

## 2018 Rate Information for QualChoice

To compare your FEHB health plan options please go to [www.opm.gov/fehbcompare](http://www.opm.gov/fehbcompare)

**Non-Postal rates** apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates** apply to United States Postal Service employees.

**Postal Category 1 rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, NPPN, and NRLCA.**

**Postal Category 2 rates apply to career bargaining unit employees who are represented by the following agreements: PPOA.**

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees.**

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees.**

For further assistance, Postal Service employees should call:

Human Resources Shared Service Center 1-877-477-3273, option 5 (TTY: 1-866-260-7507)

Postal rates do not apply to non-career Postal employees, Postal retirees, or associate members of any Postal employee organization who are not career Postal employees.

Premiums for Tribal employees are shown under the monthly non-Postal 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.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
<b>State of Arkansas</b>							
High Option Self Only	DH1	\$229.25	\$109.33	\$496.71	\$236.88	\$102.96	\$96.60
High Option Self Plus One	DH3	\$491.00	\$166.71	\$1063.83	\$361.21	\$153.07	\$139.43
High Option Self and Family	DH2	\$521.58	\$361.55	\$1130.09	\$783.36	\$347.06	\$332.57
Standard Option Self Only	DH4	\$198.04	\$66.01	\$429.08	\$143.03	\$60.07	\$54.79
Standard Option Self Plus One	DH6	\$384.69	\$128.23	\$833.50	\$277.83	\$116.69	\$106.43
Standard Option Self and Family	DH5	\$516.53	\$172.18	\$1119.16	\$373.05	\$156.68	\$142.91