

## 2017 Open Enrollment



### District Personnel Manual Bulletin No. 21A-16, 21B-26, & 22-2

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Effective Date	Expiration Date	Related DPM Chapters
November 14, 2016	December 31, 2016	21

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### Overview

The District government strives to provide its employees a competitive benefits package and access to the most up-to-date information concerning those benefits. This bulletin outlines the information, the process, and guidelines for this year’s open enrollment season, which runs from **November 14, 2016 to December 12, 2016 at 5 pm (EST)**.

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## Covered Employees

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1. **Federal Employee Health Benefits (FEHB).** The FEHB is applicable to individuals first employed by the District government on or before September 30, 1987; and individuals first employed by the District government prior to October 1, 1987 in benefits eligible positions, who subsequently terminate such employment and become reemployed with the District government on or after October 1, 1987.
2. **District of Columbia Employee Health Benefits (DCEHB).** The DCEHB is applicable to individuals first employed by the District government on or after October 1, 1987 in benefits eligible positions.
3. **Benefits Eligible Positions.** Employees in a “benefits eligible positions” are also eligible to participate in some of the other benefit programs (i.e., HCFSA, DCFSA, STD, LTD, Vision and Dental, or Commuter Benefit Programs).

## Provisions Concerning the FEHB and DCEHB Programs

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1. Employees who are currently enrolled in a health plan and do not wish to make a change in their present coverage do not need to take any action during open season. However, employees are encouraged to review their benefits to ensure that they have proper coverage.
2. Employees participating in the FEHB or DCEHB Programs must elect to participate in the premium conversion at the time of election, unless they elect to waive participation. There are tax benefits for participating in premium conversion, and employees may cancel or change to a “Self Only” plan only during annual open enrollment, or when a Qualifying Life Event (QLE) occurs. Premium conversion tax benefits allow an employee to allot a portion of his or her salary back to the employer, which the employer then uses to pay the employee’s health insurance coverage. This allotment is made on a pre-tax basis, which means that the money is not subject to federal income, Medicare, or Social Security Taxes.
3. Eligible employees not enrolled may enroll during open season.
4. Eligible employees may enroll or switch health plans or options during open season.
5. Eligible employees may enroll themselves and “eligible family members” in a health plan offered under the FEHB or DCEHB Programs.
6. The effective date of coverage for enrollments and changes for the FEHB and DCEHB is the first full pay period on or after **January 8, 2017**.

## Documentation for Dependent Coverage

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1. An employee who is enrolling or changing to “Self + 1” or “Family” under the DCEHB, or “Self + 1” or “Family” under the FEHB shall submit the following **proof of eligibility** of a family member(s) to the DCHR’s Benefits & Retirement Administration, as applicable:
2. Spouse (*Provide a copy of one (1) of the following*):
  - a. Most recently filed Form 1040 U.S. Individual Income Tax Return with the filing status marked either (2-Married filing jointly or 3-Married filing separately). The financial information and dependents’ social security numbers may be blacked out;
  - b. Proof of shared residence (example: a utility bill) and marriage certificate;
  - c. Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate;
  - d. Petition for dissolution of marriage (divorce); or

e. Legal separation notice.

3. **State-Registered Domestic Partner or Legal Union Partner\*** (*Provide a copy of one of the following*):

- a. Proof of shared residence (example: a utility bill) and certificate/card of state-registered domestic partnership<sup>1</sup>;
- b. Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership<sup>2</sup>;
- c. Petition for invalidity (annulment) of domestic partnership or legal union;
- d. Petition for dissolution of domestic partnership or legal union; or
- e. Legal separation notice of domestic partnership or legal union.

**\* Note:** See E-DPM Instruction No. 21B-19, Domestic Partner Health Benefits, dated September 14, 2016 ( <http://dchr.dc.gov/node/1188585>), for additional information.

4. **Child(ren)** (*Provide a copy of one of the following*):

- a. Most recently filed Form 1040 U.S. Individual Income Tax Return\* that includes the child(ren) as a dependent(s). The financial information and dependents' social security numbers may be blacked out;
- b. Birth certificate (or hospital certificate) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner<sup>3</sup>;
- c. Certificate or decree of adoption;
- d. Court-ordered parenting plan;
- e. Medical Support Notice;
- f. Original Foster child certification **and** a copy of documentation of regular and substantial support of the child (See Section 5 for examples of documentation of regular and substantial support);
- g. Disabled Child: Medical verification of disability prior to age 26;
- h. Legal Custody: Copy of Court Order granting legal custody; or
- i. Step Child: Birth Certificate<sup>4</sup>, Copy of Marriage Certificate, Divorce Decree or Custody Papers.

