

## More information on the 2008 Postal FEHB Premium Categories

| <b>Postal Premium Rates for the Federal Employees Health Benefits Program</b> |   |  |                  |                   |                                |  |                  |                   |  |
|---|---|--|------------------|-------------------|--------------------------------|--|------------------|-------------------|--|
| <b>Health Maintenance Organization (HMO)</b>                                  | <b>2007 Total Biweekly Premium Category 1</b> | <b>2008 Biweekly Postal Premium Rates Category 1</b> |                  |                   |                                | <b>2008 Biweekly Postal Premium Rates Category 2</b> |                  |                   |  |
| <b>Plan - Option - Enrollment Code</b>  |   | <b>Total Premium</b>                                 | <b>Govt Pays</b> | <b>Empl. Pays</b> | <b>Change in empl. payment</b> | <b>Total Premium</b>                                 | <b>Govt Pays</b> | <b>Empl. Pays</b> |  |
| Alabama Aetna HealthFund  |   |  |                  |                   |                                |  |                  |                   |  |
| CDHP Self 221   | 131.28  | 151.50   | 132.56           | 18.94             | 4.17                           | 151.50   | 134.46           | 17.04             |  |
| CDHP Family 222   | 301.95  | 348.46   | 304.90           | 43.56             | 9.59                           | 348.46   | 309.26           | 39.20             |  |
| HDHP Self 224   | 145.83  | 123.69   | 108.23           | 15.46             | -.95                           | 123.69   | 109.77           | 13.92             |  |
| HDHP Family 225   | 332.49  | 270.87   | 237.01           | 33.86             | -3.55                          | 270.87   | 240.40           | 30.47             |  |
| Alaska Aetna HealthFund   |   |  |                  |                   |                                |  |                  |                   |  |
| CDHP Self 221   | 131.28  | 151.50   | 132.56           | 18.94             | 4.17                           | 151.50   | 134.46           | 17.04             |  |
| CDHP Family 222   | 301.95  | 348.46   | 304.90           | 43.56             | 9.59                           | 348.46   | 309.26           | 39.20             |  |
| HDHP Self 224   | 145.83  | 123.69   | 108.23           | 15.46             | -.95                           | 123.69   | 109.77           | 13.92             |  |
| HDHP Family 225   | 332.49  | 270.87   | 237.01           | 33.86             | -3.55                          | 270.87   | 240.40           | 30.47             |  |
| Arizona Aetna HealthFund  |   |  |                  |                   |                                |  |                  |                   |  |
| CDHP Self 221   | 131.28  | 151.50   | 132.56           | 18.94             | 4.17                           | 151.50   | 134.46           | 17.04             |  |
| CDHP Family 222   | 301.95  | 348.46   | 304.90           | 43.56             | 9.59                           | 348.46   | 309.26           | 39.20             |  |
| HDHP Self 224   | 145.83  | 123.69   | 108.23           | 15.46             | -.95                           | 123.69   | 109.77           | 13.92             |  |
| HDHP Family 225   | 332.49  | 270.87   | 237.01           | 33.86             | -3.55                          | 270.87   | 240.40           | 30.47             |  |
| Arizona Aetna Open Access   |   |  |                  |                   |                                |  |                  |                   |  |
| High Self WQ1   | 167.52  | 182.54   | 159.72           | 22.82             | 3.97                           | 182.54   | 162.00           | 20.54             |  |
| High Family WQ2   | 418.83  | 456.36   | 384.18           | 72.18             | 25.06                          | 456.36   | 388.76           | 67.60             |  |
| Arizona Health Net of Arizona, Inc.   |   |  |                  |                   |                                |  |                  |                   |  |
| High Self A71   | 175.50  | 183.75   | 160.78           | 22.97             | 3.23                           | 183.75   | 163.08           | 20.67             |  |
| High Family A72   | 444.66  | 465.54   | 384.18           | 81.36             | 16.71                          | 465.54   | 388.76           | 76.78             |  |
| Standard Self A74   | 146.32  | 158.29   | 138.50           | 19.79             | 3.33                           | 158.29   | 140.48           | 17.81             |  |
| Standard Family A75   | 370.73  | 401.02   | 350.89           | 50.13             | 8.42                           | 401.02   | 355.91           | 45.11             |  |
| Arizona Humana CoverageFirst  |   |  |                  |                   |                                |  |                  |                   |  |
| CDHP Self DB1   | 115.75  | 119.17   | 104.27           | 14.90             | 1.88                           | 119.17   | 105.76           | 13.41             |  |
| CDHP Family DB2   | 266.22  | 274.10   | 239.84           | 34.26             | 4.31                           | 274.10   | 243.26           | 30.84             |  |
| Arizona PacifiCare of Arizona   |   |  |                  |                   |                                |  |                  |                   |  |
| High Self A31   | 184.77  | 209.24   | 169.22           | 40.02             | 19.23                          | 209.24   | 171.23           | 38.01             |  |
| High Family A32   | 453.16  | 502.23   | 384.18           | 118.05            | 44.90                          | 502.23   | 388.76           | 113.47            |  |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO)             | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |               |           |            | 2008 Biweekly Postal Premium Rates Category 2 |               |           |            |
|---|--|---|---------------|-----------|------------|---|---------------|-----------|------------|
|   |  | Plan - Option - Enrollment Code               | Total Premium | Govt Pays | Empl. Pays | Change in empl. payment                       | Total Premium | Govt Pays | Empl. Pays |
| Arizona UnitedHealthcare Insurance Company, Inc.  |  |   |               |           |            |   |               |           |            |
| HDHP Self E91                                     | 126.11                                 | 165.32  | 144.66        | 20.66     | 6.47       | 165.32  | 146.72        | 18.60     |            |
| HDHP Family E92                                   | 276.33                                 | 365.60  | 319.90        | 45.70     | 14.61      | 365.60  | 324.47        | 41.13     |            |
| Arkansas Aetna HealthFund                         |  |   |               |           |            |   |               |           |            |
| CDHP Self 221                                     | 131.28                                 | 151.50  | 132.56        | 18.94     | 4.17       | 151.50  | 134.46        | 17.04     |            |
| CDHP Family 222                                   | 301.95                                 | 348.46  | 304.90        | 43.56     | 9.59       | 348.46  | 309.26        | 39.20     |            |
| HDHP Self 224                                     | 145.83                                 | 123.69  | 108.23        | 15.46     | -.95       | 123.69  | 109.77        | 13.92     |            |
| HDHP Family 225                                   | 332.49                                 | 270.87  | 237.01        | 33.86     | -3.55      | 270.87  | 240.40        | 30.47     |            |
| Arkansas UnitedHealthcare Insurance Company, Inc. |  |   |               |           |            |   |               |           |            |
| HDHP Self E91                                     | 126.11                                 | 165.32  | 144.66        | 20.66     | 6.47       | 165.32  | 146.72        | 18.60     |            |
| HDHP Family E92                                   | 276.33                                 | 365.60  | 319.90        | 45.70     | 14.61      | 365.60  | 324.47        | 41.13     |            |
| California Aetna HealthFund                       |  |   |               |           |            |   |               |           |            |
| CDHP Self 221                                     | 131.28                                 | 151.50  | 132.56        | 18.94     | 4.17       | 151.50  | 134.46        | 17.04     |            |
| CDHP Family 222                                   | 301.95                                 | 348.46  | 304.90        | 43.56     | 9.59       | 348.46  | 309.26        | 39.20     |            |
| HDHP Self 224                                     | 145.83                                 | 123.69  | 108.23        | 15.46     | -.95       | 123.69  | 109.77        | 13.92     |            |
| HDHP Family 225                                   | 332.49                                 | 270.87  | 237.01        | 33.86     | -3.55      | 270.87  | 240.40        | 30.47     |            |
| California Aetna Open Access                      |  |   |               |           |            |   |               |           |            |
| High Self 2X1                                     | 125.84                                 | 141.26  | 123.60        | 17.66     | 3.50       | 141.26  | 125.37        | 15.89     |            |
| High Family 2X2                                   | 310.02                                 | 348.00  | 304.50        | 43.50     | 8.62       | 348.00  | 308.85        | 39.15     |            |
| California Blue Cross- HMO                        |  |   |               |           |            |   |               |           |            |
| High Self M51                                     | 203.78                                 | 217.43  | 169.22        | 48.21     | 11.97      | 217.43  | 171.23        | 46.20     |            |
| High Family M52                                   | 522.70                                 | 557.72  | 384.18        | 173.54    | 30.85      | 557.72  | 388.76        | 168.96    |            |
| California Blue Shield of CA Access+HMO           |  |   |               |           |            |   |               |           |            |
| High Self SJ1                                     | 183.14                                 | 183.14  | 160.25        | 22.89     | 2.29       | 183.14  | 162.54        | 20.60     |            |
| High Family SJ2                                   | 454.31                                 | 454.31  | 384.18        | 70.13     | -4.17      | 454.31  | 388.76        | 65.55     |            |
| California Health Net of California               |  |   |               |           |            |   |               |           |            |
| High Self LB1                                     | 193.77                                 | 250.86  | 169.22        | 81.64     | 55.41      | 250.86  | 171.23        | 79.63     |            |
| High Family LB2                                   | 448.02                                 | 580.02  | 384.18        | 195.84    | 127.83     | 580.02  | 388.76        | 191.26    |            |
| Standard Self LB4                                 | New Plan                               | 236.76  | 169.22        | 67.54     | New Plan   | 236.76  | 171.23        | 65.53     |            |
| Standard Family LB5                               | New Plan                               | 547.40  | 384.18        | 163.22    | New Plan   | 547.40  | 388.76        | 158.64    |            |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO)                  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |               |           |            | 2008 Biweekly Postal Premium Rates Category 2 |               |           |            |
|--|--|---|---------------|-----------|------------|---|---------------|-----------|------------|
|  |  | Plan - Option - Enrollment Code               | Total Premium | Govt Pays | Empl. Pays | Change in empl. payment                       | Total Premium | Govt Pays | Empl. Pays |
| California Health Net of California                    |  |   |               |           |            |   |               |           |            |
| High Self LP1  | New Plan                               | 185.97  | 162.72        | 23.25     | New Plan   | 185.97  | 165.05        | 20.92     |            |
| High Family LP2  | New Plan                               | 429.98  | 376.23        | 53.75     | New Plan   | 429.98  | 381.61        | 48.37     |            |
| Standard Self LP4                                      | New Plan                               | 176.82  | 154.72        | 22.10     | New Plan   | 176.82  | 156.93        | 19.89     |            |
| Standard Family LP5                                    | New Plan                               | 408.83  | 357.73        | 51.10     | New Plan   | 408.83  | 362.84        | 45.99     |            |
| California Kaiser Foundation Health Plan of California |  |   |               |           |            |   |               |           |            |
| High Self 591  |  | 211.22  | 223.51        | 169.22    | 54.29      | 10.61   | 223.51        | 171.23    | 52.28      |
| High Family 592  |  | 504.20  | 533.54        | 384.18    | 149.36     | 25.17   | 533.54        | 388.76    | 144.78     |
| Standard Self 594                                      |  | 136.26  | 155.74        | 136.27    | 19.47      | 4.14  | 155.74        | 138.22    | 17.52      |
| Standard Family 595                                    |  | 325.28  | 371.76        | 325.29    | 46.47      | 9.88  | 371.76        | 329.94    | 41.82      |
| California Kaiser Foundation Health Plan of California |  |   |               |           |            |   |               |           |            |
| High Self 621  |  | 181.84  | 190.21        | 166.43    | 23.78      | 3.32  | 190.21        | 168.81    | 21.40      |
| High Family 622  |  | 420.28  | 439.61        | 384.18    | 55.43      | 8.15  | 439.61        | 388.76    | 50.85      |
| Standard Self 624                                      |  | 117.58  | 119.36        | 104.44    | 14.92      | 1.69  | 119.36        | 105.93    | 13.43      |
| Standard Family 625                                    |  | 271.77  | 275.88        | 241.40    | 34.48      | 3.91  | 275.88        | 244.84    | 31.04      |
| California PacifiCare of California                    |  |   |               |           |            |   |               |           |            |
| High Self CY1  |  | 165.34  | 184.91        | 161.80    | 23.11      | 4.51  | 184.91        | 164.11    | 20.80      |
| High Family CY2  |  | 383.62  | 429.01        | 375.38    | 53.63      | 10.47   | 429.01        | 380.75    | 48.26      |
| California UnitedHealthcare Insurance Company, Inc.    |  |   |               |           |            |   |               |           |            |
| HDHP Self E91  |  | 126.11  | 165.32        | 144.66    | 20.66      | 6.47  | 165.32        | 146.72    | 18.60      |
| HDHP Family E92  |  | 276.33  | 365.60        | 319.90    | 45.70      | 14.61   | 365.60        | 324.47    | 41.13      |
| Colorado Aetna HealthFund                              |  |   |               |           |            |   |               |           |            |
| CDHP Self 221  |  | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family 222  |  | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self 224  |  | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family 225  |  | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| Colorado Aetna Open Access                             |  |   |               |           |            |   |               |           |            |
| High Self 9E1  |  | 233.81  | 248.42        | 169.22    | 79.20      | 12.93   | 248.42        | 171.23    | 77.19      |
| High Family 9E2  |  | 548.70  | 583.02        | 384.18    | 198.84     | 30.15   | 583.02        | 388.76    | 194.26     |
| Basic self 9E4   |  | 157.23  | 194.97        | 169.22    | 25.75      | 8.06  | 194.97        | 171.23    | 23.74      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance<br>Organization (HMO)           | 2007 Total<br>Biweekly<br>Premium<br>Category 1 | 2008 Biweekly Postal Premium Rates<br>Category 1 |           |            |                               | 2008 Biweekly Postal Premium Rates<br>Category 2 |           |            |
|--|---|--|-----------|------------|-------------------------------|--|-----------|------------|
| Plan - Option - Enrollment Code                    |   | Total<br>Premium                                 | Govt Pays | Empl. Pays | Change in<br>empl.<br>payment | Total Premium                                    | Govt Pays | Empl. Pays |
| Basic Family 9E5                                   | 422.68  | 486.09   | 384.18    | 101.91     | 54.36                         | 486.09   | 388.76    | 97.33      |
| Colorado Humana CoverageFirst                      |   |  |           |            |                               |  |           |            |
| CDHP Self 7T1                                      | 128.61  | 133.20   | 116.55    | 16.65      | 2.18                          | 133.20   | 118.22    | 14.98      |
| CDHP Family 7T2                                    | 295.80  | 306.36   | 268.07    | 38.29      | 5.01                          | 306.36   | 271.89    | 34.47      |
| Colorado Humana CoverageFirst                      |   |  |           |            |                               |  |           |            |
| CDHP Self FC1                                      | 135.03  | 140.20   | 122.68    | 17.52      | 2.33                          | 140.20   | 124.43    | 15.77      |
| CDHP Family FC2                                    | 310.59  | 322.47   | 282.16    | 40.31      | 5.37                          | 322.47   | 286.19    | 36.28      |
| Colorado Kaiser Foundation Health Plan of Colorado |   |  |           |            |                               |  |           |            |
| High Self 651                                      | 204.62  | 207.92   | 169.22    | 38.70      | 1.62                          | 207.92   | 171.23    | 36.69      |
| High Family 652                                    | 468.57  | 476.13   | 384.18    | 91.95      | 3.39                          | 476.13   | 388.76    | 87.37      |
| Standard Self 654                                  | 156.92  | 138.65   | 121.32    | 17.33      | -.32                          | 138.65   | 123.05    | 15.60      |
| Standard Family 655                                | 359.33  | 317.51   | 277.82    | 39.69      | -.73                          | 317.51   | 281.79    | 35.72      |
| Colorado PacifiCare of Colorado                    |   |  |           |            |                               |  |           |            |
| High Self D61                                      | 202.92  | 223.19   | 169.22    | 53.97      | 18.59                         | 223.19   | 171.23    | 51.96      |
| High Family D62                                    | 479.27  | 527.45   | 384.18    | 143.27     | 44.01                         | 527.45   | 388.76    | 138.69     |
| Connecticut Aetna HealthFund                       |   |  |           |            |                               |  |           |            |
| CDHP Self 221                                      | 131.28  | 151.50   | 132.56    | 18.94      | 4.17                          | 151.50   | 134.46    | 17.04      |
| CDHP Family 222                                    | 301.95  | 348.46   | 304.90    | 43.56      | 9.59                          | 348.46   | 309.26    | 39.20      |
| HDHP Self 224                                      | 145.83  | 123.69   | 108.23    | 15.46      | -.95                          | 123.69   | 109.77    | 13.92      |
| HDHP Family 225                                    | 332.49  | 270.87   | 237.01    | 33.86      | -3.55                         | 270.87   | 240.40    | 30.47      |
| Connecticut Aetna Open Access                      |   |  |           |            |                               |  |           |            |
| High Self JC1                                      | 211.84  | 217.04   | 169.22    | 47.82      | 3.52                          | 217.04   | 171.23    | 45.81      |
| High Family JC2                                    | 521.42  | 534.21   | 384.18    | 150.03     | 8.62                          | 534.21   | 388.76    | 145.45     |
| Basic self JC4                                     | 179.16  | 184.54   | 161.47    | 23.07      | 2.91                          | 184.54   | 163.78    | 20.76      |
| Basic Family JC5                                   | 504.67  | 469.34   | 384.18    | 85.16      | -39.50                        | 469.34   | 388.76    | 80.58      |
| Connecticut ConnectiCare                           |   |  |           |            |                               |  |           |            |
| High Self TE1                                      | 211.59  | 227.18   | 169.22    | 57.96      | 13.91                         | 227.18   | 171.23    | 55.95      |
| High Family TE2                                    | 481.44  | 516.91   | 384.18    | 132.73     | 31.30                         | 516.91   | 388.76    | 128.15     |
| Standard Self TE4                                  | 155.27  | 202.33   | 169.22    | 33.11      | 15.64                         | 202.33   | 171.23    | 31.10      |
| Standard Family TE5                                | 353.30  | 460.36   | 384.18    | 76.18      | 36.43                         | 460.36   | 388.76    | 71.60      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |   |               |           |            |   |               |           |            |
|--|--|---|---------------|-----------|------------|---|---------------|-----------|------------|
| Health Maintenance Organization (HMO)                                  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |               |           |            | 2008 Biweekly Postal Premium Rates Category 2 |               |           |            |
|  |  | Plan - Option - Enrollment Code               | Total Premium | Govt Pays | Empl. Pays | Change in empl. payment                       | Total Premium | Govt Pays | Empl. Pays |
| Delaware Aetna HealthFund  |  |   |               |           |            |   |               |           |            |
| CDHP Self  | 221                                    | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family  | 222                                    | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self  | 224                                    | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family  | 225                                    | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| Delaware Aetna Open Access   |  |   |               |           |            |   |               |           |            |
| High Self  | P31                                    | 241.19  | 241.47        | 169.22    | 72.25      | -1.40   | 241.47        | 171.23    | 70.24      |
| High Family  | P32                                    | 581.95  | 582.63        | 384.18    | 198.45     | -3.49   | 582.63        | 388.76    | 193.87     |
| Basic self   | P34                                    | 172.16  | 184.20        | 161.18    | 23.02      | 3.65  | 184.20        | 163.48    | 20.72      |
| Basic Family   | P35                                    | 427.98  | 440.82        | 384.18    | 56.64      | 8.49  | 440.82        | 388.76    | 52.06      |
| Delaware Coventry Health Care  |  |   |               |           |            |   |               |           |            |
| High Self  | 2J1                                    | 194.08  | 215.44        | 169.22    | 46.22      | 19.68   | 215.44        | 171.23    | 44.21      |
| High Family  | 2J2                                    | 485.21  | 538.58        | 384.18    | 154.40     | 49.20   | 538.58        | 388.76    | 149.82     |
| Standard Self  | 2J4                                    | 155.67  | 172.79        | 151.19    | 21.60      | 4.09  | 172.79        | 153.35    | 19.44      |
| Standard Family  | 2J5                                    | 389.17  | 431.97        | 377.97    | 54.00      | 10.22   | 431.97        | 383.37    | 48.60      |
