

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
Alabama	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Alaska	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Arizona	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Arizona	Aetna Open Access											
	High Self	WQ1	152.70	167.52	125.64	41.88	3.71	330.85	362.96	272.22	90.74	8.03
	High Family	WQ2	381.78	418.83	314.12	104.71	9.27	827.19	907.47	680.60	226.87	20.07
Arizona	Health Net of Arizona, Inc.											
	High Self	A71	167.89	175.50	131.63	43.87	1.90	363.76	380.25	285.19	95.06	4.12
	High Family	A72	425.36	444.66	321.89	122.77	13.49	921.61	963.43	697.43	266.00	29.23
	Standard Self	A74	New Option	146.32	109.74	36.58	New Option	New Option	317.03	237.77	79.26	New Option
	Standard Family	A75	New Option	370.73	278.05	92.68	New Option	New Option	803.25	602.44	200.81	New Option
Arizona	Humana CoverageFirst											
	CDHP Self	DB1	97.18	115.75	86.81	28.94	4.65	210.56	250.79	188.09	62.70	10.06
	CDHP Family	DB2	223.51	266.22	199.67	66.55	10.67	484.27	576.81	432.61	144.20	23.13
Arizona	PacifiCare of Arizona											
	High Self	A31	175.08	184.77	138.58	46.19	2.42	379.34	400.34	300.26	100.08	5.25
	High Family	A32	429.44	453.16	321.89	131.27	17.91	930.45	981.85	697.43	284.42	38.81

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Arkansas	Aetna HealthFund											
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31	
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33	
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57	
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86	
California	Aetna HealthFund											
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31	
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33	
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57	
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86	
California	Aetna Open Access											
	High Self 2X1	120.96	125.84	94.38	31.46	1.22	262.08	272.65	204.49	68.16	2.64	
	High Family 2X2	298.01	310.02	232.52	77.50	3.00	645.69	671.71	503.78	167.93	6.51	
California	Blue Cross- HMO											
	High Self M51	185.83	203.78	141.92	61.86	15.21	402.63	441.52	307.49	134.03	32.96	
	High Family M52	476.66	522.70	321.89	200.81	40.23	1032.76	1132.52	697.43	435.09	87.17	
California	Blue Shield of CA Access+HMO											
	High Self SJ1	167.25	183.14	137.36	45.78	3.97	362.38	396.80	297.60	99.20	8.61	
	High Family SJ2	414.90	454.31	321.89	132.42	28.70	898.95	984.34	697.43	286.91	62.17	
California	Health Net of California											
	High Self LB1	171.38	193.77	141.92	51.85	9.01	371.32	419.84	307.49	112.35	19.52	
	High Family LB2	405.71	448.02	321.89	126.13	24.70	879.04	970.71	697.43	273.28	53.52	
California	Kaiser Foundation Health Plan of California											
	High Self 591	182.83	211.22	141.92	69.30	23.59	396.13	457.64	307.49	150.15	51.12	
	High Family 592	436.44	504.20	321.89	182.31	61.95	945.62	1092.43	697.43	395.00	134.22	
	Standard Self 594	133.56	136.26	102.20	34.06	0.67	289.38	295.23	221.42	73.81	1.47	
	Standard Family 595	318.81	325.28	243.96	81.32	1.62	690.76	704.77	528.58	176.19	3.50	
California	Kaiser Foundation Health Plan of California											
	High Self 621	164.99	181.84	136.38	45.46	4.21	357.48	393.99	295.49	98.50	9.13	
	High Family 622	381.33	420.28	315.21	105.07	9.74	826.22	910.61	682.96	227.65	21.10	

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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	
	Standard Self	624	124.43	117.58	88.19	29.39	-1.72	269.60	254.76	191.07	63.69	-3.71
	Standard Family	625	287.56	271.77	203.83	67.94	-3.95	623.05	588.84	441.63	147.21	-8.55
California	PacifiCare of California											
	High Self	CY1	157.70	165.34	124.01	41.33	1.91	341.68	358.24	268.68	89.56	4.14
	High Family	CY2	365.85	383.62	287.72	95.90	4.44	792.68	831.18	623.39	207.79	9.62
Colorado	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Colorado	Aetna Open Access											
	High Self	9E1	191.59	233.81	141.92	91.89	39.48	415.11	506.59	307.49	199.10	85.55
	High Family	9E2	449.59	548.70	321.89	226.81	93.30	974.11	1188.85	697.43	491.42	202.15
	Basic Self	9E4	New Option	157.23	117.92	39.31	New Option	New Option	340.67	255.50	85.17	New Option
	Basic Family	9E5	New Option	422.68	317.01	105.67	New Option	New Option	915.81	686.86	228.95	New Option
Colorado	Humana CoverageFirst											
	CDHP Self	7T1	107.97	128.61	96.46	32.15	5.16	233.94	278.66	209.00	69.66	11.18
	CDHP Family	7T2	248.34	295.80	221.85	73.95	11.87	538.07	640.90	480.68	160.22	25.70
Colorado	Humana CoverageFirst											
	CDHP Self	FC1	113.37	135.03	101.27	33.76	5.42	245.64	292.57	219.43	73.14	11.73
	CDHP Family	FC2	260.76	310.59	232.94	77.65	12.46	564.98	672.95	504.71	168.24	27.00
Colorado	Kaiser Foundation Health Plan of Colorado											
	High Self	651	190.22	204.62	141.92	62.70	11.66	412.14	443.34	307.49	135.85	25.27
	High Family	652	448.27	468.57	321.89	146.68	14.49	971.25	1015.24	697.43	317.81	31.40
	Standard Self	654	130.40	156.92	117.69	39.23	6.63	282.53	339.99	254.99	85.00	14.37
	Standard Family	655	307.73	359.33	269.50	89.83	12.90	666.75	778.55	583.91	194.64	27.95
Colorado	PacifiCare of Colorado											
	High Self	D61	187.82	202.92	141.92	61.00	12.36	406.94	439.66	307.49	132.17	26.79
	High Family	D62	442.48	479.27	321.89	157.38	30.98	958.71	1038.42	697.43	340.99	67.12
Colorado	United HealthCare of Colorado											

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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
	High Self CH1	181.71	198.22	141.92	56.30	10.87	393.71	429.48	307.49	121.99	23.56
	High Family CH2	427.00	476.63	321.89	154.74	43.82	925.17	1032.70	697.43	335.27	94.94
Connecticut	Aetna HealthFund										
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Connecticut	Aetna Open Access										
	High Self JC1	193.06	211.84	141.92	69.92	16.04	418.30	458.99	307.49	151.50	34.76
	High Family JC2	475.22	521.42	321.89	199.53	40.39	1029.64	1129.74	697.43	432.31	87.51
	Basic Self JC4	New Option	179.16	134.37	44.79	New Option	New Option	388.18	291.14	97.04	New Option
	Basic Family JC5	New Option	504.67	321.89	182.78	New Option	New Option	1093.45	697.43	396.02	New Option
Connecticut	ConnectiCare										
	High Self TE1	201.41	211.59	141.92	69.67	7.44	436.39	458.45	307.49	150.96	16.13
	High Family TE2	458.24	481.44	321.89	159.55	17.39	992.85	1043.12	697.43	345.69	37.68
	Standard Self TE4	167.76	155.27	116.45	38.82	-3.12	363.48	336.42	252.32	84.10	-6.77
	Standard Family TE5	381.71	353.30	264.98	88.32	-7.11	827.04	765.48	574.11	191.37	-15.39
Delaware	Aetna HealthFund										
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Delaware	Coventry Health Care										
	High Self 2J1	183.97	194.08	141.92	52.16	6.17	398.60	420.51	307.49	113.02	13.37
	High Family 2J2	459.92	485.21	321.89	163.32	19.48	996.49	1051.29	697.43	353.86	42.21
	Standard Self 2J4	147.56	155.67	116.75	38.92	2.03	319.71	337.29	252.97	84.32	4.39
	Standard Family 2J5	368.88	389.17	291.88	97.29	5.07	799.24	843.20	632.40	210.80	10.99
Delaware	Coventry Health Care HDHP										
	HDHP Self LK1	131.10	131.10	98.33	32.77	0.00	284.05	284.05	213.04	71.01	0.00
	HDHP Family LK2	317.66	317.66	238.25	79.41	0.00	688.26	688.26	516.20	172.06	0.00

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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	
	High Self	ML1	159.64	180.15	135.11	45.04	5.13	345.89	390.33	292.75	97.58	11.11
	High Family	ML2	415.02	468.29	321.89	146.40	42.65	899.21	1014.63	697.43	317.20	92.40
	Standard Self	ML4	133.86	150.89	113.17	37.72	4.26	290.03	326.93	245.20	81.73	9.22
	Standard Family	ML5	347.99	392.32	294.24	98.08	11.08	753.98	850.03	637.52	212.51	24.02
Florida	Capital Health Plan											
	High Self	EA1	152.93	149.93	112.45	37.48	-0.75	331.35	324.85	243.64	81.21	-1.63
	High Family	EA2	405.27	397.32	297.99	99.33	-1.99	878.09	860.86	645.65	215.21	-4.31
Florida	Humana CoverageFirst											
	CDHP Self	BP1	140.37	141.47	106.10	35.37	0.28	304.14	306.52	229.89	76.63	0.60
	CDHP Family	BP2	322.84	325.37	244.03	81.34	0.63	699.49	704.97	528.73	176.24	1.37
Florida	Humana CoverageFirst											
	CDHP Self	DL1	129.57	154.34	115.76	38.58	6.19	280.74	334.40	250.80	83.60	13.42
	CDHP Family	DL2	298.00	354.97	266.23	88.74	14.24	645.67	769.10	576.83	192.27	30.85
Florida	Humana CoverageFirst											
	CDHP Self	MJ1	118.77	141.47	106.10	35.37	5.68	257.34	306.52	229.89	76.63	12.30
	CDHP Family	MJ2	273.18	325.37	244.03	81.34	13.05	591.89	704.97	528.73	176.24	28.27
Florida	Humana CoverageFirst											
	CDHP Self	MQ1	129.57	141.47	106.10	35.37	2.98	280.74	306.52	229.89	76.63	6.45
	CDHP Family	MQ2	298.00	325.37	244.03	81.34	6.84	645.67	704.97	528.73	176.24	14.82
Florida	Humana CoverageFirst											
	CDHP Self	QP1	107.96	128.61	96.46	32.15	5.16	233.91	278.66	209.00	69.66	11.18
	CDHP Family	QP2	248.34	295.80	221.85	73.95	11.87	538.07	640.90	480.68	160.22	25.70
Florida	Humana CoverageFirst											
	CDHP Self	YG1	124.18	141.47	106.10	35.37	4.33	269.06	306.52	229.89	76.63	9.37
	CDHP Family	YG2	285.59	325.37	244.03	81.34	9.94	618.78	704.97	528.73	176.24	21.55
Florida	Humana Medical Plan, Inc.											
	High Self	EE1	157.33	158.50	118.88	39.62	0.29	340.88	343.42	257.57	85.85	0.63
	High Family	EE2	361.85	364.54	273.41	91.13	0.67	784.01	789.84	592.38	197.46	1.46
Florida	JMH Health Plan											
	High Self	J81	164.04	175.34	131.51	43.83	2.82	355.42	379.90	284.93	94.97	6.12