**Note:** You can submit one copy of your tax return if it includes all family members that require verification.

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<sup>1</sup> If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

<sup>2</sup> If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

<sup>3</sup> If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB or FEHB coverage.

<sup>4</sup> If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB or FEHB coverage.

5. More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained.
  - a. Evidence of eligibility as a dependent child for benefits under other State or Federal programs;
  - b. Proof of inclusion of the child as a dependent on the enrollee's income tax returns;
  - c. Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; or
  - d. Evidence of goods or services which show regular and substantial contributions of considerable value.
6. Employees must submit the above supporting documentation **by January 11, 2017**, of health benefits enrollment/change. Failure to submit supporting documentation **may** result in cancellation of health benefits.

## District Employee Group Life Insurance Program

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1. The District Employee Group Life Insurance (DCEGLI) Program will be open for eligible employees to enroll in new coverage or increase their existing life insurance coverage, during the open season enrollment period (November 14 through December 12, 2016, at 5 pm (EST)).
2. Employees first employed in the District government after September 30, 1987, except those employees serving under appointment of one year or less (temporary appointment) are eligible to participate.
3. Employees do not need to be currently enrolled in DCEGLI to elect coverage during the open season enrollment period. Open season enrollment elections have no medical exam required and no health questions to answer.
4. Life insurance coverage levels are as follows:
  - a. **Basic Life and AD&D Insurance coverage** is the annual rate of pay, rounded to the next highest multiple of \$1,000, plus \$2,000 or a minimum of \$10,000. This amount will increase by a factor, in accordance with the DC Personnel Manual, Chapter 22B, if participant dies before the age of 45.
  - b. **Option A** –Provides an employee with \$10,000 of additional life and AD&D insurance coverage.
  - c. **Option B** – Provides an employee with additional life insurance coverage of up to five (5) multiples of his or her annual pay, rounded to the next highest thousand.
  - d. **Option C** – Family coverage provides the employee with both of the following options: \$10,000, \$25,000, \$50,000 insurance coverage on the life of his or her spouse and \$10,000 insurance coverage on the life of each unmarried dependent.
5. Any new elections or added coverage elections will not be considered a first opportunity to enroll for purposes of meeting the requirements to carry life insurance into retirement. In order to carry newly elected coverage (including a higher multiple of Option B) into retirement, the new election or added coverage must be in effect for the 5 years of service immediately preceding the date of retirement., or for the entire period(s) of service during which the new election or added coverage were available (if this period of coverage is less than five years). Employees, especially those approaching retirement eligibility, should be cautioned about the 5 year/first opportunity provisions, so that they are aware that they will not be able to take a higher level of coverage into retirement.
6. No action is required for employees who are satisfied with their current level of DCEGLI coverage.
7. Employees enrolled in the Federal Employee Group Life Insurance (FEGLI) program are not eligible to make changes to their insurance coverage during this open season enrollment period.

## Flexible Spending Programs and Commuter Benefit Programs

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1. The District government offers the Health Care Flexible Spending Account (HCFSA) Program and the Dependent Care Flexible Spending Account (DCFSA) Program. Eligible employees interested in participating in either of the programs must elect to participate for the 2017 plan year.
2. Eligible employees may enroll in or re-enroll in the HCFSA or DCFSA electronically during the open season, by close of business on **Monday, December 12, 2016, at 5 pm (EST)**. Late enrollments will not be accepted during the year.
3. Employees may enroll and elect up to a maximum of \$2,600 for health care and a maximum of \$5,000 for dependent care. Once enrolled, employees **may not** change their election, unless there is a qualifying event, such as: change in marital status, change in the number of dependents, etcetera.
4. Eligible employees enrolled in HCFSA will be allowed to carryover up to \$500 of unused end-of-the-year balance into the 2017 plan year. Rollover funds from 2016 will be available by May 2017.
5. Employees who choose to enroll or re-enroll in the HCFSA or the DCFSA, or both, will have funds deducted from their paycheck beginning the first paycheck after January 8, 2017.
6. Employees may also enroll at any time in the Commuter Benefits Program, which allows up to a maximum of \$255 per month for parking and \$255 per month for mass transit in pre-tax contributions. Once enrolled, an employee may make changes to the amount deducted not to exceed the maximum amount or cancel.
  - a. The IRS requires that claims for qualified parking and vanpooling expenses be received by the vendor within 180 days after the service is provided.
  - b. Mass transit expenses must be purchased using the vendor-issued debit card.

