2017 CONTRIBUTION RATE SCHEDULE
DOD HEALTH BENEFITS PROGRAM & AFNAF GROUP LIFE PLAN

The biweekly contribution rates for the DoD Health Benefits Program and the AFNAF Life and AD&D Plan are listed below. Life and AD&D contribution rates for Plan Code E0 are a combined rate per $1,000 coverage. Family Member Life rates for Plan Codes E1 and E2 are flat rates and are in addition to the rate for Plan Code E0.

Supplemental Life premiums is .32 per $1,000 coverage monthly cost - Plan Code H1, H2, L1, L2, S1 & S2.

Supplemental Life bi-weekly deduction is .15 per $1,000.

	BIWEEKLY RATES EFFECTIVE PAY PERIOD 17B 01 JAN 17 - 14 JAN 17				BIWEEKLY RATES EFFECTIVE PAY PERIOD 17B 01 JAN 17 - 14 JAN 17				
COVERAGE	AFNAF BASIC LIFE & AD&D COVERAGE				DOD HEALTH/DENTAL COVERAGE				
	PLAN CODES	EMPLOYEE	NAFI	TOTAL	EMPLOYEE	NAFI			TOTAL PREMIUM
Supplemental Life 100% employee paid		54%	46%		30%	70%	PRM	TOTAL	
BASIC LIFE & AD&D for Employee (per $1,000 coverage)	EO	$0.29	$0.25	$0.54					
BASIC LIFE ONLY for FAMILY MEMBERS (flat rate)									
LOW OPTION (Plus E0 rate)	E1	$0.91	N/A	$0.91					
HIGH OPTION (Plus E0 rate)	E2	$1.81	N/A	$1.81					
EMPLOYEE ONLY MEDICAL	L or 1				$77.33	$180.43			
EMPLOYEE ONLY DENTAL					$4.50	$10.48			
MEDICAL + DENTAL for EMPLOYEE ONLY	T or R				$81.83	$190.91			
MEDICAL for EMPLOYEE with CHILD(REN) ONLY	11 OR 12				$149.24	$348.24			
DENTAL for EMPLOYEE with CHILD(REN) ONLY					$8.68	$20.23			
MEDICAL + DENTAL for EMPLOYEE W/CHILD(REN) ONLY	RS OR RT				$157.92	$368.47			
MEDICAL for EMPLOYEE with SPOUSE ONLY	13 OR 14				$178.63	$416.80			
DENTAL for EMPLOYEE with SPOUSE ONLY					$10.38	$24.22			
MEDICAL + DENTAL for EMPLOYEE W/SPOUSE ONLY	RU OR RV				$189.01	$441.02			
MEDICAL for EMPLOYEE with FAMILY MEMBERS	Q or 2				$236.63	$552.12			
DENTAL for EMPLOYEE with FAMILY MEMBERS					$13.76	$32.08			
MEDICAL + DENTAL for EMPLOYEE W/FAMILY MEMBERS	U or S				$250.39	$584.20			