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Florida	High Family	J82	405.91	433.87	321.89	111.98	10.50	879.47	940.05	697.43	242.62	22.75
	Vista Healthplan of South Florida											
	High Self	5E1	138.33	125.42	94.07	31.35	-3.23	299.72	271.74	203.81	67.93	-7.00
	High Family	5E2	380.43	344.97	258.73	86.24	-8.87	824.27	747.44	560.58	186.86	-19.21
Georgia	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Georgia	Aetna Open Access											
	High Self	2U1	169.29	189.76	141.92	47.84	5.52	366.80	411.15	307.49	103.66	11.96
	High Family	2U2	408.38	435.41	321.89	113.52	11.43	884.82	943.39	697.43	245.96	24.76
Georgia	Humana CoverageFirst											
	CDHP Self	AD1	91.78	109.31	81.98	27.33	4.39	198.86	236.84	177.63	59.21	9.50
	CDHP Family	AD2	211.09	251.44	188.58	62.86	10.09	457.36	544.79	408.59	136.20	21.86
Georgia	Humana CoverageFirst											
	CDHP Self	LM1	113.37	135.03	101.27	33.76	5.42	245.64	292.57	219.43	73.14	11.73
	CDHP Family	LM2	260.76	310.59	232.94	77.65	12.46	564.98	672.95	504.71	168.24	27.00
Georgia	Kaiser Foundation Health Plan Of Geogria, Inc.											
	High Self	F81	154.36	172.50	129.38	43.12	4.53	334.45	373.75	280.31	93.44	9.83
	High Family	F82	391.87	437.95	321.89	116.06	18.09	849.05	948.89	697.43	251.46	39.20
	Standard Self	F84	116.19	131.10	98.33	32.77	3.72	251.75	284.05	213.04	71.01	8.07
	Standard Family	F85	294.99	332.84	249.63	83.21	9.46	639.15	721.15	540.86	180.29	20.50
Georgia	Kaiser Foundation Health Plan of Georgia Inc. HDHP											
	HDHP Self	GW1	132.85	152.82	114.62	38.20	4.99	287.84	331.11	248.33	82.78	10.82
	HDHP Family	GW2	325.42	376.12	282.09	94.03	12.68	705.08	814.93	611.20	203.73	27.46
Georgia	United Healthcare of Georgia											
	High Self	GN1	New Plan	173.24	129.93	43.31	New Plan	New Plan	375.35	281.51	93.84	New Plan
	High Family	GN2	New Plan	408.68	306.51	102.17	New Plan	New Plan	885.47	664.10	221.37	New Plan
Guam	TakeCare											

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	High Self	JK1	207.25	239.95	141.92	98.03	29.96	449.04	519.89	307.49	212.40	64.92
	High Family	JK2	516.88	630.53	321.89	308.64	107.84	1119.91	1366.15	697.43	668.72	233.65
	Standard Self	JK4	145.91	173.71	130.28	43.43	6.95	316.14	376.37	282.28	94.09	15.06
	Standard Family	JK5	385.32	458.74	321.89	136.85	40.52	834.86	993.94	697.43	296.51	87.80
Hawaii	HMSA											
	High Self	871	152.18	159.80	119.85	39.95	1.91	329.72	346.23	259.67	86.56	4.13
	High Family	872	338.76	355.70	266.78	88.92	4.23	733.98	770.68	578.01	192.67	9.18
Hawaii	Kaiser Foundation Health Plan of Hawaii											
	High Self	631	174.29	175.17	131.38	43.79	0.22	377.63	379.54	284.66	94.88	0.47
	High Family	632	374.73	376.59	282.44	94.15	0.47	811.92	815.95	611.96	203.99	1.01
	Standard Self	634	122.42	121.15	90.86	30.29	-0.31	265.24	262.49	196.87	65.62	-0.69
	Standard Family	635	263.19	260.48	195.36	65.12	-0.68	570.25	564.37	423.28	141.09	-1.47
Idaho	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Idaho	Group Health Cooperative											
	High Self	VR1	196.30	227.14	141.92	85.22	28.10	425.32	492.14	307.49	184.65	60.89
	High Family	VR2	451.48	522.40	321.89	200.51	65.11	978.21	1131.87	697.43	434.44	141.07
	Standard Self	VR4	157.89	176.18	132.14	44.04	4.57	342.10	381.72	286.29	95.43	9.91
	Standard Family	VR5	363.14	405.20	303.90	101.30	10.52	786.80	877.93	658.45	219.48	22.78
Illinois	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Illinois	Aetna Open Access											
	High Self	IK1	159.74	139.36	104.52	34.84	-5.09	346.10	301.95	226.46	75.49	-11.03
	High Family	IK2	405.45	353.74	265.31	88.43	-12.93	878.48	766.44	574.83	191.61	-28.01

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
Illinois	BlueCHOICE											
	High Self	9G1	199.24	207.21	141.92	65.29	5.23	431.69	448.96	307.49	141.47	11.34
	High Family	9G2	431.39	448.65	321.89	126.76	11.45	934.68	972.08	697.43	274.65	24.81
Illinois	Group Health Plan, Inc.											
	High Self	MM1	230.52	245.80	141.92	103.88	12.54	499.46	532.57	307.49	225.08	27.18
	High Family	MM2	497.90	530.95	321.89	209.06	27.24	1078.78	1150.39	697.43	452.96	59.02
	HDHP Self	MM4	184.04	200.22	141.92	58.30	12.29	398.75	433.81	307.49	126.32	26.63
	HDHP Family	MM5	394.61	429.28	321.89	107.39	8.74	854.99	930.11	697.43	232.68	18.93
Illinois	Health Alliance HMO											
	High Self	FX1	197.67	221.40	141.92	79.48	20.99	428.29	479.70	307.49	172.21	45.48
	High Family	FX2	461.34	516.70	321.89	194.81	49.55	999.57	1119.52	697.43	422.09	107.36
Illinois	Humana CoverageFirst											
	CDHP Self	MW1	91.78	109.31	81.98	27.33	4.39	198.86	236.84	177.63	59.21	9.50
	CDHP Family	MW2	211.09	251.43	188.57	62.86	10.09	457.36	544.77	408.58	136.19	21.85
Illinois	Humana Health Plan Inc.											
	High Self	751	179.04	187.16	140.37	46.79	2.03	387.92	405.51	304.13	101.38	4.40
	High Family	752	411.78	430.47	321.89	108.58	5.64	892.19	932.69	697.43	235.26	12.21
	Standard Self	754	127.72	134.77	101.08	33.69	1.76	276.73	292.00	219.00	73.00	3.82
	Standard Family	755	293.77	309.99	232.49	77.50	4.06	636.50	671.65	503.74	167.91	8.79
Illinois	OSF Health Plans, Inc.											
	High Self	9F1	175.05	186.18	139.64	46.54	2.78	379.28	403.39	302.54	100.85	6.03
	High Family	9F2	460.34	489.59	321.89	167.70	23.44	997.40	1060.78	697.43	363.35	50.79
	HDHP Self	9F4	138.31	151.64	113.73	37.91	3.33	299.67	328.55	246.41	82.14	7.22
	HDHP Family	9F5	342.49	377.56	283.17	94.39	8.77	742.06	818.05	613.54	204.51	19.00
Illinois	PersonalCares HMO											
	High Self	GE1	164.87	185.93	139.45	46.48	5.26	357.22	402.85	302.14	100.71	11.41
	High Family	GE2	423.74	477.84	321.89	155.95	48.29	918.10	1035.32	697.43	337.89	104.63
Illinois	Unicare HMO											
	High Self	171	193.90	203.59	141.92	61.67	6.95	420.12	441.11	307.49	133.62	15.06
	High Family	172	430.02	451.52	321.89	129.63	15.69	931.71	978.29	697.43	280.86	33.99

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	Standard Self	174	174.90	157.40	118.05	39.35	-4.37	378.95	341.03	255.77	85.26	-9.48
	Standard Family	175	387.88	349.09	261.82	87.27	-9.70	840.41	756.36	567.27	189.09	-21.01
Illinois	Unicare HMO											
	HDHP Self	721	224.70	128.08	96.06	32.02	-53.50	486.85	277.51	208.13	69.38	-115.91
	HDHP Family	722	487.45	280.06	210.05	70.01	-101.36	1056.14	606.80	455.10	151.70	-219.60
Illinois	Union Health Service											
	High Self	761	138.40	135.35	101.51	33.84	-0.76	299.87	293.26	219.95	73.31	-1.66
	High Family	762	343.25	335.67	251.75	83.92	-1.89	743.71	727.29	545.47	181.82	-4.11
Illinois	United Healthcare of the Midwest											
	High Self	B91	164.70	187.99	140.99	47.00	5.83	356.85	407.31	305.48	101.83	12.62
	High Family	B92	387.08	420.00	315.00	105.00	8.23	838.67	910.00	682.50	227.50	17.83
Illinois	UnitedHealthcare Plan of the River Valley Inc.											
	High Self	YH1	159.71	163.08	122.31	40.77	0.84	346.04	353.34	265.01	88.33	1.82
	High Family	YH2	391.30	399.55	299.66	99.89	2.07	847.82	865.69	649.27	216.42	4.47
Indiana	Advantage Health Solutions, Inc.											
	High Self	6Y1	215.48	218.05	141.92	76.13	-0.17	466.87	472.44	307.49	164.95	-0.36
	High Family	6Y2	505.94	511.97	321.89	190.08	0.22	1096.20	1109.27	697.43	411.84	0.48
	HDHP Self	6Y4	173.98	147.89	110.92	36.97	-6.52	376.96	320.43	240.32	80.11	-14.13
	HDHP Family	6Y5	390.87	332.24	249.18	83.06	-14.66	846.89	719.85	539.89	179.96	-31.76
Indiana	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Indiana	Aetna Open Access											
	High Self	IK1	159.74	139.36	104.52	34.84	-5.09	346.10	301.95	226.46	75.49	-11.03
	High Family	IK2	405.45	353.74	265.31	88.43	-12.93	878.48	766.44	574.83	191.61	-28.01
Indiana	Aetna Open Access											
	High Self	RD1	162.51	202.13	141.92	60.21	19.58	352.11	437.95	307.49	130.46	42.43
	High Family	RD2	401.79	499.78	321.89	177.89	77.44	870.55	1082.86	697.43	385.43	167.79