| Delaware Coventry Health Care HDHP                                     |  |   |               |           |            |   |               |           |            |
| HDHP Self  | LK1                                    | 131.10  | 145.53        | 127.34    | 18.19      | 3.44  | 145.53        | 129.16    | 16.37      |
| HDHP Family  | LK2                                    | 317.66  | 352.60        | 308.53    | 44.07      | 8.33  | 352.60        | 312.93    | 39.67      |
| District of Columbia Aetna HealthFund                                  |  |   |               |           |            |   |               |           |            |
| CDHP Self  | 221                                    | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family  | 222                                    | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self  | 224                                    | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family  | 225                                    | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| District of Columbia Aetna Open Access                                 |  |   |               |           |            |   |               |           |            |
| High Self  | JN1                                    | 223.02  | 233.43        | 169.22    | 64.21      | 8.73  | 233.43        | 171.23    | 62.20      |
| High Family  | JN2                                    | 499.54  | 522.85        | 384.18    | 138.67     | 19.14   | 522.85        | 388.76    | 134.09     |
| Basic self   | JN4                                    | 139.78  | 156.72        | 137.13    | 19.59      | 3.86  | 156.72        | 139.09    | 17.63      |
| Basic Family   | JN5                                    | 327.09  | 366.74        | 320.90    | 45.84      | 9.04  | 366.74        | 325.48    | 41.26      |
| District of Columbia CareFirst BlueChoice                              |  |   |               |           |            |   |               |           |            |
| High Self  | 2G1                                    | 200.66  | 206.67        | 169.22    | 37.45      | 4.33  | 206.67        | 171.23    | 35.44      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |                          |  |   |           |            |                         |   |           |            |
|--|--------------------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |                          | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option - Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | High Family 2G2          | 451.40                                 | 464.94  | 384.18    | 80.76      | 9.37                    | 464.94  | 388.76    | 76.18      |
| District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States |                          |  |   |           |            |                         |   |           |            |
|  | High Self E31            | 197.38                                 | 204.41  | 169.22    | 35.19      | 5.35                    | 204.41  | 171.23    | 33.18      |
|  | High Family E32          | 465.11                                 | 478.88  | 384.18    | 94.70      | 9.60                    | 478.88  | 388.76    | 90.12      |
|  | Standard Self E34        | 117.58                                 | 111.70  | 97.74     | 13.96      | .73                     | 111.70  | 99.13     | 12.57      |
|  | Standard Family E35      | 279.83                                 | 265.83  | 232.60    | 33.23      | 1.75                    | 265.83  | 235.92    | 29.91      |
| District of Columbia M.D. IPA  |                          |  |   |           |            |                         |   |           |            |
|  | High Self JP1            | 194.44                                 | 199.21  | 169.22    | 29.99      | 3.09                    | 199.21  | 171.23    | 27.98      |
|  | High Family JP2          | 448.38                                 | 459.38  | 384.18    | 75.20      | 6.83                    | 459.38  | 388.76    | 70.62      |
| District of Columbia UnitedHealthcare Insurance Company, Inc.          |                          |  |   |           |            |                         |   |           |            |
|  | HDHP Self E91            | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
|  | HDHP Family E92          | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Florida Aetna HealthFund   |                          |  |   |           |            |                         |   |           |            |
|  | CDHP Self 221            | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family 222          | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self 224            | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family 225          | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Florida Av-Med Health Plan   |                          |  |   |           |            |                         |   |           |            |
|  | High Self ML1            | 180.15                                 | 185.04  | 161.91    | 23.13      | 2.86                    | 185.04  | 164.22    | 20.82      |
|  | High Family ML2          | 468.29                                 | 481.03  | 384.18    | 96.85      | 8.57                    | 481.03  | 388.76    | 92.27      |
|  | Standard Self ML4        | 150.89                                 | 167.13  | 146.24    | 20.89      | 3.91                    | 167.13  | 148.33    | 18.80      |
|  | Standard Family ML5      | 392.32                                 | 434.45  | 380.14    | 54.31      | 10.17                   | 434.45  | 385.57    | 48.88      |
| Florida Capital Health Plan  |                          |  |   |           |            |                         |   |           |            |
|  | High Self EA1            | 149.93                                 | 164.49  | 143.93    | 20.56      | 3.69                    | 164.49  | 145.98    | 18.51      |
|  | High Family EA2          | 397.32                                 | 435.92  | 381.43    | 54.49      | 9.79                    | 435.92  | 386.88    | 49.04      |
| Florida Humana CoverageFirst   |                          |  |   |           |            |                         |   |           |            |
|  | CDHP Self BP1            | 141.47                                 | 154.23  | 134.95    | 19.28      | 3.36                    | 154.23  | 136.88    | 17.35      |
|  | CDHP Family BP2          | 325.37                                 | 354.73  | 310.39    | 44.34      | 7.74                    | 354.73  | 314.82    | 39.91      |
| Florida Humana CoverageFirst   |                          |  |   |           |            |                         |   |           |            |
|  | CDHP Self DL1            | 154.34                                 | 168.25  | 147.22    | 21.03      | 3.67                    | 168.25  | 149.32    | 18.93      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO) |                              | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|---------------------------------------|------------------------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
|                                       |                              |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Plan                                  | Option - Enrollment Code     |  |   |           |            |                         |   |           |            |
| Florida                               | CDHP Family DL2              | 354.97                                 | 386.99  | 338.62    | 48.37      | 8.44                    | 386.99  | 343.45    | 43.54      |
| Florida                               | Humana CoverageFirst         |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self MJ1                | 141.47                                 | 140.20  | 122.68    | 17.52      | 1.60                    | 140.20  | 124.43    | 15.77      |
|                                       | CDHP Family MJ2              | 325.37                                 | 322.47  | 282.16    | 40.31      | 3.71                    | 322.47  | 286.19    | 36.28      |
| Florida                               | Humana CoverageFirst         |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self MQ1                | 141.47                                 | 161.24  | 141.09    | 20.15      | 4.23                    | 161.24  | 143.10    | 18.14      |
|                                       | CDHP Family MQ2              | 325.37                                 | 370.84  | 324.49    | 46.35      | 9.75                    | 370.84  | 329.12    | 41.72      |
| Florida                               | Humana CoverageFirst         |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self QP1                | 128.61                                 | 126.14  | 110.37    | 15.77      | 1.30                    | 126.14  | 111.95    | 14.19      |
|                                       | CDHP Family QP2              | 295.80                                 | 290.14  | 253.87    | 36.27      | 2.99                    | 290.14  | 257.50    | 32.64      |
| Florida                               | Humana CoverageFirst         |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self YG1                | 141.47                                 | 154.23  | 134.95    | 19.28      | 3.36                    | 154.23  | 136.88    | 17.35      |
|                                       | CDHP Family YG2              | 325.37                                 | 354.73  | 310.39    | 44.34      | 7.74                    | 354.73  | 314.82    | 39.91      |
| Florida                               | Humana Medical Plan, Inc.    |  |   |           |            |                         |   |           |            |
|                                       | High Self EE1                | 158.50                                 | 166.13  | 145.36    | 20.77      | 2.94                    | 166.13  | 147.44    | 18.69      |
|                                       | High Family EE2              | 364.54                                 | 382.12  | 334.36    | 47.76      | 6.75                    | 382.12  | 339.13    | 42.99      |
|                                       | Standard Self EE4            | New Plan                               | 145.82  | 127.59    | 18.23      | New Plan                | 145.82  | 129.42    | 16.40      |
|                                       | Standard Family EE5          | New Plan                               | 335.40  | 293.48    | 41.92      | New Plan                | 335.40  | 297.67    | 37.73      |
| Florida                               | Humana Medical Plan, Inc.    |  |   |           |            |                         |   |           |            |
|                                       | High Self LL1                | New Plan                               | 205.10  | 169.22    | 35.88      | New Plan                | 205.10  | 171.23    | 33.87      |
|                                       | High Family LL2              | New Plan                               | 471.74  | 384.18    | 87.56      | New Plan                | 471.74  | 388.76    | 82.98      |
|                                       | Standard Self LL4            | New Plan                               | 162.03  | 141.78    | 20.25      | New Plan                | 162.03  | 143.80    | 18.23      |
|                                       | Standard Family LL5          | New Plan                               | 372.67  | 326.09    | 46.58      | New Plan                | 372.67  | 330.74    | 41.93      |
| Florida                               | JMH Health Plan              |  |   |           |            |                         |   |           |            |
|                                       | High Self J81                | 175.34                                 | 205.21  | 169.22    | 35.99      | 16.26                   | 205.21  | 171.23    | 33.98      |
|                                       | High Family J82              | 433.87                                 | 492.63  | 384.18    | 108.45     | 54.59                   | 492.63  | 388.76    | 103.87     |
|                                       | Standard Self J84            | New Plan                               | 197.06  | 169.22    | 27.84      | New Plan                | 197.06  | 171.23    | 25.83      |
|                                       | Standard Family J85          | New Plan                               | 462.04  | 384.18    | 77.86      | New Plan                | 462.04  | 388.76    | 73.28      |
| Florida                               | United Healthcare of Florida |  |   |           |            |                         |   |           |            |
|                                       | High Self R31                | New Plan                               | 196.29  | 169.22    | 27.07      | New Plan                | 196.29  | 171.23    | 25.06      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO) |  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|---------------------------------------|--|--|---|-----------|------------|-------------------------|---|-----------|------------|
|                                       |  |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Plan - Option - Enrollment Code       |  |  |   |           |            |                         |   |           |            |
|                                       | High Family R32                                    | New Plan                               | 445.56  | 384.18    | 61.38      | New Plan                | 445.56  | 388.76    | 56.80      |
| Florida                               | UnitedHealthcare Insurance Company, Inc.           |  |   |           |            |                         |   |           |            |
|                                       | HDHP Self E91                                      | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
|                                       | HDHP Family E92                                    | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Florida                               | Vista Healthplan of South Florida                  |  |   |           |            |                         |   |           |            |
|                                       | High Self 5E1                                      | 125.42                                 | 137.00  | 119.88    | 17.12      | 3.01                    | 137.00  | 121.59    | 15.41      |
|                                       | High Family 5E2                                    | 344.97                                 | 376.80  | 329.70    | 47.10      | 8.29                    | 376.80  | 334.41    | 42.39      |
| Georgia                               | Aetna HealthFund                                   |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self 221                                      | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|                                       | CDHP Family 222                                    | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|                                       | HDHP Self 224                                      | 145.83                                 | 123.69  | 108.23    | 15.46      | - .95                   | 123.69  | 109.77    | 13.92      |
|                                       | HDHP Family 225                                    | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Georgia                               | Aetna Open Access                                  |  |   |           |            |                         |   |           |            |
|                                       | High Self 2U1                                      | 189.76                                 | 192.88  | 168.77    | 24.11      | 1.89                    | 192.88  | 171.18    | 21.70      |
|                                       | High Family 2U2                                    | 435.41                                 | 442.57  | 384.18    | 58.39      | 2.99                    | 442.57  | 388.76    | 53.81      |
| Georgia                               | Humana CoverageFirst                               |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self AD1                                      | 109.31                                 | 119.17  | 104.27    | 14.90      | 2.60                    | 119.17  | 105.76    | 13.41      |
|                                       | CDHP Family AD2                                    | 251.44                                 | 274.10  | 239.84    | 34.26      | 5.97                    | 274.10  | 243.26    | 30.84      |
| Georgia                               | Humana CoverageFirst                               |  |   |           |            |                         |   |           |            |
|                                       | CDHP Self LM1                                      | 135.03                                 | 147.21  | 128.81    | 18.40      | 3.21                    | 147.21  | 130.65    | 16.56      |
|                                       | CDHP Family LM2                                    | 310.59                                 | 338.59  | 296.27    | 42.32      | 7.38                    | 338.59  | 300.50    | 38.09      |
| Georgia                               | Kaiser Foundation Health Plan of Georgia Inc. HDHP |  |   |           |            |                         |   |           |            |
|                                       | HDHP Self GW1                                      | 152.82                                 | 151.84  | 132.86    | 18.98      | 1.79                    | 151.84  | 134.76    | 17.08      |
|                                       | HDHP Family GW2                                    | 376.12                                 | 341.35  | 298.68    | 42.67      | .36                     | 341.35  | 302.95    | 38.40      |
| Georgia                               | Kaiser Foundation Health Plan of Georgia, Inc.     |  |   |           |            |                         |   |           |            |
|                                       | High Self F81                                      | 172.50                                 | 187.40  | 163.98    | 23.42      | 4.01                    | 187.40  | 166.32    | 21.08      |
|                                       | High Family F82                                    | 437.95                                 | 429.14  | 375.50    | 53.64      | -4.30                   | 429.14  | 380.86    | 48.28      |
|                                       | Standard Self F84                                  | 131.10                                 | 135.31  | 118.40    | 16.91      | 2.16                    | 135.31  | 120.09    | 15.22      |
|                                       | Standard Family F85                                | 332.84                                 | 309.87  | 271.14    | 38.73      | 1.29                    | 309.87  | 275.01    | 34.86      |
| Georgia                               | United Healthcare of Georgia                       |  |   |           |            |                         |   |           |            |



| Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |  |   |           |            |                         |   |           |            |
|--|--|-----|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |  |     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | High Self                                | GN1 | 173.24                                 | 193.86  | 169.22    | 24.64      | 5.15                    | 193.86  | 171.23    | 22.63      |
|  | High Family                              | GN2 | 408.68                                 | 449.75  | 384.18    | 65.57      | 19.59                   | 449.75  | 388.76    | 60.99      |
| Georgia  | UnitedHealthcare Insurance Company, Inc. |     |  |   |           |            |                         |   |           |            |
|  | HDHP Self                                | E91 | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
|  | HDHP Family                              | E92 | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Guam   | TakeCare                                 |     |  |   |           |            |                         |   |           |            |
|  | HDHP Self                                | KX1 | New Plan                               | 179.19  | 156.79    | 22.40      | New Plan                | 179.19  | 159.03    | 20.16      |
|  | HDHP Family                              | KX2 | New Plan                               | 449.80  | 384.18    | 65.62      | New Plan                | 449.80  | 388.76    | 61.04      |
| Guam   | TakeCare                                 |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | JK1 | 239.95                                 | 251.64  | 169.22    | 82.42      | 10.01                   | 251.64  | 171.23    | 80.41      |
|  | High Family                              | JK2 | 630.53                                 | 661.26  | 384.18    | 277.08     | 26.56                   | 661.26  | 388.76    | 272.50     |
|  | Standard Self                            | JK4 | 173.71                                 | 197.41  | 169.22    | 28.19      | 8.65                    | 197.41  | 171.23    | 26.18      |
|  | Standard Family                          | JK5 | 458.74                                 | 521.34  | 384.18    | 137.16     | 58.43                   | 521.34  | 388.76    | 132.58     |
| Hawaii   | HMSA                                     |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | 871 | 159.80                                 | 159.80  | 139.83    | 19.97      | 1.99                    | 159.80  | 141.82    | 17.98      |
|  | High Family                              | 872 | 355.70                                 | 355.70  | 311.24    | 44.46      | 4.44                    | 355.70  | 315.68    | 40.02      |
| Hawaii   | Kaiser Foundation Health Plan of Hawaii  |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | 631 | 175.17                                 | 177.93  | 155.69    | 22.24      | 2.53                    | 177.93  | 157.91    | 20.02      |
|  | High Family                              | 632 | 376.59                                 | 382.56  | 334.74    | 47.82      | 5.45                    | 382.56  | 339.52    | 43.04      |
|  | Standard Self                            | 634 | 121.15                                 | 92.32   | 80.78     | 11.54      | -2.09                   | 92.32   | 81.93     | 10.39      |
|  | Standard Family                          | 635 | 260.48                                 | 198.48  | 173.67    | 24.81      | -4.49                   | 198.48  | 176.15    | 22.33      |
| Idaho  | Aetna HealthFund                         |     |  |   |           |            |                         |   |           |            |
|  | CDHP Self                                | 221 | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family                              | 222 | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self                                | 224 | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family                              | 225 | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Idaho  | Altius Health Plans                      |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | 9K1 | 221.47                                 | 212.61  | 169.22    | 43.39      | -10.54                  | 212.61  | 171.23    | 41.38      |
|  | High Family                              | 9K2 | 487.26                                 | 467.77  | 384.18    | 83.59      | -23.66                  | 467.77  | 388.76    | 79.01      |
|  | HDHP Self                                | 9K4 | 214.24                                 | 184.08  | 161.07    | 23.01      | -23.69                  | 184.08  | 163.37    | 20.71      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |                          |                 |  |   |           |            |                         |   |           |            |
|--|--------------------------|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |                          |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option                   | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | HDHP Family              | 9K5             | 443.85                                 | 381.36  | 333.69    | 47.67      | -16.17                  | 381.36  | 338.46    | 42.90      |