## Short and Long-Term Disability Insurance Programs

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Eligible employees interested in participating in the Short-Term or Long-Term Disability Programs must enroll electronically during the open season enrollment period (November 14 through December 12, 2016, at 5 pm (EST)). Deductions for both disability insurance programs are done on an after-tax basis.

## Vision and Dental Insurance Programs

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1. Eligible employees interested in participating in the Vision and Dental Benefit Programs must enroll electronically during the open season enrollment period (November 14 through December 12, 2016, at 5 pm (EST)).
2. Employees who are currently enrolled in a vision or dental plan and do not wish to make a change in their present coverage, do not need to take any action during open season. However, employees are encouraged to review their benefits to ensure that they have proper coverage.

## AFLAC Indemnity Plans

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Eligible employees interested in participating in the AFLAC Indemnity Plans (AFLAC) must enroll during the open season enrollment period (November 14 through December 12, 2016, at 5 pm (EST)) through an AFLAC representative. Employees already enrolled may make changes or cancel the plan during this period. Deductions for AFLAC are done on an after-tax basis. Employees may visit with an AFLAC representative at one of the open enrollment events or call (202) 442-9718.

## Failure to Enroll

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An employee who is eligible to participate in the District government's benefits programs addressed in this bulletin, but fails to enroll during open season will only be permitted to enroll after the enrollment period if he or she has a **Qualifying Life Event** such as the birth of a child, marriage, etc.; or during next year's open enrollment.

## ESS Process

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1. Eligible employees must enroll or make enrollment changes through the Employee Self Service (ESS) portal in the PeopleSoft System no later than December 12, 2016, at 5 pm (EST). Employees can access ESS as follows:
  - a. Go to your website browser and enter <https://ess.dc.gov>;
  - b. Click on **Self Service**;
  - c. Click on **Benefit Enrollment**;
  - d. Click on **Select Button** (Highlighted in Yellow);
  - e. Begin selection of benefit plan offer listings (i.e., Health, Dental, Vision, etc.);
  - f. After benefit selections have been made, Click on **Continue Button** at bottom of page;
  - g. Return to bottom of page and click on **Continue Button** again;
  - h. Return to bottom of page and click on **Submit Button**; and
  - i. **Retain Email Confirmation** that will be sent to your government email box after clicking on Submit Button.
2. Employees must submit copies of the email confirmation and the supporting documentation, as outlined in Submission of Documentation for Dependent Coverage section in this bulletin, to the DCHR's Benefits and Retirement Administration, at 441 4<sup>th</sup> Street, N.W., Suite 340N, Washington, D.C. 20001, or via email at [dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov), **within 30 days** of health benefits enrollment/change. Moreover, be aware that the submission of fraudulent documentation **may result** in disciplinary action up to and including removal and a lapse in coverage, and criminal prosecution.

## Responsibilities

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Agency Human Resource Advisors are responsible for performing the following:

1. Notifying agency employees of the open season enrollment period, and
2. Informing agency employees that they must complete the online registration process at <https://ess.dc.gov> in the PeopleSoft System to enroll or make changes to their benefits during the open season enrollment period.

## Applicability

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The provisions of this bulletin apply to those District government agencies which are subordinate to the Mayor's personnel authority. Other personnel authorities or independent agencies may adopt any or all of these provisions to provide guidance to employees under their respective jurisdictions

## Definitions

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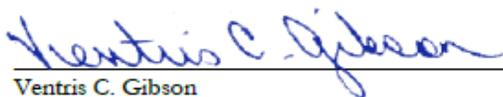
As used in this bulletin-

- A “benefits eligible position” means: (1) a full-time or part-time permanent position; (2) a term position of at least 13 months; or (3) an “at-will” indefinite position. For all three (3) categories of benefits eligible positions an employee must work at least twenty (20) hours per workweek.
- An “eligible family member” means: (a) spouse; (b) domestic partner; (c) children under the age of 26, including legally adopted children, stepchildren, foster children, and recognized natural (born out of wedlock) children.
- A “qualifying life event” means events deemed acceptable by the Internal Revenue Service that may allow premium conversion participants to change their participation election for premium conversion outside of an Open Season. See DPM Instruction No. 21B-17 Permissible Changes for Employees under the Federal Employees’ Health Benefits Program (FEHB) and the District of Columbia Employees’ Health Benefits Program (DCEHB) Electing Premium Conversion, dated January 29, 2013 (<http://dchr.dc.gov/node/224492>), for additional information.

