

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
|--|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|--------|--|
| Health Management Organizations (HMO)                                      |               | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |                         |               | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |                         |        |  |
| Plan - Option - Enrollment Code  | Total Premium |                             | Gov't Pays                  | Empl. Pays | Change in empl. payment | Total Premium |                            | Gov't Pays                 | Empl. Pays | Change in empl. payment |        |  |
| Alabama Aetna HealthFund   |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| CDHP Self  | 221           | 131.28                      | 151.50                      | 113.63     | 37.87                   | 5.05          | 284.44                     | 328.25                     | 246.19     | 82.06                   | 10.95  |  |
| CDHP Family  | 222           | 301.95                      | 348.46                      | 261.35     | 87.11                   | 11.62         | 654.23                     | 755.00                     | 566.25     | 188.75                  | 25.19  |  |
| HDHP Self  | 224           | 145.83                      | 123.69                      | 92.77      | 30.92                   | -5.54         | 315.97                     | 268.00                     | 201.00     | 67.00                   | -11.99 |  |
| HDHP Family  | 225           | 332.49                      | 270.87                      | 203.15     | 67.72                   | -15.40        | 720.40                     | 586.89                     | 440.17     | 146.72                  | -33.38 |  |
| Alaska Aetna HealthFund  |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| CDHP Self  | 221           | 131.28                      | 151.50                      | 113.63     | 37.87                   | 5.05          | 284.44                     | 328.25                     | 246.19     | 82.06                   | 10.95  |  |
| CDHP Family  | 222           | 301.95                      | 348.46                      | 261.35     | 87.11                   | 11.62         | 654.23                     | 755.00                     | 566.25     | 188.75                  | 25.19  |  |
| HDHP Self  | 224           | 145.83                      | 123.69                      | 92.77      | 30.92                   | -5.54         | 315.97                     | 268.00                     | 201.00     | 67.00                   | -11.99 |  |
| HDHP Family  | 225           | 332.49                      | 270.87                      | 203.15     | 67.72                   | -15.40        | 720.40                     | 586.89                     | 440.17     | 146.72                  | -33.38 |  |
| Arizona Aetna HealthFund   |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| CDHP Self  | 221           | 131.28                      | 151.50                      | 113.63     | 37.87                   | 5.05          | 284.44                     | 328.25                     | 246.19     | 82.06                   | 10.95  |  |
| CDHP Family  | 222           | 301.95                      | 348.46                      | 261.35     | 87.11                   | 11.62         | 654.23                     | 755.00                     | 566.25     | 188.75                  | 25.19  |  |
| HDHP Self  | 224           | 145.83                      | 123.69                      | 92.77      | 30.92                   | -5.54         | 315.97                     | 268.00                     | 201.00     | 67.00                   | -11.99 |  |
| HDHP Family  | 225           | 332.49                      | 270.87                      | 203.15     | 67.72                   | -15.40        | 720.40                     | 586.89                     | 440.17     | 146.72                  | -33.38 |  |
| Arizona Aetna Open Access  |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| High Self  | WQ1           | 167.52                      | 182.54                      | 136.91     | 45.63                   | 3.75          | 362.96                     | 395.50                     | 296.63     | 98.87                   | 8.13   |  |
| High Family  | WQ2           | 418.83                      | 456.36                      | 329.30     | 127.06                  | 22.35         | 907.47                     | 988.78                     | 713.48     | 275.30                  | 48.43  |  |
| Arizona Health Net of Arizona, Inc.  |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| High Self  | A71           | 175.50                      | 183.75                      | 137.81     | 45.94                   | 2.07          | 380.25                     | 398.13                     | 298.60     | 99.53                   | 4.47   |  |
| High Family  | A72           | 444.66                      | 465.54                      | 329.30     | 136.24                  | 13.47         | 963.43                     | 1008.67                    | 713.48     | 295.19                  | 29.19  |  |
| Standard Self  | A74           | 146.32                      | 158.29                      | 118.72     | 39.57                   | 2.99          | 317.03                     | 342.96                     | 257.22     | 85.74                   | 6.48   |  |
| Standard Family  | A75           | 370.73                      | 401.02                      | 300.77     | 100.25                  | 7.57          | 803.25                     | 868.88                     | 651.66     | 217.22                  | 16.41  |  |
| Arizona Humana CoverageFirst   |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| CDHP Self  | DB1           | 115.75                      | 119.17                      | 89.38      | 29.79                   | .85           | 250.79                     | 258.20                     | 193.65     | 64.55                   | 1.85   |  |
| CDHP Family  | DB2           | 266.22                      | 274.10                      | 205.58     | 68.52                   | 1.97          | 576.81                     | 593.88                     | 445.41     | 148.47                  | 4.27   |  |
| Arizona PacifiCare of Arizona  |               |                             |                             |            |                         |               |                            |                            |            |                         |        |  |
| High Self  | A31           | 184.77                      | 209.24                      | 145.04     | 64.20                   | 18.01         | 400.34                     | 453.35                     | 314.25     | 139.10                  | 39.02  |  |
