2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Rates

2027 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or www.opm.gov/Tribalpremium.

Premiums for Tribal employees are shown under the Monthly Premium Rate column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Standard Option, Self Only, Enrollment Code 104:
Premium Rate
Biweekly government share: $352.04
Biweekly your share: $204.65
Monthly government share: $762.75
Monthly your share: $443.41

Standard Option, Self Plus One, Enrollment Code 106:
Premium Rate
Biweekly government share: $767.53
Biweekly your share: $449.89
Monthly government share: $1,662.98
Monthly your share: $974.96

Standard Option, Self and Family, Enrollment Code 105:
Premium Rate
Biweekly government share: $843.82
Biweekly your share: $496.90
Monthly government share: $1,828.28
Monthly your share: $1,076.61

Basic Option, Self Only, Enrollment Code 111:
Premium Rate
Biweekly government share: $352.04
Biweekly your share: $145.46
Monthly government share: $762.75
Monthly your share: $315.17

Basic Option, Self Plus One, Enrollment Code 113:
Premium Rate
Biweekly government share: $767.53
Biweekly your share: $350.48

Monthly government share: $1,662.98
Monthly your share: $759.38

Basic Option, Self and Family, Enrollment Code 112:
Premium Rate
Biweekly government share: $843.82
Biweekly your share: $387.54
Monthly government share: $1,828.28
Monthly your share: $839.67