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	High Self	171	193.90	203.59	141.92	61.67	6.95	420.12	441.11	307.49	133.62	15.06
	High Family	172	430.02	451.52	321.89	129.63	15.69	931.71	978.29	697.43	280.86	33.99
	Standard Self	174	174.90	157.40	118.05	39.35	-4.37	378.95	341.03	255.77	85.26	-9.48
	Standard Family	175	387.88	349.09	261.82	87.27	-9.70	840.41	756.36	567.27	189.09	-21.01
Indiana	Unicare HMO											
	HDHP Self	721	224.70	128.08	96.06	32.02	-53.50	486.85	277.51	208.13	69.38	-115.91
	HDHP Family	722	487.45	280.06	210.05	70.01	-101.36	1056.14	606.80	455.10	151.70	-219.60
Iowa	Coventry Health Care of Iowa											
	High Self	SV1	151.36	164.29	123.22	41.07	3.23	327.95	355.96	266.97	88.99	7.00
	High Family	SV2	408.77	443.57	321.89	121.68	19.49	885.67	961.07	697.43	263.64	42.22
	HDHP Self	SV4	137.77	150.90	113.18	37.72	3.28	298.50	326.95	245.21	81.74	7.12
	HDHP Family	SV5	356.25	390.85	293.14	97.71	8.65	771.88	846.84	635.13	211.71	18.74
Iowa	Health Alliance HMO											
	High Self	FX1	197.67	221.40	141.92	79.48	20.99	428.29	479.70	307.49	172.21	45.48
	High Family	FX2	461.34	516.70	321.89	194.81	49.55	999.57	1119.52	697.43	422.09	107.36
Iowa	HealthPartners Open Access Deductible											
	Open Access Self	534	185.76	200.67	141.92	58.75	12.17	402.48	434.79	307.49	127.30	26.38
	Open Access Fam	535	445.84	461.55	321.89	139.66	9.90	965.99	1000.03	697.43	302.60	21.45
Iowa	Sioux Valley Health Plan											
	High Self	AU1	209.32	208.99	141.92	67.07	-3.07	453.53	452.81	307.49	145.32	-6.65
	High Family	AU2	481.67	480.90	321.89	159.01	-6.58	1043.62	1041.95	697.43	344.52	-14.26
	Standard Self	AU4	199.37	202.37	141.92	60.45	0.26	431.97	438.47	307.49	130.98	0.57
	Standard Family	AU5	458.52	465.42	321.89	143.53	1.09	993.46	1008.41	697.43	310.98	2.36
Iowa	UnitedHealthcare Plan of the River Valley Inc.											
	High Self	YH1	159.71	163.08	122.31	40.77	0.84	346.04	353.34	265.01	88.33	1.82
	High Family	YH2	391.30	399.55	299.66	99.89	2.07	847.82	865.69	649.27	216.42	4.47
Kansas	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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
Kansas	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
	Aetna Open Access										
	High Self KS1	171.96	163.11	122.33	40.78	-2.21	372.58	353.41	265.06	88.35	-4.79
	High Family KS2	420.57	398.91	299.18	99.73	-5.41	911.24	864.31	648.23	216.08	-11.73
Kansas	Coventry Health Care of Kansas, Inc. (HDHP)										
	HDHP Self 7G1	121.04	130.74	98.06	32.68	2.42	262.25	283.27	212.45	70.82	5.26
	HDHP Family 7G2	298.91	322.86	242.15	80.71	5.98	647.64	699.53	524.65	174.88	12.97
Kansas	Coventry Health Care of Kansas-Wichita/Salinas										
	High Self 7W1	217.80	215.06	141.92	73.14	-5.48	471.90	465.96	307.49	158.47	-11.87
	High Family 7W2	555.38	548.39	321.89	226.50	-12.80	1203.32	1188.18	697.43	490.75	-27.73
	Standard Self 7W4	201.78	202.38	141.92	60.46	-2.14	437.19	438.49	307.49	131.00	-4.63
	Standard Family 7W5	520.56	522.10	321.89	200.21	-4.27	1127.88	1131.22	697.43	433.79	-9.25
Kansas	Coventry Health Care of Kansas (Kansas City)-HDHP										
	HDHP Self 9H1	128.89	145.67	109.25	36.42	4.20	279.26	315.62	236.72	78.90	9.09
	HDHP Family 9H2	332.53	375.82	281.87	93.95	10.82	720.48	814.28	610.71	203.57	23.45
Kansas	Coventry Health Care of Kansas-Kansas City										
	High Self HA1	158.58	163.82	122.87	40.95	1.31	343.59	354.94	266.21	88.73	2.83
	High Family HA2	409.23	422.75	317.06	105.69	3.38	886.67	915.96	686.97	228.99	7.32
	Standard Self HA4	146.95	157.26	117.95	39.31	2.57	318.39	340.73	255.55	85.18	5.58
	Standard Family HA5	379.13	405.74	304.31	101.43	6.65	821.45	879.10	659.33	219.77	14.41
Kansas	Humana CoverageFirst										
	CDHP Self PH1	86.38	102.89	77.17	25.72	4.13	187.16	222.93	167.20	55.73	8.94
	CDHP Family PH2	198.66	236.64	177.48	59.16	9.50	430.43	512.72	384.54	128.18	20.57
Kansas	Humana Health Plan, Inc.										
	High Self MS1	214.40	234.38	141.92	92.46	17.24	464.53	507.82	307.49	200.33	37.36
	High Family MS2	493.11	539.07	321.89	217.18	40.15	1068.41	1167.99	697.43	470.56	86.99
	Standard Self MS4	130.99	156.28	117.21	39.07	6.32	283.81	338.61	253.96	84.65	13.70
	Standard Family MS5	301.26	359.44	269.58	89.86	14.55	652.73	778.79	584.09	194.70	31.52
Kansas	Preferred Plus of Kansas										
	High Self VA1	219.38	208.06	141.92	66.14	-14.06	475.32	450.80	307.49	143.31	-30.45

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

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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	
Kansas	High Family	VA2	583.54	553.44	321.89	231.55	-35.91	1264.34	1199.12	697.43	501.69	-77.81
	United Healthcare of the Midwest											
	High Self	GX1	161.34	164.01	123.01	41.00	0.67	349.57	355.36	266.52	88.84	1.45
Kentucky	High Family	GX2	388.44	419.99	314.99	105.00	7.89	841.62	909.98	682.49	227.49	17.09
	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
Kentucky	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
	Aetna Open Access											
	High Self	RD1	162.51	202.13	141.92	60.21	19.58	352.11	437.95	307.49	130.46	42.43
Kentucky	High Family	RD2	401.79	499.78	321.89	177.89	77.44	870.55	1082.86	697.43	385.43	167.79
	Bluegrass Family Health, Inc.											
	HDHP Self	KV1	New Plan	158.53	118.90	39.63	New Plan	New Plan	343.48	257.61	85.87	New Plan
Kentucky	HDHP Family	KV2	New Plan	364.63	273.47	91.16	New Plan	New Plan	790.03	592.52	197.51	New Plan
	Humana CoverageFirst											
	CDHP Self	6N1	134.96	141.47	106.10	35.37	1.63	292.41	306.52	229.89	76.63	3.53
Kentucky	CDHP Family	6N2	310.41	325.37	244.03	81.34	3.74	672.56	704.97	528.73	176.24	8.10
	Humana CoverageFirst											
	CDHP Self	L81	97.18	115.75	86.81	28.94	4.65	210.56	250.79	188.09	62.70	10.06
Louisiana	CDHP Family	L82	223.51	266.22	199.67	66.55	10.67	484.27	576.81	432.61	144.20	23.13
	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
Louisiana	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
	Coventry Health Care of Louisiana											
	High Self	BJ1	173.25	180.59	135.44	45.15	1.84	375.38	391.28	293.46	97.82	3.98
	High Family	BJ2	402.37	419.39	314.54	104.85	4.26	871.80	908.68	681.51	227.17	9.22
	Standard Self	BJ4	152.24	158.67	119.00	39.67	1.61	329.85	343.79	257.84	85.95	3.49

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Louisiana	Standard Family	BJ5	353.56	368.51	276.38	92.13	3.74	766.05	798.44	598.83	199.61	8.10
Louisiana	Coventry Health Care of Louisiana HDHP											
	HDHP Self	HB1	124.42	129.68	97.26	32.42	1.32	269.58	280.97	210.73	70.24	2.85
	HDHP Family	HB2	288.97	301.19	225.89	75.30	3.06	626.10	652.58	489.44	163.14	6.62
Louisiana	Coventry Health Care of Louisiana											
	High Self	JA1	233.40	221.82	141.92	79.90	-14.32	505.70	480.61	307.49	173.12	-31.02
	High Family	JA2	542.07	515.18	321.89	193.29	-32.70	1174.49	1116.22	697.43	418.79	-70.86
	Standard Self	JA4	206.26	196.03	141.92	54.11	-12.97	446.90	424.73	307.49	117.24	-28.10
	Standard Family	JA5	479.06	455.29	321.89	133.40	-29.58	1037.96	986.46	697.43	289.03	-64.09
Louisiana	Coventry Health Care of Louisiana HDHP											
	HDHP Self	LT1	132.26	125.69	94.27	31.42	-1.64	286.56	272.33	204.25	68.08	-3.56
	HDHP Family	LT2	306.21	291.02	218.27	72.75	-3.80	663.46	630.54	472.91	157.63	-8.23
Louisiana	Humana CoverageFirst											
	CDHP Self	9J1	102.58	122.18	91.64	30.54	4.90	222.26	264.72	198.54	66.18	10.62
	CDHP Family	9J2	235.92	281.01	210.76	70.25	11.27	511.16	608.86	456.65	152.21	24.42
Louisiana	Humana CoverageFirst											
	CDHP Self	9L1	124.18	135.03	101.27	33.76	2.72	269.06	292.57	219.43	73.14	5.88
	CDHP Family	9L2	285.59	310.59	232.94	77.65	6.25	618.78	672.95	504.71	168.24	13.55
Louisiana	Humana CoverageFirst											
	CDHP Self	9S1	140.37	141.47	106.10	35.37	0.28	304.14	306.52	229.89	76.63	0.60
	CDHP Family	9S2	322.84	325.37	244.03	81.34	0.63	699.49	704.97	528.73	176.24	1.37
Louisiana	Vantage Health Plan, Inc.											
	High Self	MV1	176.05	189.58	141.92	47.66	3.65	381.44	410.76	307.49	103.27	7.91
	High Family	MV2	404.91	436.03	321.89	114.14	12.91	877.31	944.73	697.43	247.30	27.97
Maine	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Maryland	Aetna HealthFund											

