



# US ARMY NAF EMPLOYEE BENEFITS PROGRAM

## Premiums for Calendar Year 2024

### 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			
<b>Deductible (In-Network)</b>	Single - \$ 600 Family - \$1,800	Single - \$1,500 Family - \$4,500			
Single no dental	\$113.70/\$83.80	\$87.46/\$64.46	\$115.63	\$93.07	\$112.77
Single + Child(ren) no dental	\$219.44/\$161.74	\$168.80/\$124.41	\$219.70	\$179.63	\$214.27
Single + Spouse no dental	\$262.64/\$193.58	\$202.03/\$148.91	\$242.82	\$215.00	\$258.25
Single + Spouse + Child(ren) no dental	\$347.92/\$256.43	\$267.63/\$197.26	\$346.89	\$284.80	\$359.74
Single with dental	\$118.42/\$88.52	\$92.18/\$69.18	\$120.35	\$98.94	\$117.60
Single + Child(ren) with dental	\$228.54/\$170.84	\$177.90/\$133.51	\$228.80	\$190.20	\$223.45
Single + Spouse with dental	\$273.54/\$204.48	\$212.93/\$159.81	\$253.73	\$226.74	\$269.32
Single + Spouse + Child(ren) with dental	\$362.36/\$270.87	\$282.07/\$211.70	\$361.33	\$302.41	\$375.16

**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

<b>Dependent Life Insurance</b> \$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

<b>Optional Life Insurance</b>	<b>Bi-Weekly Premiums per \$10,000 coverage</b>	
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 (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)
<b>DODHBP Retiree Medical Plan with Dental</b>	Pre-65	\$256.56	\$495.18	\$592.68	\$785.10
	Post 65	\$191.79	\$370.16	\$443.05	\$586.89
<b>DODHBP Retiree Medical Plan without Dental</b>	Pre-65	\$246.34	\$475.45	\$569.06	\$753.82
	Post 65	\$181.57	\$350.43	\$419.43	\$555.61

High Deductible Retiree Medical Plan with Dental	Pre-65	\$199.71	\$385.46	\$461.36	\$611.14
	Post 65	\$149.88	\$289.29	\$346.25	\$458.67
High Deductible Retiree Medical Plan without Dental	Pre-65	\$189.49	\$365.73	\$437.74	\$579.86
	Post 65	\$139.66	\$269.56	\$322.63	\$427.39

		Single	Single + Child(ren)	Single + Spouse	Single + Spouse + Child(ren)
<b>DODHBP</b>					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$821.14	\$1584.82	\$1896.87	\$2512.73
	OCONUS	\$605.23	\$1168.10	\$1398.09	\$1852.02
<b>HDHP</b>					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$631.65	\$1219.09	\$1459.12	\$1932.86
	OCONUS	\$465.55	\$898.54	\$1075.44	\$1424.63

**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	\$72.02	N/A	\$72.02	\$10.22	\$82.24
Retiree & Spouse Under 65	\$72.02	\$181.57	\$253.59	\$23.62	\$277.21
Retiree & Spouse Over 65	\$72.02 + \$72.02	N/A	\$44.04	\$23.62	\$167.66

<b>Retiree Age 65 &amp; Child(ren)</b>	<b>\$72.02</b>	<b>\$181.57</b>	<b>\$253.59</b>	<b>\$19.73</b>	<b>\$273.32</b>
<b>Retiree Age 65 &amp; Spouse Under 65 &amp; Child(ren)</b>	<b>\$72.02</b>	<b>\$350.43</b>	<b>\$422.45</b>	<b>\$31.28</b>	<b>\$453.73</b>
<b>Retiree &amp; Spouse Over 65 &amp; Child(ren)</b>	<b>\$72.02 + \$72.02</b>	<b>\$181.57</b>	<b>\$325.61</b>	<b>\$31.28</b>	<b>\$356.89</b>