| Idaho  | Altius Health Plans      |                 |  |   |           |            |                         |   |           |            |
|  | Standard Self            | DK4             | New Plan                               | 181.33  | 158.66    | 22.67      | New Plan                | 181.33  | 160.93    | 20.40      |
|  | Standard Family          | DK5             | New Plan                               | 398.93  | 349.06    | 49.87      | New Plan                | 398.93  | 354.05    | 44.88      |
| Idaho  | Group Health Cooperative |                 |  |   |           |            |                         |   |           |            |
|  | High Self                | VR1             | 227.14                                 | 234.94  | 169.22    | 65.72      | 6.12                    | 234.94  | 171.23    | 63.71      |
|  | High Family              | VR2             | 522.40                                 | 505.12  | 384.18    | 120.94     | -21.45                  | 505.12  | 388.76    | 116.36     |
|  | Standard Self            | VR4             | 176.18                                 | 145.25  | 127.09    | 18.16      | -1.66                   | 145.25  | 128.91    | 16.34      |
|  | Standard Family          | VR5             | 405.20                                 | 334.09  | 292.33    | 41.76      | -3.82                   | 334.09  | 296.50    | 37.59      |
| Illinois   | Aetna HealthFund         |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self                | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family              | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self                | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -0.95                   | 123.69  | 109.77    | 13.92      |
|  | HDHP Family              | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Illinois   | Aetna Open Access        |                 |  |   |           |            |                         |   |           |            |
|  | High Self                | IK1             | 139.36                                 | 154.53  | 135.21    | 19.32      | 3.64                    | 154.53  | 137.15    | 17.38      |
|  | High Family              | IK2             | 353.74                                 | 392.27  | 343.24    | 49.03      | 9.23                    | 392.27  | 348.14    | 44.13      |
| Illinois   | Blue Preferred HMO       |                 |  |   |           |            |                         |   |           |            |
|  | High Self                | 9G1             | 207.21                                 | 213.84  | 169.22    | 44.62      | 4.95                    | 213.84  | 171.23    | 42.61      |
|  | High Family              | 9G2             | 448.65                                 | 463.00  | 384.18    | 78.82      | 10.18                   | 463.00  | 388.76    | 74.24      |
| Illinois   | Group Health Plan, Inc.  |                 |  |   |           |            |                         |   |           |            |
|  | High Self                | MM1             | 245.80                                 | 270.64  | 169.22    | 101.42     | 23.16                   | 270.64  | 171.23    | 99.41      |
|  | High Family              | MM2             | 530.95                                 | 584.62  | 384.18    | 200.44     | 49.50                   | 584.62  | 388.76    | 195.86     |
|  | HDHP Self                | MM4             | 200.22                                 | 216.50  | 169.22    | 47.28      | 14.60                   | 216.50  | 171.23    | 45.27      |
|  | HDHP Family              | MM5             | 429.28                                 | 464.44  | 384.18    | 80.26      | 30.99                   | 464.44  | 388.76    | 75.68      |
| Illinois   | Group Health Plan, Inc.  |                 |  |   |           |            |                         |   |           |            |
|  | Standard Self            | MU4             | New Plan                               | 250.17  | 169.22    | 80.95      | New Plan                | 250.17  | 171.23    | 78.94      |
|  | Standard Family          | MU5             | New Plan                               | 540.37  | 384.18    | 156.19     | New Plan                | 540.37  | 388.76    | 151.61     |
| Illinois   | Health Alliance HMO      |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self                | FM1             | New Plan                               | 180.66  | 158.08    | 22.58      | New Plan                | 180.66  | 160.34    | 20.32      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO) | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|---------------------------------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Plan - Option - Enrollment Code       |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| HDHP Family FM2                       | New Plan                               | 404.92  | 354.31    | 50.61      | New Plan                | 404.92  | 359.37    | 45.55      |
| Illinois Health Alliance HMO          |  |   |           |            |                         |   |           |            |
| High Self FX1                         | 221.40                                 | 226.53  | 169.22    | 57.31      | 3.45                    | 226.53  | 171.23    | 55.30      |
| High Family FX2                       | 516.70                                 | 528.72  | 384.18    | 144.54     | 7.85                    | 528.72  | 388.76    | 139.96     |
| Standard Self FX4                     | New Plan                               | 167.39  | 146.47    | 20.92      | New Plan                | 167.39  | 148.56    | 18.83      |
| Standard Family FX5                   | New Plan                               | 423.37  | 370.45    | 52.92      | New Plan                | 423.37  | 375.74    | 47.63      |
| Illinois Humana CoverageFirst         |  |   |           |            |                         |   |           |            |
| CDHP Self MW1                         | 109.31                                 | 119.15  | 104.26    | 14.89      | 2.59                    | 119.15  | 105.75    | 13.40      |
| CDHP Family MW2                       | 251.43                                 | 274.02  | 239.77    | 34.25      | 5.96                    | 274.02  | 243.19    | 30.83      |
| Illinois Humana Health Plan Inc.      |  |   |           |            |                         |   |           |            |
| High Self 751                         | 187.16                                 | 207.50  | 169.22    | 38.28      | 17.22                   | 207.50  | 171.23    | 36.27      |
| High Family 752                       | 430.47                                 | 477.28  | 384.18    | 93.10      | 42.64                   | 477.28  | 388.76    | 88.52      |
| Standard Self 754                     | 134.77                                 | 138.40  | 121.10    | 17.30      | 2.14                    | 138.40  | 122.83    | 15.57      |
| Standard Family 755                   | 309.99                                 | 318.31  | 278.52    | 39.79      | 4.92                    | 318.31  | 282.50    | 35.81      |
| Illinois OSF Health Plans, Inc.       |  |   |           |            |                         |   |           |            |
| High Self 9F1                         | 186.18                                 | 213.47  | 169.22    | 44.25      | 23.30                   | 213.47  | 171.23    | 42.24      |
| High Family 9F2                       | 489.59                                 | 561.35  | 384.18    | 177.17     | 67.59                   | 561.35  | 388.76    | 172.59     |
| HDHP Self 9F4                         | 151.64                                 | 187.42  | 163.99    | 23.43      | 6.37                    | 187.42  | 166.34    | 21.08      |
| HDHP Family 9F5                       | 377.56                                 | 466.68  | 384.18    | 82.50      | 40.02                   | 466.68  | 388.76    | 77.92      |
| Illinois PersonalCares HMO            |  |   |           |            |                         |   |           |            |
| High Self GE1                         | 185.93                                 | 194.00  | 169.22    | 24.78      | 3.86                    | 194.00  | 171.23    | 22.77      |
| High Family GE2                       | 477.84                                 | 498.60  | 384.18    | 114.42     | 16.59                   | 498.60  | 388.76    | 109.84     |
| Illinois Unicare HMO                  |  |   |           |            |                         |   |           |            |
| High Self 171                         | 203.59                                 | 213.69  | 169.22    | 44.47      | 8.42                    | 213.69  | 171.23    | 42.46      |
| High Family 172                       | 451.52                                 | 473.92  | 384.18    | 89.74      | 18.23                   | 473.92  | 388.76    | 85.16      |
| Standard Self 174                     | 157.40                                 | 148.75  | 130.16    | 18.59      | .88                     | 148.75  | 132.02    | 16.73      |
| Standard Family 175                   | 349.09                                 | 329.89  | 288.65    | 41.24      | 1.97                    | 329.89  | 292.78    | 37.11      |
| Illinois Unicare HMO                  |  |   |           |            |                         |   |           |            |
| HDHP Self 721                         | 128.08                                 | 134.48  | 117.67    | 16.81      | 2.40                    | 134.48  | 119.35    | 15.13      |
| HDHP Family 722                       | 280.06                                 | 294.06  | 257.30    | 36.76      | 5.25                    | 294.06  | 260.98    | 33.08      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |               |  |   |            |                         |               |   |            |        |
|--|---------------|--|---|------------|-------------------------|---------------|---|------------|--------|
| Health Maintenance Organization (HMO)                                  |               | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |            |                         |               | 2008 Biweekly Postal Premium Rates Category 2 |            |        |
| Plan - Option - Enrollment Code  | Total Premium |  | Govt Pays                                     | Empl. Pays | Change in empl. payment | Total Premium | Govt Pays                                     | Empl. Pays |        |
| Illinois Union Health Service  |               |  |   |            |                         |               |   |            |        |
| High Self  | 761           | 135.35                                 | 150.36  | 131.57     | 18.79                   | 3.56          | 150.36  | 133.44     | 16.92  |
| High Family  | 762           | 335.67                                 | 372.91  | 326.30     | 46.61                   | 8.85          | 372.91  | 330.96     | 41.95  |
| Illinois United Healthcare of the Midwest                              |               |  |   |            |                         |               |   |            |        |
| High Self  | B91           | 187.99                                 | 199.35  | 169.22     | 30.13                   | 8.98          | 199.35  | 171.23     | 28.12  |
| High Family  | B92           | 420.00                                 | 445.36  | 384.18     | 61.18                   | 13.93         | 445.36  | 388.76     | 56.60  |
| Illinois UnitedHealthcare Insurance Company, Inc.                      |               |  |   |            |                         |               |   |            |        |
| HDHP Self  | E91           | 126.11                                 | 165.32  | 144.66     | 20.66                   | 6.47          | 165.32  | 146.72     | 18.60  |
| HDHP Family  | E92           | 276.33                                 | 365.60  | 319.90     | 45.70                   | 14.61         | 365.60  | 324.47     | 41.13  |
| Illinois UnitedHealthcare Plan of the River Valley Inc.                |               |  |   |            |                         |               |   |            |        |
| High Self  | YH1           | 163.08                                 | 164.72  | 144.13     | 20.59                   | 2.24          | 164.72  | 146.19     | 18.53  |
| High Family  | YH2           | 399.55                                 | 403.55  | 353.11     | 50.44                   | 5.49          | 403.55  | 358.15     | 45.40  |
| Indiana Advantage Health Solutions, Inc.                               |               |  |   |            |                         |               |   |            |        |
| High Self  | 6Y1           | 218.05                                 | 216.84  | 169.22     | 47.62                   | -2.89         | 216.84  | 171.23     | 45.61  |
| High Family  | 6Y2           | 511.97                                 | 509.14  | 384.18     | 124.96                  | -7.00         | 509.14  | 388.76     | 120.38 |
| HDHP Self  | 6Y4           | 147.89                                 | 153.81  | 134.58     | 19.23                   | 2.59          | 153.81  | 136.51     | 17.30  |
| HDHP Family  | 6Y5           | 332.24                                 | 345.53  | 302.34     | 43.19                   | 5.81          | 345.53  | 306.66     | 38.87  |
| Indiana Aetna HealthFund   |               |  |   |            |                         |               |   |            |        |
| CDHP Self  | 221           | 131.28                                 | 151.50  | 132.56     | 18.94                   | 4.17          | 151.50  | 134.46     | 17.04  |
| CDHP Family  | 222           | 301.95                                 | 348.46  | 304.90     | 43.56                   | 9.59          | 348.46  | 309.26     | 39.20  |
| HDHP Self  | 224           | 145.83                                 | 123.69  | 108.23     | 15.46                   | -.95          | 123.69  | 109.77     | 13.92  |
| HDHP Family  | 225           | 332.49                                 | 270.87  | 237.01     | 33.86                   | -3.55         | 270.87  | 240.40     | 30.47  |
| Indiana Aetna Open Access  |               |  |   |            |                         |               |   |            |        |
| High Self  | IK1           | 139.36                                 | 154.53  | 135.21     | 19.32                   | 3.64          | 154.53  | 137.15     | 17.38  |
| High Family  | IK2           | 353.74                                 | 392.27  | 343.24     | 49.03                   | 9.23          | 392.27  | 348.14     | 44.13  |
| Indiana Aetna Open Access  |               |  |   |            |                         |               |   |            |        |
| High Self  | RD1           | 202.13                                 | 224.86  | 169.22     | 55.64                   | 21.05         | 224.86  | 171.23     | 53.63  |
| High Family  | RD2           | 499.78                                 | 555.97  | 384.18     | 171.79                  | 52.02         | 555.97  | 388.76     | 167.21 |
| Indiana Bluegrass Family Health  |               |  |   |            |                         |               |   |            |        |
| HDHP Self  | KV1           | 158.53                                 | 176.00  | 154.00     | 22.00                   | 4.17          | 176.00  | 156.20     | 19.80  |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO)              | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|--|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Plan - Option - Enrollment Code                    |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Indiana HDHP Family KV2                            | 364.63                                 | 319.98  | 279.98    | 40.00      | -1.02                   | 319.98  | 283.98    | 36.00      |
| Indiana Health Alliance HMO                        |  |   |           |            |                         |   |           |            |
| HDHP Self FM1                                      | New Plan                               | 180.66  | 158.08    | 22.58      | New Plan                | 180.66  | 160.34    | 20.32      |
| HDHP Family FM2                                    | New Plan                               | 404.92  | 354.31    | 50.61      | New Plan                | 404.92  | 359.37    | 45.55      |
| Indiana Health Alliance HMO                        |  |   |           |            |                         |   |           |            |
| High Self FX1                                      | 221.40                                 | 226.53  | 169.22    | 57.31      | 3.45                    | 226.53  | 171.23    | 55.30      |
| High Family FX2                                    | 516.70                                 | 528.72  | 384.18    | 144.54     | 7.85                    | 528.72  | 388.76    | 139.96     |
| Standard Self FX4                                  | New Plan                               | 167.39  | 146.47    | 20.92      | New Plan                | 167.39  | 148.56    | 18.83      |
| Standard Family FX5                                | New Plan                               | 423.37  | 370.45    | 52.92      | New Plan                | 423.37  | 375.74    | 47.63      |
| Indiana Humana CoverageFirst                       |  |   |           |            |                         |   |           |            |
| CDHP Self HZ1                                      | 128.61                                 | 140.20  | 122.68    | 17.52      | 3.05                    | 140.20  | 124.43    | 15.77      |
| CDHP Family HZ2                                    | 295.80                                 | 322.47  | 282.16    | 40.31      | 7.03                    | 322.47  | 286.19    | 36.28      |
| Indiana Humana CoverageFirst                       |  |   |           |            |                         |   |           |            |
| CDHP Self L81                                      | 115.75                                 | 140.20  | 122.68    | 17.52      | 4.50                    | 140.20  | 124.43    | 15.77      |
| CDHP Family L82                                    | 266.22                                 | 322.47  | 282.16    | 40.31      | 10.36                   | 322.47  | 286.19    | 36.28      |
| Indiana Humana CoverageFirst                       |  |   |           |            |                         |   |           |            |
| CDHP Self MW1                                      | 109.31                                 | 119.15  | 104.26    | 14.89      | 2.59                    | 119.15  | 105.75    | 13.40      |
| CDHP Family MW2                                    | 251.43                                 | 274.02  | 239.77    | 34.25      | 5.96                    | 274.02  | 243.19    | 30.83      |
| Indiana Humana Health Plan Inc.                    |  |   |           |            |                         |   |           |            |
| High Self 751                                      | 187.16                                 | 207.50  | 169.22    | 38.28      | 17.22                   | 207.50  | 171.23    | 36.27      |
| High Family 752                                    | 430.47                                 | 477.28  | 384.18    | 93.10      | 42.64                   | 477.28  | 388.76    | 88.52      |
| Standard Self 754                                  | 134.77                                 | 138.40  | 121.10    | 17.30      | 2.14                    | 138.40  | 122.83    | 15.57      |
| Standard Family 755                                | 309.99                                 | 318.31  | 278.52    | 39.79      | 4.92                    | 318.31  | 282.50    | 35.81      |
| Indiana Physicians Health Plan of Northern Indiana |  |   |           |            |                         |   |           |            |
| High Self DQ1                                      | 192.57                                 | 216.58  | 169.22    | 47.36      | 22.33                   | 216.58  | 171.23    | 45.35      |
| High Family DQ2                                    | 430.72                                 | 484.45  | 384.18    | 100.27     | 49.56                   | 484.45  | 388.76    | 95.69      |
| Indiana Unicare HMO                                |  |   |           |            |                         |   |           |            |
| High Self 171                                      | 203.59                                 | 213.69  | 169.22    | 44.47      | 8.42                    | 213.69  | 171.23    | 42.46      |
| High Family 172                                    | 451.52                                 | 473.92  | 384.18    | 89.74      | 18.23                   | 473.92  | 388.76    | 85.16      |
| Standard Self 174                                  | 157.40                                 | 148.75  | 130.16    | 18.59      | .88                     | 148.75  | 132.02    | 16.73      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO)               | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|---|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Plan - Option - Enrollment Code                     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Standard Family 175                                 | 349.09                                 | 329.89  | 288.65    | 41.24      | 1.97                    | 329.89  | 292.78    | 37.11      |
| Indiana Unicare HMO                                 |  |   |           |            |                         |   |           |            |
| HDHP Self 721                                       | 128.08                                 | 134.48  | 117.67    | 16.81      | 2.40                    | 134.48  | 119.35    | 15.13      |
| HDHP Family 722                                     | 280.06                                 | 294.06  | 257.30    | 36.76      | 5.25                    | 294.06  | 260.98    | 33.08      |
| Iowa Coventry Health Care of Iowa                   |  |   |           |            |                         |   |           |            |
| High Self SV1                                       | 164.29                                 | 183.78  | 160.81    | 22.97      | 4.49                    | 183.78  | 163.10    | 20.68      |
| High Family SV2                                     | 443.57                                 | 496.16  | 384.18    | 111.98     | 48.42                   | 496.16  | 388.76    | 107.40     |
| HDHP Self SV4                                       | 150.90                                 | 184.40  | 161.35    | 23.05      | 6.07                    | 184.40  | 163.66    | 20.74      |
| HDHP Family SV5                                     | 390.85                                 | 477.62  | 384.18    | 93.44      | 49.47                   | 477.62  | 388.76    | 88.86      |
| Iowa Health Alliance HMO                            |  |   |           |            |                         |   |           |            |
| HDHP Self FM1                                       | New Plan                               | 180.66  | 158.08    | 22.58      | New Plan                | 180.66  | 160.34    | 20.32      |
| HDHP Family FM2                                     | New Plan                               | 404.92  | 354.31    | 50.61      | New Plan                | 404.92  | 359.37    | 45.55      |
| Iowa Health Alliance HMO                            |  |   |           |            |                         |   |           |            |
| High Self FX1                                       | 221.40                                 | 226.53  | 169.22    | 57.31      | 3.45                    | 226.53  | 171.23    | 55.30      |
| High Family FX2                                     | 516.70                                 | 528.72  | 384.18    | 144.54     | 7.85                    | 528.72  | 388.76    | 139.96     |
| Standard Self FX4                                   | New Plan                               | 167.39  | 146.47    | 20.92      | New Plan                | 167.39  | 148.56    | 18.83      |
| Standard Family FX5                                 | New Plan                               | 423.37  | 370.45    | 52.92      | New Plan                | 423.37  | 375.74    | 47.63      |
| Iowa HealthPartners Open Access Deductible          |  |   |           |            |                         |   |           |            |