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Maryland	Aetna Open Access											
	High Self	JN1	193.90	223.02	141.92	81.10	26.38	420.12	483.21	307.49	175.72	57.16
	High Family	JN2	434.31	499.54	321.89	177.65	59.42	941.01	1082.34	697.43	384.91	128.74
	Basic Self	JN4	124.28	139.78	104.84	34.94	3.87	269.27	302.86	227.15	75.71	8.39
	Basic Family	JN5	290.84	327.09	245.32	81.77	9.06	630.15	708.70	531.53	177.17	19.63
Maryland	CareFirst BlueChoice											
	High Self	2G1	194.80	200.66	141.92	58.74	3.12	422.07	434.76	307.49	127.27	6.76
	High Family	2G2	438.26	451.40	321.89	129.51	7.33	949.56	978.03	697.43	280.60	15.88
Maryland	Coventry Health Care											
	High Self	IG1	177.98	182.07	136.55	45.52	1.03	385.62	394.49	295.87	98.62	2.22
	High Family	IG2	444.95	455.19	321.89	133.30	4.43	964.06	986.25	697.43	288.82	9.60
	Standard Self	IG4	139.66	142.88	107.16	35.72	0.81	302.60	309.57	232.18	77.39	1.74
	Standard Family	IG5	349.14	357.17	267.88	89.29	2.01	756.47	773.87	580.40	193.47	4.35
Maryland	Coventry Health Care HDHP											
	HDHP Self	GZ1	122.00	122.00	91.50	30.50	0.00	264.33	264.33	198.25	66.08	0.00
	HDHP Family	GZ2	294.92	294.92	221.19	73.73	0.00	638.99	638.99	479.24	159.75	0.00
Maryland	Kaiser Foundation Health Plan Mid-Atlantic States											
	High Self	E31	178.64	197.38	141.92	55.46	10.80	387.05	427.66	307.49	120.17	23.41
	High Family	E32	425.17	465.11	321.89	143.22	34.13	921.20	1007.74	697.43	310.31	73.95
	Standard Self	E34	107.15	117.58	88.19	29.39	2.60	232.16	254.76	191.07	63.69	5.65
	Standard Family	E35	255.01	279.83	209.87	69.96	6.21	552.52	606.30	454.73	151.57	13.44
Maryland	M.D. IPA											
	High Self	JP1	175.65	194.44	141.92	52.52	8.61	380.58	421.29	307.49	113.80	18.66
	High Family	JP2	421.63	448.38	321.89	126.49	20.94	913.53	971.49	697.43	274.06	45.37
Maryland	United HealthCare Definity HDHP											
	HDHP Self	E91	New Plan	126.11	94.58	31.53	New Plan	New Plan	273.24	204.93	68.31	New Plan
	HDHP Family	E92	New Plan	276.33	207.25	69.08	New Plan	New Plan	598.72	449.04	149.68	New Plan
Massachusetts	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Massachusetts	Blue CHiP Coordinated Health Plan - BCBS of RI											
	High Self	DA1	197.13	217.01	141.92	75.09	17.14	427.12	470.19	307.49	162.70	37.14
	High Family	DA2	522.37	575.07	321.89	253.18	46.89	1131.80	1245.99	697.43	548.56	101.60
Massachusetts	ConnectiCare											
	High Self	TE1	201.41	211.59	141.92	69.67	7.44	436.39	458.45	307.49	150.96	16.13
	High Family	TE2	458.24	481.44	321.89	159.55	17.39	992.85	1043.12	697.43	345.69	37.68
	Standard Self	TE4	167.76	155.27	116.45	38.82	-3.12	363.48	336.42	252.32	84.10	-6.77
	Standard Family	TE5	381.71	353.30	264.98	88.32	-7.11	827.04	765.48	574.11	191.37	-15.39
Massachusetts	Fallon Community Health Plan HDHP											
	HDHP Self	DV1	188.47	181.78	136.34	45.44	-3.85	408.35	393.86	295.40	98.46	-8.33
	HDHP Family	DV2	445.13	441.80	321.89	119.91	-9.14	964.45	957.23	697.43	259.80	-19.81
Massachusetts	Fallon Community Health Plan											
	High Self	JV1	206.35	239.71	141.92	97.79	30.62	447.09	519.37	307.49	211.88	66.35
	High Family	JV2	501.51	582.59	321.89	260.70	75.27	1086.61	1262.28	697.43	564.85	163.08
	Standard Self	JV4	186.40	191.78	141.92	49.86	2.64	403.87	415.52	307.49	108.03	5.72
	Standard Family	JV5	453.03	466.08	321.89	144.19	7.24	981.57	1009.84	697.43	312.41	15.68
Michigan	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Michigan	Bluecare Network of MI											
	High Self	K51	184.60	196.06	141.92	54.14	7.99	399.97	424.80	307.49	117.31	17.32
	High Family	K52	516.31	447.10	321.89	125.21	-75.02	1118.67	968.72	697.43	271.29	-162.54
	Standard Self	K54	140.17	146.19	109.64	36.55	1.51	303.70	316.75	237.56	79.19	3.27
	Standard Family	K55	391.90	333.43	250.07	83.36	-14.61	849.12	722.43	541.82	180.61	-31.67
Michigan	Bluecare Network of MI											

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	High Self	EG1	146.20	153.92	115.44	38.48	1.93	316.77	333.49	250.12	83.37	4.18
	High Family	EG2	387.34	407.92	305.94	101.98	5.15	839.24	883.83	662.87	220.96	11.15
Minnesota	HealthPartners Classic/Open Access Deductible											
	Classic Self	531	244.92	255.79	141.92	113.87	8.13	530.66	554.21	307.49	246.72	17.62
	Classic Family	532	587.80	588.80	321.89	266.91	-4.81	1273.57	1275.73	697.43	578.30	-10.43
	Open Access Self	534	185.76	200.67	141.92	58.75	12.17	402.48	434.79	307.49	127.30	26.38
	Open Access Fam	535	445.84	461.55	321.89	139.66	9.90	965.99	1000.03	697.43	302.60	21.45
Minnesota	HealthPartners Primary Clinic Plan											
	High Self	HQ1	288.03	300.29	141.92	158.37	9.52	624.07	650.63	307.49	343.14	20.63
	High Family	HQ2	691.27	691.25	321.89	369.36	-5.83	1497.75	1497.71	697.43	800.28	-12.63
Mississippi	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Missouri	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Missouri	Aetna Open Access											
	High Self	KS1	171.96	163.11	122.33	40.78	-2.21	372.58	353.41	265.06	88.35	-4.79
	High Family	KS2	420.57	398.91	299.18	99.73	-5.41	911.24	864.31	648.23	216.08	-11.73
Missouri	BlueCHOICE											
	High Self	9G1	199.24	207.21	141.92	65.29	5.23	431.69	448.96	307.49	141.47	11.34
	High Family	9G2	431.39	448.65	321.89	126.76	11.45	934.68	972.08	697.43	274.65	24.81
Missouri	Coventry Health Care of Kansas (Kansas City)-HDHP											
	HDHP Self	9H1	128.89	145.67	109.25	36.42	4.20	279.26	315.62	236.72	78.90	9.09
	HDHP Family	9H2	332.53	375.82	281.87	93.95	10.82	720.48	814.28	610.71	203.57	23.45
Missouri	Coventry Health Care of Kansas-Kansas City											

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	High Self	JR1	199.17	223.39	141.92	81.47	21.48	431.54	484.01	307.49	176.52	46.54
	High Family	JR2	455.68	513.86	321.89	191.97	52.37	987.31	1113.36	697.43	415.93	113.46
	Basic Self	JR4	New Option	184.01	138.01	46.00	New Option	New Option	398.69	299.02	99.67	New Option
	Basic Family	JR5	New Option	463.68	321.89	141.79	New Option	New Option	1004.64	697.43	307.21	New Option
New Jersey	Aetna Open Access											
	High Self	P31	225.56	241.19	141.92	99.27	12.89	488.71	522.58	307.49	215.09	27.94
	High Family	P32	544.23	581.95	321.89	260.06	31.91	1179.17	1260.89	697.43	563.46	69.13
	Basic Self	P34	New Option	172.16	129.12	43.04	New Option	New Option	373.01	279.76	93.25	New Option
	Basic Family	P35	New Option	427.98	320.99	106.99	New Option	New Option	927.29	695.47	231.82	New Option
New Jersey	AmeriHealth HMO											
	High Self	FK1	198.61	208.58	141.92	66.66	7.23	430.32	451.92	307.49	144.43	15.67
	High Family	FK2	470.05	493.52	321.89	171.63	17.66	1018.44	1069.29	697.43	371.86	38.26
New Jersey	Coventry Health Care											
	High Self	2J1	183.97	194.08	141.92	52.16	6.17	398.60	420.51	307.49	113.02	13.37
	High Family	2J2	459.92	485.21	321.89	163.32	19.48	996.49	1051.29	697.43	353.86	42.21
	Standard Self	2J4	147.56	155.67	116.75	38.92	2.03	319.71	337.29	252.97	84.32	4.39
	Standard Family	2J5	368.88	389.17	291.88	97.29	5.07	799.24	843.20	632.40	210.80	10.99
New Jersey	Coventry Health Care HDHP											
	HDHP Self	LK1	131.10	131.10	98.33	32.77	0.00	284.05	284.05	213.04	71.01	0.00
	HDHP Family	LK2	317.66	317.66	238.25	79.41	0.00	688.26	688.26	516.20	172.06	0.00
New Jersey	GHI Health Plan											
	High Self	801	217.98	228.88	141.92	86.96	8.16	472.29	495.91	307.49	188.42	17.69
	High Family	802	544.97	572.22	321.89	250.33	21.44	1180.77	1239.81	697.43	542.38	46.45
	Standard Self	804	174.74	178.24	133.68	44.56	0.88	378.60	386.19	289.64	96.55	1.90
	Standard Family	805	407.92	416.07	312.05	104.02	2.04	883.83	901.49	676.12	225.37	4.41
New Mexico	Lovelace Health Plan											
	High Self	Q11	160.07	171.28	128.46	42.82	2.80	346.82	371.11	278.33	92.78	6.08
	High Family	Q12	392.80	420.30	315.23	105.07	6.87	851.07	910.65	682.99	227.66	14.89
New Mexico	Presbyterian Health Plan											
	High Self	P21	181.28	213.65	141.92	71.73	26.41	392.77	462.91	307.49	155.42	57.23

