



US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for Calendar Year 2023

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 - \$ 600 Family - \$1,800	Single - \$1,500 Family - \$4,500			
Single no dental	\$108.28/\$79.81	\$83.29/\$61.39	\$107.25	\$90.26	\$110.28
Single + Child(ren) no dental	\$208.98/\$154.03	\$160.76/\$118.49	\$203.77	\$174.19	\$209.53
Single + Spouse no dental	\$250.14/\$184.36	\$192.41/\$141.81	\$225.23	\$208.49	\$252.54
Single + Spouse + Child(ren) no dental	\$331.35/\$244.22	\$254.88/\$187.86	\$321.75	\$276.18	\$351.79
Single with dental	\$113.00/\$84.53	\$88.01/\$66.11	\$111.97	\$96.12	\$114.89
Single + Child(ren) with dental	\$218.08/\$163.13	\$169.86/\$127.59	\$212.88	\$184.76	\$218.28
Single + Spouse with dental	\$261.04/\$195.26	\$203.31/\$152.71	\$236.13	\$220.23	\$263.08
Single + Spouse + Child(ren) with dental	\$345.79/\$258.66	\$269.32/\$202.30	\$336.18	\$293.79	\$366.48

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	\$244.83	\$472.53	\$565.58	\$749.20
	Post 65	\$183.14	\$353.47	\$423.07	\$560.43
DODHBP Retiree Medical Plan without Dental	Pre-65	\$234.61	\$452.80	\$541.96	\$717.92
	Post 65	\$172.92	\$333.74	\$399.45	\$529.15

High Deductible Retiree Medical Plan with Dental	Pre-65	\$190.69	\$368.04	\$440.51	\$583.58
	Post 65	\$143.23	\$276.45	\$330.89	\$438.32
High Deductible Retiree Medical Plan without Dental	Pre-65	\$180.47	\$348.31	\$416.89	\$552.25
	Post 65	\$133.01	\$256.72	\$307.27	\$407.04

		Single	Single + Child(ren)	Single +Spouse	Single + Spouse +Child(ren)
DODHBP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$797.68	\$1539.54	\$1842.67	\$2440.94
	OCONUS	\$587.94	\$1134.73	\$1358.14	\$1799.11
HDHP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$613.60	\$1184.26	\$1417.43	\$1877.64
	OCONUS	\$452.25	\$872.87	\$1044.72	\$1383.93

MAPD – Representative List of Enrollment Scenarios

Must be in the U.S., 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	\$68.99	N/A	\$68.99	\$10.22	\$79.21
Retiree & Spouse Under 65	\$68.99	\$172.92	\$241.91	\$23.62	\$265.53
Retiree & Spouse Over 65	\$68.99 + \$68.99	N/A	\$137.98	\$23.62	\$161.60

Retiree Age 65 & Child(ren)	\$68.99	\$172.92	\$241.91	\$19.73	\$261.64
Retiree Age 65 & Spouse Under 65 & Child(ren)	\$68.99	\$333.74	\$402.73	\$31.28	\$434.01
Retiree & Spouse Over 65 & Child(ren)	\$68.99 + \$68.99	\$172.92	\$310.90	\$31.28	\$342.18