## Inquiries

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Inquiries concerning the provisions of the DPM bulletin can be directed to the Benefits & Retirement Administration, DCHR, by calling (202) 442-7627 or via email at [dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov).



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**Ventris C. Gibson**  
Director

Attachment 1 – DCSF No. 21-03, Certification for Foster Children (Rev. 10-2015)

Attachment 2 – 2017 Government of the District of Columbia Health Benefit Plan Premiums

Attachment 3 – 2017 Non-Postal Premium Rates for the Federal Employee Health Benefits Program

# Attachment 1 – Certification for Foster Children



## CERTIFICATION FOR FOSTER CHILDREN

This is to certify that I have been informed of the following requirements for coverage of a foster child in the Federal Employee's Health Benefits Program or the District Employee's Health Benefits Program:

- The child must be under age 26 (if the child is age 26 or older, he/she can be covered if he/she is incapable of self-support because of a disabling condition that began before age 26. I must provide documentation of this to the D.C. Department of Human Resources (DCHR);
- The child must currently live with me;
- I must currently be the primary source of financial support for the child;
- The parent-child relationship must be with me, not the biological parent. This means that I exercise parental authority, responsibility, and control. I care for, support, discipline, and guide the child. I make the decisions about the child's education and health care; and
- I must expect to raise the child into adulthood.

I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.

This is to certify that \_\_\_\_\_ (name of child) lives with me; I am the primary source of financial support for this child; I have a regular parent-child relationship with this child, as described above; and I intend to raise this child into adulthood.

I have provided DCHR proof of my regular and substantial support for \_\_\_\_\_ (name of child) by providing more than one (1) of the following:

- Evidence of eligibility as a dependent child for benefits under other State or Federal programs;
- Proof of inclusion of the child as a dependent on the enrollee's income tax returns;
- Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; or
- Evidence of goods or services which show regular and substantial contributions of considerable value.

I will immediately notify DCHR and the health benefits carrier if this child moves out of my home, or ceases to be financially dependent on me.

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature of Officer

(SEAL)

DCSF No. 21-03 (Rev. 10-2015)

# Attachment 2 –Government of the District of Columbia Health Benefit Plan Premiums

**2017**  
**Government of the District of Columbia**  
**Health Benefits Plan Premiums**  
**D.C. Employee Health Benefits (Employees Hired After 9/30/87)**

## Health Benefits

2017 DCEHBP Rates: Bi-Weekly Employee Contribution					
	Aetna CDHP	Aetna HMO	Aetna PPO	Kaiser Permanente	UnitedHealthcare Choice
Self	\$40.58	\$81.16	\$84.69	\$66.04	\$74.94
Self + 1	\$79.76	\$159.54	\$166.47	\$126.13	\$143.13
Family	\$117.26	\$234.54	\$244.73	\$193.49	\$219.56

2017 DCEHBP Rates: Monthly Employee Contribution					
	Aetna CDHP	Aetna HMO	Aetna PPO	Kaiser Permanente	UnitedHealthcare Choice
Self	\$87.92	\$175.85	\$183.49	\$143.08	\$162.36
Self + 1	\$172.82	\$345.67	\$360.68	\$273.29	\$310.11
Family	\$254.06	\$508.17	\$530.24	\$419.22	\$475.71

## Dental

2017 DCEHBP Rates: Bi-Weekly Employee Contribution		
	Cigna DHMO	Cigna DPPO
Self	\$0	\$28.09
Self + 1	\$0	\$39.87
Family	\$0	\$51.71

## Vision

2017 DCEHBP Rates: Bi-Weekly Employee Contribution	
	Vision
Self	\$0
Self + 1	\$0
Family	\$0

## Temporary Continuation of Care (TCC)

2017 DCEHBP TCC Rates: Monthly Employee Contribution					
	Aetna CDHP	Aetna HMO	Aetna PPO	Kaiser Permanente	UnitedHealthcare Choice
Self	\$358.71	\$708.02	\$748.63	\$583.73	\$662.42
Self + 1	\$705.11	\$1,391.75	\$1,471.58	\$1,115.02	\$1,265.22
Family	\$1,036.57	\$2,046.01	\$2,163.37	\$1,710.41	\$1,940.88