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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	
	High Family	P22	472.74	485.19	321.89	163.30	6.64	1024.27	1051.25	697.43	353.82	14.39
	Standard Self	P24	New Option	205.55	141.92	63.63	New Option	New Option	445.36	307.49	137.87	New Option
	Standard Family	P25	New Option	466.79	321.89	144.90	New Option	New Option	1011.38	697.43	313.95	New Option
New York	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
New York	Aetna Open Access											
	High Self	JC1	193.06	211.84	141.92	69.92	16.04	418.30	458.99	307.49	151.50	34.76
	High Family	JC2	475.22	521.42	321.89	199.53	40.39	1029.64	1129.74	697.43	432.31	87.51
	Basic Self	JC4	New Option	179.16	134.37	44.79	New Option	New Option	388.18	291.14	97.04	New Option
	Basic Family	JC5	New Option	504.67	321.89	182.78	New Option	New Option	1093.45	697.43	396.02	New Option
New York	Blue Choice											
	High Self	MK1	131.93	145.68	109.26	36.42	3.44	285.85	315.64	236.73	78.91	7.45
	High Family	MK2	330.26	365.05	273.79	91.26	8.70	715.56	790.94	593.21	197.73	18.84
New York	CDPHP Universal Benefits											
	High Self	SG1	188.28	203.42	141.92	61.50	12.40	407.94	440.74	307.49	133.25	26.87
	High Family	SG2	444.34	480.06	321.89	158.17	29.91	962.74	1040.13	697.43	342.70	64.80
	Standard Self	SG4	165.05	173.24	129.93	43.31	2.05	357.61	375.35	281.51	93.84	4.44
	Standard Family	SG5	412.64	433.11	321.89	111.22	8.06	894.05	938.41	697.43	240.98	17.47
New York	CDPHP Universal Benefits - HDHP											
	HDHP Self	SX1	New Option	169.26	126.95	42.31	New Option	New Option	366.73	275.05	91.68	New Option
	HDHP Family	SX2	New Option	388.64	291.48	97.16	New Option	New Option	842.05	631.54	210.51	New Option
New York	GHI Health Plan											
	High Self	801	217.98	228.88	141.92	86.96	8.16	472.29	495.91	307.49	188.42	17.69
	High Family	802	544.97	572.22	321.89	250.33	21.44	1180.77	1239.81	697.43	542.38	46.45
	Standard Self	804	174.74	178.24	133.68	44.56	0.88	378.60	386.19	289.64	96.55	1.90
	Standard Family	805	407.92	416.07	312.05	104.02	2.04	883.83	901.49	676.12	225.37	4.41
New York	GHI HMO Select											

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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	
	High Self	6V1	210.10	234.11	141.92	92.19	21.27	455.22	507.24	307.49	199.75	46.09
	High Family	6V2	532.86	597.56	321.89	275.67	58.89	1154.53	1294.71	697.43	597.28	127.59
	Standard Self	6V4	178.51	209.56	141.92	67.64	23.01	386.77	454.05	307.49	146.56	49.87
	Standard Family	6V5	451.02	535.18	321.89	213.29	78.35	977.21	1159.56	697.43	462.13	169.76
New York	GHI HMO Select											
	High Self	X41	185.78	220.62	141.92	78.70	32.10	402.52	478.01	307.49	170.52	69.56
	High Family	X42	474.00	566.35	321.89	244.46	86.54	1027.00	1227.09	697.43	529.66	187.50
	Standard Self	X44	174.00	200.71	141.92	58.79	15.29	377.00	434.87	307.49	127.38	33.13
	Standard Family	X45	442.87	513.16	321.89	191.27	64.48	959.55	1111.85	697.43	414.42	139.71
New York	HIP of Greater New York											
	High Self	511	176.11	178.06	133.55	44.51	0.48	381.57	385.80	289.35	96.45	1.06
	High Family	512	493.13	498.57	321.89	176.68	-0.37	1068.45	1080.24	697.43	382.81	-0.80
	Standard Self	514	153.80	160.25	120.19	40.06	1.61	333.23	347.21	260.41	86.80	3.49
	Standard Family	515	430.63	448.71	321.89	126.82	12.27	933.03	972.21	697.43	274.78	26.59
New York	HMO Blue											
	High Self	AH1	252.78	197.16	141.92	55.24	-58.36	547.69	427.18	307.49	119.69	-126.44
	High Family	AH2	645.41	505.11	321.89	183.22	-146.11	1398.39	1094.41	697.43	396.98	-316.57
New York	HMOBlue-CNY											
	High Self	EB1	195.74	242.90	141.92	100.98	44.42	424.10	526.28	307.49	218.79	96.25
	High Family	EB2	477.76	578.13	321.89	256.24	94.56	1035.15	1252.62	697.43	555.19	204.88
New York	Independent Health Assoc											
	High Self	QA1	138.58	152.61	114.46	38.15	3.51	300.26	330.66	248.00	82.66	7.60
	High Family	QA2	380.09	418.56	313.92	104.64	9.62	823.53	906.88	680.16	226.72	20.84
	HDHP Self	QA4	145.19	139.72	104.79	34.93	-1.37	314.58	302.73	227.05	75.68	-2.96
	HDHP Family	QA5	346.40	336.48	252.36	84.12	-2.48	750.53	729.04	546.78	182.26	-5.37
New York	MVP Health Care											
	High Self	GA1	160.66	170.24	127.68	42.56	2.40	348.10	368.85	276.64	92.21	5.19
	High Family	GA2	414.92	439.67	321.89	117.78	14.05	898.99	952.62	697.43	255.19	30.44
	Standard Self	GA4	New Option	149.71	112.28	37.43	New Option	New Option	324.37	243.28	81.09	New Option
	Standard Family	GA5	New Option	386.63	289.97	96.66	New Option	New Option	837.70	628.28	209.42	New Option

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
New York MVP Health Care												
	High Self	M91	176.35	183.10	137.33	45.77	1.68	382.09	396.72	297.54	99.18	3.66
	High Family	M92	455.43	472.89	321.89	151.00	11.65	986.77	1024.60	697.43	327.17	25.24
	Standard Self	M94	New Option	161.03	120.77	40.26	New Option	New Option	348.90	261.68	87.22	New Option
	Standard Family	M95	New Option	415.89	311.92	103.97	New Option	New Option	901.10	675.83	225.27	New Option
New York MVP Health Care												
	High Self	MX1	179.52	195.14	141.92	53.22	8.34	388.96	422.80	307.49	115.31	18.07
	High Family	MX2	463.53	503.22	321.89	181.33	33.88	1004.32	1090.31	697.43	392.88	73.40
	Standard Self	MX4	New Option	171.07	128.30	42.77	New Option	New Option	370.65	277.99	92.66	New Option
	Standard Family	MX5	New Option	441.21	321.89	119.32	New Option	New Option	955.96	697.43	258.53	New Option
New York Preferred Care												
	High Self	GV1	128.96	147.17	110.38	36.79	4.55	279.41	318.87	239.15	79.72	9.87
	High Family	GV2	345.06	393.32	294.99	98.33	12.07	747.63	852.19	639.14	213.05	26.14
New York Univera Healthcare												
	High Self	KQ1	177.03	204.02	141.92	62.10	17.84	383.57	442.04	307.49	134.55	38.66
	High Family	KQ2	468.73	540.14	321.89	218.25	65.60	1015.58	1170.30	697.43	472.87	142.13
New York Univera Healthcare												
	High Self	Q81	140.68	160.47	120.35	40.12	4.95	304.81	347.69	260.77	86.92	10.72
	High Family	Q82	398.85	454.95	321.89	133.06	33.35	864.18	985.73	697.43	288.30	72.26
North Carolina Aetna HealthFund												
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
North Carolina Aetna Open Access												
	High Self	MP1	New Plan	175.70	131.78	43.92	New Plan	New Plan	380.68	285.51	95.17	New Plan
	High Family	MP2	New Plan	479.26	321.89	157.37	New Plan	New Plan	1038.40	697.43	340.97	New Plan
North Dakota HealthPartners Open Access Deductible												
	Open Access Self	534	185.76	200.67	141.92	58.75	12.17	402.48	434.79	307.49	127.30	26.38
	Open Access Fam	535	445.84	461.55	321.89	139.66	9.90	965.99	1000.03	697.43	302.60	21.45

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
North Dakota	Heart of America Health Plan											
	High Self	RU1	134.32	149.75	112.31	37.44	3.86	291.03	324.46	243.35	81.11	8.35
	High Family	RU2	345.20	384.84	288.63	96.21	9.91	747.93	833.82	625.37	208.45	21.47
Ohio	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Ohio	Aetna Open Access											
	High Self	7D1	171.42	181.21	135.91	45.30	2.45	371.41	392.62	294.47	98.15	5.30
	High Family	7D2	407.99	431.30	321.89	109.41	7.41	883.98	934.48	697.43	237.05	16.06
Ohio	Aetna Open Access											
	High Self	ND1	194.21	176.44	132.33	44.11	-10.92	420.79	382.29	286.72	95.57	-23.66
	High Family	ND2	468.83	425.92	319.44	106.48	-46.27	1015.80	922.83	692.12	230.71	-100.25
Ohio	Aetna Open Access											
	High Self	RD1	162.51	202.13	141.92	60.21	19.58	352.11	437.95	307.49	130.46	42.43
	High Family	RD2	401.79	499.78	321.89	177.89	77.44	870.55	1082.86	697.43	385.43	167.79
Ohio	AultCare HMO											
	High Self	3A1	176.88	221.04	141.92	79.12	34.90	383.24	478.92	307.49	171.43	75.62
	High Family	3A2	434.26	542.66	321.89	220.77	102.59	940.90	1175.76	697.43	478.33	222.27
	HDHP Self	3A4	168.53	168.53	126.40	42.13	0.00	365.15	365.15	273.86	91.29	0.00
	HDHP Family	3A5	337.69	337.69	253.27	84.42	0.00	731.66	731.66	548.75	182.91	0.00
Ohio	Blue HMO											
	High Self	R51	215.96	234.31	141.92	92.39	15.61	467.91	507.67	307.49	200.18	33.83
	High Family	R52	493.77	535.75	321.89	213.86	36.17	1069.84	1160.79	697.43	463.36	78.36
Ohio	HMO Health Ohio											
	High Self	L41	177.48	200.01	141.92	58.09	13.72	384.54	433.36	307.49	125.87	29.74
	High Family	L42	454.00	511.64	321.89	189.75	51.83	983.67	1108.55	697.43	411.12	112.29
Ohio	Humana CoverageFirst											
	CDHP Self	L81	97.18	115.75	86.81	28.94	4.65	210.56	250.79	188.09	62.70	10.06

