

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.

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 Bi-weekly Employee Premiums for 2024	Employee Only		Employee + I		Employee + Family	
	Plan #	Premium	Plan #	Premium	Plan #	Premium
Aetna Advantage	Z24	\$0.00	Z26	\$0.00	Z25	\$0.00
Aetna Direct CDHP	N61	\$0.00	N63	\$19.92	N62	\$53.66
Aetna HealthFund CDHP	JS1	\$258.17	JS3	\$732.03	JS2	\$681.80
Aetna HealthFund CDHP Value	JS4	\$194.55	JS6	\$590.25	JS5	\$538.56
Aetna HealthFund HDHP	224	\$51.45	226	\$227.98	225	\$181.26
APWU Health Plan CDHP	474	\$0.00	476	\$36.42	475	\$33.24
APWU Health Plan High	471	\$50.15	473	\$200.34	472	\$255.25
Blue Cross Blue Shield Basic	111	\$21.37	113	\$194.02	112	\$213.80
Blue Cross Blue Shield Standard	104	\$76.42	106	\$292.23	105	\$321.88
Blue Cross Blue Shield Focus	131	\$0.00	133	\$0.00	132	\$0.00
GEHA High	311	\$34.28	313	\$205.06	312	\$257.46
GEHA Standard	314	\$0.00	316	\$0.00	315	\$50.42
GEHA HDHP	341	\$0.00	343	\$0.00	342	\$60.13
GEHA Elevate Plus	251	\$0.00	253	\$188.12	252	\$204.28
GEHA Elevate	254	\$0.00	256	\$0.00	255	\$0.00
MHBP HDHP	481	\$0.00	483	\$65.46	482	\$36.41
MHBP Standard	454	\$0.00	456	\$111.07	455	\$54.33
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	\$35.03	323	\$211.25	322	\$172.99
SAMBA High	441	\$53.37	443	\$247.09	442	\$263.05
SAMBA Standard	444	\$0.00	446	\$104.10	445	\$263.0

Premiums Updated October 2023