

Plans and Codes

HEALTH PLAN PREMIUMS AND ENROLLMENT CODES

You and Doyon share in the cost of your medical premiums. Doyon will pay the employer share and contribute to the employee share of the premium. For several of the FEHB plans, your cost – with Doyon’s contribution – will be zero. For other plans, Doyon’s additional contribution makes those plans very affordable.

The following chart shows your premium cost for each FEHB plan available in Alaska. If you live outside of Alaska and want to choose a plan in another state, please contact the Doyon Benefits team for your premium cost for those plans.

Doyon FEHB Plan Monthly Employee Premiums for 2021						
FEHB Plan	Employee Only		Employee + I		Employee + Family	
	Plan #	Premium	Plan #	Premium	Plan #	Premium
Aetna Advantage	Z24	\$0.00	Z25	\$0.00	Z26	\$0.00
Aetna Direct CDHP	N61	\$0.00	N63	\$120.35	N62	\$198.36
Aetna HealthFund CDHP	JS1	\$335.86	JS3	\$947.44	JS2	\$947.44
Aetna HealthFund CDHP Value	JS4	\$420.51	JS6	\$1,121.16	JS5	\$1,144.09
Aetna HealthFund HDHP	224	\$111.95	226	\$379.12	225	\$379.12
APWU Health Plan CDHP	474	\$0.00	476	\$76.55	475	\$76.55
APWU Health Plan High	471	\$73.95	473	\$340.57	472	\$440.48
Blue Cross Blue Shield SBP Basic	111	\$717	113	\$299.58	112	\$299.58
Blue Cross Blue Shield SBP Standard	104	\$116.83	106	\$499.39	105	\$513.76
Blue Cross Blue Shield Focus	131	\$0.00	133	\$0.00	132	\$0.00
GEHA High	311	\$83.66	313	\$436.81	312	\$544.11
GEHA Standard	314	\$0.00	316	\$0.00	315	\$73.99
GEHA HDHP	341	\$0.00	343	\$0.00	342	\$23.68
GEHA Elevate Plus	251	\$0.00	253	\$265.03	252	\$265.03
GEHA Elevate	254	\$0.00	256	\$0.00	255	\$0.00
MHBP HDHP Consumer	481	\$0.00	483	\$110.56	482	\$110.56
MHBP Standard	454	\$0.00	456	\$91.35	455	\$91.35
MHBP Value	414	\$0.00	416	\$0.00	415	\$0.00
NALC CDHP	324	\$0.00	326	\$0.00	325	\$0.00
NALC High	321	\$54.82	323	\$293.99	322	\$293.99
NALC Value	KM1	\$0.00	KM3	\$0.00	KM2	\$0.00
SAMBA High	441	\$200.61	443	\$694.10	442	\$744.51
SAMBA Standard	444	\$26.85	446	\$244.42	445	\$244.42
*Compass Rose Health Plan	421	\$78.96	423	\$426.48	422	\$452.57
*Foreign Service Benefit Plan	401	\$0.00	403	\$183.67	402	\$183.67
*Panama Canal Area Benefit Plan	431	\$0.00	433	\$22.88	432	\$22.88
*Rural Carrier Benefit Plan	381	\$123.91	383	\$339.00	382	\$339.00

Premiums Updated October 2020