| OAD Self 534  | 200.67                                 | 227.61  | 169.22    | 58.39      | 25.26                   | 227.61  | 171.23    | 56.38      |
| OAD Family 535                                      | 461.55                                 | 523.54  | 384.18    | 139.36     | 57.82                   | 523.54  | 388.76    | 134.78     |
| Iowa Sanford Health Plan                            |  |   |           |            |                         |   |           |            |
| High Self AU1                                       | 208.99                                 | 220.60  | 169.22    | 51.38      | 9.93                    | 220.60  | 171.23    | 49.37      |
| High Family AU2                                     | 480.90                                 | 507.62  | 384.18    | 123.44     | 22.55                   | 507.62  | 388.76    | 118.86     |
| Standard Self AU4                                   | 202.37                                 | 210.08  | 169.22    | 40.86      | 6.03                    | 210.08  | 171.23    | 38.85      |
| Standard Family AU5                                 | 465.42                                 | 483.13  | 384.18    | 98.95      | 13.54                   | 483.13  | 388.76    | 94.37      |
| Iowa UnitedHealthcare Insurance Company, Inc.       |  |   |           |            |                         |   |           |            |
| HDHP Self E91                                       | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family E92                                     | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Iowa UnitedHealthcare Plan of the River Valley Inc. |  |   |           |            |                         |   |           |            |
| High Self YH1                                       | 163.08                                 | 164.72  | 144.13    | 20.59      | 2.24                    | 164.72  | 146.19    | 18.53      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |   |                 |  |   |           |            |                         |   |           |            |
|--|---|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |   |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option  | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Kansas   | High Family                                       | YH2             | 399.55                                 | 403.55  | 353.11    | 50.44      | 5.49                    | 403.55  | 358.15    | 45.40      |
| Kansas   | Aetna HealthFund                                  |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self   | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family                                       | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self   | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family                                       | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Kansas   | Aetna Open Access                                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | KS1             | 163.11                                 | 207.68  | 169.22    | 38.46      | 20.11                   | 207.68  | 171.23    | 36.45      |
|  | High Family                                       | KS2             | 398.91                                 | 507.89  | 384.18    | 123.71     | 78.83                   | 507.89  | 388.76    | 119.13     |
| Kansas   | Coventry Health Care of Kansas                    |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | HA1             | 163.82                                 | 176.84  | 154.74    | 22.10      | 3.67                    | 176.84  | 156.95    | 19.89      |
|  | High Family                                       | HA2             | 422.75                                 | 456.32  | 384.18    | 72.14      | 24.58                   | 456.32  | 388.76    | 67.56      |
|  | Standard Self                                     | HA4             | 157.26                                 | 193.77  | 169.22    | 24.55      | 6.86                    | 193.77  | 171.23    | 22.54      |
|  | Standard Family                                   | HA5             | 405.74                                 | 499.93  | 384.18    | 115.75     | 70.10                   | 499.93  | 388.76    | 111.17     |
| Kansas   | Coventry Health Care of Kansas (Kansas City)-HDHP |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self   | 9H1             | 145.67                                 | 164.96  | 144.34    | 20.62      | 4.23                    | 164.96  | 146.40    | 18.56      |
|  | HDHP Family                                       | 9H2             | 375.82                                 | 425.61  | 372.41    | 53.20      | 10.92                   | 425.61  | 377.73    | 47.88      |
| Kansas   | Humana CoverageFirst                              |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self   | PH1             | 102.89                                 | 112.14  | 98.12     | 14.02      | 2.44                    | 112.14  | 99.52     | 12.62      |
|  | CDHP Family                                       | PH2             | 236.64                                 | 257.92  | 225.68    | 32.24      | 5.62                    | 257.92  | 228.90    | 29.02      |
| Kansas   | Humana Health Plan, Inc.                          |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | MS1             | 234.38                                 | 255.58  | 169.22    | 86.36      | 19.52                   | 255.58  | 171.23    | 84.35      |
|  | High Family                                       | MS2             | 539.07                                 | 587.82  | 384.18    | 203.64     | 44.58                   | 587.82  | 388.76    | 199.06     |
|  | Standard Self                                     | MS4             | 156.28                                 | 156.29  | 136.75    | 19.54      | 1.96                    | 156.29  | 138.71    | 17.58      |
|  | Standard Family                                   | MS5             | 359.44                                 | 359.48  | 314.55    | 44.93      | 4.49                    | 359.48  | 319.04    | 40.44      |
| Kansas   | United Healthcare of the Midwest                  |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | GX1             | 164.01                                 | 204.43  | 169.22    | 35.21      | 16.76                   | 204.43  | 171.23    | 33.20      |
|  | High Family                                       | GX2             | 419.99                                 | 480.42  | 384.18    | 96.24      | 48.99                   | 480.42  | 388.76    | 91.66      |
| Kansas   | UnitedHealthcare Insurance Company, Inc.          |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self   | E91             | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |                 |                 |  |   |           |            |                         |   |           |            |
|--|-----------------|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |                 |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option          | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | HDHP Family     | E92             | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Kentucky Aetna HealthFund  |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family     | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self       | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family     | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Kentucky Aetna Open Access   |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | RD1             | 202.13                                 | 224.86  | 169.22    | 55.64      | 21.05                   | 224.86  | 171.23    | 53.63      |
|  | High Family     | RD2             | 499.78                                 | 555.97  | 384.18    | 171.79     | 52.02                   | 555.97  | 388.76    | 167.21     |
| Kentucky Bluegrass Family Health                                       |                 |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self       | KV1             | 158.53                                 | 176.00  | 154.00    | 22.00      | 4.17                    | 176.00  | 156.20    | 19.80      |
|  | HDHP Family     | KV2             | 364.63                                 | 319.98  | 279.98    | 40.00      | -1.02                   | 319.98  | 283.98    | 36.00      |
| Kentucky Humana CoverageFirst  |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | 6N1             | 141.47                                 | 154.23  | 134.95    | 19.28      | 3.36                    | 154.23  | 136.88    | 17.35      |
|  | CDHP Family     | 6N2             | 325.37                                 | 354.73  | 310.39    | 44.34      | 7.74                    | 354.73  | 314.82    | 39.91      |
| Kentucky Humana CoverageFirst  |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | L81             | 115.75                                 | 140.20  | 122.68    | 17.52      | 4.50                    | 140.20  | 124.43    | 15.77      |
|  | CDHP Family     | L82             | 266.22                                 | 322.47  | 282.16    | 40.31      | 10.36                   | 322.47  | 286.19    | 36.28      |
| Louisiana Aetna HealthFund   |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family     | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self       | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family     | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Louisiana Coventry Health Care of Louisiana                            |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | BJ1             | 180.59                                 | 188.01  | 164.51    | 23.50      | 3.18                    | 188.01  | 166.86    | 21.15      |
|  | High Family     | BJ2             | 419.39                                 | 436.61  | 382.03    | 54.58      | 7.40                    | 436.61  | 387.49    | 49.12      |
|  | Standard Self   | BJ4             | 158.67                                 | 185.30  | 162.14    | 23.16      | 5.31                    | 185.30  | 164.45    | 20.85      |
|  | Standard Family | BJ5             | 368.51                                 | 430.34  | 376.55    | 53.79      | 12.33                   | 430.34  | 381.93    | 48.41      |
| Louisiana Coventry Health Care of Louisiana                            |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | JA1             | 221.82                                 | 249.39  | 169.22    | 80.17      | 25.89                   | 249.39  | 171.23    | 78.16      |



| Postal Premium Rates for the Federal Employees Health Benefits Program |     |  |   |           |            |                         |   |           |            |
|--|-----|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| High Family  | JA2 | 515.18                                 | 579.21  | 384.18    | 195.03     | 59.86                   | 579.21  | 388.76    | 190.45     |
| Standard Self  | JA4 | 196.03                                 | 270.35  | 169.22    | 101.13     | 72.64                   | 270.35  | 171.23    | 99.12      |
| Standard Family  | JA5 | 455.29                                 | 627.93  | 384.18    | 243.75     | 168.47                  | 627.93  | 388.76    | 239.17     |
| Louisiana Coventry Health Care of Louisiana HDHP                       |     |  |   |           |            |                         |   |           |            |
| HDHP Self  | HB1 | 129.68                                 | 152.06  | 133.05    | 19.01      | 4.42                    | 152.06  | 134.95    | 17.11      |
| HDHP Family  | HB2 | 301.19                                 | 353.18  | 309.03    | 44.15      | 10.27                   | 353.18  | 313.45    | 39.73      |
| Louisiana Coventry Health Care of Louisiana HDHP                       |     |  |   |           |            |                         |   |           |            |
| HDHP Self  | LT1 | 125.69                                 | 175.13  | 153.24    | 21.89      | 7.75                    | 175.13  | 155.43    | 19.70      |
| HDHP Family  | LT2 | 291.02                                 | 405.46  | 354.78    | 50.68      | 17.94                   | 405.46  | 359.85    | 45.61      |
| Louisiana Humana CoverageFirst   |     |  |   |           |            |                         |   |           |            |
| CDHP Self  | 9J1 | 122.18                                 | 133.20  | 116.55    | 16.65      | 2.90                    | 133.20  | 118.22    | 14.98      |
| CDHP Family  | 9J2 | 281.01                                 | 306.36  | 268.07    | 38.29      | 6.68                    | 306.36  | 271.89    | 34.47      |
| Louisiana Humana CoverageFirst   |     |  |   |           |            |                         |   |           |            |
| CDHP Self  | 9L1 | 135.03                                 | 147.21  | 128.81    | 18.40      | 3.21                    | 147.21  | 130.65    | 16.56      |
| CDHP Family  | 9L2 | 310.59                                 | 338.59  | 296.27    | 42.32      | 7.38                    | 338.59  | 300.50    | 38.09      |
| Louisiana UnitedHealthcare Insurance Company, Inc.                     |     |  |   |           |            |                         |   |           |            |
| HDHP Self  | E91 | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family  | E92 | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Louisiana Vantage Health Plan, Inc.                                    |     |  |   |           |            |                         |   |           |            |
| High Self  | MV1 | 189.58                                 | 196.37  | 169.22    | 27.15      | 5.11                    | 196.37  | 171.23    | 25.14      |
| High Family  | MV2 | 436.03                                 | 451.66  | 384.18    | 67.48      | 11.46                   | 451.66  | 388.76    | 62.90      |
| Standard Self  | MV4 | New Plan                               | 166.55  | 145.73    | 20.82      | New Plan                | 166.55  | 147.81    | 18.74      |
| Standard Family  | MV5 | New Plan                               | 383.05  | 335.17    | 47.88      | New Plan                | 383.05  | 339.96    | 43.09      |
| Maine Aetna HealthFund   |     |  |   |           |            |                         |   |           |            |
| CDHP Self  | 221 | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family  | 222 | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self  | 224 | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
| HDHP Family  | 225 | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Maryland Aetna HealthFund  |     |  |   |           |            |                         |   |           |            |
| CDHP Self  | 221 | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |   |  |   |           |            |                         |   |           |            |        |
|--|---|--|---|-----------|------------|-------------------------|---|-----------|------------|--------|
| Health Maintenance Organization (HMO)                                  |   | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |        |
| Plan - Option - Enrollment Code  |   |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |        |
|  | CDHP Family                                       | 222                                    | 301.95  | 348.46    | 304.90     | 43.56                   | 9.59  | 348.46    | 309.26     | 39.20  |
|  | HDHP Self   | 224                                    | 145.83  | 123.69    | 108.23     | 15.46                   | -.95  | 123.69    | 109.77     | 13.92  |
|  | HDHP Family                                       | 225                                    | 332.49  | 270.87    | 237.01     | 33.86                   | -3.55   | 270.87    | 240.40     | 30.47  |
| Maryland   | Aetna Open Access                                 |  |   |           |            |                         |   |           |            |        |
|  | High Self   | JN1                                    | 223.02  | 233.43    | 169.22     | 64.21                   | 8.73  | 233.43    | 171.23     | 62.20  |
|  | High Family                                       | JN2                                    | 499.54  | 522.85    | 384.18     | 138.67                  | 19.14   | 522.85    | 388.76     | 134.09 |
|  | Basic self  | JN4                                    | 139.78  | 156.72    | 137.13     | 19.59                   | 3.86  | 156.72    | 139.09     | 17.63  |
|  | Basic Family                                      | JN5                                    | 327.09  | 366.74    | 320.90     | 45.84                   | 9.04  | 366.74    | 325.48     | 41.26  |
| Maryland   | CareFirst BlueChoice                              |  |   |           |            |                         |   |           |            |        |
|  | High Self   | 2G1                                    | 200.66  | 206.67    | 169.22     | 37.45                   | 4.33  | 206.67    | 171.23     | 35.44  |
|  | High Family                                       | 2G2                                    | 451.40  | 464.94    | 384.18     | 80.76                   | 9.37  | 464.94    | 388.76     | 76.18  |
| Maryland   | Coventry Health Care                              |  |   |           |            |                         |   |           |            |        |
|  | High Self   | IG1                                    | 182.07  | 182.07    | 159.31     | 22.76                   | 2.28  | 182.07    | 161.59     | 20.48  |
|  | High Family                                       | IG2                                    | 455.19  | 455.19    | 384.18     | 71.01                   | -4.17   | 455.19    | 388.76     | 66.43  |
|  | Standard Self                                     | IG4                                    | 142.88  | 142.88    | 125.02     | 17.86                   | 1.79  | 142.88    | 126.81     | 16.07  |
|  | Standard Family                                   | IG5                                    | 357.17  | 357.17    | 312.52     | 44.65                   | 4.47  | 357.17    | 316.99     | 40.18  |
| Maryland   | Coventry Health Care HDHP                         |  |   |           |            |                         |   |           |            |        |
|  | HDHP Self   | GZ1                                    | 122.00  | 122.00    | 106.75     | 15.25                   | 1.53  | 122.00    | 108.28     | 13.72  |
|  | HDHP Family                                       | GZ2                                    | 294.92  | 294.92    | 258.06     | 36.86                   | 3.68  | 294.92    | 261.74     | 33.18  |
| Maryland   | Kaiser Foundation Health Plan Mid-Atlantic States |  |   |           |            |                         |   |           |            |        |
|  | High Self   | E31                                    | 197.38  | 204.41    | 169.22     | 35.19                   | 5.35  | 204.41    | 171.23     | 33.18  |
|  | High Family                                       | E32                                    | 465.11  | 478.88    | 384.18     | 94.70                   | 9.60  | 478.88    | 388.76     | 90.12  |
|  | Standard Self                                     | E34                                    | 117.58  | 111.70    | 97.74      | 13.96                   | .73   | 111.70    | 99.13      | 12.57  |
|  | Standard Family                                   | E35                                    | 279.83  | 265.83    | 232.60     | 33.23                   | 1.75  | 265.83    | 235.92     | 29.91  |
| Maryland   | M.D. IPA  |  |   |           |            |                         |   |           |            |        |
|  | High Self   | JP1                                    | 194.44  | 199.21    | 169.22     | 29.99                   | 3.09  | 199.21    | 171.23     | 27.98  |
|  | High Family                                       | JP2                                    | 448.38  | 459.38    | 384.18     | 75.20                   | 6.83  | 459.38    | 388.76     | 70.62  |
| Maryland   | UnitedHealthcare Insurance Company, Inc.          |  |   |           |            |                         |   |           |            |        |
|  | HDHP Self   | E91                                    | 126.11  | 165.32    | 144.66     | 20.66                   | 6.47  | 165.32    | 146.72     | 18.60  |
|  | HDHP Family                                       | E92                                    | 276.33  | 365.60    | 319.90     | 45.70                   | 14.61   | 365.60    | 324.47     | 41.13  |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |   |               |           |            |   |               |           |            |
|--|--|---|---------------|-----------|------------|---|---------------|-----------|------------|
| Health Maintenance Organization (HMO)                                  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |               |           |            | 2008 Biweekly Postal Premium Rates Category 2 |               |           |            |
|  |  | Plan - Option - Enrollment Code               | Total Premium | Govt Pays | Empl. Pays | Change in empl. payment                       | Total Premium | Govt Pays | Empl. Pays |
| Massachusetts Aetna HealthFund   |  |   |               |           |            |   |               |           |            |
| CDHP Self  | 221                                    | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family  | 222                                    | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self  | 224                                    | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family  | 225                                    | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| Massachusetts Blue CHI P Coordinated Health Plan - BCBS of RI          |  |   |               |           |            |   |               |           |            |
| High Self  | DA1                                    | 217.01  | 235.37        | 169.22    | 66.15      | 16.68   | 235.37        | 171.23    | 64.14      |
| High Family  | DA2                                    | 575.07  | 623.74        | 384.18    | 239.56     | 44.50   | 623.74        | 388.76    | 234.98     |
| Massachusetts ConnectiCare   |  |   |               |           |            |   |               |           |            |
| High Self  | TE1                                    | 211.59  | 227.18        | 169.22    | 57.96      | 13.91   | 227.18        | 171.23    | 55.95      |
| High Family  | TE2                                    | 481.44  | 516.91        | 384.18    | 132.73     | 31.30   | 516.91        | 388.76    | 128.15     |
| Standard Self  | TE4                                    | 155.27  | 202.33        | 169.22    | 33.11      | 15.64   | 202.33        | 171.23    | 31.10      |
| Standard Family  | TE5                                    | 353.30  | 460.36        | 384.18    | 76.18      | 36.43   | 460.36        | 388.76    | 71.60      |
| Massachusetts Fallon Community Health Plan                             |  |   |               |           |            |   |               |           |            |
| High Self  | JV1                                    | 239.71  | 251.80        | 169.22    | 82.58      | 10.41   | 251.80        | 171.23    | 80.57      |
| High Family  | JV2                                    | 582.59  | 611.98        | 384.18    | 227.80     | 25.22   | 611.98        | 388.76    | 223.22     |
| Standard Self  | JV4                                    | 191.78  | 225.59        | 169.22    | 56.37      | 32.13   | 225.59        | 171.23    | 54.36      |
| Standard Family  | JV5                                    | 466.08  | 548.25        | 384.18    | 164.07     | 78.00   | 548.25        | 388.76    | 159.49     |
| Massachusetts Fallon Community Health Plan HDHP                        |  |   |               |           |            |   |               |           |            |
| HDHP Self  | DV1                                    | 181.78  | 213.82        | 169.22    | 44.60      | 24.15   | 213.82        | 171.23    | 42.59      |
| HDHP Family  | DV2                                    | 441.80  | 519.70        | 384.18    | 135.52     | 73.73   | 519.70        | 388.76    | 130.94     |
| Michigan Aetna HealthFund  |  |   |               |           |            |   |               |           |            |
