

## 2024 Rate Information for CDPHP UBI

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

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

Premiums for Tribal employees are shown under the Monthly Premium Rate 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	Premium Rate			
		Biweekly		Monthly	
		Gov't Share	Your Share	Gov't Share	Your Share

**New York**

Standard Option Self Only	SG4	\$271.43	\$161.25	\$588.10	\$349.37
Standard Option Self Plus One	SG6	\$586.50	\$374.05	\$1,270.75	\$810.44
Standard Option Self and Family	SG5	\$646.18	\$392.27	\$1,400.06	\$849.92