US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for Calendar Year 2026

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 - $ 700 Family - $2,100	Single - $2,000 Family - $6,000			
Single no dental	$128.35 / $94.60	$98.73 / $72.77	$114.83	$98.90	$121.73
Single + Child(ren) no dental	$247.72 / $182.58	$190.56 / $140.45	$218.17	$190.87	$231.28
Single + Spouse no dental	$296.50 / $218.53	$228.07 / $168.10	$241.14	$228.45	$278.75
Single + Spouse + Child(ren) no dental	$392.76 / $289.49	$302.12 / $222.68	$344.48	$302.62	$388.31
Single with dental	$133.63 / $99.88	$104.01 / $78.05	$120.10	$104.65	$126.33
Single + Child(ren) with dental	$257.90 / $192.76	$200.74 / $150.63	$228.35	$201.23	$240.03
Single + Spouse with dental	$308.69 / $230.72	$240.25 / $180.29	$253.33	$239.96	$289.29
Single + Spouse + Child(ren) with dental	$408.91 / $305.63	$318.26 / $238.83	$360.63	$319.89	$402.99

Stand Alone Dental

Single	**$16.01**
Single + Spouse	**$32.02**
Single + Child(ren)	**$36.01**
Single + Spouse + Child(ren)	**$52.03**

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	**$0.70**
Age 35-39	**$0.80**
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	**CONUS/ Pre-65**	**$945.53**	**$1,824.88**	**$2,184.20**	**$2,893.35**
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	**OCONUS**	**$696.91**	**$1,345.04**	**$1,609.88**	**$2,132.56**
HDHP	**CONUS/ Pre-65**	**$727.33**	**$1,403.77**	**$1,680.14**	**$2,225.64**
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	**OCONUS**	**$536.07**	**$1,034.65**	**$1,238.35**	**$1,640.44**

2026 Post65 Retiree Monthly Premiums (Retiree and/or without MAPD eligible dependents)

MAPD Enrolled are INDIVIDUAL Monthly Rates. MAPD enrolled could be retiree, spouse and/or a disabled child	2026 Medical Rates (MAPD + CPII of TC Plan)			2026 Dental Rates	2026 Total Retiree Premiums
Post65 Retiree Enrollment Scenario	**MAPD plan**	**Non-MAPD plan (Choice POS II, Traditional Choice)***	**Total Medical**	**Dental**	**Total Medical & Dental**
Retiree only	$78.02 retiree		$78.02	$11.43	$89.45
Retiree + under 65 spouse	$78.02 retiree	$204.97 spouse	$282.99	$26.41	$309.40
Retiree + over 65 spouse	$78.02 retiree + $78.02 spouse		$156.04	$26.41	$182.45
Retiree + child(ren)	$78.02 retiree	$204.97 child(ren)	$282.99	$22.06	$305.05
Retiree + under 65 spouse + child(ren)	$78.02 retiree	$395.60 spouse + child(ren)	$473.62	$34.98	$508.60
Retiree + over 65 spouse + child(ren)	$78.02 retiree + $78.02 spouse	$204.97 child(ren)	$361.01	$34.98	$395.99

MAPD Enrolled are INDIVIDUAL Monthly Rates. MAPD enrolled could be retiree, spouse and/or disabled child	2026 Medical Rates (MAPD + HDHP Plan)			2026 Dental Rates	2026 Total Retiree Premiums
Post65 Retiree Enrollment Scenario	**MAPD plan**	**Non-MAPD plan (HDHP Choice POS II, HDHP Traditional Choice)***	**Total Medical**	**Dental**	**Total Medical & Dental**
Retiree + under 65 spouse	$78.02 retiree	$157.67 spouse	$235.69	$26.41	$262.10
Retiree + child(ren)	$78.02 retiree	$157.67 child(ren)	$235.69	$22.06	$257.75
Retiree + under 65 spouse + child(ren)	$78.02 retiree	$304.31 spouse + child(ren)	$382.33	$34.98	$417.31
Retiree + over 65 spouse + child(ren)	$78.02 retiree + $78.02 spouse	$157.67 child(ren)	$313.71	$34.98	$348.69

