



US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for Calendar Year 2021

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	\$94.97/\$69.99	\$73.05/\$53.85	\$101.27	\$89.15	\$108.74
Single + Child(ren) no dental	\$183.29/\$135.10	\$141.00/\$103.92	\$192.40	\$172.05	\$206.61
Single + Spouse no dental	\$219.38/\$161.69	\$168.75/\$124.38	\$212.65	\$205.92	\$249.01
Single + Spouse + Child(ren) no dental	\$290.61/\$214.20	\$223.54/\$164.76	\$303.79	\$272.79	\$346.88
Single with dental	\$99.47/\$74.49	\$77.55/\$58.35	\$105.76	\$94.66	\$113.24
Single + Child(ren) with dental	\$191.97/\$143.78	\$149.68/\$112.60	\$201.07	\$182.51	\$215.15
Single + Spouse with dental	\$229.76/\$172.07	\$179.13/\$134.76	\$223.03	\$217.55	\$259.31
Single + Spouse + Child(ren) with dental	\$304.37/\$227.96	\$237.30/\$178.52	\$317.54	\$290.22	\$361.22

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	Bi-Weekly Premiums per \$10,000 coverage	
Under age 35 \$.70	Age 55-59	\$5.40
Age 35-39 \$.80	Age 60-64	\$8.90
Age 40-44 \$1.40	Age 65-69	\$12.50
Age 45-49 \$2.10	Age 70 and over	\$20.50
Age 50-54 \$3.50		

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	\$215.49	\$415.92	\$497.81	\$659.44
	Post 65	\$161.39	\$311.50	\$372.83	\$493.87
DODHBP Retiree Medical Plan without Dental	Pre-65	\$205.76	\$397.13	\$475.32	\$629.65
	Post 65	\$151.66	\$292.71	\$350.34	\$464.08
High Deductible Retiree Medical Plan with Dental	Pre-65	\$168.01	\$324.27	\$388.12	\$514.13
	Post 65	\$126.39	\$243.95	\$291.98	\$386.78

High Deductible Retiree Medical Plan without Dental	Pre-65	\$158.28	\$305.48	\$365.63	\$484.34
	Post 65	\$116.66	\$225.16	\$269.49	\$356.99
		Single	Single + Child(ren)	Single +Spouse	Single + Spouse +Child(ren)
DODHBP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$699.60	\$1350.25	\$1616.10	\$2140.81
	OCONUS/ Post 65	\$515.64	\$995.20	\$1191.15	\$1577.89
HDHP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$538.15	\$1038.65	\$1243.16	\$1646.77
	OCONUS/ Post 65	\$396.65	\$765.54	\$916.27	\$1213.76