| CDHP Self  | 221                                    | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family  | 222                                    | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self  | 224                                    | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family  | 225                                    | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| Michigan Bluecare Network of MI  |  |   |               |           |            |   |               |           |            |
| High Self  | K51                                    | 196.06  | 241.25        | 169.22    | 72.03      | 43.51   | 241.25        | 171.23    | 70.02      |
| High Family  | K52                                    | 447.10  | 550.13        | 384.18    | 165.95     | 98.86   | 550.13        | 388.76    | 161.37     |
| Michigan Bluecare Network of MI  |  |   |               |           |            |   |               |           |            |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |  |   |           |            |                         |   |           |            |
|--|--|-----|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |  |     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | High Self                              | LN1 | 240.40                                 | 292.65  | 169.22    | 123.43     | 50.57                   | 292.65  | 171.23    | 121.42     |
|  | High Family                            | LN2 | 578.92                                 | 704.80  | 384.18    | 320.62     | 121.71                  | 704.80  | 388.76    | 316.04     |
| Michigan   | Bluecare Network of MI                 |     |  |   |           |            |                         |   |           |            |
|  | High Self                              | LX1 | 143.52                                 | 155.05  | 135.67    | 19.38      | 3.23                    | 155.05  | 137.61    | 17.44      |
|  | High Family                            | LX2 | 379.95                                 | 402.84  | 352.49    | 50.35      | 7.61                    | 402.84  | 357.52    | 45.32      |
| Michigan   | Grand Valley Health Plan               |     |  |   |           |            |                         |   |           |            |
|  | High Self                              | RL1 | 182.27                                 | 194.51  | 169.22    | 25.29      | 4.78                    | 194.51  | 171.23    | 23.28      |
|  | High Family                            | RL2 | 515.84                                 | 508.83  | 384.18    | 124.65     | -11.18                  | 508.83  | 388.76    | 120.07     |
|  | Standard Self                          | RL4 | 153.03                                 | 171.35  | 149.93    | 21.42      | 4.20                    | 171.35  | 152.07    | 19.28      |
|  | Standard Family                        | RL5 | 431.07                                 | 445.53  | 384.18    | 61.35      | 10.29                   | 445.53  | 388.76    | 56.77      |
| Michigan   | Health Alliance Plan                   |     |  |   |           |            |                         |   |           |            |
|  | High Self                              | 521 | 173.08                                 | 158.35  | 138.56    | 19.79      | .32                     | 158.35  | 140.54    | 17.81      |
|  | High Family                            | 522 | 458.68                                 | 419.64  | 367.19    | 52.45      | -26.22                  | 419.64  | 372.43    | 47.21      |
|  | HDHP Self                              | 524 | New Plan                               | 172.75  | 151.16    | 21.59      | New Plan                | 172.75  | 153.32    | 19.43      |
|  | HDHP Family                            | 525 | New Plan                               | 438.28  | 383.50    | 54.78      | New Plan                | 438.28  | 388.76    | 49.52      |
| Michigan   | HealthPlus MI                          |     |  |   |           |            |                         |   |           |            |
|  | High Self                              | X51 | 189.70                                 | 208.77  | 169.22    | 39.55      | 17.39                   | 208.77  | 171.23    | 37.54      |
|  | High Family                            | X52 | 433.02                                 | 476.10  | 384.18    | 91.92      | 38.91                   | 476.10  | 388.76    | 87.34      |
| Michigan   | Humana CoverageFirst                   |     |  |   |           |            |                         |   |           |            |
|  | CDHP Self                              | BW1 | 109.31                                 | 119.17  | 104.27    | 14.90      | 2.60                    | 119.17  | 105.76    | 13.41      |
|  | CDHP Family                            | BW2 | 251.44                                 | 274.10  | 239.84    | 34.26      | 5.97                    | 274.10  | 243.26    | 30.84      |
| Michigan   | Humana CoverageFirst                   |     |  |   |           |            |                         |   |           |            |
|  | CDHP Self                              | FT1 | 128.61                                 | 140.20  | 122.68    | 17.52      | 3.05                    | 140.20  | 124.43    | 15.77      |
|  | CDHP Family                            | FT2 | 295.80                                 | 322.47  | 282.16    | 40.31      | 7.03                    | 322.47  | 286.19    | 36.28      |
| Michigan   | Humana CoverageFirst                   |     |  |   |           |            |                         |   |           |            |
|  | CDHP Self                              | GT1 | 135.03                                 | 147.21  | 128.81    | 18.40      | 3.21                    | 147.21  | 130.65    | 16.56      |
|  | CDHP Family                            | GT2 | 310.59                                 | 338.59  | 296.27    | 42.32      | 7.38                    | 338.59  | 300.50    | 38.09      |
| Michigan   | Physicians Health Plan of Mid-Michigan |     |  |   |           |            |                         |   |           |            |
|  | High Self                              | 9U1 | New Plan                               | 205.25  | 169.22    | 36.03      | New Plan                | 205.25  | 171.23    | 34.02      |
|  | High Family                            | 9U2 | New Plan                               | 494.66  | 384.18    | 110.48     | New Plan                | 494.66  | 388.76    | 105.90     |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |  |   |           |            |                         |   |           |            |
|--|--|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |  |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Standard Self 9U4  |  | New Plan                               | 182.01  | 159.26    | 22.75      | New Plan                | 182.01  | 161.53    | 20.48      |
| Standard Family 9U5  |  | New Plan                               | 438.64  | 383.81    | 54.83      | New Plan                | 438.64  | 388.76    | 49.88      |
| Minnesota HealthPartners Classic/Open Access Deductible                |  |  |   |           |            |                         |   |           |            |
| Classic Self 531   |  | 255.79                                 | 248.49  | 169.22    | 79.27      | -8.98                   | 248.49  | 171.23    | 77.26      |
| Classic Family 532   |  | 588.80                                 | 572.01  | 384.18    | 187.83     | -20.96                  | 572.01  | 388.76    | 183.25     |
| OAD Self 534   |  | 200.67                                 | 227.61  | 169.22    | 58.39      | 25.26                   | 227.61  | 171.23    | 56.38      |
| OAD Family 535   |  | 461.55                                 | 523.54  | 384.18    | 139.36     | 57.82                   | 523.54  | 388.76    | 134.78     |
| Minnesota HealthPartners Primary Clinic Plan                           |  |  |   |           |            |                         |   |           |            |
| High Self HQ1  |  | 300.29                                 | 263.55  | 169.22    | 94.33      | -38.42                  | 263.55  | 171.23    | 92.32      |
| High Family HQ2  |  | 691.25                                 | 606.66  | 384.18    | 222.48     | -88.76                  | 606.66  | 388.76    | 217.90     |
| Minnesota Medica Health Plan   |  |  |   |           |            |                         |   |           |            |
| High Self M21  |  | New Plan                               | 198.73  | 169.22    | 29.51      | New Plan                | 198.73  | 171.23    | 27.50      |
| High Family M22  |  | New Plan                               | 455.08  | 384.18    | 70.90      | New Plan                | 455.08  | 388.76    | 66.32      |
| Mississippi Aetna HealthFund   |  |  |   |           |            |                         |   |           |            |
| CDHP Self 221  |  | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family 222  |  | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self 224  |  | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
| HDHP Family 225  |  | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Mississippi UnitedHealthcare Insurance Company, Inc.                   |  |  |   |           |            |                         |   |           |            |
| HDHP Self E91  |  | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family E92  |  | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Missouri Aetna HealthFund  |  |  |   |           |            |                         |   |           |            |
| CDHP Self 221  |  | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family 222  |  | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self 224  |  | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
| HDHP Family 225  |  | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Missouri Aetna Open Access   |  |  |   |           |            |                         |   |           |            |
| High Self KS1  |  | 163.11                                 | 207.68  | 169.22    | 38.46      | 20.11                   | 207.68  | 171.23    | 36.45      |
| High Family KS2  |  | 398.91                                 | 507.89  | 384.18    | 123.71     | 78.83                   | 507.89  | 388.76    | 119.13     |
| Missouri Blue Preferred HMO  |  |  |   |           |            |                         |   |           |            |



| Postal Premium Rates for the Federal Employees Health Benefits Program |  |                 |  |   |           |            |                         |   |           |            |
|--|--|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |  |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option                                   | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | High Self                                | GX1             | 164.01                                 | 204.43  | 169.22    | 35.21      | 16.76                   | 204.43  | 171.23    | 33.20      |
|  | High Family                              | GX2             | 419.99                                 | 480.42  | 384.18    | 96.24      | 48.99                   | 480.42  | 388.76    | 91.66      |
| Missouri   | UnitedHealthcare Insurance Company, Inc. |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self                                | E91             | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
|  | HDHP Family                              | E92             | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Montana  | New West Health Services                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | NV1             | 190.53                                 | 211.34  | 169.22    | 42.12      | 19.13                   | 211.34  | 171.23    | 40.11      |
|  | High Family                              | NV2             | 406.97                                 | 451.42  | 384.18    | 67.24      | 21.46                   | 451.42  | 388.76    | 62.66      |
| Nebraska   | Coventry Health Care of Nebraska         |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | IE1             | 205.72                                 | 167.91  | 146.92    | 20.99      | -17.19                  | 167.91  | 149.02    | 18.89      |
|  | High Family                              | IE2             | 517.71                                 | 422.55  | 369.73    | 52.82      | -84.88                  | 422.55  | 375.01    | 47.54      |
| Nevada   | Aetna HealthFund                         |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self                                | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family                              | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self                                | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family                              | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Nevada   | Aetna Open Access                        |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | Y11             | 140.60                                 | 156.11  | 136.60    | 19.51      | 3.69                    | 156.11  | 138.55    | 17.56      |
|  | High Family                              | Y12             | 350.07                                 | 388.71  | 340.12    | 48.59      | 9.21                    | 388.71  | 344.98    | 43.73      |
| Nevada   | Health Plan of Nevada                    |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | 2L1             | 147.47                                 | 159.00  | 139.13    | 19.87      | 3.28                    | 159.00  | 141.11    | 17.89      |
|  | High Family                              | 2L2             | 377.57                                 | 407.07  | 356.19    | 50.88      | 8.40                    | 407.07  | 361.27    | 45.80      |
| Nevada   | Health Plan of Nevada                    |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | NM1             | 98.99                                  | 112.02  | 98.02     | 14.00      | 2.86                    | 112.02  | 99.42     | 12.60      |
|  | High Family                              | NM2             | 253.47                                 | 286.84  | 250.99    | 35.85      | 7.33                    | 286.84  | 254.57    | 32.27      |
| Nevada   | PacifiCare of Nevada                     |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | K91             | 164.61                                 | 186.28  | 163.00    | 23.28      | 4.76                    | 186.28  | 165.32    | 20.96      |
|  | High Family                              | K92             | 373.66                                 | 422.86  | 370.00    | 52.86      | 10.82                   | 422.86  | 375.29    | 47.57      |
| Nevada   | UnitedHealthcare Insurance Company, Inc. |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self                                | E91             | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |                 |                 |  |   |           |            |                         |   |           |            |
|--|-----------------|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |                 |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option          | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | HDHP Family     | E92             | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| New Hampshire Aetna HealthFund   |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family     | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self       | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family     | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| New Jersey Aetna HealthFund  |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family     | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self       | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family     | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| New Jersey Aetna Open Access   |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | JR1             | 223.39                                 | 253.62  | 169.22    | 84.40      | 28.55                   | 253.62  | 171.23    | 82.39      |
|  | High Family     | JR2             | 513.86                                 | 583.41  | 384.18    | 199.23     | 65.38                   | 583.41  | 388.76    | 194.65     |
|  | Basic self      | JR4             | 184.01                                 | 193.21  | 169.06    | 24.15      | 3.45                    | 193.21  | 171.23    | 21.98      |
|  | Basic Family    | JR5             | 463.68                                 | 463.67  | 384.18    | 79.49      | -4.18                   | 463.67  | 388.76    | 74.91      |
| New Jersey Aetna Open Access   |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | P31             | 241.19                                 | 241.47  | 169.22    | 72.25      | -1.40                   | 241.47  | 171.23    | 70.24      |
|  | High Family     | P32             | 581.95                                 | 582.63  | 384.18    | 198.45     | -3.49                   | 582.63  | 388.76    | 193.87     |
|  | Basic self      | P34             | 172.16                                 | 184.20  | 161.18    | 23.02      | 3.65                    | 184.20  | 163.48    | 20.72      |
|  | Basic Family    | P35             | 427.98                                 | 440.82  | 384.18    | 56.64      | 8.49                    | 440.82  | 388.76    | 52.06      |
| New Jersey AmeriHealth HMO   |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | FK1             | 208.58                                 | 236.56  | 169.22    | 67.34      | 26.30                   | 236.56  | 171.23    | 65.33      |
|  | High Family     | FK2             | 493.52                                 | 559.61  | 384.18    | 175.43     | 61.92                   | 559.61  | 388.76    | 170.85     |
|  | Standard Self   | FK4             | New Plan                               | 209.54  | 169.22    | 40.32      | New Plan                | 209.54  | 171.23    | 38.31      |
|  | Standard Family | FK5             | New Plan                               | 495.89  | 384.18    | 111.71     | New Plan                | 495.89  | 388.76    | 107.13     |
| New Jersey Coventry Health Care  |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | 2J1             | 194.08                                 | 215.44  | 169.22    | 46.22      | 19.68                   | 215.44  | 171.23    | 44.21      |
|  | High Family     | 2J2             | 485.21                                 | 538.58  | 384.18    | 154.40     | 49.20                   | 538.58  | 388.76    | 149.82     |
|  | Standard Self   | 2J4             | 155.67                                 | 172.79  | 151.19    | 21.60      | 4.09                    | 172.79  | 153.35    | 19.44      |



| Postal Premium Rates for the Federal Employees Health Benefits Program |  |   |               |           |            |   |               |           |            |
|--|--|---|---------------|-----------|------------|---|---------------|-----------|------------|
| Health Maintenance Organization (HMO)                                  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |               |           |            | 2008 Biweekly Postal Premium Rates Category 2 |               |           |            |
|  |  | Plan - Option - Enrollment Code               | Total Premium | Govt Pays | Empl. Pays | Change in empl. payment                       | Total Premium | Govt Pays | Empl. Pays |
| Standard Family 2J5  | 389.17                                 | 431.97  | 377.97        | 54.00     | 10.22      | 431.97  | 383.37        | 48.60     |            |
| New Jersey Coventry Health Care HDHP                                   |  |   |               |           |            |   |               |           |            |
| HDHP Self LK1  | 131.10                                 | 145.53  | 127.34        | 18.19     | 3.44       | 145.53  | 129.16        | 16.37     |            |
| HDHP Family LK2  | 317.66                                 | 352.60  | 308.53        | 44.07     | 8.33       | 352.60  | 312.93        | 39.67     |            |
| New Jersey GHI Health Plan   |  |   |               |           |            |   |               |           |            |
| High Self 801  | 228.88                                 | 240.32  | 169.22        | 71.10     | 9.76       | 240.32  | 171.23        | 69.09     |            |
| High Family 802  | 572.22                                 | 600.83  | 384.18        | 216.65    | 24.44      | 600.83  | 388.76        | 212.07    |            |
| Standard Self 804  | 178.24                                 | 178.24  | 155.96        | 22.28     | 2.23       | 178.24  | 158.19        | 20.05     |            |
| Standard Family 805  | 416.07                                 | 416.07  | 364.06        | 52.01     | 5.20       | 416.07  | 369.26        | 46.81     |            |
| New Mexico Lovelace Health Plan  |  |   |               |           |            |   |               |           |            |
| High Self Q11  | 171.28                                 | 190.44  | 166.64        | 23.80     | 4.53       | 190.44  | 169.02        | 21.42     |            |
| High Family Q12  | 420.30                                 | 466.59  | 384.18        | 82.41     | 35.13      | 466.59  | 388.76        | 77.83     |            |
| New Mexico Presbyterian Health Plan                                    |  |   |               |           |            |   |               |           |            |
| High Self P21  | 213.65                                 | 221.72  | 169.22        | 52.50     | 6.39       | 221.72  | 171.23        | 50.49     |            |
| High Family P22  | 485.19                                 | 503.52  | 384.18        | 119.34    | 14.16      | 503.52  | 388.76        | 114.76    |            |
| Standard Self P24  | 205.55                                 | 210.55  | 169.22        | 41.33     | 3.32       | 210.55  | 171.23        | 39.32     |            |
| Standard Family P25  | 466.79                                 | 478.16  | 384.18        | 93.98     | 7.20       | 478.16  | 388.76        | 89.40     |            |
| New Mexico UnitedHealthcare Insurance Company, Inc.                    |  |   |               |           |            |   |               |           |            |
| HDHP Self E91  | 126.11                                 | 165.32  | 144.66        | 20.66     | 6.47       | 165.32  | 146.72        | 18.60     |            |
| HDHP Family E92  | 276.33                                 | 365.60  | 319.90        | 45.70     | 14.61      | 365.60  | 324.47        | 41.13     |            |
| New York Aetna HealthFund  |  |   |               |           |            |   |               |           |            |
| CDHP Self 221  | 131.28                                 | 151.50  | 132.56        | 18.94     | 4.17       | 151.50  | 134.46        | 17.04     |            |
| CDHP Family 222  | 301.95                                 | 348.46  | 304.90        | 43.56     | 9.59       | 348.46  | 309.26        | 39.20     |            |
| HDHP Self 224  | 145.83                                 | 123.69  | 108.23        | 15.46     | -.95       | 123.69  | 109.77        | 13.92     |            |
| HDHP Family 225  | 332.49                                 | 270.87  | 237.01        | 33.86     | -3.55      | 270.87  | 240.40        | 30.47     |            |
| New York Aetna Open Access   |  |   |               |           |            |   |               |           |            |
| High Self JC1  | 211.84                                 | 217.04  | 169.22        | 47.82     | 3.52       | 217.04  | 171.23        | 45.81     |            |
| High Family JC2  | 521.42                                 | 534.21  | 384.18        | 150.03    | 8.62       | 534.21  | 388.76        | 145.45    |            |
| Basic self JC4   | 179.16                                 | 184.54  | 161.47        | 23.07     | 2.91       | 184.54  | 163.78        | 20.76     |            |
| Basic Family JC5   | 504.67                                 | 469.34  | 384.18        | 85.16     | -39.50     | 469.34  | 388.76        | 80.58     |            |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |   |           |            |                         |   |           |            |  |