2026 Pre65 Retiree Monthly Premiums (Retiree under 65 with Spouse MAPD eligible)

MAPD Enrolled are INDIVIDUAL Monthly Rates. MAPD enrolled could be retiree, spouse and/or disabled child	2026 Medical Rates (MAPD + CPII of TC Plan)			2026 Dental Rates	2026 Total Retiree Premiums
Pre65 Retiree Enrollment Scenario	**MAPD plan**	**Non-MAPD plan (Choice POSII, Traditional Choice)***	**Total Medical**	**Dental**	**Total Medical & Dental**
Retiree only	N/A	Retiree only	$278.10	$11.43	$289.53
Retiree + under 65 spouse	N/A	Retiree + spouse	$642.41	$26.41	$668.82
Retiree + over 65 spouse	$78.02 spouse	$278.10 Retiree only	$356.12	$26.41	$382.53
Retiree + child(ren)	N/A	Retire + child(ren)	$536.73	$22.06	$558.79
Retiree + under 65 spouse + child(ren)	N/A	Retiree + Family	$850.99	$34.98	$885.97
Retiree + over 65 spouse + child(ren)	$78.02 spouse	$536.73 for retiree + child(ren)	$614.75	$34.98	$649.73

MAPD Enrolled are INDIVIDUAL Monthly Rates. MAPD enrolled could be retiree, spouse and/or disabled child	2026 Medical Rates (MAPD + HDHP Plan)			2026 Dental Rates	2026 Total Retiree Premiums
Pre65 Retiree Enrollment Scenario	**MAPD plan***	**Non-MAPD plan (Choice POSII, Traditional Choice)***	**Total Medical**	**Dental**	**Total Medical & Dental**
Retiree only	N/A	Retiree only	$213.92	$11.43	$225.35
Retiree + under 65 spouse	N/A	Retiree + spouse	$494.16	$26.41	$520.57
Retiree + over 65 spouse	$78.02 spouse	$213.92 Retiree only	$291.94	$26.41	$318.35
Retiree + child(ren)	N/A	Retire + child(ren)	$412.87	$22.06	$434.93
Retiree + Under 65 spouse + child(ren)	N/A	Retiree + Family	$654.60	$34.98	$689.58
Retiree + Over 65 spouse + child(ren)	$78.02 spouse	$412.87 for retiree + child(ren)	$490.89	$34.98	$525.87

2026 Post65 Retiree Monthly Premiums (Retiree and/or covered spouse not MAPD eligible*)

Post65 Retirees - CPII or TC (no one eligible for MAPD)				
		2026 Medical Rates	2026 Dental Rates	2026 Total Retiree Premiums
Post 65 Retiree Enrollment Scenario	Choice POS II, Traditional Choice	Total	Dental	Total Medical & Dental
Retiree (not MAPD eligible)	Retiree only	$204.97	$11.43	$216.40
Retiree + spouse (not MAPD eligible)	Retiree + spouse	$473.49	$26.41	$499.90
Retiree + child(ren) (not MAPD eligible)	Retiree + child(ren)	$395.60	$22.06	$417.66
Retiree + spouse + child(ren) (none are MAPD eligible)	Retiree + family	$627.22	$34.98	$662.20

Post65 Retirees - CPII HDHP or TC HDHP (no one eligible for MAPD)				
		2026 Medical Rates	2026 Dental Rates	2026 Total Retiree Premiums
Post65 Retiree scenario	HDHP Choice POS II, HDHP Traditional Choice	Total	Dental	Total Medical & Dental
Retiree (not MAPD eligible)	Retiree only	$157.67	$11.43	$169.10
Retiree + spouse (not MAPD eligible)	Retiree + spouse	$364.22	$26.41	$390.63
Retiree + child(ren) (not MAPD eligible)	Retiree + child(ren)	$304.31	$22.06	$326.37
Retiree + spouse + child(ren) (none are MAPD eligible)	Retiree + family	$482.48	$34.98	$517.46