\$2250	N/A	\$10	\$20	Member Pays Nothing	Tier 1: \$7 Tier 3: \$45	Tier 2: \$30 Tier 3: \$45	Yes
Kaiser Permanente - Mid-Atlantic States - High (E3) -	\$358.13	None	\$4500	\$0 N/A	\$10	\$20	Member Pays Nothing	Tier 1: \$7 Tier 3: \$45	Tier 2: \$30 Tier 3: \$45	Yes




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👤E33										
Kaiser Permanente - Mid-Atlantic States - High (E3) - 👤E32	\$298.45	None	\$4500	\$0 N/A	\$10	\$20	Member Pays Nothing	Tier 1: \$7 Tier 3: \$45	Tier 2: \$30 Tier 3: \$45	Yes
Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - 👤T71	\$49.04	\$100	\$4000	N/A	\$30	\$40	Member Pays Nothing	Tier 1: \$10 Tier 3: \$65	Tier 2: \$45 Tier 3: \$65	Yes
Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - 👤T73	\$117.17	\$200	\$8000	\$0 N/A	\$30	\$40	Member Pays Nothing	Tier 1: \$10 Tier 3: \$65	Tier 2: \$45 Tier 3: \$65	Yes
Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - 👤T72	\$137.98	\$200	\$8000	\$0 N/A	\$30	\$40	Member Pays Nothing	Tier 1: \$10 Tier 3: \$65	Tier 2: \$45 Tier 3: \$65	Yes
Kaiser Permanente - Mid-Atlantic States - Standard (E3) - 👤E34	\$81.64	None	\$3500	N/A	\$20	\$30	Member Pays Nothing	Tier 1: \$10 Tier 3: \$60	Tier 2: \$40 Tier 3: \$60	Yes
Kaiser Permanente - Mid-Atlantic	\$187.76	None	\$7000	\$0 N/A	\$20	\$30	Member Pays Nothing	Tier 1: \$10 Tier 3: \$60	Tier 2: \$40 Tier 3: \$60	Yes







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States - Standard (E3) - 👤E36										
Kaiser Permanente - Mid-Atlantic States - Standard (E3) - 👤E35	\$187.76	None	\$7000	\$0 N/A	\$20	\$30	Member Pays Nothing	Tier 1: \$10 Tier 3: \$60	Tier 2: \$40 Tier 3: \$60	Yes
M.D. IPA - High (JP) - 👤JP1	\$260.86	None	\$5000	N/A	Member Pays Nothing Or \$25	\$40	You pay nothing	Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Tier 4: \$120	Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Tier 4: \$120	Yes
M.D. IPA - High (JP) - 👤JP3	\$453.08	None	\$10000	\$0 N/A	Member Pays Nothing Or \$25	\$40	You pay nothing	Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Tier 4: \$120	Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Tier 4: \$120	Yes
M.D. IPA - High (JP) - 👤JP2	\$846.37	None	\$10000	\$0 N/A	Member Pays Nothing Or \$25	\$40	You pay nothing	Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Tier 4: \$120	Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Tier 4: \$120	Yes
MHBP - Standard and Value - Standard (45) - 👤454	\$80.61	\$350	\$6000	N/A	\$20	\$30	10%	\$5	Tier 2: 30% \$200 max Tier 3: 50% \$200 max	No
MHBP - Standard and Value - Standard (45) - 👤456	\$185.54	\$700	\$12000	\$0 N/A	\$20	\$30	10%	\$5	Tier 2: 30% \$200 max Tier 3: 50% \$200 max	No
MHBP - Standard	\$187.33	\$700	\$12000	\$0 N/A	\$20	\$30	10%	\$5	Tier 2: 30% \$200 max	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
and Value - Standard (45) - 455									Tier 3: 50% \$200 max	
MHBP - Standard and Value - Value (41) - 414	\$58.20	\$600	\$6600	N/A	\$30	\$50	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	No
MHBP - Standard and Value - Value (41) - 416	\$137.91	\$1200	\$13200	\$0 N/A	\$30	\$50	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	No
MHBP - Standard and Value - Value (41) - 415	\$140.66	\$1200	\$13200	\$0 N/A	\$30	\$50	20%	\$10	Tier 2: 45% \$300 Max Tier 3: 75% \$500 Max	No
MHBP Consumer Option - HDHP (48) - 481	\$78.69	\$2000	\$6000	\$1200 HSA/HRA	\$15	\$15	Member Pays Nothing	\$10	Tier 2: 30% + \$200 max Tier 3: 50% + \$200 max	No
MHBP Consumer Option - HDHP (48) - 483	\$174.14	\$4000	\$12000	\$2400 HSA/HRA	\$15	\$15	Member Pays Nothing	\$10	Tier 2: 30% + \$200 max Tier 3: 50% + \$200 max	No
MHBP Consumer Option - HDHP (48) - 482	\$182.85	\$4000	\$12000	\$2400 HSA/HRA	\$15	\$15	Member Pays Nothing	\$10	Tier 2: 30% + \$200 max Tier 3: 50% + \$200 max	No



Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
<b>NALC - CDHP (32) -</b> 👤324	\$55.26	\$2000	\$6600	\$1200 <a href="#">HRA</a>	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No	
<b>NALC - CDHP (32) -</b> 👥326	\$123.96	\$4000	\$12000	\$2400 <a href="#">HRA</a>	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No	
<b>NALC - CDHP (32) -</b> 👥325	\$134.19	\$4000	\$12000	\$2400 <a href="#">HRA</a>	20%	20%	20%	Tier 1: \$10	Tier 2: \$40 Tier 3: \$60	No	
<b>NALC - High (32) -</b> 👤321	\$109.41	\$300	\$3500	N/A	\$25	\$25	15%	Tier 1: 20%	Tier 2: 30% Tier 3: 50%	No	
<b>NALC - High (32) -</b> 👥323	\$255.86	\$600	\$5000	\$0 N/A	\$25	\$25	15%	Tier 1: 20%	Tier 2: 30% Tier 3: 50%	No	
<b>NALC - High (32) -</b> 👥322	\$221.79	\$600	\$5000	\$0 N/A	\$25	\$25	15%	Tier 1: 20%	Tier 2: 30% Tier 3: 50%	No	
<b>Panama Canal Area Benefit Plan - High (43)</b> <i>This plan is only open to specific groups -</i> 👤431	\$115.76	None	\$8200	N/A	\$5	\$5	You pay nothing	20%	30%	Yes	
<b>Panama Canal Area Benefit Plan - High (43)</b> <i>This plan is only open to specific groups -</i> 👥433	\$195.00	None	\$12000	\$0 N/A	\$5	\$5	You pay nothing	20%	30%	Yes	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
<b>Panama Canal Area Benefit Plan - High (43)</b> <i>This plan is only open to specific groups -</i>  432	\$203.94	None	\$12000	\$0 N/A	\$5	\$5	You pay nothing	20%	30%	Yes	
<b>Rural Carrier Benefit Plan - High (38)</b> <i>This plan is only open to specific groups -</i>  381	\$130.99	\$350	\$5000	N/A	\$20	\$35	15%	Tier 1: 30% \$7.50 Max \$200 Calendar Year Deductible	Tier 2: 30% \$200 Max \$200 Calendar Year Deductible Tier 3: 30% \$200 Max \$200 Calendar Year Deductible	No	
<b>Rural Carrier Benefit Plan - High (38)</b> <i>This plan is only open to specific groups -</i>  383	\$251.57	\$700	\$10000	\$0 N/A	\$20	\$35	15%	Tier 1: 30% \$7.50 Max \$200 Calendar Year Deductible	Tier 2: 30% \$200 Max \$200 Calendar Year Deductible Tier 3: 30% \$200 Max \$200 Calendar Year Deductible	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
<b>Rural Carrier Benefit Plan - High (38)</b> <i>This plan is only open to specific groups -</i>  382	\$234.11	\$700	\$10000	\$0 N/A	\$20	\$35	15%	Tier 1: 30% \$7.50 Max \$200 Calendar Year Deductible	Tier 2: 30% \$200 Max \$200 Calendar Year Deductible Tier 3: 30% \$200 Max \$200 Calendar Year Deductible	No	
<b>SAMBA - High (44) -</b>  441	\$127.74	\$300	\$5000	N/A	\$15	\$25	15%	Tier 1: \$10	Tier 2: 30% \$100 max Tier 3: 45% \$300 max	No	
<b>SAMBA - High (44)</b> -  443	\$291.70	\$600	\$10000	\$0 N/A	\$15	\$25	15%	Tier 1: \$10	Tier 2: 30% \$100 max Tier 3: 45% \$300 max	No	
<b>SAMBA - High (44) -</b>  442	\$311.85	\$600	\$10000	\$0 N/A	\$15	\$25	15%	Tier 1: \$10	Tier 2: 30% \$100 max Tier 3: 45% \$300 max	No	
<b>SAMBA - Standard (44) -</b>  444	\$85.40	\$350	\$6000	N/A	\$20	\$30	20%	Tier 1: \$12	Tier 2: 35% \$150 max Tier 3: 50% \$300 max	No	
<b>SAMBA - Standard (44) -</b>  446	\$183.80	\$700	\$12000	\$0 N/A	\$20	\$30	20%	Tier 1: \$12	Tier 2: 35% \$150 max Tier 3: 50% \$300 max	No	
<b>SAMBA - Standard (44) -</b>	\$194.83	\$900	\$12000	\$0 N/A	\$20	\$30	20%	Tier 1: \$12	Tier 2: 35% \$150 max	No	