|--|--|---|-----------|------------|-------------------------|---|-----------|------------|--|
| Health Maintenance Organization (HMO)                                  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |  |
| Plan - Option - Enrollment Code  |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |  |
| New York Blue Choice   |  |   |           |            |                         |   |           |            |  |
| High Self MK1  | 145.68                                 | 147.64  | 129.19    | 18.45      | 2.06                    | 147.64  | 131.03    | 16.61      |  |
| High Family MK2  | 365.05                                 | 371.05  | 324.67    | 46.38      | 5.31                    | 371.05  | 329.31    | 41.74      |  |
| New York CDPHP Universal Benefits                                      |  |   |           |            |                         |   |           |            |  |
| High Self SG1  | 203.42                                 | 202.60  | 169.22    | 33.38      | -2.50                   | 202.60  | 171.23    | 31.37      |  |
| High Family SG2  | 480.06                                 | 513.09  | 384.18    | 128.91     | 28.86                   | 513.09  | 388.76    | 124.33     |  |
| Standard Self SG4  | 173.24                                 | 168.79  | 147.69    | 21.10      | 1.61                    | 168.79  | 149.80    | 18.99      |  |
| Standard Family SG5  | 433.11                                 | 435.47  | 381.04    | 54.43      | 1.33                    | 435.47  | 386.48    | 48.99      |  |
| New York CDPHP Universal Benefits - HDHP                               |  |   |           |            |                         |   |           |            |  |
| HDHP Self SX1  | 169.26                                 | 127.59  | 111.64    | 15.95      | -3.09                   | 127.59  | 113.24    | 14.35      |  |
| HDHP Family SX2  | 388.64                                 | 329.18  | 288.03    | 41.15      | -2.57                   | 329.18  | 292.15    | 37.03      |  |
| New York GHI HMO Select  |  |   |           |            |                         |   |           |            |  |
| High Self 6V1  | 234.11                                 | 198.03  | 169.22    | 28.81      | -37.76                  | 198.03  | 171.23    | 26.80      |  |
| High Family 6V2  | 597.56                                 | 502.47  | 384.18    | 118.29     | -99.26                  | 502.47  | 388.76    | 113.71     |  |
| New York GHI HMO Select  |  |   |           |            |                         |   |           |            |  |
| High Self X41  | 220.62                                 | 186.99  | 163.62    | 23.37      | -29.71                  | 186.99  | 165.95    | 21.04      |  |
| High Family X42  | 566.35                                 | 478.52  | 384.18    | 94.34      | -92.00                  | 478.52  | 388.76    | 89.76      |  |
| New York GHI Health Plan   |  |   |           |            |                         |   |           |            |  |
| High Self 801  | 228.88                                 | 240.32  | 169.22    | 71.10      | 9.76                    | 240.32  | 171.23    | 69.09      |  |
| High Family 802  | 572.22                                 | 600.83  | 384.18    | 216.65     | 24.44                   | 600.83  | 388.76    | 212.07     |  |
| Standard Self 804  | 178.24                                 | 178.24  | 155.96    | 22.28      | 2.23                    | 178.24  | 158.19    | 20.05      |  |
| Standard Family 805  | 416.07                                 | 416.07  | 364.06    | 52.01      | 5.20                    | 416.07  | 369.26    | 46.81      |  |
| New York HIP of Greater New York                                       |  |   |           |            |                         |   |           |            |  |
| High Self 511  | 178.06                                 | 185.86  | 162.63    | 23.23      | 3.20                    | 185.86  | 164.95    | 20.91      |  |
| High Family 512  | 498.57                                 | 520.97  | 384.18    | 136.79     | 18.23                   | 520.97  | 388.76    | 132.21     |  |
| Standard Self 514  | 160.25                                 | 181.45  | 158.77    | 22.68      | 4.65                    | 181.45  | 161.04    | 20.41      |  |
| Standard Family 515  | 448.71                                 | 508.06  | 384.18    | 123.88     | 55.18                   | 508.06  | 388.76    | 119.30     |  |
| New York Independent Health Assoc                                      |  |   |           |            |                         |   |           |            |  |
| High Self QA1  | 152.61                                 | 185.78  | 162.56    | 23.22      | 6.05                    | 185.78  | 164.88    | 20.90      |  |
| High Family QA2  | 418.56                                 | 490.31  | 384.18    | 106.13     | 59.04                   | 490.31  | 388.76    | 101.55     |  |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO) | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|---------------------------------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Plan - Option - Enrollment Code       |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| HDHP Self QA4                         | 139.72                                 | 133.30  | 116.64    | 16.66      | .94                     | 133.30  | 118.30    | 15.00      |
| HDHP Family QA5                       | 336.48                                 | 335.44  | 293.51    | 41.93      | 4.08                    | 335.44  | 297.70    | 37.74      |
| New York MVP Health Care              |  |   |           |            |                         |   |           |            |
| High Self GA1                         | 170.24                                 | 181.98  | 159.23    | 22.75      | 3.60                    | 181.98  | 161.51    | 20.47      |
| High Family GA2                       | 439.67                                 | 469.99  | 384.18    | 85.81      | 26.15                   | 469.99  | 388.76    | 81.23      |
| Standard Self GA4                     | 149.71                                 | 169.95  | 148.71    | 21.24      | 4.40                    | 169.95  | 150.83    | 19.12      |
| Standard Family GA5                   | 386.63                                 | 438.84  | 383.99    | 54.85      | 11.35                   | 438.84  | 388.76    | 50.08      |
| New York MVP Health Care              |  |   |           |            |                         |   |           |            |
| High Self M91                         | 183.10                                 | 193.18  | 169.03    | 24.15      | 3.55                    | 193.18  | 171.23    | 21.95      |
| High Family M92                       | 472.89                                 | 498.91  | 384.18    | 114.73     | 21.85                   | 498.91  | 388.76    | 110.15     |
| Standard Self M94                     | 161.03                                 | 181.51  | 158.82    | 22.69      | 4.57                    | 181.51  | 161.09    | 20.42      |
| Standard Family M95                   | 415.89                                 | 468.76  | 384.18    | 84.58      | 37.79                   | 468.76  | 388.76    | 80.00      |
| New York MVP Health Care              |  |   |           |            |                         |   |           |            |
| High Self MX1                         | 195.14                                 | 203.20  | 169.22    | 33.98      | 6.38                    | 203.20  | 171.23    | 31.97      |
| High Family MX2                       | 503.22                                 | 524.24  | 384.18    | 140.06     | 16.85                   | 524.24  | 388.76    | 135.48     |
| Standard Self MX4                     | 171.07                                 | 190.26  | 166.48    | 23.78      | 4.53                    | 190.26  | 168.86    | 21.40      |
| Standard Family MX5                   | 441.21                                 | 490.94  | 384.18    | 106.76     | 45.56                   | 490.94  | 388.76    | 102.18     |
| New York Preferred Care               |  |   |           |            |                         |   |           |            |
| High Self GV1                         | 147.17                                 | 163.66  | 143.20    | 20.46      | 3.90                    | 163.66  | 145.25    | 18.41      |
| High Family GV2                       | 393.32                                 | 437.40  | 382.73    | 54.67      | 10.42                   | 437.40  | 388.19    | 49.21      |
| Standard Self GV4                     | New Plan                               | 130.08  | 113.82    | 16.26      | New Plan                | 130.08  | 115.45    | 14.63      |
| Standard Family GV5                   | New Plan                               | 347.71  | 304.25    | 43.46      | New Plan                | 347.71  | 308.59    | 39.12      |
| New York Univera Healthcare           |  |   |           |            |                         |   |           |            |
| High Self KQ1                         | 204.02                                 | 220.43  | 169.22    | 51.21      | 14.73                   | 220.43  | 171.23    | 49.20      |
| High Family KQ2                       | 540.14                                 | 583.23  | 384.18    | 199.05     | 38.92                   | 583.23  | 388.76    | 194.47     |
| New York Univera Healthcare           |  |   |           |            |                         |   |           |            |
| High Self Q81                         | 160.47                                 | 180.00  | 157.50    | 22.50      | 4.45                    | 180.00  | 159.75    | 20.25      |
| High Family Q82                       | 454.95                                 | 510.39  | 384.18    | 126.21     | 51.27                   | 510.39  | 388.76    | 121.63     |
| North Carolina Aetna HealthFund       |  |   |           |            |                         |   |           |            |
| CDHP Self 221                         | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |     |  |   |           |            |                         |   |           |            |
|--|-----|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| CDHP Family  | 222 | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self  | 224 | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
| HDHP Family  | 225 | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| North Carolina Aetna Open Access                                       |     |  |   |           |            |                         |   |           |            |
| High Self  | MP1 | 175.70                                 | 184.49  | 161.43    | 23.06      | 3.29                    | 184.49  | 163.73    | 20.76      |
| High Family  | MP2 | 479.26                                 | 479.26  | 384.18    | 95.08      | -4.17                   | 479.26  | 388.76    | 90.50      |
| North Carolina UnitedHealthcare Insurance Company, Inc.                |     |  |   |           |            |                         |   |           |            |
| HDHP Self  | E91 | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family  | E92 | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| North Dakota HealthPartners Open Access Deductible                     |     |  |   |           |            |                         |   |           |            |
| OAD Self   | 534 | 200.67                                 | 227.61  | 169.22    | 58.39      | 25.26                   | 227.61  | 171.23    | 56.38      |
| OAD Family   | 535 | 461.55                                 | 523.54  | 384.18    | 139.36     | 57.82                   | 523.54  | 388.76    | 134.78     |
| North Dakota Heart of America Health Plan                              |     |  |   |           |            |                         |   |           |            |
| High Self  | RU1 | 149.75                                 | 158.52  | 138.71    | 19.81      | 2.96                    | 158.52  | 140.69    | 17.83      |
| High Family  | RU2 | 384.84                                 | 407.39  | 356.47    | 50.92      | 7.63                    | 407.39  | 361.56    | 45.83      |
| Ohio Aetna HealthFund  |     |  |   |           |            |                         |   |           |            |
| CDHP Self  | 221 | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family  | 222 | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self  | 224 | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
| HDHP Family  | 225 | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Ohio Aetna Open Access   |     |  |   |           |            |                         |   |           |            |
| High Self  | 7D1 | 181.21                                 | 194.46  | 169.22    | 25.24      | 4.85                    | 194.46  | 171.23    | 23.23      |
| High Family  | 7D2 | 431.30                                 | 462.84  | 384.18    | 78.66      | 27.37                   | 462.84  | 388.76    | 74.08      |
| Ohio Aetna Open Access   |     |  |   |           |            |                         |   |           |            |
| High Self  | ND1 | 176.44                                 | 181.45  | 158.77    | 22.68      | 2.83                    | 181.45  | 161.04    | 20.41      |
| High Family  | ND2 | 425.92                                 | 438.02  | 383.27    | 54.75      | 6.83                    | 438.02  | 388.74    | 49.28      |
| Ohio Aetna Open Access   |     |  |   |           |            |                         |   |           |            |
| High Self  | RD1 | 202.13                                 | 224.86  | 169.22    | 55.64      | 21.05                   | 224.86  | 171.23    | 53.63      |
| High Family  | RD2 | 499.78                                 | 555.97  | 384.18    | 171.79     | 52.02                   | 555.97  | 388.76    | 167.21     |
| Ohio AultCare HMO  |     |  |   |           |            |                         |   |           |            |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |  |   |           |            |                         |   |           |            |
|--|--|-----|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |  |     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | High Self                                | 3A1 | 221.04                                 | 228.65  | 169.22    | 59.43      | 5.93                    | 228.65  | 171.23    | 57.42      |
|  | High Family                              | 3A2 | 542.66                                 | 561.36  | 384.18    | 177.18     | 14.53                   | 561.36  | 388.76    | 172.60     |
|  | HDHP Self                                | 3A4 | 168.53                                 | 168.53  | 147.46    | 21.07      | 2.11                    | 168.53  | 149.57    | 18.96      |
|  | HDHP Family                              | 3A5 | 337.69                                 | 337.69  | 295.48    | 42.21      | 4.22                    | 337.69  | 299.70    | 37.99      |
| Ohio   | HMO Health Ohio                          |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | L41 | 200.01                                 | 222.82  | 169.22    | 53.60      | 21.13                   | 222.82  | 171.23    | 51.59      |
|  | High Family                              | L42 | 511.64                                 | 569.98  | 384.18    | 185.80     | 54.17                   | 569.98  | 388.76    | 181.22     |
| Ohio   | Humana CoverageFirst                     |     |  |   |           |            |                         |   |           |            |
|  | CDHP Self                                | L81 | 115.75                                 | 140.20  | 122.68    | 17.52      | 4.50                    | 140.20  | 124.43    | 15.77      |
|  | CDHP Family                              | L82 | 266.22                                 | 322.47  | 282.16    | 40.31      | 10.36                   | 322.47  | 286.19    | 36.28      |
| Ohio   | Kaiser Foundation Health Plan of Ohio    |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | 641 | 208.19                                 | 214.56  | 169.22    | 45.34      | 4.69                    | 214.56  | 171.23    | 43.33      |
|  | High Family                              | 642 | 510.88                                 | 526.54  | 384.18    | 142.36     | 11.49                   | 526.54  | 388.76    | 137.78     |
|  | Standard Self                            | 644 | 158.07                                 | 142.11  | 124.35    | 17.76      | -.02                    | 142.11  | 126.12    | 15.99      |
|  | Standard Family                          | 645 | 387.87                                 | 348.71  | 305.12    | 43.59      | -.05                    | 348.71  | 309.48    | 39.23      |
| Ohio   | Paramount Health Care                    |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | U21 | 213.34                                 | 190.85  | 166.99    | 23.86      | -21.94                  | 190.85  | 169.38    | 21.47      |
|  | High Family                              | U22 | 564.82                                 | 458.05  | 384.18    | 73.87      | -110.94                 | 458.05  | 388.76    | 69.29      |
| Ohio   | SummaCare Health Plan                    |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | 5W1 | 200.78                                 | 218.81  | 169.22    | 49.59      | 16.35                   | 218.81  | 171.23    | 47.58      |
|  | High Family                              | 5W2 | 481.88                                 | 503.27  | 384.18    | 119.09     | 17.22                   | 503.27  | 388.76    | 114.51     |
| Ohio   | SuperMed HMO                             |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | 5M1 | 317.45                                 | 301.63  | 169.22    | 132.41     | -17.50                  | 301.63  | 171.23    | 130.40     |
|  | High Family                              | 5M2 | 812.03                                 | 771.56  | 384.18    | 387.38     | -44.64                  | 771.56  | 388.76    | 382.80     |
| Ohio   | The Health Plan of the Upper Ohio Valley |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | U41 | 166.51                                 | 191.01  | 167.13    | 23.88      | 5.15                    | 191.01  | 169.52    | 21.49      |
|  | High Family                              | U42 | 382.97                                 | 439.32  | 384.18    | 55.14      | 12.06                   | 439.32  | 388.76    | 50.56      |
| Ohio   | United Healthcare of Ohio, Inc.          |     |  |   |           |            |                         |   |           |            |
|  | High Self                                | AK1 | 180.00                                 | 206.69  | 169.22    | 37.47      | 17.22                   | 206.69  | 171.23    | 35.46      |
|  | High Family                              | AK2 | 432.03                                 | 479.51  | 384.18    | 95.33      | 43.31                   | 479.51  | 388.76    | 90.75      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |     |  |   |            |                         |               |   |            |        |
|--|-----|--|---|------------|-------------------------|---------------|---|------------|--------|
| Health Maintenance Organization (HMO)                                  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |            |                         |               | 2008 Biweekly Postal Premium Rates Category 2 |            |        |
| Plan - Option - Enrollment Code  |     | Total Premium                          | Govt Pays                                     | Empl. Pays | Change in empl. payment | Total Premium | Govt Pays                                     | Empl. Pays |        |
| Ohio United Healthcare of Ohio, Inc.                                   |     |  |   |            |                         |               |   |            |        |
| High Self  | CA1 | 202.23                                 | 217.09  | 169.22     | 47.87                   | 13.18         | 217.09  | 171.23     | 45.86  |
| High Family  | CA2 | 466.64                                 | 500.91  | 384.18     | 116.73                  | 30.10         | 500.91  | 388.76     | 112.15 |
| Ohio UnitedHealthcare Insurance Company, Inc.                          |     |  |   |            |                         |               |   |            |        |
| HDHP Self  | E91 | 126.11                                 | 165.32  | 144.66     | 20.66                   | 6.47          | 165.32  | 146.72     | 18.60  |
| HDHP Family  | E92 | 276.33                                 | 365.60  | 319.90     | 45.70                   | 14.61         | 365.60  | 324.47     | 41.13  |
| Oklahoma Aetna HealthFund  |     |  |   |            |                         |               |   |            |        |
| CDHP Self  | 221 | 131.28                                 | 151.50  | 132.56     | 18.94                   | 4.17          | 151.50  | 134.46     | 17.04  |
| CDHP Family  | 222 | 301.95                                 | 348.46  | 304.90     | 43.56                   | 9.59          | 348.46  | 309.26     | 39.20  |
| HDHP Self  | 224 | 145.83                                 | 123.69  | 108.23     | 15.46                   | - .95         | 123.69  | 109.77     | 13.92  |
| HDHP Family  | 225 | 332.49                                 | 270.87  | 237.01     | 33.86                   | -3.55         | 270.87  | 240.40     | 30.47  |
| Oklahoma Aetna Open Access   |     |  |   |            |                         |               |   |            |        |
| High Self  | SL1 | 215.83                                 | 245.35  | 169.22     | 76.13                   | 27.84         | 245.35  | 171.23     | 74.12  |
| High Family  | SL2 | 500.70                                 | 569.16  | 384.18     | 184.98                  | 64.29         | 569.16  | 388.76     | 180.40 |
| Basic self   | SL4 | 152.24                                 | 179.64  | 157.19     | 22.45                   | 5.32          | 179.64  | 159.43     | 20.21  |
| Basic Family   | SL5 | 408.51                                 | 449.36  | 384.18     | 65.18                   | 19.22         | 449.36  | 388.76     | 60.60  |
| Oklahoma Globalhealth, Inc.  |     |  |   |            |                         |               |   |            |        |
| High Self  | IM1 | 166.96                                 | 155.54  | 136.10     | 19.44                   | .66           | 155.54  | 138.04     | 17.50  |
| High Family  | IM2 | 402.40                                 | 374.86  | 328.00     | 46.86                   | 1.59          | 374.86  | 332.69     | 42.17  |
| Oklahoma PacifiCare of Oklahoma  |     |  |   |            |                         |               |   |            |        |
| High Self  | 2N1 | 206.96                                 | 229.65  | 169.22     | 60.43                   | 21.01         | 229.65  | 171.23     | 58.42  |
| High Family  | 2N2 | 484.02                                 | 537.36  | 384.18     | 153.18                  | 49.17         | 537.36  | 388.76     | 148.60 |
| Oklahoma UnitedHealthcare Insurance Company, Inc.                      |     |  |   |            |                         |               |   |            |        |
| HDHP Self  | E91 | 126.11                                 | 165.32  | 144.66     | 20.66                   | 6.47          | 165.32  | 146.72     | 18.60  |
| HDHP Family  | E92 | 276.33                                 | 365.60  | 319.90     | 45.70                   | 14.61         | 365.60  | 324.47     | 41.13  |
| Oregon Kaiser Foundation Health Plan of Northwest                      |     |  |   |            |                         |               |   |            |        |
| High Self  | 571 | 209.57                                 | 217.88  | 169.22     | 48.66                   | 6.63          | 217.88  | 171.23     | 46.65  |
| High Family  | 572 | 482.02                                 | 500.52  | 384.18     | 116.34                  | 14.33         | 500.52  | 388.76     | 111.76 |
| Standard Self  | 574 | 173.74                                 | 176.94  | 154.82     | 22.12                   | 2.57          | 176.94  | 157.03     | 19.91  |
| Standard Family  | 575 | 399.62                                 | 406.46  | 355.65     | 50.81                   | 5.85          | 406.46  | 360.73     | 45.73  |