## Attachment 3 – Non-Postal Premium Rates for the Federal Employee Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Nationwide APWU Health Plan</b>											
High Self	471	293.37	315.96	221.67	94.29	14.29	635.64	684.58	480.29	204.29	30.95
High Self & Family	472	704.10	758.32	505.22	253.10	37.50	1525.55	1643.03	1094.64	548.39	81.26
High Self Plus One	473	616.09	663.52	475.79	187.73	32.66	1334.86	1437.63	1030.88	406.75	70.77
CDHP Self	474	207.76	247.24	185.43	61.81	9.87	450.15	535.69	401.77	133.92	21.38
CDHP Self & Family	475	498.62	593.35	445.01	148.34	23.69	1080.34	1285.59	964.19	321.40	51.32
CDHP Self Plus One	476	457.07	543.91	407.93	135.98	21.71	990.32	1178.47	883.85	294.62	47.04
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>											
Standard Self	104	313.55	327.66	221.67	105.99	5.81	679.36	709.93	480.29	229.64	12.58
Standard Self & Family	105	726.74	759.45	505.22	254.23	15.99	1574.60	1645.48	1094.64	550.84	34.66
Standard Self Plus One	106	692.33	716.56	475.79	240.77	9.46	1500.05	1552.55	1030.88	521.67	20.50
<b>Nationwide Blue Cross and Blue Shield Service Benefit Plan</b>											
Basic Self	111	273.94	284.90	213.68	71.22	2.74	593.54	617.28	462.96	154.32	5.94
Basic Self & Family	112	652.70	678.81	505.22	173.59	9.39	1414.18	1470.76	1094.64	376.12	20.36
Basic Self Plus One	113	621.77	640.43	475.79	164.64	3.89	1347.17	1387.60	1030.88	356.72	8.43
<b>Nationwide Compass Rose Health Plan</b>											
High Self	421	291.49	306.06	221.67	84.39	6.27	631.56	663.13	480.29	182.84	13.58
High Self & Family	422	699.57	734.55	505.22	229.33	18.26	1515.74	1591.53	1094.64	496.89	39.57
High Self Plus One	423	641.27	673.34	475.79	197.55	17.30	1389.42	1458.90	1030.88	428.02	37.48
<b>Nationwide Foreign Service Benefit Plan</b>											
High Self	401	252.70	257.76	193.32	64.44	1.27	547.52	558.48	418.86	139.62	2.74
High Self & Family	402	625.16	637.66	478.25	159.41	3.12	1354.51	1381.60	1036.20	345.40	6.77
High Self Plus One	403	618.98	631.36	473.52	157.84	-0.12	1341.12	1367.95	1025.96	341.99	-0.25