| High Family  | A32           | 453.16                      | 502.23                      | 329.30     | 172.93                  | 41.66         | 981.85                     | 1088.17                    | 713.48     | 374.69                  | 90.27  |  |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----------------|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |                 | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan   | Option                                   | Enrollment Code |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Arizona  | UnitedHealthcare Insurance Company, Inc. |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | E91             | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                              | E92             | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Arkansas   | Aetna HealthFund                         |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 221             | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                              | 222             | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                | 224             | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                              | 225             | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Arkansas   | UnitedHealthcare Insurance Company, Inc. |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | E91             | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                              | E92             | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| California   | Aetna HealthFund                         |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 221             | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                              | 222             | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                | 224             | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                              | 225             | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| California   | Aetna Open Access                        |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 2X1             | 125.84                      | 141.26                      | 105.95     | 35.31      | 3.85                    | 272.65                     | 306.06                     | 229.55     | 76.51      | 8.35                    |
|  | High Family                              | 2X2             | 310.02                      | 348.00                      | 261.00     | 87.00      | 9.50                    | 671.71                     | 754.00                     | 565.50     | 188.50     | 20.57                   |
| California   | Blue Cross- HMO                          |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | M51             | 203.78                      | 217.43                      | 145.04     | 72.39      | 10.53                   | 441.52                     | 471.10                     | 314.25     | 156.85     | 22.82                   |
|  | High Family                              | M52             | 522.70                      | 557.72                      | 329.30     | 228.42     | 27.61                   | 1132.52                    | 1208.39                    | 713.48     | 494.91     | 59.82                   |
| California   | Blue Shield of CA Access+HMO             |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | SJ1             | 183.14                      | 183.14                      | 137.36     | 45.78      | .00                     | 396.80                     | 396.80                     | 297.60     | 99.20      | .00                     |
|  | High Family                              | SJ2             | 454.31                      | 454.31                      | 329.30     | 125.01     | -7.41                   | 984.34                     | 984.34                     | 713.48     | 270.86     | -16.05                  |
| California   | Health Net of California                 |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | LB1             | 193.77                      | 250.86                      | 145.04     | 105.82     | 53.97                   | 419.84                     | 543.53                     | 314.25     | 229.28     | 116.93                  |
|  | High Family                              | LB2             | 448.02                      | 580.02                      | 329.30     | 250.72     | 124.59                  | 970.71                     | 1256.71                    | 713.48     | 543.23     | 269.95                  |
|  | Standard Self                            | LB4             | New Plan                    | 236.76                      | 145.04     | 91.72      | New Plan                | New Plan                   | 512.98                     | 314.25     | 198.73     | New Plan                |
|  | Standard Family                          | LB5             | New Plan                    | 547.40                      | 329.30     | 218.10     | New Plan                | New Plan                   | 1186.03                    | 713.48     | 472.55     | New Plan                |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|--|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |
| Plan - Option - Enrollment Code  |   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |
| California   | Health Net of California                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                   | LP1 | New Plan                    | 185.97                      | 139.48     | 46.49      | New Plan                | New Plan                   | 402.94                     | 302.21     | 100.73     | New Plan                |        |
|  | High Family                                 | LP2 | New Plan                    | 429.98                      | 322.49     | 107.49     | New Plan                | New Plan                   | 931.62                     | 698.72     | 232.90     | New Plan                |        |
|  | Standard Self                               | LP4 | New Plan                    | 176.82                      | 132.62     | 44.20      | New Plan                | New Plan                   | 383.11                     | 287.33     | 95.78      | New Plan                |        |
|  | Standard Family                             | LP5 | New Plan                    | 408.83                      | 306.62     | 102.21     | New Plan                | New Plan                   | 885.80                     | 664.35     | 221.45     | New Plan                |        |
| California   | Kaiser Foundation Health Plan of California |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                   | 591 |                             | 211.22                      | 223.51     | 145.04     | 78.47                   | 9.17                       | 457.64                     | 484.27     | 314.25     | 170.02                  | 19.87  |
|  | High Family                                 | 592 |                             | 504.20                      | 533.54     | 329.30     | 204.24                  | 21.93                      | 1092.43                    | 1156.00    | 713.48     | 442.52                  | 47.52  |
|  | Standard Self                               | 594 |                             | 136.26                      | 155.74     | 116.81     | 38.93                   | 4.87                       | 295.23                     | 337.44     | 253.08     | 84.36                   | 10.55  |
|  | Standard Family                             | 595 |                             | 325.28                      | 371.76     | 278.82     | 92.94                   | 11.62                      | 704.77                     | 805.48     | 604.11     | 201.37                  | 25.18  |
| California   | Kaiser Foundation Health Plan of California |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                   | 621 |                             | 181.84                      | 190.21     | 142.66     | 47.55                   | 2.09                       | 393.99                     | 412.12     | 309.09     | 103.03                  | 4.53   |