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	High Self	SL1	209.32	215.83	141.92	73.91	3.77	453.53	467.63	307.49	160.14	8.17
	High Family	SL2	485.61	500.70	321.89	178.81	9.28	1052.16	1084.85	697.43	387.42	20.10
	Basic Self	SL4	New Option	152.24	114.18	38.06	New Option	New Option	329.85	247.39	82.46	New Option
	Basic Family	SL5	New Option	408.51	306.38	102.13	New Option	New Option	885.11	663.83	221.28	New Option
Oklahoma	Globalhealth, Inc.											
	High Self	IM1	166.96	166.96	125.22	41.74	0.00	361.75	361.75	271.31	90.44	0.00
	High Family	IM2	402.40	402.40	301.80	100.60	0.00	871.87	871.87	653.90	217.97	0.00
Oklahoma	PacifiCare of Oklahoma											
	High Self	2N1	191.59	206.96	141.92	65.04	12.63	415.11	448.41	307.49	140.92	27.37
	High Family	2N2	447.32	484.02	321.89	162.13	30.89	969.19	1048.71	697.43	351.28	66.93
Oregon	Kaiser Foundation Health Plan of Northwest											
	High Self	571	186.00	209.57	141.92	67.65	20.83	403.00	454.07	307.49	146.58	45.14
	High Family	572	424.48	482.02	321.89	160.13	51.73	919.71	1044.38	697.43	346.95	112.08
	Standard Self	574	155.72	173.74	130.31	43.43	4.50	337.39	376.44	282.33	94.11	9.76
	Standard Family	575	355.36	399.62	299.72	99.90	11.06	769.95	865.84	649.38	216.46	23.97
Oregon	PacifiCare of Oregon											
	High Self	7Z1	194.84	223.27	141.92	81.35	25.69	422.15	483.75	307.49	176.26	55.67
	High Family	7Z2	436.00	500.94	321.89	179.05	59.13	944.67	1085.37	697.43	387.94	128.11
Pennsylvania	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Pennsylvania	Aetna Open Access											
	High Self	P31	225.56	241.19	141.92	99.27	12.89	488.71	522.58	307.49	215.09	27.94
	High Family	P32	544.23	581.95	321.89	260.06	31.91	1179.17	1260.89	697.43	563.46	69.13
	Basic Self	P34	New Option	172.16	129.12	43.04	New Option	New Option	373.01	279.76	93.25	New Option
	Basic Family	P35	New Option	427.98	320.99	106.99	New Option	New Option	927.29	695.47	231.82	New Option
Pennsylvania	Aetna Open Access											
	High Self	YE1	125.20	115.98	86.99	28.99	-2.31	271.27	251.29	188.47	62.82	-5.00

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

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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
Pennsylvania	High Family YE2	345.22	319.82	239.87	79.95	-6.35	747.98	692.94	519.71	173.23	-13.76
Pennsylvania Geisinger Health Plan											
	High Self GG1	New Plan	265.11	141.92	123.19	New Plan	New Plan	574.41	307.49	266.92	New Plan
	High Family GG2	New Plan	609.74	321.89	287.85	New Plan	New Plan	1321.10	697.43	623.67	New Plan
	Standard Self GG4	New Plan	227.96	141.92	86.04	New Plan	New Plan	493.91	307.49	186.42	New Plan
	Standard Family GG5	New Plan	524.31	321.89	202.42	New Plan	New Plan	1136.01	697.43	438.58	New Plan
Pennsylvania Health America Pennsylvania-HDHP											
	HDHP Self 9N1	164.44	181.14	135.86	45.28	4.17	356.29	392.47	294.35	98.12	9.05
	HDHP Family 9N2	370.17	408.42	306.32	102.10	9.56	802.04	884.91	663.68	221.23	20.72
Pennsylvania Health America Pennsylvania-HDHP											
	HDHP Self Y61	151.89	151.89	113.92	37.97	0.00	329.10	329.10	246.83	82.27	0.00
	HDHP Family Y62	373.42	373.42	280.07	93.35	0.00	809.08	809.08	606.81	202.27	0.00
Pennsylvania Health America Pennsylvania-HDHP											
	HDHP Self YN1	190.76	234.24	141.92	92.32	40.74	413.31	507.52	307.49	200.03	88.28
	HDHP Family YN2	431.16	531.18	321.89	209.29	94.21	934.18	1150.89	697.43	453.46	204.12
Pennsylvania Health America Pennsylvania-HDHP											
	HDHP Self YW1	171.59	182.82	137.12	45.70	2.80	371.78	396.11	297.08	99.03	6.09
	HDHP Family YW2	387.10	412.93	309.70	103.23	6.46	838.72	894.68	671.01	223.67	13.99
Pennsylvania HealthAmerica Pennsylvania											
	High Self 261	189.26	200.47	141.92	58.55	8.47	410.06	434.35	307.49	126.86	18.36
	High Family 262	482.63	511.21	321.89	189.32	22.77	1045.70	1107.62	697.43	410.19	49.33
	Standard Self 264	180.53	170.20	127.65	42.55	-2.58	391.15	368.77	276.58	92.19	-5.60
	Standard Family 265	460.39	434.00	321.89	112.11	-32.20	997.51	940.33	697.43	242.90	-69.77
Pennsylvania HealthAmerica Pennsylvania											
	High Self 4N1	247.62	314.64	141.92	172.72	64.28	536.51	681.72	307.49	374.23	139.28
	High Family 4N2	569.54	723.67	321.89	401.78	148.32	1234.00	1567.95	697.43	870.52	321.36
	Standard Self 4N4	243.94	254.25	141.92	112.33	7.57	528.54	550.88	307.49	243.39	16.41
	Standard Family 4N5	561.06	584.76	321.89	262.87	17.89	1215.63	1266.98	697.43	569.55	38.76
Pennsylvania HealthAmerica Pennsylvania											
	High Self PN1	207.57	241.92	141.92	100.00	31.61	449.74	524.16	307.49	216.67	68.49

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

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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	
	High Family	PN2	476.58	555.47	321.89	233.58	73.08	1032.59	1203.52	697.43	506.09	158.34
	Standard Self	PN4	180.26	205.29	141.92	63.37	18.31	390.56	444.80	307.49	137.31	39.67
	Standard Family	PN5	413.89	471.33	321.89	149.44	45.97	896.76	1021.22	697.43	323.79	99.60
Pennsylvania HealthAmerica Pennsylvania												
	High Self	SW1	229.00	251.67	141.92	109.75	19.93	496.17	545.29	307.49	237.80	43.19
	High Family	SW2	526.71	578.84	321.89	256.95	46.32	1141.21	1254.15	697.43	556.72	100.35
	Standard Self	SW4	204.85	217.54	141.92	75.62	9.95	443.84	471.34	307.49	163.85	21.57
	Standard Family	SW5	471.18	500.35	321.89	178.46	23.36	1020.89	1084.09	697.43	386.66	50.61
Pennsylvania Keystone Health Plan Central												
	High Self	S41	213.93	226.83	141.92	84.91	10.16	463.52	491.47	307.49	183.98	22.02
	High Family	S42	510.43	541.17	321.89	219.28	24.93	1105.93	1172.54	697.43	475.11	54.02
	Standard Self	S44	201.82	209.52	141.92	67.60	4.96	437.28	453.96	307.49	146.47	10.75
	Standard Family	S45	481.55	499.94	321.89	178.05	12.58	1043.36	1083.20	697.43	385.77	27.25
Pennsylvania Keystone Health Plan East												
	High Self	ED1	196.00	197.26	141.92	55.34	-1.48	424.67	427.40	307.49	119.91	-3.20
	High Family	ED2	517.17	520.25	321.89	198.36	-2.73	1120.54	1127.21	697.43	429.78	-5.92
	Standard Self	ED4	New Option	176.08	132.06	44.02	New Option	New Option	381.51	286.13	95.38	New Option
	Standard Family	ED5	New Option	464.61	321.89	142.72	New Option	New Option	1006.66	697.43	309.23	New Option
Pennsylvania UPMC Health Plan												
	High Self	8W1	187.11	193.04	141.92	51.12	3.19	405.41	418.25	307.49	110.76	6.91
	High Family	8W2	477.28	492.39	321.89	170.50	9.30	1034.11	1066.85	697.43	369.42	20.15
	HDHP Self	8W4	New Option	187.97	140.98	46.99	New Option	New Option	407.27	305.45	101.82	New Option
	HDHP Family	8W5	New Option	454.66	321.89	132.77	New Option	New Option	985.10	697.43	287.67	New Option
Puerto Rico Humana Health Plans of Puerto Rico, Inc.												
	High Self	ZJ1	110.35	122.69	92.02	30.67	3.08	239.09	265.83	199.37	66.46	6.69
	High Family	ZJ2	253.82	282.17	211.63	70.54	7.09	549.94	611.37	458.53	152.84	15.36
Puerto Rico Triple-S												
	High Self	891	133.98	142.02	106.52	35.50	2.01	290.29	307.71	230.78	76.93	4.36
	High Family	892	287.78	305.04	228.78	76.26	4.32	623.52	660.92	495.69	165.23	9.35
Rhode Island Blue CHIP Coordinated Health Plan - BCBS of RI												

