



US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for Calendar Year 2025

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	\$120.52/\$88.83	\$92.71/\$68.33	\$112.27	\$98.70	\$113.99
Single + Child(ren) no dental	\$232.60/\$171.44	\$178.93/\$131.88	\$213.32	\$190.50	\$216.58
Single + Spouse no dental	\$278.40/\$205.20	\$214.15/\$157.84	\$235.77	\$228.01	\$261.03
Single + Spouse + Child(ren) no dental	\$368.79/\$271.82	\$283.68/\$209.09	\$336.82	\$302.04	\$363.62
Single with dental	\$125.47/\$93.78	\$97.66/\$73.28	\$117.23	\$104.46	\$118.73
Single + Child(ren) with dental	\$242.16/\$181.00	\$188.49/\$141.44	\$222.88	\$200.87	\$225.59
Single + Spouse with dental	\$289.84/\$216.64	\$225.59/\$169.28	\$247.22	\$239.52	\$271.89
Single + Spouse + Child(ren) with dental	\$383.95/\$286.98	\$298.84/\$224.25	\$351.98	\$319.31	\$378.74

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 (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	\$271.85	\$524.68	\$628.00	\$831.90
	Post 65	\$203.19	\$392.17	\$469.39	\$621.79
DODHBP Retiree Medical Plan without Dental	Pre-65	\$261.12	\$503.97	\$603.20	\$799.05
	Post 65	\$192.46	\$371.46	\$444.59	\$588.94

High Deductible Retiree Medical Plan with Dental	Pre-65	\$211.59	\$408.38	\$488.80	\$647.50
	Post 65	\$158.77	\$306.44	\$366.79	\$485.88
High Deductible Retiree Medical Plan without Dental	Pre-65	\$200.86	\$387.67	\$464.00	\$614.65
	Post 65	\$148.04	\$285.73	\$341.99	\$453.03

		Single	Single + Child(ren)	Single + Spouse	Single + Spouse + Child(ren)
DODHBP					
Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$887.82	\$1713.51	\$2050.89	\$2716.76
	OCONUS	\$654.37	\$1262.95	\$1511.62	\$2002.40
HDHP Temporary Continued Coverage (TCC) for 18 months, NO DENTAL	CONUS/ Pre-65	\$682.94	\$1318.08	\$1577.60	\$2089.81
	OCONUS	\$503.35	\$971.50	\$1162.77	\$1540.31

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	\$75.02	N/A	\$75.02	\$10.73	\$85.75
Retiree & Spouse Under 65	\$75.02	\$192.46	\$267.48	\$24.80	\$292.28
Retiree & Spouse Over 65	\$75.02 + \$75.02	N/A	\$150.04	\$24.80	\$174.84

Retiree Age 65 & Child(ren)	\$75.02	\$192.46	\$267.48	\$20.71	\$288.19
Retiree Age 65 & Spouse Under 65 & Child(ren)	\$75.02	\$371.46	\$446.48	\$32.85	\$479.33
Retiree & Spouse Over 65 & Child(ren)	\$75.02 + \$75.02	\$192.46	\$342.50	\$32.85	\$375.35
Retiree Under 65 & Spouse Over 65	\$75.02+	\$261.12	\$336.14	\$24.80	\$360.94
Retiree Under 65 & Spouse Over 65 & Child(ren)	\$75.02+	\$503.97	\$578.99	\$32.85	\$611.84