|  | High Family                                 | 622 |                             | 420.28                      | 439.61     | 329.30     | 110.31                  | 5.24                       | 910.61                     | 952.49     | 713.48     | 239.01                  | 11.36  |
|  | Standard Self                               | 624 |                             | 117.58                      | 119.36     | 89.52      | 29.84                   | .45                        | 254.76                     | 258.61     | 193.96     | 64.65                   | .96    |
|  | Standard Family                             | 625 |                             | 271.77                      | 275.88     | 206.91     | 68.97                   | 1.03                       | 588.84                     | 597.74     | 448.31     | 149.43                  | 2.22   |
| California   | PacifiCare of California                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                   | CY1 |                             | 165.34                      | 184.91     | 138.68     | 46.23                   | 4.90                       | 358.24                     | 400.64     | 300.48     | 100.16                  | 10.60  |
|  | High Family                                 | CY2 |                             | 383.62                      | 429.01     | 321.76     | 107.25                  | 11.35                      | 831.18                     | 929.52     | 697.14     | 232.38                  | 24.59  |
| California   | UnitedHealthcare Insurance Company, Inc.    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self                                   | E91 |                             | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family                                 | E92 |                             | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35  |
| Colorado   | Aetna HealthFund                            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self                                   | 221 |                             | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family                                 | 222 |                             | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self                                   | 224 |                             | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family                                 | 225 |                             | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| Colorado   | Aetna Open Access                           |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                   | 9E1 |                             | 233.81                      | 248.42     | 145.04     | 103.38                  | 11.49                      | 506.59                     | 538.24     | 314.25     | 223.99                  | 24.89  |
|  | High Family                                 | 9E2 |                             | 548.70                      | 583.02     | 329.30     | 253.72                  | 26.91                      | 1188.85                    | 1263.21    | 713.48     | 549.73                  | 58.31  |
|  | Basic self                                  | 9E4 |                             | 157.23                      | 194.97     | 145.04     | 49.93                   | 10.62                      | 340.67                     | 422.44     | 314.25     | 108.19                  | 23.02  |

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|--|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Colorado   | Basic Family                              | 9E5 | 422.68                      | 486.09                      | 329.30     | 156.79     | 51.12                   | 915.81                     | 1053.20                    | 713.48     | 339.72     | 110.77                  |
|  | Humana CoverageFirst                      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                 | 7T1 | 128.61                      | 133.20                      | 99.90      | 33.30      | 1.15                    | 278.66                     | 288.60                     | 216.45     | 72.15      | 2.49                    |
|  | CDHP Family                               | 7T2 | 295.80                      | 306.36                      | 229.77     | 76.59      | 2.64                    | 640.90                     | 663.78                     | 497.84     | 165.94     | 5.72                    |
| Colorado   | Humana CoverageFirst                      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                 | FC1 | 135.03                      | 140.20                      | 105.15     | 35.05      | 1.29                    | 292.57                     | 303.77                     | 227.83     | 75.94      | 2.80                    |
|  | CDHP Family                               | FC2 | 310.59                      | 322.47                      | 241.85     | 80.62      | 2.97                    | 672.95                     | 698.69                     | 524.02     | 174.67     | 6.43                    |
| Colorado   | Kaiser Foundation Health Plan of Colorado |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                 | 651 | 204.62                      | 207.92                      | 145.04     | 62.88      | .18                     | 443.34                     | 450.49                     | 314.25     | 136.24     | .39                     |
|  | High Family                               | 652 | 468.57                      | 476.13                      | 329.30     | 146.83     | .15                     | 1015.24                    | 1031.62                    | 713.48     | 318.14     | .33                     |
|  | Standard Self                             | 654 | 156.92                      | 138.65                      | 103.99     | 34.66      | -4.57                   | 339.99                     | 300.41                     | 225.31     | 75.10      | -9.90                   |
|  | Standard Family                           | 655 | 359.33                      | 317.51                      | 238.13     | 79.38      | -10.45                  | 778.55                     | 687.94                     | 515.96     | 171.98     | -22.66                  |
| Colorado   | PacifiCare of Colorado                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                 | D61 | 202.92                      | 223.19                      | 145.04     | 78.15      | 17.15                   | 439.66                     | 483.58                     | 314.25     | 169.33     | 37.16                   |
|  | High Family                               | D62 | 479.27                      | 527.45                      | 329.30     | 198.15     | 40.77                   | 1038.42                    | 1142.81                    | 713.48     | 429.33     | 88.34                   |
| Connecticut  | Aetna HealthFund                          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                 | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                               | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                 | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                               | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Connecticut  | Aetna Open Access                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                 | JC1 | 211.84                      | 217.04                      | 145.04     | 72.00      | 2.08                    | 458.99                     | 470.25                     | 314.25     | 156.00     | 4.50                    |