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

Fee-for-Service Plans (FFS)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option - Enrollment Code											
High Self & Family	312	745.43	767.79	505.22	262.57	5.64	1615.10	1663.55	1094.64	568.91	12.23	
High Self Plus One	313	690.18	710.88	475.79	235.09	5.93	1495.39	1540.24	1030.88	509.36	12.85	
Standard Self	314	207.16	215.45	161.59	53.86	2.07	448.85	466.81	350.11	116.70	4.49	
Standard Self & Family	315	489.91	509.51	382.13	127.38	4.90	1061.47	1103.94	827.96	275.98	10.61	
Standard Self Plus One	316	445.39	463.21	347.41	115.80	4.45	965.01	1003.62	752.72	250.90	9.65	
<b>Nationwide GEHA High Deductible Health Plan</b>												
HDHP Self	341	216.01	226.81	170.11	56.70	2.70	468.02	491.42	368.57	122.85	5.85	
HDHP Self & Family	342	510.85	536.39	402.29	134.10	6.39	1106.84	1162.18	871.64	290.54	13.83	
HDHP Self Plus One	343	464.42	487.65	365.74	121.91	5.81	1006.24	1056.58	792.44	264.14	12.58	
<b>Nationwide MHBP - Consumer Option</b>												
HDHP Self	481	259.47	264.66	198.50	66.16	1.29	562.19	573.43	430.07	143.36	2.81	
HDHP Self & Family	482	602.92	614.98	461.24	153.74	3.01	1306.33	1332.46	999.35	333.11	6.53	
HDHP Self Plus One	483	574.22	585.71	439.28	146.43	2.88	1244.14	1269.04	951.78	317.26	6.23	
<b>Nationwide MHBP - Std</b>												
Standard Self	454	279.93	271.53	203.65	67.88	-2.10	606.52	588.32	441.24	147.08	-4.55	
Standard Self & Family	455	650.55	631.03	473.27	157.76	-4.88	1409.53	1367.23	1025.42	341.81	-10.57	
Standard Self Plus One	456	637.79	625.03	468.77	156.26	-20.51	1381.88	1354.23	1015.67	338.56	-44.44	
<b>Nationwide MHBP - Value Plan</b>												
Value Self	414	236.60	238.97	179.23	59.74	0.59	512.63	517.77	388.33	129.44	1.28	
Value Self & Family	415	571.80	577.52	433.14	144.38	1.43	1238.90	1251.29	938.47	312.82	3.10	
Value Self Plus One	416	560.59	566.20	424.65	141.55	1.40	1214.61	1226.77	920.08	306.69	3.04	
<b>Nationwide NALC</b>												
High Self	321	285.92	299.07	221.67	77.40	4.85	619.49	647.99	480.29	167.70	10.51	
High Self & Family	322	634.74	671.56	503.67	167.89	9.21	1375.27	1455.05	1091.29	363.76	19.94	
High Self Plus One	323	623.30	651.98	475.79	176.19	13.91	1350.48	1412.62	1030.88	381.74	30.14	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
CDHP Self	324	200.24	214.26	160.70	53.56	3.50	433.85	464.23	348.17	116.06	7.60
CDHP Self & Family	325	434.80	464.53	348.40	116.13	7.43	942.07	1006.48	754.86	251.62	16.10
CDHP Self Plus One	326	434.79	463.49	347.62	115.87	7.17	942.05	1004.23	753.17	251.06	15.55
<b>Nationwide NALC Value Option</b>											
Value Self	KM1	172.40	175.85	131.89	43.96	0.86	373.53	381.01	285.76	95.25	1.87
Value Self & Family	KM2	374.39	381.41	286.06	95.35	1.75	811.18	826.39	619.79	206.60	3.81
Value Self Plus One	KM3	374.38	380.37	285.28	95.09	1.50	811.16	824.14	618.11	206.03	3.24
<b>Nationwide Panama Canal Area Benefit Plan</b>											
High Self	431	238.66	247.08	185.31	61.77	2.11	517.10	535.34	401.51	133.83	4.56
High Self & Family	432	498.18	515.77	386.83	128.94	4.40	1079.39	1117.50	838.13	279.37	9.52
High Self Plus One	433	476.34	493.16	369.87	123.29	4.21	1032.07	1068.51	801.38	267.13	9.11
<b>Nationwide Rural Carrier Benefit Plan</b>											
High Self	381	298.34	304.30	221.67	82.63	-2.34	646.40	659.32	480.29	179.03	-5.07
High Self & Family	382	577.71	589.26	441.95	147.31	2.88	1251.71	1276.73	957.55	319.18	6.25
High Self Plus One	383	566.37	577.70	433.28	144.42	2.83	1227.14	1251.68	938.76	312.92	6.14
<b>Nationwide SAMBA</b>											
High Self	441	347.16	393.68	221.67	172.01	38.22	752.18	852.97	480.29	372.68	82.80
High Self & Family	442	833.19	944.83	505.22	439.61	94.92	1805.25	2047.13	1094.64	952.49	205.66
High Self Plus One	443	763.76	866.10	475.79	390.31	87.57	1654.81	1876.55	1030.88	845.67	189.74
Standard Self	444	253.76	291.82	218.87	72.95	9.51	549.81	632.28	474.21	158.07	20.62
Standard Self & Family	445	583.65	671.20	503.40	167.80	21.89	1264.58	1454.27	1090.70	363.57	47.43
Standard Self Plus One	446	558.27	642.01	475.79	166.22	26.65	1209.59	1391.02	1030.88	360.14	57.74

