



US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for Calendar Year 2022

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	\$103.12/\$76.01	\$79.33/58.47	\$99.61	\$95.20	\$104.81
Single + Child(ren) no dental	\$199.03/\$146.70	\$153.11/\$112.84	\$189.26	\$183.73	\$199.14
Single + Spouse no dental	\$238.22/\$175.59	\$183.25/\$135.06	\$209.18	\$219.90	\$240.01
Single + Spouse + Child(ren) no dental	\$315.57/\$232.59	\$242.74/\$178.92	\$298.83	\$291.30	\$334.33
Single with dental	\$107.62/\$80.51	\$83.83/\$62.97	\$104.10	\$101.07	\$109.64
Single + Child(ren) with dental	\$207.71/\$155.38	\$161.79/\$121.52	\$197.93	\$194.29	\$208.32
Single + Spouse with dental	\$248.60/\$185.97	\$193.63/\$145.44	\$219.56	\$231.64	\$251.08
Single + Spouse + Child(ren) with dental	\$329.33/\$246.35	\$256.50/\$192.68	\$312.58	\$308.91	\$349.75

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 (Pre and Post 65), Temporary Continuation of Coverage (TCC) and Medicare Advance Prescription Drug (MAPD) Premiums

		Single	Single + Child(ren)	Single +Spouse	Single + Spouse +Child(ren)
DODHBP Retiree Medical Plan with Dental	Pre-65	\$233.17	\$450.03	\$538.64	\$713.53
	Post 65	\$174.42	\$336.64	\$402.92	\$533.74
DODHBP Retiree Medical Plan without Dental	Pre-65	\$223.44	\$431.24	\$516.15	\$683.74
	Post 65	\$164.69	\$317.85	\$380.43	\$503.95

High Deductible Retiree Medical Plan with Dental	Pre-65	\$181.61	\$350.51	\$419.53	\$555.74
	Post 65	\$136.41	\$263.29	\$315.13	\$417.45
High Deductible Retiree Medical Plan without Dental	Pre-65	\$171.88	\$331.72	\$397.04	\$525.95
	Post 65	\$126.68	\$244.50	\$292.64	\$387.66

		Single	Single + Child(ren)	Single +Spouse	Single + Spouse +Child(ren)
DODHBP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$759.70	\$1466.23	\$1754.92	\$2324.70
	OCONUS/ Post 65	\$559.94	\$1080.69	\$1293.46	\$1713.43
HDHP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$584.38	\$1127.87	\$1349.94	\$1788.22
	OCONUS/ Post 65	\$430.72	\$831.30	\$994.97	\$1318.02

MAPD- NEW FOR 2022 – Representative List of Enrollment Scenarios

Must be in CONUS, Age 65+ and enrolled in Medicare Parts A & B to be eligible for MAPD

	MAPD Plan	Non-MAPD Aetna Choice POS II/Traditional	Medical Total	Dental	Total Medical & Dental
Retiree Age 65	\$65.57	N/A	\$65.57	\$9.73	\$75.30
Retiree & Spouse Under 65	\$65.57	\$164.69	\$230.26	\$22.49	\$252.75
Retiree & Spouse Over 65	\$65.57 + \$65.57	N/A	\$131.14	\$22.49	\$153.63

Retiree Age 65 & Child(ren)	\$65.57	\$164.69	\$230.26	\$18.70	\$249.05
Retiree Age 65 & Spouse Under 65 & Child(ren)	\$65.57	\$317.85	\$383.42	\$29.79	\$413.21
Retiree & Spouse Over 65 & Child(ren)	\$65.57 + \$65.57	\$164.69	\$295.83	\$29.79	\$325.62