|  | High Family                               | JC2 | 521.42                      | 534.21                      | 329.30     | 204.91     | 5.38                    | 1129.74                    | 1157.46                    | 713.48     | 443.98     | 11.67                   |
|  | Basic self                                | JC4 | 179.16                      | 184.54                      | 138.41     | 46.13      | 1.34                    | 388.18                     | 399.84                     | 299.88     | 99.96      | 2.92                    |
|  | Basic Family                              | JC5 | 504.67                      | 469.34                      | 329.30     | 140.04     | -42.74                  | 1093.45                    | 1016.90                    | 713.48     | 303.42     | -92.60                  |
| Connecticut  | ConnectiCare                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                 | TE1 | 211.59                      | 227.18                      | 145.04     | 82.14      | 12.47                   | 458.45                     | 492.22                     | 314.25     | 177.97     | 27.01                   |
|  | High Family                               | TE2 | 481.44                      | 516.91                      | 329.30     | 187.61     | 28.06                   | 1043.12                    | 1119.97                    | 713.48     | 406.49     | 60.80                   |
|  | Standard Self                             | TE4 | 155.27                      | 202.33                      | 145.04     | 57.29      | 18.47                   | 336.42                     | 438.38                     | 314.25     | 124.13     | 40.03                   |
|  | Standard Family                           | TE5 | 353.30                      | 460.36                      | 329.30     | 131.06     | 42.74                   | 765.48                     | 997.45                     | 713.48     | 283.97     | 92.60                   |

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|--|-----------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                 |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                 |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Delaware Aetna HealthFund  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self       | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family     | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self       | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family     | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Delaware Aetna Open Access   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | P31 | 241.19                      | 241.47                      | 145.04     | 96.43      | -2.84                   | 522.58                     | 523.19                     | 314.25     | 208.94     | -6.15                   |
|  | High Family     | P32 | 581.95                      | 582.63                      | 329.30     | 253.33     | -6.73                   | 1260.89                    | 1262.37                    | 713.48     | 548.89     | -14.57                  |
|  | Basic self      | P34 | 172.16                      | 184.20                      | 138.15     | 46.05      | 3.01                    | 373.01                     | 399.10                     | 299.33     | 99.77      | 6.52                    |
|  | Basic Family    | P35 | 427.98                      | 440.82                      | 329.30     | 111.52     | 4.53                    | 927.29                     | 955.11                     | 713.48     | 241.63     | 9.81                    |
| Delaware Coventry Health Care  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | 2J1 | 194.08                      | 215.44                      | 145.04     | 70.40      | 18.24                   | 420.51                     | 466.79                     | 314.25     | 152.54     | 39.52                   |
|  | High Family     | 2J2 | 485.21                      | 538.58                      | 329.30     | 209.28     | 45.96                   | 1051.29                    | 1166.92                    | 713.48     | 453.44     | 99.58                   |
|  | Standard Self   | 2J4 | 155.67                      | 172.79                      | 129.59     | 43.20      | 4.28                    | 337.29                     | 374.38                     | 280.79     | 93.59      | 9.27                    |
|  | Standard Family | 2J5 | 389.17                      | 431.97                      | 323.98     | 107.99     | 10.70                   | 843.20                     | 935.94                     | 701.96     | 233.98     | 23.18                   |
| Delaware Coventry Health Care HDHP   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | LK1 | 131.10                      | 145.53                      | 109.15     | 36.38      | 3.61                    | 284.05                     | 315.32                     | 236.49     | 78.83      | 7.82                    |
|  | HDHP Family     | LK2 | 317.66                      | 352.60                      | 264.45     | 88.15      | 8.74                    | 688.26                     | 763.97                     | 572.98     | 190.99     | 18.93                   |
| District of Columbia Aetna HealthFund                                      |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self       | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family     | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self       | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family     | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| District of Columbia Aetna Open Access                                     |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | JN1 | 223.02                      | 233.43                      | 145.04     | 88.39      | 7.29                    | 483.21                     | 505.77                     | 314.25     | 191.52     | 15.80                   |
|  | High Family     | JN2 | 499.54                      | 522.85                      | 329.30     | 193.55     | 15.90                   | 1082.34                    | 1132.84                    | 713.48     | 419.36     | 34.45                   |
|  | Basic self      | JN4 | 139.78                      | 156.72                      | 117.54     | 39.18      | 4.24                    | 302.86                     | 339.56                     | 254.67     | 84.89      | 9.18                    |
|  | Basic Family    | JN5 | 327.09                      | 366.74                      | 275.06     | 91.68      | 9.91                    | 708.70                     | 794.60                     | 595.95     | 198.65     | 21.48                   |
| District of Columbia CareFirst BlueChoice                                  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | 2G1 | 200.66                      | 206.67                      | 145.04     | 61.63      | 2.89                    | 434.76                     | 447.79                     | 314.25     | 133.54     | 6.27                    |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|--|-----------------|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |                 | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |
| Plan - Option - Enrollment Code  |                 |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |
|  | High Family     | 2G2                         | 451.40                      | 464.94     | 329.30     | 135.64                  | 6.13                       | 978.03                     | 1007.37    | 713.48     | 293.89                  | 13.29  |
| District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States     |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | E31                         | 197.38                      | 204.41     | 145.04     | 59.37                   | 3.91                       | 427.66                     | 442.89     | 314.25     | 128.64                  | 8.47   |
|  | High Family     | E32                         | 465.11                      | 478.88     | 329.30     | 149.58                  | 6.36                       | 1007.74                    | 1037.57    | 713.48     | 324.09                  | 13.78  |
|  | Standard Self   | E34                         | 117.58                      | 111.70     | 83.78      | 27.92                   | -1.47                      | 254.76                     | 242.02     | 181.52     | 60.50                   | -3.19  |
|  | Standard Family | E35                         | 279.83                      | 265.83     | 199.37     | 66.46                   | -3.50                      | 606.30                     | 575.97     | 431.98     | 143.99                  | -7.58  |
| District of Columbia M.D. IPA  |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | JP1                         | 194.44                      | 199.21     | 145.04     | 54.17                   | 1.65                       | 421.29                     | 431.62     | 314.25     | 117.37                  | 3.57   |
|  | High Family     | JP2                         | 448.38                      | 459.38     | 329.30     | 130.08                  | 3.59                       | 971.49                     | 995.32     | 713.48     | 281.84                  | 7.78   |
| District of Columbia UnitedHealthcare Insurance Company, Inc.              |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self       | E91                         | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family     | E92                         | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35  |
| Florida Aetna HealthFund   |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family     | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self       | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family     | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| Florida Av-Med Health Plan   |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | ML1                         | 180.15                      | 185.04     | 138.78     | 46.26                   | 1.22                       | 390.33                     | 400.92     | 300.69     | 100.23                  | 2.65   |
|  | High Family     | ML2                         | 468.29                      | 481.03     | 329.30     | 151.73                  | 5.33                       | 1014.63                    | 1042.23    | 713.48     | 328.75                  | 11.55  |
|  | Standard Self   | ML4                         | 150.89                      | 167.13     | 125.35     | 41.78                   | 4.06                       | 326.93                     | 362.12     | 271.59     | 90.53                   | 8.80   |
|  | Standard Family | ML5                         | 392.32                      | 434.45     | 325.84     | 108.61                  | 10.53                      | 850.03                     | 941.31     | 705.98     | 235.33                  | 22.82  |
| Florida Capital Health Plan  |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | EA1                         | 149.93                      | 164.49     | 123.37     | 41.12                   | 3.64                       | 324.85                     | 356.40     | 267.30     | 89.10                   | 7.89   |
|  | High Family     | EA2                         | 397.32                      | 435.92     | 326.94     | 108.98                  | 9.65                       | 860.86                     | 944.49     | 708.37     | 236.12                  | 20.91  |
| Florida Humana CoverageFirst   |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | BP1                         | 141.47                      | 154.23     | 115.67     | 38.56                   | 3.19                       | 306.52                     | 334.17     | 250.63     | 83.54                   | 6.91   |
|  | CDHP Family     | BP2                         | 325.37                      | 354.73     | 266.05     | 88.68                   | 7.34                       | 704.97                     | 768.58     | 576.44     | 192.14                  | 15.90  |
| Florida Humana CoverageFirst   |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | DL1                         | 154.34                      | 168.25     | 126.19     | 42.06                   | 3.48                       | 334.40                     | 364.54     | 273.41     | 91.13                   | 7.53   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|------------------------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                              |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                              |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Florida  | CDHP Family                  | DL2 | 354.97                      | 386.99                      | 290.24     | 96.75      | 8.01                    | 769.10                     | 838.48                     | 628.86     | 209.62     | 17.35                   |
|  | Humana CoverageFirst         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                    | MJ1 | 141.47                      | 140.20                      | 105.15     | 35.05      | -.32                    | 306.52                     | 303.77                     | 227.83     | 75.94      | -.69                    |
|  | CDHP Family                  | MJ2 | 325.37                      | 322.47                      | 241.85     | 80.62      | -.72                    | 704.97                     | 698.69                     | 524.02     | 174.67     | -1.57                   |
| Florida  | Humana CoverageFirst         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                    | MQ1 | 141.47                      | 161.24                      | 120.93     | 40.31      | 4.94                    | 306.52                     | 349.35                     | 262.01     | 87.34      | 10.71                   |
|  | CDHP Family                  | MQ2 | 325.37                      | 370.84                      | 278.13     | 92.71      | 11.37                   | 704.97                     | 803.49                     | 602.62     | 200.87     | 24.63                   |
| Florida  | Humana CoverageFirst         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                    | QP1 | 128.61                      | 126.14                      | 94.61      | 31.53      | -.62                    | 278.66                     | 273.30                     | 204.98     | 68.32      | -1.34                   |
|  | CDHP Family                  | QP2 | 295.80                      | 290.14                      | 217.61     | 72.53      | -1.42                   | 640.90                     | 628.64                     | 471.48     | 157.16     | -3.06                   |
