



US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for Calendar Year 2020

Bi-Weekly Active Employee Premiums

	DOD Health Benefit Plan (DODHBP)	High Deductible Health Plan	Kaiser Permanente (Mid Atlantic)	Kaiser Permanente Hawaii	Hawaii Medical Service Association
	CONUS/OCONUS	CONUS/OCONUS			
Deductible (In-Network)	Single - \$500 Family - \$1,500	Single - \$1,500 Family - \$4,500			
Single no dental	\$86.15/\$79.18	\$68.92/\$63.35	\$101.52	\$96.50	98.04
Single + Child(ren) no dental	\$166.27/\$152.82	\$133.02/\$122.26	\$192.88	\$186.25	\$186.29
Single + Spouse no dental	\$199.01/\$182.92	\$159.21/\$146.33	\$213.18	\$222.92	\$224.52
Single + Spouse + Child(ren) no dental	\$263.62/\$242.30	\$210.89/\$193.84	\$304.55	\$295.30	\$312.76
Single with dental	\$90.65/\$83.68	\$73.42/\$67.85	\$106.01	\$102.59	\$102.76
Single + Child(ren) with dental	\$174.95/\$161.50	\$141.70/\$130.94	\$201.55	\$197.21	\$195.24
Single + Spouse with dental	\$209.39/\$193.30	\$169.59/\$156.71	\$223.56	\$235.09	\$235.30
Single + Spouse + Child(ren) with dental	\$277.38/\$256.05	\$224.65/\$207.60	\$318.30	\$313.56	\$327.78

Stand Alone Dental

Single	\$15.54
Single + Child(ren)	\$34.97
Single + Spouse	\$31.08
Single + Spouse + Child(ren)	\$50.51

Basic Life Insurance \$.11 per \$1,000 of coverage for employee and employer

Dependent Life Insurance	\$5,000 spouse/\$2,500 child	Free w/basic life
	\$10,000 spouse/5,000 child	\$1.25
	\$15,000 spouse/7,500 child	\$2.50
	\$20,000 spouse/\$10,000 child	\$3.75
	\$25,000 spouse/\$12,500 child	\$5.00

Optional Life Insurance

Under age 35	\$.70
Age 35-39	\$.80
Age 40-44	\$1.40
Age 45-49	\$2.10
Age 50-54	\$3.50

Bi-Weekly Premiums per \$10,000 coverage

Age 55-59	\$5.40
Age 60-64	\$8.90
Age 65-69	\$12.50
Age 70 and over	\$20.50

Monthly Retiree and Temporary Continuation of Coverage Premiums

		Single	Single + Child(ren)	Single + Spouse	Single + Spouse + Child(ren)
DODHBP Retiree Medical Plan with Dental	Pre-65	\$196.39	\$379.04	\$453.67	\$600.97
	Post 65	\$181.29	\$349.90	\$418.80	\$554.77
DODHBP Retiree Medical Plan without Dental	Pre-65	\$186.66	\$360.25	\$431.18	\$571.18
	Post 65	\$171.56	\$331.11	\$396.31	\$524.98
High Deductible Retiree Medical Plan with Dental	Pre-65	\$159.05	\$306.99	\$367.44	\$486.73
	Post 65	\$146.98	\$283.68	\$339.54	\$449.77

High Deductible Retiree Medical Plan without Dental	Pre-65	\$149.32	\$288.20	\$344.95	\$456.94
	Post 65	\$137.25	\$264.89	\$317.05	\$419.98
		Single	Single + Child(ren)	Single +Spouse	Single + Spouse +Child(ren)
DODHBP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$634.63	\$1224.86	\$1466.02	\$1942.00
	OCONUS/ Post 65	\$583.30	\$1125.80	\$1347.45	\$1784.93
HDHP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$507.71	\$979.88	\$1172.82	\$1553.19
	OCONUS/ Post 65	\$466.64	\$900.64	\$1077.96	\$1427.95