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

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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	
	High Self DA1	197.13	217.01	141.92	75.09	17.14	427.12	470.19	307.49	162.70	37.14	
	High Family DA2	522.37	575.07	321.89	253.18	46.89	1131.80	1245.99	697.43	548.56	101.60	
South Carolina	Aetna HealthFund											
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31	
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33	
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57	
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86	
South Carolina	Carolina Care											
	High Self IB1	184.34	194.66	141.92	52.74	6.66	399.40	421.76	307.49	114.27	14.42	
	High Family IB2	414.64	437.95	321.89	116.06	12.40	898.39	948.89	697.43	251.46	26.86	
South Dakota	HealthPartners Open Access Deductible											
	Open Access Self 534	185.76	200.67	141.92	58.75	12.17	402.48	434.79	307.49	127.30	26.38	
	Open Access Fam 535	445.84	461.55	321.89	139.66	9.90	965.99	1000.03	697.43	302.60	21.45	
South Dakota	Sioux Valley Health Plan											
	High Self AU1	209.32	208.99	141.92	67.07	-3.07	453.53	452.81	307.49	145.32	-6.65	
	High Family AU2	481.67	480.90	321.89	159.01	-6.58	1043.62	1041.95	697.43	344.52	-14.26	
	Standard Self AU4	199.37	202.37	141.92	60.45	0.26	431.97	438.47	307.49	130.98	0.57	
	Standard Family AU5	458.52	465.42	321.89	143.53	1.09	993.46	1008.41	697.43	310.98	2.36	
Tennessee	Aetna HealthFund											
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31	
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33	
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57	
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86	
Tennessee	Aetna Open Access											
	High Self 6J1	198.52	219.68	141.92	77.76	18.42	430.13	475.97	307.49	168.48	39.91	
	High Family 6J2	452.61	500.87	321.89	178.98	42.45	980.66	1085.22	697.43	387.79	91.97	
Tennessee	Aetna Open Access											
	High Self UB1	149.30	162.12	121.59	40.53	3.21	323.48	351.26	263.45	87.81	6.94	
	High Family UB2	380.70	413.37	310.03	103.34	8.17	824.85	895.64	671.73	223.91	17.70	
Tennessee	Humana CoverageFirst											

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
	CDHP Self	BT1	124.18	141.47	106.10	35.37	4.33	269.06	306.52	229.89	76.63	9.37
	CDHP Family	BT2	285.59	325.37	244.03	81.34	9.94	618.78	704.97	528.73	176.24	21.55
Tennessee	Humana CoverageFirst											
	CDHP Self	L61	118.78	141.47	106.10	35.37	5.68	257.36	306.52	229.89	76.63	12.29
	CDHP Family	L62	273.18	325.37	244.03	81.34	13.05	591.89	704.97	528.73	176.24	28.27
Texas	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Texas	Aetna Open Access											
	High Self	8G1	188.92	181.77	136.33	45.44	-4.30	409.33	393.84	295.38	98.46	-9.31
	High Family	8G2	471.64	453.80	321.89	131.91	-23.65	1021.89	983.23	697.43	285.80	-51.25
Texas	Aetna Open Access											
	High Self	P11	159.55	181.72	136.29	45.43	5.54	345.69	393.73	295.30	98.43	12.01
	High Family	P12	401.92	457.75	321.89	135.86	35.38	870.83	991.79	697.43	294.36	76.65
Texas	Aetna Open Access											
	High Self	PU1	199.87	237.20	141.92	95.28	34.59	433.05	513.93	307.49	206.44	74.95
	High Family	PU2	490.35	581.94	321.89	260.05	85.78	1062.43	1260.87	697.43	563.44	185.85
	Basic Self	PU4	New Option	197.28	141.92	55.36	New Option	New Option	427.44	307.49	119.95	New Option
	Basic Family	PU5	New Option	554.47	321.89	232.58	New Option	New Option	1201.35	697.43	503.92	New Option
Texas	Firstcare											
	High Self	6U1	161.63	175.98	131.99	43.99	3.58	350.20	381.29	285.97	95.32	7.77
	High Family	6U2	347.50	378.34	283.76	94.58	7.71	752.92	819.74	614.81	204.93	16.70
Texas	Firstcare											
	High Self	CK1	197.36	225.83	141.92	83.91	25.73	427.61	489.30	307.49	181.81	55.76
	High Family	CK2	424.33	485.53	321.89	163.64	55.39	919.38	1051.98	697.43	354.55	120.01
Texas	HMO Blue Texas											
	High Self	YM1	205.35	231.02	141.92	89.10	22.93	444.93	500.54	307.49	193.05	49.68
	High Family	YM2	502.66	565.50	321.89	243.61	57.03	1089.10	1225.25	697.43	527.82	123.56

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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
Texas	Humana CoverageFirst										
	CDHP Self T21	124.18	141.47	106.10	35.37	4.33	269.06	306.52	229.89	76.63	9.37
	CDHP Family T22	285.59	325.37	244.03	81.34	9.94	618.78	704.97	528.73	176.24	21.55
Texas	Humana CoverageFirst										
	CDHP Self T81	129.57	141.47	106.10	35.37	2.98	280.74	306.52	229.89	76.63	6.45
	CDHP Family T82	298.00	325.37	244.03	81.34	6.84	645.67	704.97	528.73	176.24	14.82
Texas	Humana CoverageFirst										
	CDHP Self TP1	113.37	135.03	101.27	33.76	5.42	245.64	292.57	219.43	73.14	11.73
	CDHP Family TP2	260.76	310.59	232.94	77.65	12.46	564.98	672.95	504.71	168.24	27.00
Texas	Humana CoverageFirst										
	CDHP Self TU1	107.97	128.61	96.46	32.15	5.16	233.94	278.66	209.00	69.66	11.18
	CDHP Family TU2	248.34	295.80	221.85	73.95	11.87	538.07	640.90	480.68	160.22	25.70
Texas	Humana CoverageFirst										
	CDHP Self TV1	118.78	141.47	106.10	35.37	5.68	257.36	306.52	229.89	76.63	12.29
	CDHP Family TV2	273.18	325.37	244.03	81.34	13.05	591.89	704.97	528.73	176.24	28.27
Texas	Humana Health Plan of Texas										
	High Self UR1	233.46	256.53	141.92	114.61	20.33	505.83	555.82	307.49	248.33	44.06
	High Family UR2	536.94	590.02	321.89	268.13	47.27	1163.37	1278.38	697.43	580.95	102.42
	Standard Self UR4	168.84	181.66	136.25	45.41	3.20	365.82	393.60	295.20	98.40	6.95
	Standard Family UR5	388.37	417.78	313.34	104.44	7.35	841.47	905.19	678.89	226.30	15.93
Texas	Mercy Health Plans										
	High Self HM1	197.70	197.70	141.92	55.78	-2.74	428.35	428.35	307.49	120.86	-5.93
	High Family HM2	494.29	494.29	321.89	172.40	-5.81	1070.96	1070.96	697.43	373.53	-12.59
Texas	Pacificare of Texas										
	High Self GF1	199.90	199.20	141.92	57.28	-3.44	433.12	431.60	307.49	124.11	-7.45
	High Family GF2	459.34	457.56	321.89	135.67	-7.59	995.24	991.38	697.43	293.95	-16.45
Utah	Altius Health Plans										
	High Self 9K1	212.95	221.47	141.92	79.55	5.78	461.39	479.85	307.49	172.36	12.53
	High Family 9K2	468.52	487.26	321.89	165.37	12.93	1015.13	1055.73	697.43	358.30	28.01
	HDHP Self 9K4	206.00	214.24	141.92	72.32	5.50	446.33	464.19	307.49	156.70	11.93

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
Vermont	HDHP Family	9K5	426.77	443.85	321.89	121.96	11.27	924.67	961.68	697.43	264.25	24.42
	MVP Health Care											
	High Self	VW1	272.01	261.14	141.92	119.22	-13.61	589.36	565.80	307.49	258.31	-29.49
	High Family	VW2	702.66	674.62	321.89	352.73	-33.85	1522.43	1461.68	697.43	764.25	-73.34
	Standard Self	VW4	New Option	253.53	141.92	111.61	New Option	New Option	549.32	307.49	241.83	New Option
	Standard Family	VW5	New Option	654.95	321.89	333.06	New Option	New Option	1419.06	697.43	721.63	New Option
Virgin Islands	Triple-S											
	High Self	851	New Plan	181.18	135.89	45.29	New Plan	New Plan	392.56	294.42	98.14	New Plan
	High Family	852	New Plan	411.46	308.60	102.86	New Plan	New Plan	891.50	668.63	222.87	New Plan
Virginia	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Virginia	Aetna Open Access											
	High Self	JN1	193.90	223.02	141.92	81.10	26.38	420.12	483.21	307.49	175.72	57.16
	High Family	JN2	434.31	499.54	321.89	177.65	59.42	941.01	1082.34	697.43	384.91	128.74
	Basic Self	JN4	124.28	139.78	104.84	34.94	3.87	269.27	302.86	227.15	75.71	8.39
	Basic Family	JN5	290.84	327.09	245.32	81.77	9.06	630.15	708.70	531.53	177.17	19.63
Virginia	CareFirst BlueChoice											
	High Self	2G1	194.80	200.66	141.92	58.74	3.12	422.07	434.76	307.49	127.27	6.76
	High Family	2G2	438.26	451.40	321.89	129.51	7.33	949.56	978.03	697.43	280.60	15.88
Virginia	Kaiser Foundation Health Plan Mid-Atlantic States											
	High Self	E31	178.64	197.38	141.92	55.46	10.80	387.05	427.66	307.49	120.17	23.41
	High Family	E32	425.17	465.11	321.89	143.22	34.13	921.20	1007.74	697.43	310.31	73.95
	Standard Self	E34	107.15	117.58	88.19	29.39	2.60	232.16	254.76	191.07	63.69	5.65
	Standard Family	E35	255.01	279.83	209.87	69.96	6.21	552.52	606.30	454.73	151.57	13.44
Virginia	M.D. IPA											
	High Self	JP1	175.65	194.44	141.92	52.52	8.61	380.58	421.29	307.49	113.80	18.66
	High Family	JP2	421.63	448.38	321.89	126.49	20.94	913.53	971.49	697.43	274.06	45.37