| Florida  | Humana CoverageFirst         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                    | YG1 | 141.47                      | 154.23                      | 115.67     | 38.56      | 3.19                    | 306.52                     | 334.17                     | 250.63     | 83.54      | 6.91                    |
|  | CDHP Family                  | YG2 | 325.37                      | 354.73                      | 266.05     | 88.68      | 7.34                    | 704.97                     | 768.58                     | 576.44     | 192.14     | 15.90                   |
| Florida  | Humana Medical Plan, Inc.    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                    | EE1 | 158.50                      | 166.13                      | 124.60     | 41.53      | 1.91                    | 343.42                     | 359.95                     | 269.96     | 89.99      | 4.14                    |
|  | High Family                  | EE2 | 364.54                      | 382.12                      | 286.59     | 95.53      | 4.40                    | 789.84                     | 827.93                     | 620.95     | 206.98     | 9.52                    |
|  | Standard Self                | EE4 | New Plan                    | 145.82                      | 109.37     | 36.45      | New Plan                | New Plan                   | 315.94                     | 236.96     | 78.98      | New Plan                |
|  | Standard Family              | EE5 | New Plan                    | 335.40                      | 251.55     | 83.85      | New Plan                | New Plan                   | 726.70                     | 545.03     | 181.67     | New Plan                |
| Florida  | Humana Medical Plan, Inc.    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                    | LL1 | New Plan                    | 205.10                      | 145.04     | 60.06      | New Plan                | New Plan                   | 444.38                     | 314.25     | 130.13     | New Plan                |
|  | High Family                  | LL2 | New Plan                    | 471.74                      | 329.30     | 142.44     | New Plan                | New Plan                   | 1022.10                    | 713.48     | 308.62     | New Plan                |
|  | Standard Self                | LL4 | New Plan                    | 162.03                      | 121.52     | 40.51      | New Plan                | New Plan                   | 351.07                     | 263.30     | 87.77      | New Plan                |
|  | Standard Family              | LL5 | New Plan                    | 372.67                      | 279.50     | 93.17      | New Plan                | New Plan                   | 807.45                     | 605.59     | 201.86     | New Plan                |
| Florida  | JMH Health Plan              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                    | J81 | 175.34                      | 205.21                      | 145.04     | 60.17      | 16.34                   | 379.90                     | 444.62                     | 314.25     | 130.37     | 35.40                   |
|  | High Family                  | J82 | 433.87                      | 492.63                      | 329.30     | 163.33     | 51.35                   | 940.05                     | 1067.37                    | 713.48     | 353.89     | 111.27                  |
|  | Standard Self                | J84 | New Plan                    | 197.06                      | 145.04     | 52.02      | 52.02                   | New Plan                   | 426.96                     | 314.25     | 112.71     | 112.71                  |
|  | Standard Family              | J85 | New Plan                    | 462.04                      | 329.30     | 132.74     | 132.74                  | New Plan                   | 1001.09                    | 713.48     | 287.61     | 287.61                  |
| Florida  | United Healthcare of Florida |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                    | R31 | New Plan                    | 196.29                      | 145.04     | 51.25      | New Plan                | New Plan                   | 425.30                     | 314.25     | 111.05     | New Plan                |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|--|-----------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |                 |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |
| Plan - Option - Enrollment Code  |                 |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |
| Florida  | High Family     | R32 | New Plan                    | 445.56                      | 329.30     | 116.26     | New Plan                | New Plan                   | 965.38                     | 713.48     | 251.90     | New Plan                |        |
| Florida UnitedHealthcare Insurance Company, Inc.                           |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self       | E91 |                             | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family     | E92 |                             | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35  |
| Florida Vista Healthplan of South Florida                                  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | 5E1 |                             | 125.42                      | 137.00     | 102.75     | 34.25                   | 2.90                       | 271.74                     | 296.83     | 222.62     | 74.21                   | 6.28   |
|  | High Family     | 5E2 |                             | 344.97                      | 376.80     | 282.60     | 94.20                   | 7.96                       | 747.44                     | 816.40     | 612.30     | 204.10                  | 17.24  |
| Georgia Aetna HealthFund   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | 221 |                             | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family     | 222 |                             | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self       | 224 |                             | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family     | 225 |                             | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| Georgia Aetna Open Access  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | 2U1 |                             | 189.76                      | 192.88     | 144.66     | 48.22                   | .38                        | 411.15                     | 417.91     | 313.43     | 104.48                  | .82    |
|  | High Family     | 2U2 |                             | 435.41                      | 442.57     | 329.30     | 113.27                  | -.25                       | 943.39                     | 958.90     | 713.48     | 245.42                  | -.54   |
| Georgia Humana CoverageFirst   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | AD1 |                             | 109.31                      | 119.17     | 89.38      | 29.79                   | 2.46                       | 236.84                     | 258.20     | 193.65     | 64.55                   | 5.34   |
|  | CDHP Family     | AD2 |                             | 251.44                      | 274.10     | 205.58     | 68.52                   | 5.66                       | 544.79                     | 593.88     | 445.41     | 148.47                  | 12.27  |