| Postal Premium Rates for the Federal Employees Health Benefits Program |                 |                 |  |   |           |            |                         |   |           |            |
|--|-----------------|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |                 |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option          | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Oregon UnitedHealthcare Insurance Company, Inc.                        |                 |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self       | E91             | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
|  | HDHP Family     | E92             | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Pennsylvania Aetna HealthFund  |                 |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self       | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family     | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self       | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family     | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Pennsylvania Aetna Open Access   |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | P31             | 241.19                                 | 241.47  | 169.22    | 72.25      | -1.40                   | 241.47  | 171.23    | 70.24      |
|  | High Family     | P32             | 581.95                                 | 582.63  | 384.18    | 198.45     | -3.49                   | 582.63  | 388.76    | 193.87     |
|  | Basic self      | P34             | 172.16                                 | 184.20  | 161.18    | 23.02      | 3.65                    | 184.20  | 163.48    | 20.72      |
|  | Basic Family    | P35             | 427.98                                 | 440.82  | 384.18    | 56.64      | 8.49                    | 440.82  | 388.76    | 52.06      |
| Pennsylvania Aetna Open Access   |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | YE1             | 115.98                                 | 133.13  | 116.49    | 16.64      | 3.59                    | 133.13  | 118.15    | 14.98      |
|  | High Family     | YE2             | 319.82                                 | 367.10  | 321.21    | 45.89      | 9.91                    | 367.10  | 325.80    | 41.30      |
| Pennsylvania Geisinger Health Plan                                     |                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self       | GG1             | 265.11                                 | 291.89  | 169.22    | 122.67     | 25.10                   | 291.89  | 171.23    | 120.66     |
|  | High Family     | GG2             | 609.74                                 | 671.34  | 384.18    | 287.16     | 57.43                   | 671.34  | 388.76    | 282.58     |
|  | Standard Self   | GG4             | 227.96                                 | 242.05  | 169.22    | 72.83      | 12.41                   | 242.05  | 171.23    | 70.82      |
|  | Standard Family | GG5             | 524.31                                 | 556.72  | 384.18    | 172.54     | 28.24                   | 556.72  | 388.76    | 167.96     |
| Pennsylvania Health America Pennsylvania-HDHP                          |                 |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self       | 9N1             | 181.14                                 | 177.68  | 155.47    | 22.21      | 1.83                    | 177.68  | 157.69    | 19.99      |
|  | HDHP Family     | 9N2             | 408.42                                 | 400.88  | 350.77    | 50.11      | 4.16                    | 400.88  | 355.78    | 45.10      |
| Pennsylvania Health America Pennsylvania-HDHP                          |                 |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self       | Y61             | 151.89                                 | 151.89  | 132.90    | 18.99      | 1.90                    | 151.89  | 134.80    | 17.09      |
|  | HDHP Family     | Y62             | 373.42                                 | 373.42  | 326.74    | 46.68      | 4.67                    | 373.42  | 331.41    | 42.01      |
| Pennsylvania Health America Pennsylvania-HDHP                          |                 |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self       | YN1             | 234.24                                 | 240.41  | 169.22    | 71.19      | 4.49                    | 240.41  | 171.23    | 69.18      |
|  | HDHP Family     | YN2             | 531.18                                 | 545.36  | 384.18    | 161.18     | 10.01                   | 545.36  | 388.76    | 156.60     |

| Postal Premium Rates for the Federal Employees Health Benefits Program |               |  |   |            |                         |               |   |            |  |
|--|---------------|--|---|------------|-------------------------|---------------|---|------------|--|
| Health Maintenance Organization (HMO)                                  |               | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |            |                         |               | 2008 Biweekly Postal Premium Rates Category 2 |            |  |
| Plan - Option - Enrollment Code  | Total Premium |  | Govt Pays                                     | Empl. Pays | Change in empl. payment | Total Premium | Govt Pays                                     | Empl. Pays |  |
| Pennsylvania Health America Pennsylvania-HDHP                          |               |  |   |            |                         |               |   |            |  |
| HDHP Self YW1  | 182.82        | 182.23                                 | 159.45  | 22.78      | 2.21                    | 182.23        | 161.73  | 20.50      |  |
| HDHP Family YW2  | 412.93        | 411.58                                 | 360.13  | 51.45      | 5.00                    | 411.58        | 365.28  | 46.30      |  |
| Pennsylvania HealthAmerica Pennsylvania                                |               |  |   |            |                         |               |   |            |  |
| High Self 261  | 200.47        | 221.90                                 | 169.22  | 52.68      | 19.75                   | 221.90        | 171.23  | 50.67      |  |
| High Family 262  | 511.21        | 565.87                                 | 384.18  | 181.69     | 50.49                   | 565.87        | 388.76  | 177.11     |  |
| Standard Self 264  | 170.20        | 159.16                                 | 139.27  | 19.89      | .74                     | 159.16        | 141.25  | 17.91      |  |
| Standard Family 265  | 434.00        | 405.87                                 | 355.14  | 50.73      | -3.26                   | 405.87        | 360.21  | 45.66      |  |
| Pennsylvania HealthAmerica Pennsylvania                                |               |  |   |            |                         |               |   |            |  |
| High Self 4N1  | 314.64        | 289.37                                 | 169.22  | 120.15     | -26.95                  | 289.37        | 171.23  | 118.14     |  |
| High Family 4N2  | 723.67        | 665.56                                 | 384.18  | 281.38     | -62.28                  | 665.56        | 388.76  | 276.80     |  |
| Standard Self 4N4  | 254.25        | 231.25                                 | 169.22  | 62.03      | -24.68                  | 231.25        | 171.23  | 60.02      |  |
| Standard Family 4N5  | 584.76        | 531.89                                 | 384.18  | 147.71     | -57.04                  | 531.89        | 388.76  | 143.13     |  |
| Pennsylvania HealthAmerica Pennsylvania                                |               |  |   |            |                         |               |   |            |  |
| High Self PN1  | 241.92        | 273.77                                 | 169.22  | 104.55     | 30.17                   | 273.77        | 171.23  | 102.54     |  |
| High Family PN2  | 555.47        | 628.58                                 | 384.18  | 244.40     | 68.94                   | 628.58        | 388.76  | 239.82     |  |
| Standard Self PN4  | 205.29        | 185.88                                 | 162.65  | 23.23      | -14.52                  | 185.88        | 164.97  | 20.91      |  |
| Standard Family PN5  | 471.33        | 426.76                                 | 373.42  | 53.34      | -37.98                  | 426.76        | 378.75  | 48.01      |  |
| Pennsylvania HealthAmerica Pennsylvania                                |               |  |   |            |                         |               |   |            |  |
| High Self SW1  | 251.67        | 272.50                                 | 169.22  | 103.28     | 19.15                   | 272.50        | 171.23  | 101.27     |  |
| High Family SW2  | 578.84        | 626.75                                 | 384.18  | 242.57     | 43.74                   | 626.75        | 388.76  | 237.99     |  |
| Standard Self SW4  | 217.54        | 196.36                                 | 169.22  | 27.14      | -22.86                  | 196.36        | 171.23  | 25.13      |  |
| Standard Family SW5  | 500.35        | 451.62                                 | 384.18  | 67.44      | -52.90                  | 451.62        | 388.76  | 62.86      |  |
| Pennsylvania Keystone Health Plan Central                              |               |  |   |            |                         |               |   |            |  |
| High Self S41  | 226.83        | 253.70                                 | 169.22  | 84.48      | 25.19                   | 253.70        | 171.23  | 82.47      |  |
| High Family S42  | 541.17        | 605.13                                 | 384.18  | 220.95     | 59.79                   | 605.13        | 388.76  | 216.37     |  |
| Standard Self S44  | 209.52        | 233.44                                 | 169.22  | 64.22      | 22.24                   | 233.44        | 171.23  | 62.21      |  |
| Standard Family S45  | 499.94        | 556.99                                 | 384.18  | 172.81     | 52.88                   | 556.99        | 388.76  | 168.23     |  |
| Pennsylvania Keystone Health Plan East                                 |               |  |   |            |                         |               |   |            |  |
| High Self ED1  | 197.26        | 222.35                                 | 169.22  | 53.13      | 23.41                   | 222.35        | 171.23  | 51.12      |  |



| Postal Premium Rates for the Federal Employees Health Benefits Program |     |  |   |           |            |                         |   |           |            |
|--|-----|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |     | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan - Option - Enrollment Code  |     |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| High Family  | ED2 | 520.25                                 | 586.50  | 384.18    | 202.32     | 62.08                   | 586.50  | 388.76    | 197.74     |
| Standard Self  | ED4 | 176.08                                 | 193.30  | 169.14    | 24.16      | 4.35                    | 193.30  | 171.23    | 22.07      |
| Standard Family  | ED5 | 464.61                                 | 510.17  | 384.18    | 125.99     | 41.39                   | 510.17  | 388.76    | 121.41     |
| Pennsylvania UPMC Health Plan  |     |  |   |           |            |                         |   |           |            |
| High Self  | 8W1 | 193.04                                 | 219.44  | 169.22    | 50.22      | 24.72                   | 219.44  | 171.23    | 48.21      |
| High Family  | 8W2 | 492.39                                 | 559.75  | 384.18    | 175.57     | 63.19                   | 559.75  | 388.76    | 170.99     |
| HDHP Self  | 8W4 | 187.97                                 | 217.84  | 169.22    | 48.62      | 27.47                   | 217.84  | 171.23    | 46.61      |
| HDHP Family  | 8W5 | 454.66                                 | 525.28  | 384.18    | 141.10     | 66.45                   | 525.28  | 388.76    | 136.52     |
| Pennsylvania UPMC Health Plan  |     |  |   |           |            |                         |   |           |            |
| Standard Self  | UW4 | New Plan                               | 193.43  | 169.22    | 24.21      | New Plan                | 193.43  | 171.23    | 22.20      |
| Standard Family  | UW5 | New Plan                               | 493.40  | 384.18    | 109.22     | New Plan                | 493.40  | 388.76    | 104.64     |
| Puerto Rico Humana Health Plans of Puerto Rico, Inc.                   |     |  |   |           |            |                         |   |           |            |
| High Self  | ZJ1 | 122.69                                 | 124.40  | 108.85    | 15.55      | 1.75                    | 124.40  | 110.41    | 13.99      |
| High Family  | ZJ2 | 282.17                                 | 286.12  | 250.36    | 35.76      | 4.02                    | 286.12  | 253.93    | 32.19      |
| Puerto Rico Triple-S   |     |  |   |           |            |                         |   |           |            |
| High Self  | 891 | 142.02                                 | 120.86  | 105.75    | 15.11      | -.87                    | 120.86  | 107.26    | 13.60      |
| High Family  | 892 | 305.04                                 | 277.97  | 243.22    | 34.75      | .43                     | 277.97  | 246.70    | 31.27      |
| Rhode Island Blue CHiP Coordinated Health Plan - BCBS of RI            |     |  |   |           |            |                         |   |           |            |
| High Self  | DA1 | 217.01                                 | 235.37  | 169.22    | 66.15      | 16.68                   | 235.37  | 171.23    | 64.14      |
| High Family  | DA2 | 575.07                                 | 623.74  | 384.18    | 239.56     | 44.50                   | 623.74  | 388.76    | 234.98     |
| Rhode Island UnitedHealthcare Insurance Company, Inc.                  |     |  |   |           |            |                         |   |           |            |
| HDHP Self  | E91 | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family  | E92 | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| South Carolina Aetna HealthFund  |     |  |   |           |            |                         |   |           |            |
| CDHP Self  | 221 | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family  | 222 | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self  | 224 | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
| HDHP Family  | 225 | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| South Dakota HealthPartners Open Access Deductible                     |     |  |   |           |            |                         |   |           |            |
| OAD Self   | 534 | 200.67                                 | 227.61  | 169.22    | 58.39      | 25.26                   | 227.61  | 171.23    | 56.38      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO)              | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|--|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Plan - Option - Enrollment Code                    |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| OAD Family 535                                     | 461.55                                 | 523.54  | 384.18    | 139.36     | 57.82                   | 523.54  | 388.76    | 134.78     |
| South Dakota Sanford Health Plan                   |  |   |           |            |                         |   |           |            |
| High Self AU1                                      | 208.99                                 | 220.60  | 169.22    | 51.38      | 9.93                    | 220.60  | 171.23    | 49.37      |
| High Family AU2                                    | 480.90                                 | 507.62  | 384.18    | 123.44     | 22.55                   | 507.62  | 388.76    | 118.86     |
| Standard Self AU4                                  | 202.37                                 | 210.08  | 169.22    | 40.86      | 6.03                    | 210.08  | 171.23    | 38.85      |
| Standard Family AU5                                | 465.42                                 | 483.13  | 384.18    | 98.95      | 13.54                   | 483.13  | 388.76    | 94.37      |
| Tennessee Aetna HealthFund                         |  |   |           |            |                         |   |           |            |
| CDHP Self 221                                      | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family 222                                    | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self 224                                      | 145.83                                 | 123.69  | 108.23    | 15.46      | - .95                   | 123.69  | 109.77    | 13.92      |
| HDHP Family 225                                    | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Tennessee Aetna Open Access                        |  |   |           |            |                         |   |           |            |
| High Self 6J1                                      | 219.68                                 | 259.14  | 169.22    | 89.92      | 37.78                   | 259.14  | 171.23    | 87.91      |
| High Family 6J2                                    | 500.87                                 | 590.80  | 384.18    | 206.62     | 85.76                   | 590.80  | 388.76    | 202.04     |
| Tennessee Aetna Open Access                        |  |   |           |            |                         |   |           |            |
| High Self UB1                                      | 162.12                                 | 174.14  | 152.37    | 21.77      | 3.53                    | 174.14  | 154.55    | 19.59      |
| High Family UB2                                    | 413.37                                 | 444.06  | 384.18    | 59.88      | 13.38                   | 444.06  | 388.76    | 55.30      |
| Tennessee Humana CoverageFirst                     |  |   |           |            |                         |   |           |            |
| CDHP Self BT1                                      | 141.47                                 | 154.23  | 134.95    | 19.28      | 3.36                    | 154.23  | 136.88    | 17.35      |
| CDHP Family BT2                                    | 325.37                                 | 354.73  | 310.39    | 44.34      | 7.74                    | 354.73  | 314.82    | 39.91      |
| Tennessee Humana CoverageFirst                     |  |   |           |            |                         |   |           |            |
| CDHP Self L61                                      | 141.47                                 | 154.23  | 134.95    | 19.28      | 3.36                    | 154.23  | 136.88    | 17.35      |
| CDHP Family L62                                    | 325.37                                 | 354.73  | 310.39    | 44.34      | 7.74                    | 354.73  | 314.82    | 39.91      |
| Tennessee UnitedHealthcare Insurance Company, Inc. |  |   |           |            |                         |   |           |            |
| HDHP Self E91                                      | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family E92                                    | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Texas Aetna HealthFund                             |  |   |           |            |                         |   |           |            |
| CDHP Self 221                                      | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
| CDHP Family 222                                    | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
| HDHP Self 224                                      | 145.83                                 | 123.69  | 108.23    | 15.46      | - .95                   | 123.69  | 109.77    | 13.92      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |                      |                 |  |   |           |            |                         |   |           |            |
|--|----------------------|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |                      |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option               | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | HDHP Family          | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Texas  | Aetna Open Access    |                 |  |   |           |            |                         |   |           |            |
|  | High Self            | 8G1             | 181.77                                 | 201.33  | 169.22    | 32.11      | 11.66                   | 201.33  | 171.23    | 30.10      |
|  | High Family          | 8G2             | 453.80                                 | 502.66  | 384.18    | 118.48     | 44.69                   | 502.66  | 388.76    | 113.90     |
| Texas  | Aetna Open Access    |                 |  |   |           |            |                         |   |           |            |
|  | High Self            | P11             | 181.72                                 | 196.99  | 169.22    | 27.77      | 7.33                    | 196.99  | 171.23    | 25.76      |
|  | High Family          | P12             | 457.75                                 | 496.24  | 384.18    | 112.06     | 34.32                   | 496.24  | 388.76    | 107.48     |
| Texas  | Aetna Open Access    |                 |  |   |           |            |                         |   |           |            |
|  | High Self            | PU1             | 237.20                                 | 248.63  | 169.22    | 79.41      | 9.75                    | 248.63  | 171.23    | 77.40      |
|  | High Family          | PU2             | 581.94                                 | 610.00  | 384.18    | 225.82     | 23.89                   | 610.00  | 388.76    | 221.24     |
|  | Basic self           | PU4             | 197.28                                 | 203.20  | 169.22    | 33.98      | 4.24                    | 203.20  | 171.23    | 31.97      |
|  | Basic Family         | PU5             | 554.47                                 | 571.31  | 384.18    | 187.13     | 12.67                   | 571.31  | 388.76    | 182.55     |
| Texas  | Firstcare            |                 |  |   |           |            |                         |   |           |            |
|  | High Self            | 6U1             | 175.98                                 | 178.41  | 156.11    | 22.30      | 2.50                    | 178.41  | 158.34    | 20.07      |
|  | High Family          | 6U2             | 378.34                                 | 383.57  | 335.62    | 47.95      | 5.39                    | 383.57  | 340.42    | 43.15      |
| Texas  | Firstcare            |                 |  |   |           |            |                         |   |           |            |
|  | High Self            | CK1             | 225.83                                 | 234.54  | 169.22    | 65.32      | 7.03                    | 234.54  | 171.23    | 63.31      |
|  | High Family          | CK2             | 485.53                                 | 504.24  | 384.18    | 120.06     | 14.54                   | 504.24  | 388.76    | 115.48     |
| Texas  | Humana CoverageFirst |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self            | T21             | 141.47                                 | 147.21  | 128.81    | 18.40      | 2.48                    | 147.21  | 130.65    | 16.56      |
|  | CDHP Family          | T22             | 325.37                                 | 338.59  | 296.27    | 42.32      | 5.72                    | 338.59  | 300.50    | 38.09      |
| Texas  | Humana CoverageFirst |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self            | T81             | 141.47                                 | 168.25  | 147.22    | 21.03      | 5.11                    | 168.25  | 149.32    | 18.93      |
|  | CDHP Family          | T82             | 325.37                                 | 386.99  | 338.62    | 48.37      | 11.77                   | 386.99  | 343.45    | 43.54      |
| Texas  | Humana CoverageFirst |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self            | TP1             | 135.03                                 | 147.21  | 128.81    | 18.40      | 3.21                    | 147.21  | 130.65    | 16.56      |
|  | CDHP Family          | TP2             | 310.59                                 | 338.59  | 296.27    | 42.32      | 7.38                    | 338.59  | 300.50    | 38.09      |