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Virginia	Optima Health Plan											
	High Self	9R1	204.74	206.79	141.92	64.87	-0.69	443.60	448.05	307.49	140.56	-1.48
	High Family	9R2	484.45	489.30	321.89	167.41	-0.96	1049.64	1060.15	697.43	362.72	-2.08
Virginia	Piedmont Community Healthcare											
	High Self	2C1	180.14	197.22	141.92	55.30	10.27	390.30	427.31	307.49	119.82	22.25
	High Family	2C2	412.51	451.61	321.89	129.72	26.59	893.77	978.49	697.43	281.06	57.62
	HDHP Self	2C4	New Option	183.74	137.81	45.93	New Option	New Option	398.10	298.58	99.52	New Option
	HDHP Family	2C5	New Option	409.16	306.87	102.29	New Option	New Option	886.51	664.88	221.63	New Option
Virginia	United HealthCare Definity HDHP											
	HDHP Self	E91	New Plan	126.11	94.58	31.53	New Plan	New Plan	273.24	204.93	68.31	New Plan
	HDHP Family	E92	New Plan	276.33	207.25	69.08	New Plan	New Plan	598.72	449.04	149.68	New Plan
Washington	Aetna HealthFund											
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Washington	Aetna Open Access											
	High Self	8J1	168.76	202.80	141.92	60.88	18.69	365.65	439.40	307.49	131.91	40.50
	High Family	8J2	429.16	515.74	321.89	193.85	80.77	929.85	1117.44	697.43	420.01	175.00
Washington	Group Health Cooperative											
	High Self	541	188.52	205.25	141.92	63.33	13.99	408.46	444.71	307.49	137.22	30.32
	High Family	542	425.60	463.37	321.89	141.48	31.96	922.13	1003.97	697.43	306.54	69.25
	Standard Self	544	148.94	172.59	129.44	43.15	5.92	322.70	373.95	280.46	93.49	12.82
	Standard Family	545	336.24	389.63	292.22	97.41	13.35	728.52	844.20	633.15	211.05	28.92
Washington	Group Health Cooperative											
	High Self	VR1	196.30	227.14	141.92	85.22	28.10	425.32	492.14	307.49	184.65	60.89
	High Family	VR2	451.48	522.40	321.89	200.51	65.11	978.21	1131.87	697.43	434.44	141.07
	Standard Self	VR4	157.89	176.18	132.14	44.04	4.57	342.10	381.72	286.29	95.43	9.91
	Standard Family	VR5	363.14	405.20	303.90	101.30	10.52	786.80	877.93	658.45	219.48	22.78
Washington	Kaiser Foundation Health Plan of Northwest											
	High Self	571	186.00	209.57	141.92	67.65	20.83	403.00	454.07	307.49	146.58	45.14
	High Family	572	424.48	482.02	321.89	160.13	51.73	919.71	1044.38	697.43	346.95	112.08
	Standard Self	574	155.72	173.74	130.31	43.43	4.50	337.39	376.44	282.33	94.11	9.76

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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
Washington	Standard Family 575	355.36	399.62	299.72	99.90	11.06	769.95	865.84	649.38	216.46	23.97
Washington KPS Health Plans											
	Standard Self L11	171.82	171.82	128.87	42.95	0.00	372.28	372.28	279.21	93.07	0.00
	Standard Family L12	370.85	370.85	278.14	92.71	0.00	803.51	803.51	602.63	200.88	0.00
	HDHP Self L14	142.55	142.55	106.91	35.64	0.00	308.86	308.86	231.65	77.21	0.00
	HDHP Family L15	311.49	311.49	233.62	77.87	0.00	674.90	674.90	506.18	168.72	0.00
Washington KPS Health Plans											
	High Self VT1	209.81	209.81	141.92	67.89	-2.74	454.59	454.59	307.49	147.10	-5.93
	High Family VT2	458.46	458.46	321.89	136.57	-5.81	993.33	993.33	697.43	295.90	-12.59
Washington PacifiCare of Oregon											
	High Self 7Z1	194.84	223.27	141.92	81.35	25.69	422.15	483.75	307.49	176.26	55.67
	High Family 7Z2	436.00	500.94	321.89	179.05	59.13	944.67	1085.37	697.43	387.94	128.11
Washington Pacificare of Washington											
	High Self SA1	140.36	171.40	128.55	42.85	7.76	304.11	371.37	278.53	92.84	16.81
	High Family SA2	328.31	401.59	301.19	100.40	18.32	711.34	870.11	652.58	217.53	39.70
West Virginia Aetna HealthFund											
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
West Virginia The Health Plan of the Upper Ohio Valley											
	High Self U41	159.20	166.51	124.88	41.63	1.83	344.93	360.77	270.58	90.19	3.96
	High Family U42	366.17	382.97	287.23	95.74	4.20	793.37	829.77	622.33	207.44	9.10
Wisconsin Aetna HealthFund											
	CDHP Self 221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
	CDHP Family 222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
	HDHP Self 224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
	HDHP Family 225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
Wisconsin Dean Health Plan											
	High Self WD1	162.97	185.89	139.42	46.47	5.73	353.10	402.76	302.07	100.69	12.42

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

Health Management Organizations (HMO)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	
High Family	WD2	431.84	492.61	321.89	170.72	54.96	935.65	1067.32	697.43	369.89	119.08
Wisconsin Group Health Cooperative											
High Self	WJ1	149.12	167.07	125.30	41.77	4.49	323.09	361.99	271.49	90.50	9.73
High Family	WJ2	397.56	445.39	321.89	123.50	24.11	861.38	965.01	697.43	267.58	52.24
Wisconsin HealthPartners Classic/Open Access Deductible											
Classic Self	531	244.92	255.79	141.92	113.87	8.13	530.66	554.21	307.49	246.72	17.62
Classic Family	532	587.80	588.80	321.89	266.91	-4.81	1273.57	1275.73	697.43	578.30	-10.43
Open Access Self	534	185.76	200.67	141.92	58.75	12.17	402.48	434.79	307.49	127.30	26.38
Open Access Fam	535	445.84	461.55	321.89	139.66	9.90	965.99	1000.03	697.43	302.60	21.45
Wisconsin HealthPartners Primary Clinic Plan											
High Self	HQ1	288.03	300.29	141.92	158.37	9.52	624.07	650.63	307.49	343.14	20.63
High Family	HQ2	691.27	691.25	321.89	369.36	-5.83	1497.75	1497.71	697.43	800.28	-12.63
Wisconsin Humana CoverageFirst											
CDHP Self	FB1	118.78	147.90	110.93	36.97	7.28	257.36	320.45	240.34	80.11	15.77
CDHP Family	FB2	273.18	340.16	255.12	85.04	16.75	591.89	737.01	552.76	184.25	36.28
Wyoming WINhealth Partners											
High Self	PV1	178.01	223.02	141.92	81.10	36.60	385.69	483.21	307.49	175.72	79.30
High Family	PV2	407.62	510.69	321.89	188.80	86.90	883.18	1106.50	697.43	409.07	188.28

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

Fee-for-Service Plans (FFS)		2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 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	188.90	192.11	141.92	50.19	0.47	409.28	416.24	307.49	108.75	1.03
High Family	472	427.11	434.37	321.89	112.48	1.45	925.41	941.14	697.43	243.71	3.14
CDHP Self	474	163.58	163.58	122.69	40.89	0.00	354.42	354.42	265.82	88.60	0.00
CDHP Family	475	368.00	368.00	276.00	92.00	0.00	797.33	797.33	598.00	199.33	0.00
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	197.25	199.22	141.92	57.30	-0.77	427.38	431.64	307.49	124.15	-1.67
Standard Family	105	451.67	456.19	321.89	134.30	-1.29	978.62	988.41	697.43	290.98	-2.80
Basic Self	111	151.98	151.98	113.99	37.99	0.00	329.29	329.29	246.97	82.32	0.00
Basic Family	112	355.98	355.98	266.99	88.99	0.00	771.29	771.29	578.47	192.82	0.00
GEHA Benefit Plan											
High Self	311	233.58	236.51	141.92	94.59	0.19	506.09	512.44	307.49	204.95	0.42
High Family	312	508.38	514.74	321.89	192.85	0.55	1101.49	1115.27	697.43	417.84	1.19
Standard Self	314	133.11	133.11	99.83	33.28	0.00	288.41	288.41	216.31	72.10	0.00
Standard Family	315	302.49	302.49	226.87	75.62	0.00	655.40	655.40	491.55	163.85	0.00
GEHA High Deductible Health Plan											
HDHP Self	341	175.76	175.76	131.82	43.94	0.00	380.81	380.81	285.61	95.20	0.00
HDHP Family	342	401.44	401.44	301.08	100.36	0.00	869.79	869.79	652.34	217.45	0.00
Mail Handlers Benefit Plan											
High Self	451	296.20	313.98	141.92	172.06	15.04	641.77	680.29	307.49	372.80	32.59
High Family	452	624.77	662.25	321.89	340.36	31.67	1353.67	1434.88	697.43	737.45	68.62
Standard Self	454	185.05	190.60	141.92	48.68	2.42	400.94	412.97	307.49	105.48	5.25
Standard Family	455	413.18	425.58	319.19	106.39	3.10	895.22	922.09	691.57	230.52	6.72
Mail Handlers Benefit Plan Consumer Option											
HDHP Self	481	169.03	135.22	101.42	33.80	-8.46	366.23	292.98	219.74	73.24	-18.32
HDHP Family	482	383.03	306.42	229.82	76.60	-19.16	829.90	663.91	497.93	165.98	-41.49
NALC											
High Self	321	202.28	206.34	141.92	64.42	1.32	438.27	447.07	307.49	139.58	2.87
High Family	322	432.22	440.86	321.89	118.97	2.83	936.48	955.20	697.43	257.77	6.13

Association Benefit Plan												
High Self	421	199.17	203.15	141.92	61.23	1.24	431.54	440.16	307.49	132.67	2.69	
High Family	422	458.81	467.99	321.89	146.10	3.37	994.09	1013.98	697.43	316.55	7.30	
Foreign Service Benefit Plan												
High Self	401	188.86	192.64	141.92	50.72	1.04	409.20	417.39	307.49	109.90	2.26	
High Family	402	451.09	460.11	321.89	138.22	3.21	977.36	996.91	697.43	299.48	6.96	
Panama Canal Area Benefit Plan												
High Self	431	167.81	172.85	129.64	43.21	1.26	363.59	374.51	280.88	93.63	2.73	
High Family	432	350.29	360.80	270.60	90.20	2.63	758.96	781.73	586.30	195.43	5.69	
Rural Carrier Benefit Plan												
High Self	381	225.65	230.16	141.92	88.24	1.77	488.91	498.68	307.49	191.19	3.84	
High Family	382	459.11	468.29	321.89	146.40	3.37	994.74	1014.63	697.43	317.20	7.30	
SAMBA												
High Self	441	233.37	239.20	141.92	97.28	3.09	505.64	518.27	307.49	210.78	6.70	
High Family	442	549.58	563.32	321.89	241.43	7.93	1190.76	1220.53	697.43	523.10	17.18	
Standard Self	444	183.64	183.64	137.73	45.91	0.00	397.89	397.89	298.42	99.47	0.00	
Standard Family	445	419.42	419.42	314.57	104.85	0.00	908.74	908.74	681.56	227.18	0.00	