

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2007 Total Biweekly Premium	2008 Biweekly premium rates				2007 Total Monthly Premium	2008 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
APWU Health Plan											
High Self	471	192.11	192.11	144.08	48.03	-2.16	416.24	416.24	312.18	104.06	-4.69
High Family	472	434.37	434.37	325.78	108.59	-3.89	941.14	941.14	705.86	235.28	-8.43
CDHP Self	474	163.58	155.40	116.55	38.85	-2.04	354.42	336.70	252.53	84.17	-4.43
CDHP Family	475	368.00	349.60	262.20	87.40	-4.60	797.33	757.47	568.10	189.37	-9.96
Association Benefit Plan											
High Self	421	203.15	203.15	145.04	58.11	-3.12	440.16	440.16	314.25	125.91	-6.76
High Family	422	467.99	467.99	329.30	138.69	-7.41	1013.98	1013.98	713.48	300.50	-16.05
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	199.22	207.19	145.04	62.15	4.85	431.64	448.91	314.25	134.66	10.51
Standard Family	105	456.19	474.44	329.30	145.14	10.84	988.41	1027.95	713.48	314.47	23.49
Blue Cross and Blue Shield Service Benefit Plan											
Basic self	111	151.98	156.54	117.41	39.13	1.14	329.29	339.17	254.38	84.79	2.47
Basic Family	112	355.98	366.66	275.00	91.66	2.67	771.29	794.43	595.82	198.61	5.79
Foreign Service Benefit Plan											
High Self	401	192.64	193.61	145.04	48.57	-2.15	417.39	419.49	314.25	105.24	-4.66
High Family	402	460.11	460.11	329.30	130.81	-7.41	996.91	996.91	713.48	283.43	-16.05
GEHA Benefit Plan											
High Self	311	236.51	236.51	145.04	91.47	-3.12	512.44	512.44	314.25	198.19	-6.76
High Family	312	514.74	514.74	329.30	185.44	-7.41	1115.27	1115.27	713.48	401.79	-16.05
Standard Self	314	133.11	133.11	99.83	33.28	.00	288.41	288.41	216.31	72.10	.00
Standard Family	315	302.49	302.49	226.87	75.62	.00	655.40	655.40	491.55	163.85	.00
GEHA High Deductible Health Plan											
HDHP Self	341	175.76	175.76	131.82	43.94	.00	380.81	380.81	285.61	95.20	.00
HDHP Family	342	401.44	401.44	301.08	100.36	.00	869.79	869.79	652.34	217.45	.00
Mail Handlers Benefit Plan											
Standard Self	454	190.60	197.27	145.04	52.23	3.55	412.97	427.42	314.25	113.17	7.69
Standard Family	455	425.58	440.47	329.30	111.17	4.78	922.09	954.35	713.48	240.87	10.35
Mail Handlers Benefit Plan Consumer Option											

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Plan - Option - Enrollment Code												
HDHP Self	481	135.22	135.22	101.42	33.80	.00	292.98	292.98	219.74	73.24	.00	
HDHP Family	482	306.42	306.42	229.82	76.60	.00	663.91	663.91	497.93	165.98	.00	
Mail Handlers Benefit Plan Value Option												
Standard Self	414	New Plan	82.02	61.52	20.50	New Plan	New Plan	177.71	133.28	44.43	New Plan	
Standard Family	415	New Plan	195.55	146.66	48.89	New Plan	New Plan	423.69	317.77	105.92	New Plan	
NALC												
High Self	321	206.34	203.84	145.04	58.80	-5.62	447.07	441.65	314.25	127.40	-12.18	
High Family	322	440.86	443.30	329.30	114.00	-4.97	955.20	960.48	713.48	247.00	-10.77	
Panama Canal Area Benefit Plan												
High Self	431	172.85	178.04	133.53	44.51	1.30	374.51	385.75	289.31	96.44	2.81	
High Family	432	360.80	371.62	278.72	92.90	2.70	781.73	805.18	603.89	201.29	5.86	
Rural Carrier Benefit Plan												
High Self	381	230.16	237.07	145.04	92.03	3.79	498.68	513.65	314.25	199.40	8.21	
High Family	382	468.29	482.34	329.30	153.04	6.64	1014.63	1045.07	713.48	331.59	14.39	
SAMBA												
High Self	441	239.20	253.55	145.04	108.51	11.23	518.27	549.36	314.25	235.11	24.33	
High Family	442	563.32	597.12	329.30	267.82	26.39	1220.53	1293.76	713.48	580.28	57.18	
Standard Self	444	183.64	183.64	137.73	45.91	.00	397.89	397.89	298.42	99.47	.00	
Standard Family	445	419.42	419.42	314.57	104.85	.00	908.74	908.74	681.56	227.18	.00	

FFS Plans Available in Certain Areas

Kansas Blue Cross and Blue Shield Service Benefit Plan												
HDHP Self	114	New Basic	156.54	117.41	39.13	New Basic Sub-option		339.17	254.38	84.79	New Basic	
HDHP Family	115	Sub-option	366.66	275.00	91.66	New Basic Sub-option		794.43	595.82	198.61	Sub-option	
Minnesota Blue Cross and Blue Shield Service Benefit Plan												
HDHP Self	114	New Basic	156.54	117.41	39.13	New Basic Sub-option		339.17	254.38	84.79	New Basic	
HDHP Family	115	Sub-option	366.66	275.00	91.66	New Basic Sub-option		794.43	595.82	198.61	Sub-option	
Missouri Blue Cross and Blue Shield Service Benefit Plan												
HDHP Self	114	New Basic	156.54	117.41	39.13	New Basic Sub-option		339.17	254.38	84.79	New Basic	
HDHP Family	115	Sub-option	366.66	275.00	91.66	New Basic Sub-option		794.43	595.82	198.61	Sub-option	
Ohio Blue Cross and Blue Shield Service Benefit Plan												

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HDHP Family	115	Sub-option	366.66	275.00	91.66	New Basic Sub-option	794.43	595.82	198.61	Sub-option	
Tennessee Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self	114	New Basic	156.54	117.41	39.13	New Basic Sub-option	339.17	254.38	84.79	New Basic	
HDHP Family	115	Sub-option	366.66	275.00	91.66	New Basic Sub-option	794.43	595.82	198.61	Sub-option	