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Delaware Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>Delaware Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Delaware Aetna Open Access</b>											
High Self	P31	631.25	655.24	221.67	433.57	15.69	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	1530.47	1588.64	505.22	1083.42	41.45	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	1515.32	1572.91	475.79	1097.12	42.82	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	508.42	549.01	221.67	327.34	32.29	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	1180.07	1274.25	505.22	769.03	77.46	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	1168.39	1261.63	475.79	785.84	78.47	2531.51	2733.53	1030.88	1702.65	170.02
<b>District of Columbia Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

<b>Non-Postal Premium Rates for the Federal Employees Health Benefits Program</b>											
<b>Health Management Organizations (HMO)</b>		<b>2016 Total Biweekly Premium</b>	<b>2017 Biweekly premium rates</b>				<b>2016 Total Monthly Premium</b>	<b>2017 Monthly premium rates</b>			
<b>Plan - Option - Enrollment Code</b>			<b>Total Premium</b>	<b>Gov't Pays</b>	<b>Empl. Pays</b>	<b>Change in empl. payment</b>		<b>Total Premium</b>	<b>Gov't Pays</b>	<b>Empl. Pays</b>	<b>Change in empl. payment</b>
<b>District of Columbia Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>District of Columbia Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>District of Columbia Aetna Open Access</b>											
High Self	JN1	442.85	469.08	221.67	247.41	17.93	959.51	1016.34	480.29	536.05	38.84
High Self & Family	JN2	995.60	1054.58	505.22	549.36	42.26	2157.13	2284.92	1094.64	1190.28	91.57
High Self Plus One	JN3	985.75	1044.14	475.79	568.35	43.62	2135.79	2262.30	1030.88	1231.42	94.51
Basic Self	JN4	275.96	294.16	220.62	73.54	4.55	597.91	637.35	478.01	159.34	9.86
Basic Self & Family	JN5	621.16	664.55	498.41	166.14	10.85	1345.85	1439.86	1079.90	359.96	23.50
Basic Self Plus One	JN6	608.98	634.15	475.61	158.54	6.30	1319.46	1373.99	1030.49	343.50	13.64
<b>District of Columbia CareFirst BlueChoice</b>											
High Self	2G1	321.77	358.77	221.67	137.10	28.70	697.17	777.34	480.29	297.05	62.18
High Self & Family	2G2	764.50	852.43	505.22	347.21	71.21	1656.42	1846.93	1094.64	752.29	154.29
High Self Plus One	2G3	643.53	717.54	475.79	241.75	59.24	1394.32	1554.67	1030.88	523.79	128.35
Standard Self	2G4	287.63	304.89	221.67	83.22	8.96	623.20	660.60	480.29	180.31	19.41
Standard Self & Family	2G5	683.40	724.41	505.22	219.19	24.29	1480.70	1569.56	1094.64	474.92	52.64
Standard Self Plus One	2G6	575.27	609.78	457.34	152.44	8.62	1246.42	1321.19	990.89	330.30	18.70

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
<b>District of Columbia CareFirst BlueChoice</b>											
HDHP Self	B61	273.21	281.41	211.06	70.35	2.05	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	649.15	668.62	501.47	167.15	4.86	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	546.43	562.82	422.12	140.70	4.09	1183.93	1219.44	914.58	304.86	8.88
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>											
High Self	E31	285.48	296.17	221.67	74.50	2.39	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	668.01	693.06	505.22	187.84	8.33	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	645.17	669.36	475.79	193.57	9.42	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	214.96	223.40	167.55	55.85	2.11	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	503.01	522.75	392.06	130.69	4.94	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	485.80	504.87	378.65	126.22	4.77	1052.57	1093.89	820.42	273.47	10.33
<b>District of Columbia M.D. IPA</b>											
High Self	JP1	295.87	318.80	221.67	97.13	14.63	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	829.62	893.91	505.22	388.69	47.57	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	577.83	622.62	466.97	155.65	11.19	1251.97	1349.01	1011.76	337.25	24.26
<b>District of Columbia United Healthcare Insurance Company, Inc.</b>											
High Self	LR1	245.13	279.74	209.81	69.93	8.65	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	687.35	699.35	505.22	194.13	-4.72	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	478.74	573.47	430.10	143.37	23.69	1037.27	1242.52	931.89	310.63	51.31
<b>District of Columbia UnitedHealthcare Insurance Company</b>											
Basic Self	L91	212.71	199.88	149.91	49.97	-3.21	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	596.45	560.47	420.35	140.12	-8.99	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	415.43	390.36	292.77	97.59	-6.27	900.10	845.78	634.34	211.44	-13.58
<b>Florida Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79