| Texas  | Humana CoverageFirst |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self            | TU1             | 128.61                                 | 140.18  | 122.66    | 17.52      | 3.05                    | 140.18  | 124.41    | 15.77      |
|  | CDHP Family          | TU2             | 295.80                                 | 322.43  | 282.13    | 40.30      | 7.02                    | 322.43  | 286.16    | 36.27      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |               |  |   |            |                         |               |   |            |  |
|--|---------------|--|---|------------|-------------------------|---------------|---|------------|--|
| Health Maintenance Organization (HMO)                                  |               | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |            |                         |               | 2008 Biweekly Postal Premium Rates Category 2 |            |  |
| Plan - Option - Enrollment Code  | Total Premium |  | Govt Pays                                     | Empl. Pays | Change in empl. payment | Total Premium | Govt Pays                                     | Empl. Pays |  |
| Texas Humana CoverageFirst   |               |  |   |            |                         |               |   |            |  |
| CDHP Self TV1  | 141.47        | 147.21                                 | 128.81  | 18.40      | 2.48                    | 147.21        | 130.65  | 16.56      |  |
| CDHP Family TV2  | 325.37        | 338.59                                 | 296.27  | 42.32      | 5.72                    | 338.59        | 300.50  | 38.09      |  |
| Texas Humana Health Plan of Texas                                      |               |  |   |            |                         |               |   |            |  |
| High Self UR1  | 256.53        | 279.21                                 | 169.22  | 109.99     | 21.00                   | 279.21        | 171.23  | 107.98     |  |
| High Family UR2  | 590.02        | 642.20                                 | 384.18  | 258.02     | 48.01                   | 642.20        | 388.76  | 253.44     |  |
| Standard Self UR4  | 181.66        | 162.26                                 | 141.98  | 20.28      | -.16                    | 162.26        | 144.01  | 18.25      |  |
| Standard Family UR5  | 417.78        | 373.19                                 | 326.54  | 46.65      | -.35                    | 373.19        | 331.21  | 41.98      |  |
| Texas Pacificare of Texas  |               |  |   |            |                         |               |   |            |  |
| High Self GF1  | 199.20        | 238.30                                 | 169.22  | 69.08      | 37.42                   | 238.30        | 171.23  | 67.07      |  |
| High Family GF2  | 457.56        | 547.83                                 | 384.18  | 163.65     | 86.10                   | 547.83        | 388.76  | 159.07     |  |
| Utah Altius Health Plans   |               |  |   |            |                         |               |   |            |  |
| High Self 9K1  | 221.47        | 212.61                                 | 169.22  | 43.39      | -10.54                  | 212.61        | 171.23  | 41.38      |  |
| High Family 9K2  | 487.26        | 467.77                                 | 384.18  | 83.59      | -23.66                  | 467.77        | 388.76  | 79.01      |  |
| HDHP Self 9K4  | 214.24        | 184.08                                 | 161.07  | 23.01      | -23.69                  | 184.08        | 163.37  | 20.71      |  |
| HDHP Family 9K5  | 443.85        | 381.36                                 | 333.69  | 47.67      | -16.17                  | 381.36        | 338.46  | 42.90      |  |
| Utah Altius Health Plans   |               |  |   |            |                         |               |   |            |  |
| Standard Self DK4  | New Plan      | 181.33                                 | 158.66  | 22.67      | New Plan                | 181.33        | 160.93  | 20.40      |  |
| Standard Family DK5  | New Plan      | 398.93                                 | 349.06  | 49.87      | New Plan                | 398.93        | 354.05  | 44.88      |  |
| Vermont Aetna HealthFund   |               |  |   |            |                         |               |   |            |  |
| CDHP Self 221  | 131.28        | 151.50                                 | 132.56  | 18.94      | 4.17                    | 151.50        | 134.46  | 17.04      |  |
| CDHP Family 222  | 301.95        | 348.46                                 | 304.90  | 43.56      | 9.59                    | 348.46        | 309.26  | 39.20      |  |
| HDHP Self 224  | 145.83        | 123.69                                 | 108.23  | 15.46      | -.95                    | 123.69        | 109.77  | 13.92      |  |
| HDHP Family 225  | 332.49        | 270.87                                 | 237.01  | 33.86      | -3.55                   | 270.87        | 240.40  | 30.47      |  |
| Vermont MVP Health Care  |               |  |   |            |                         |               |   |            |  |
| High Self VW1  | 261.14        | 312.74                                 | 169.22  | 143.52     | 49.92                   | 312.74        | 171.23  | 141.51     |  |
| High Family VW2  | 674.62        | 807.72                                 | 384.18  | 423.54     | 128.93                  | 807.72        | 388.76  | 418.96     |  |
| Standard Self VW4  | 253.53        | 298.81                                 | 169.22  | 129.59     | 43.60                   | 298.81        | 171.23  | 127.58     |  |
| Standard Family VW5  | 654.95        | 771.78                                 | 384.18  | 387.60     | 112.66                  | 771.78        | 388.76  | 383.02     |  |
| Virgin Islands Triple-S  |               |  |   |            |                         |               |   |            |  |

| Postal Premium Rates for the Federal Employees Health Benefits Program |   |                 |  |   |           |            |                         |   |           |            |
|--|---|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |   |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option  | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | High Self   | 851             | 181.18                                 | 190.24  | 166.46    | 23.78      | 3.40                    | 190.24  | 168.84    | 21.40      |
|  | High Family                                       | 852             | 411.46                                 | 432.04  | 378.04    | 54.00      | 7.71                    | 432.04  | 383.44    | 48.60      |
| Virginia   | Aetna HealthFund                                  |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self   | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family                                       | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self   | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family                                       | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Virginia   | Aetna Open Access                                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | JN1             | 223.02                                 | 233.43  | 169.22    | 64.21      | 8.73                    | 233.43  | 171.23    | 62.20      |
|  | High Family                                       | JN2             | 499.54                                 | 522.85  | 384.18    | 138.67     | 19.14                   | 522.85  | 388.76    | 134.09     |
|  | Basic self  | JN4             | 139.78                                 | 156.72  | 137.13    | 19.59      | 3.86                    | 156.72  | 139.09    | 17.63      |
|  | Basic Family                                      | JN5             | 327.09                                 | 366.74  | 320.90    | 45.84      | 9.04                    | 366.74  | 325.48    | 41.26      |
| Virginia   | CareFirst BlueChoice                              |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | 2G1             | 200.66                                 | 206.67  | 169.22    | 37.45      | 4.33                    | 206.67  | 171.23    | 35.44      |
|  | High Family                                       | 2G2             | 451.40                                 | 464.94  | 384.18    | 80.76      | 9.37                    | 464.94  | 388.76    | 76.18      |
| Virginia   | Kaiser Foundation Health Plan Mid-Atlantic States |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | E31             | 197.38                                 | 204.41  | 169.22    | 35.19      | 5.35                    | 204.41  | 171.23    | 33.18      |
|  | High Family                                       | E32             | 465.11                                 | 478.88  | 384.18    | 94.70      | 9.60                    | 478.88  | 388.76    | 90.12      |
|  | Standard Self                                     | E34             | 117.58                                 | 111.70  | 97.74     | 13.96      | .73                     | 111.70  | 99.13     | 12.57      |
|  | Standard Family                                   | E35             | 279.83                                 | 265.83  | 232.60    | 33.23      | 1.75                    | 265.83  | 235.92    | 29.91      |
| Virginia   | M.D. IPA  |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | JP1             | 194.44                                 | 199.21  | 169.22    | 29.99      | 3.09                    | 199.21  | 171.23    | 27.98      |
|  | High Family                                       | JP2             | 448.38                                 | 459.38  | 384.18    | 75.20      | 6.83                    | 459.38  | 388.76    | 70.62      |
| Virginia   | Optima Health Plan                                |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | 9R1             | 206.79                                 | 219.20  | 169.22    | 49.98      | 10.73                   | 219.20  | 171.23    | 47.97      |
|  | High Family                                       | 9R2             | 489.30                                 | 518.66  | 384.18    | 134.48     | 25.19                   | 518.66  | 388.76    | 129.90     |
| Virginia   | Piedmont Community Healthcare                     |                 |  |   |           |            |                         |   |           |            |
|  | High Self   | 2C1             | 197.22                                 | 209.00  | 169.22    | 39.78      | 10.10                   | 209.00  | 171.23    | 37.77      |
|  | High Family                                       | 2C2             | 451.61                                 | 478.60  | 384.18    | 94.42      | 22.82                   | 478.60  | 388.76    | 89.84      |
|  | HDHP Self   | 2C4             | 183.74                                 | 242.11  | 169.22    | 72.89      | 52.22                   | 242.11  | 171.23    | 70.88      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |                 |  |   |           |            |                         |   |           |            |
|--|--|-----------------|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Health Maintenance Organization (HMO)                                  |  |                 | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
| Plan   | Option                                   | Enrollment Code |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
|  | HDHP Family                              | 2C5             | 409.16                                 | 530.08  | 384.18    | 145.90     | 99.87                   | 530.08  | 388.76    | 141.32     |
| Virginia   | UnitedHealthcare Insurance Company, Inc. |                 |  |   |           |            |                         |   |           |            |
|  | HDHP Self                                | E91             | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
|  | HDHP Family                              | E92             | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |
| Washington   | Aetna HealthFund                         |                 |  |   |           |            |                         |   |           |            |
|  | CDHP Self                                | 221             | 131.28                                 | 151.50  | 132.56    | 18.94      | 4.17                    | 151.50  | 134.46    | 17.04      |
|  | CDHP Family                              | 222             | 301.95                                 | 348.46  | 304.90    | 43.56      | 9.59                    | 348.46  | 309.26    | 39.20      |
|  | HDHP Self                                | 224             | 145.83                                 | 123.69  | 108.23    | 15.46      | -.95                    | 123.69  | 109.77    | 13.92      |
|  | HDHP Family                              | 225             | 332.49                                 | 270.87  | 237.01    | 33.86      | -3.55                   | 270.87  | 240.40    | 30.47      |
| Washington   | Aetna Open Access                        |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | 8J1             | 202.80                                 | 208.99  | 169.22    | 39.77      | 4.51                    | 208.99  | 171.23    | 37.76      |
|  | High Family                              | 8J2             | 515.74                                 | 531.47  | 384.18    | 147.29     | 11.56                   | 531.47  | 388.76    | 142.71     |
| Washington   | Group Health Cooperative                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | 541             | 205.25                                 | 222.18  | 169.22    | 52.96      | 15.25                   | 222.18  | 171.23    | 50.95      |
|  | High Family                              | 542             | 463.37                                 | 477.68  | 384.18    | 93.50      | 10.14                   | 477.68  | 388.76    | 88.92      |
|  | Standard Self                            | 544             | 172.59                                 | 141.62  | 123.92    | 17.70      | -1.72                   | 141.62  | 125.69    | 15.93      |
|  | Standard Family                          | 545             | 389.63                                 | 319.73  | 279.76    | 39.97      | -3.86                   | 319.73  | 283.76    | 35.97      |
| Washington   | Group Health Cooperative                 |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | VR1             | 227.14                                 | 234.94  | 169.22    | 65.72      | 6.12                    | 234.94  | 171.23    | 63.71      |
|  | High Family                              | VR2             | 522.40                                 | 505.12  | 384.18    | 120.94     | -21.45                  | 505.12  | 388.76    | 116.36     |
|  | Standard Self                            | VR4             | 176.18                                 | 145.25  | 127.09    | 18.16      | -1.66                   | 145.25  | 128.91    | 16.34      |
|  | Standard Family                          | VR5             | 405.20                                 | 334.09  | 292.33    | 41.76      | -3.82                   | 334.09  | 296.50    | 37.59      |
| Washington   | KPS Health Plans                         |                 |  |   |           |            |                         |   |           |            |
|  | Standard Self                            | L11             | 171.82                                 | 177.79  | 155.57    | 22.22      | 2.89                    | 177.79  | 157.79    | 20.00      |
|  | Standard Family                          | L12             | 370.85                                 | 383.74  | 335.77    | 47.97      | 6.25                    | 383.74  | 340.57    | 43.17      |
|  | HDHP Self                                | L14             | 142.55                                 | 147.28  | 128.87    | 18.41      | 2.37                    | 147.28  | 130.71    | 16.57      |
|  | HDHP Family                              | L15             | 311.49                                 | 321.83  | 281.60    | 40.23      | 5.19                    | 321.83  | 285.62    | 36.21      |
| Washington   | KPS Health Plans                         |                 |  |   |           |            |                         |   |           |            |
|  | High Self                                | VT1             | 209.81                                 | 217.10  | 169.22    | 47.88      | 5.61                    | 217.10  | 171.23    | 45.87      |
|  | High Family                              | VT2             | 458.46                                 | 474.40  | 384.18    | 90.22      | 11.77                   | 474.40  | 388.76    | 85.64      |

| Postal Premium Rates for the Federal Employees Health Benefits Program |  |   |               |           |            |   |               |           |            |
|--|--|---|---------------|-----------|------------|---|---------------|-----------|------------|
| Health Maintenance Organization (HMO)                                  | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |               |           |            | 2008 Biweekly Postal Premium Rates Category 2 |               |           |            |
|  |  | Plan - Option - Enrollment Code               | Total Premium | Govt Pays | Empl. Pays | Change in empl. payment                       | Total Premium | Govt Pays | Empl. Pays |
| Washington Kaiser Foundation Health Plan of Northwest                  |  |   |               |           |            |   |               |           |            |
| High Self  | 571                                    | 209.57  | 217.88        | 169.22    | 48.66      | 6.63  | 217.88        | 171.23    | 46.65      |
| High Family  | 572                                    | 482.02  | 500.52        | 384.18    | 116.34     | 14.33   | 500.52        | 388.76    | 111.76     |
| Standard Self  | 574                                    | 173.74  | 176.94        | 154.82    | 22.12      | 2.57  | 176.94        | 157.03    | 19.91      |
| Standard Family  | 575                                    | 399.62  | 406.46        | 355.65    | 50.81      | 5.85  | 406.46        | 360.73    | 45.73      |
| Washington Pacificare of Washington                                    |  |   |               |           |            |   |               |           |            |
| High Self  | SA1                                    | 171.40  | 198.04        | 169.22    | 28.82      | 9.54  | 198.04        | 171.23    | 26.81      |
| High Family  | SA2                                    | 401.59  | 455.51        | 384.18    | 71.33      | 26.15   | 455.51        | 388.76    | 66.75      |
| Washington UnitedHealthcare Insurance Company, Inc.                    |  |   |               |           |            |   |               |           |            |
| HDHP Self  | E91                                    | 126.11  | 165.32        | 144.66    | 20.66      | 6.47  | 165.32        | 146.72    | 18.60      |
| HDHP Family  | E92                                    | 276.33  | 365.60        | 319.90    | 45.70      | 14.61   | 365.60        | 324.47    | 41.13      |
| West Virginia Aetna HealthFund   |  |   |               |           |            |   |               |           |            |
| CDHP Self  | 221                                    | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family  | 222                                    | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self  | 224                                    | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family  | 225                                    | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| West Virginia The Health Plan of the Upper Ohio Valley                 |  |   |               |           |            |   |               |           |            |
| High Self  | U41                                    | 166.51  | 191.01        | 167.13    | 23.88      | 5.15  | 191.01        | 169.52    | 21.49      |
| High Family  | U42                                    | 382.97  | 439.32        | 384.18    | 55.14      | 12.06   | 439.32        | 388.76    | 50.56      |
| Wisconsin Aetna HealthFund   |  |   |               |           |            |   |               |           |            |
| CDHP Self  | 221                                    | 131.28  | 151.50        | 132.56    | 18.94      | 4.17  | 151.50        | 134.46    | 17.04      |
| CDHP Family  | 222                                    | 301.95  | 348.46        | 304.90    | 43.56      | 9.59  | 348.46        | 309.26    | 39.20      |
| HDHP Self  | 224                                    | 145.83  | 123.69        | 108.23    | 15.46      | -.95  | 123.69        | 109.77    | 13.92      |
| HDHP Family  | 225                                    | 332.49  | 270.87        | 237.01    | 33.86      | -3.55   | 270.87        | 240.40    | 30.47      |
| Wisconsin Dean Health Plan   |  |   |               |           |            |   |               |           |            |
| High Self  | WD1                                    | 185.89  | 182.49        | 159.68    | 22.81      | 1.90  | 182.49        | 161.96    | 20.53      |
| High Family  | WD2                                    | 492.61  | 456.22        | 384.18    | 72.04      | -40.56  | 456.22        | 388.76    | 67.46      |
| Wisconsin Group Health Cooperative                                     |  |   |               |           |            |   |               |           |            |
| High Self  | WJ1                                    | 167.07  | 179.26        | 156.85    | 22.41      | 3.61  | 179.26        | 159.09    | 20.17      |
| High Family  | WJ2                                    | 445.39  | 477.90        | 384.18    | 93.72      | 28.34   | 477.90        | 388.76    | 89.14      |

## Postal Premium Rates for the Federal Employees Health Benefits Program

| Health Maintenance Organization (HMO)                   | 2007 Total Biweekly Premium Category 1 | 2008 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2008 Biweekly Postal Premium Rates Category 2 |           |            |
|---|--|---|-----------|------------|-------------------------|---|-----------|------------|
| Plan - Option - Enrollment Code                         |  | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium                                 | Govt Pays | Empl. Pays |
| Wisconsin HealthPartners Classic/Open Access Deductible |  |   |           |            |                         |   |           |            |
| Classic Self 531  | 255.79                                 | 248.49  | 169.22    | 79.27      | -8.98                   | 248.49  | 171.23    | 77.26      |
| Classic Family 532                                      | 588.80                                 | 572.01  | 384.18    | 187.83     | -20.96                  | 572.01  | 388.76    | 183.25     |
| OAD Self 534  | 200.67                                 | 227.61  | 169.22    | 58.39      | 25.26                   | 227.61  | 171.23    | 56.38      |
| OAD Family 535  | 461.55                                 | 523.54  | 384.18    | 139.36     | 57.82                   | 523.54  | 388.76    | 134.78     |
| Wisconsin HealthPartners Primary Clinic Plan            |  |   |           |            |                         |   |           |            |
| High Self HQ1   | 300.29                                 | 263.55  | 169.22    | 94.33      | -38.42                  | 263.55  | 171.23    | 92.32      |
| High Family HQ2   | 691.25                                 | 606.66  | 384.18    | 222.48     | -88.76                  | 606.66  | 388.76    | 217.90     |
| Wisconsin Humana CoverageFirst                          |  |   |           |            |                         |   |           |            |
| CDHP Self FB1   | 147.90                                 | 161.24  | 141.09    | 20.15      | 3.51                    | 161.24  | 143.10    | 18.14      |
| CDHP Family FB2   | 340.16                                 | 370.84  | 324.49    | 46.35      | 8.08                    | 370.84  | 329.12    | 41.72      |
| Wisconsin UnitedHealthcare Insurance Company, Inc.      |  |   |           |            |                         |   |           |            |
| HDHP Self E91   | 126.11                                 | 165.32  | 144.66    | 20.66      | 6.47                    | 165.32  | 146.72    | 18.60      |
| HDHP Family E92   | 276.33                                 | 365.60  | 319.90    | 45.70      | 14.61                   | 365.60  | 324.47    | 41.13      |