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
445									Tier 3: 50% \$300 max	
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) - V41	\$80.02	\$2000	\$6000	\$750 HSA/HRA	\$15	\$30	20%	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	No
UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA)) - HDHP (V4) - V43	\$172.06	\$4000	\$12000	\$1500 HSA/HRA	\$15	\$30	20%	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	No
UnitedHealthcare Insurance	\$183.21	\$4000	\$12000	\$1500 HSA/HRA	\$15	\$30	20%	Tier 1: \$10 Tier 2: \$40	Tier 1: \$10 Tier 2: \$40	No

Insurance										
Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
Company, Inc. (A HDHP with a Health Savings Account (HSA)) - HDHP (V4) - 👤 V42								Tier 3: \$85 Tier 4: \$175	Tier 3: \$85 Tier 4: \$175	
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: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	No
UnitedHealthcare Insurance Company, Inc. (Choice Open Access) - High (LR) - 👤 LR3	\$413.29	None	\$10000	\$0 N/A	\$25 \$0 copay ages 0-18 non- prev visits	\$35	\$35	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	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: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$175	No
UnitedHealthcare Insurance Company, Inc. (Choice Plus	\$88.76	\$500	\$6000	N/A	\$25	\$50	20%	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: \$120	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: \$120	No

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
Advanced) - Value (L9) - 👤 L91										
UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced) - Value (L9) - 👤 L93	\$188.62	\$1000	\$12000	\$0 N/A	\$25	\$50	20%	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: \$120	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: \$120	No
UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced) - Value (L9) - 👤 L92	\$213.03	\$1000	\$12000	\$0 N/A	\$25	\$50	20%	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: \$120	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: \$120	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) - 👤 AS3	\$198.94	\$1000	\$14700	\$0 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

Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	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
UnitedHealthcare Insurance Company, Inc. Choice Plus Primary - High (AS) - AS2	\$217.81	\$1000	\$14700	\$0 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 Primary - High (Y8) - Y81	\$83.68	\$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 Primary - High (Y8) - Y83	\$179.91	\$1000	\$14700	\$0 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 Primary - High (Y8) - Y82	\$197.90	\$1000	\$14700	\$0 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