2027 Rate Information for QualChoice

QualChoice® HEALTH INSURANCE

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 pay 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.

Type of Enrollment (Arkansas)	Enrollment Code	Biweekly Premium Rate		Monthly Premium Rate	
		Government Share	Your Share	Government Share	Your Share
Standard Option Self Only	DH4	$295.83	$98.61	$640.97	$213.65
Standard Option Self Plus One	DH6	$574.67	$191.55	$1,245.11	$415.03
Standard Option Self and Family	DH5	$771.62	$257.20	$1,671.83	$557.28
High Option Self Only	DH1	$352.04	$141.30	$762.75	$306.15
High Option Self Plus One	DH3	$718.78	$239.59	$1,557.35	$519.12
High Option Self and Family	DH2	$843.82	$442.99	$1,828.28	$959.81

© 2026 QualChoice. All rights reserved.