| Georgia Humana CoverageFirst   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | LM1 |                             | 135.03                      | 147.21     | 110.41     | 36.80                   | 3.04                       | 292.57                     | 318.96     | 239.22     | 79.74                   | 6.60   |
|  | CDHP Family     | LM2 |                             | 310.59                      | 338.59     | 253.94     | 84.65                   | 7.00                       | 672.95                     | 733.61     | 550.21     | 183.40                  | 15.16  |
| Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP                 |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self       | GW1 |                             | 152.82                      | 151.84     | 113.88     | 37.96                   | -.24                       | 331.11                     | 328.99     | 246.74     | 82.25                   | -.53   |
|  | HDHP Family     | GW2 |                             | 376.12                      | 341.35     | 256.01     | 85.34                   | -8.69                      | 814.93                     | 739.59     | 554.69     | 184.90                  | -18.83 |
| Georgia Kaiser Foundation Health Plan of Georgia, Inc.                     |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | F81 |                             | 172.50                      | 187.40     | 140.55     | 46.85                   | 3.73                       | 373.75                     | 406.03     | 304.52     | 101.51                  | 8.07   |
|  | High Family     | F82 |                             | 437.95                      | 429.14     | 321.86     | 107.28                  | -8.78                      | 948.89                     | 929.80     | 697.35     | 232.45                  | -19.01 |
|  | Standard Self   | F84 |                             | 131.10                      | 135.31     | 101.48     | 33.83                   | 1.06                       | 284.05                     | 293.17     | 219.88     | 73.29                   | 2.28   |
|  | Standard Family | F85 |                             | 332.84                      | 309.87     | 232.40     | 77.47                   | -5.74                      | 721.15                     | 671.39     | 503.54     | 167.85                  | -12.44 |
| Georgia United Healthcare of Georgia                                       |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |



| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | High Self                                | GN1 | 173.24                      | 193.86                      | 145.04     | 48.82      | 5.51                    | 375.35                     | 420.03                     | 314.25     | 105.78     | 11.94                   |
|  | High Family                              | GN2 | 408.68                      | 449.75                      | 329.30     | 120.45     | 18.28                   | 885.47                     | 974.46                     | 713.48     | 260.98     | 39.61                   |
| Georgia  | UnitedHealthcare Insurance Company, Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                              | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Guam   | TakeCare                                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | JK1 | 239.95                      | 251.64                      | 145.04     | 106.60     | 8.57                    | 519.89                     | 545.22                     | 314.25     | 230.97     | 18.57                   |
|  | High Family                              | JK2 | 630.53                      | 661.26                      | 329.30     | 331.96     | 23.32                   | 1366.15                    | 1432.73                    | 713.48     | 719.25     | 50.53                   |
|  | Standard Self                            | JK4 | 173.71                      | 197.41                      | 145.04     | 52.37      | 8.94                    | 376.37                     | 427.72                     | 314.25     | 113.47     | 19.38                   |
|  | Standard Family                          | JK5 | 458.74                      | 521.34                      | 329.30     | 192.04     | 55.19                   | 993.94                     | 1129.57                    | 713.48     | 416.09     | 119.58                  |
| Guam   | TakeCare                                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | KX1 | New Plan                    | 179.19                      | 134.39     | 44.80      | New Plan                | New Plan                   | 388.25                     | 291.19     | 97.06      | New Plan                |
|  | HDHP Family                              | KX2 | New Plan                    | 449.80                      | 329.30     | 120.50     | New Plan                | New Plan                   | 974.57                     | 713.48     | 261.09     | New Plan                |
| Hawaii   | HMSA                                     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 871 | 159.80                      | 159.80                      | 119.85     | 39.95      | .00                     | 346.23                     | 346.23                     | 259.67     | 86.56      | .00                     |
|  | High Family                              | 872 | 355.70                      | 355.70                      | 266.78     | 88.92      | .00                     | 770.68                     | 770.68                     | 578.01     | 192.67     | .00                     |
| Hawaii   | Kaiser Foundation Health Plan of Hawaii  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 631 | 175.17                      | 177.93                      | 133.45     | 44.48      | .69                     | 379.54                     | 385.52                     | 289.14     | 96.38      | 1.50                    |
|  | High Family                              | 632 | 376.59                      | 382.56                      | 286.92     | 95.64      | 1.49                    | 815.95                     | 828.88                     | 621.66     | 207.22     | 3.23                    |
|  | Standard Self                            | 634 | 121.15                      | 92.32                       | 69.24      | 23.08      | -7.21                   | 262.49                     | 200.03                     | 150.02     | 50.01      | -15.61                  |
|  | Standard Family                          | 635 | 260.48                      | 198.48                      | 148.86     | 49.62      | -15.50                  | 564.37                     | 430.04                     | 322.53     | 107.51     | -33.58                  |
| Idaho  | Aetna HealthFund                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                              | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                              | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Idaho  | Altius Health Plans                      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 9K1 | 221.47                      | 212.61                      | 145.04     | 67.57      | -11.98                  | 479.85                     | 460.66                     | 314.25     | 146.41     | -25.95                  |
|  | High Family                              | 9K2 | 487.26                      | 467.77                      | 329.30     | 138.47     | -26.90                  | 1055.73                    | 1013.50                    | 713.48     | 300.02     | -58.28                  |
