

More information on the 2008 Postal FEHB Premium Categories

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	
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	

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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

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		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

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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

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		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

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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	

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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

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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	
Illinois	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
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
	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