

2024 Rate Information for QualChoice

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

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	Enrollment Code	Premium Rate			
		Biweekly		Monthly	
		Gov't Share	Your Share	Gov't Share	Your Share

Arkansas

High Option Self Only	DH1	\$271.43	\$128.25	\$588.10	\$277.87
High Option Self Plus One	DH3	\$582.32	\$194.11	\$1,261.70	\$420.57
High Option Self and Family	DH2	\$646.18	\$396.35	\$1,400.06	\$858.76
Standard Option Self Only	DH4	\$233.99	\$78.00	\$506.99	\$168.99
Standard Option Self Plus One	DH6	\$454.56	\$151.52	\$984.88	\$328.29
Standard Option Self and Family	DH5	\$610.35	\$203.45	\$1,322.42	\$440.81