|  | HDHP Self                                | 9K4 | 214.24                      | 184.08                      | 138.06     | 46.02      | -26.30                  | 464.19                     | 398.84                     | 299.13     | 99.71      | -56.99                  |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--------------------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                          |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                          |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Idaho  | HDHP Family              | 9K5 | 443.85                      | 381.36                      | 286.02     | 95.34      | -26.62                  | 961.68                     | 826.28                     | 619.71     | 206.57     | -57.68                  |
| Idaho  | Altius Health Plans      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | Standard Self            | DK4 | New Plan                    | 181.33                      | 136.00     | 45.33      | New Plan                | New Plan                   | 392.88                     | 294.66     | 98.22      | New Plan                |
|  | Standard Family          | DK5 | New Plan                    | 398.93                      | 299.20     | 99.73      | New Plan                | New Plan                   | 864.35                     | 648.26     | 216.09     | New Plan                |
| Idaho  | Group Health Cooperative |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                | VR1 | 227.14                      | 234.94                      | 145.04     | 89.90      | 4.68                    | 492.14                     | 509.04                     | 314.25     | 194.79     | 10.14                   |
|  | High Family              | VR2 | 522.40                      | 505.12                      | 329.30     | 175.82     | -24.69                  | 1131.87                    | 1094.43                    | 713.48     | 380.95     | -53.49                  |
|  | Standard Self            | VR4 | 176.18                      | 145.25                      | 108.94     | 36.31      | -7.73                   | 381.72                     | 314.71                     | 236.03     | 78.68      | -16.75                  |
|  | Standard Family          | VR5 | 405.20                      | 334.09                      | 250.57     | 83.52      | -17.78                  | 877.93                     | 723.86                     | 542.90     | 180.96     | -38.52                  |
| Illinois   | Aetna HealthFund         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family              | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family              | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Illinois   | Aetna Open Access        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                | IK1 | 139.36                      | 154.53                      | 115.90     | 38.63      | 3.79                    | 301.95                     | 334.82                     | 251.12     | 83.70      | 8.21                    |
|  | High Family              | IK2 | 353.74                      | 392.27                      | 294.20     | 98.07      | 9.64                    | 766.44                     | 849.92                     | 637.44     | 212.48     | 20.87                   |
| Illinois   | Blue Preferred HMO       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                | 9G1 | 207.21                      | 213.84                      | 145.04     | 68.80      | 3.51                    | 448.96                     | 463.32                     | 314.25     | 149.07     | 7.60                    |
|  | High Family              | 9G2 | 448.65                      | 463.00                      | 329.30     | 133.70     | 6.94                    | 972.08                     | 1003.17                    | 713.48     | 289.69     | 15.04                   |
| Illinois   | Group Health Plan, Inc.  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                | MM1 | 245.80                      | 270.64                      | 145.04     | 125.60     | 21.72                   | 532.57                     | 586.39                     | 314.25     | 272.14     | 47.06                   |
|  | High Family              | MM2 | 530.95                      | 584.62                      | 329.30     | 255.32     | 46.26                   | 1150.39                    | 1266.68                    | 713.48     | 553.20     | 100.24                  |
|  | HDHP Self                | MM4 | 200.22                      | 216.50                      | 145.04     | 71.46      | 13.16                   | 433.81                     | 469.08                     | 314.25     | 154.83     | 28.51                   |
|  | HDHP Family              | MM5 | 429.28                      | 464.44                      | 329.30     | 135.14     | 27.75                   | 930.11                     | 1006.29                    | 713.48     | 292.81     | 60.13                   |
| Illinois   | Group Health Plan, Inc.  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | Standard Self            | MU4 | New Plan                    | 250.17                      | 145.04     | 105.13     | New Plan                | New Plan                   | 542.04                     | 314.25     | 227.79     | New Plan                |
|  | Standard Family          | MU5 | New Plan                    | 540.37                      | 329.30     | 211.07     | New Plan                | New Plan                   | 1170.80                    | 713.48     | 457.32     | New Plan                |
| Illinois   | Health Alliance HMO      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                | FM1 | New Plan                    | 180.66                      | 135.50     | 45.16      | New Plan                | New Plan                   | 391.43                     | 293.57     | 97.86      | New Plan                |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|-------------------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                         |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                         |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Illinois   | Health Alliance HMO     | FM2 | New Plan                    | 404.92                      | 303.69     | 101.23     | New Plan                | New Plan                   | 877.33                     | 658.00     | 219.33     | New Plan                |
|  | High Self               | FX1 | 221.40                      | 226.53                      | 145.04     | 81.49      | 2.01                    | 479.70                     | 490.82                     | 314.25     | 176.57     | 4.36                    |
|  | High Family             | FX2 | 516.70                      | 528.72                      | 329.30     | 199.42     | 4.61                    | 1119.52                    | 1145.56                    | 713.48     | 432.08     | 9.99                    |
|  | Standard Self           | FX4 | New Plan                    | 167.39                      | 125.54     | 41.85      | New Plan                | New Plan                   | 362.68                     | 272.01     | 90.67      | New Plan                |
|  | Standard Family         | FX5 | New Plan                    | 423.37                      | 317.53     | 105.84     | New Plan                | New Plan                   | 917.30                     | 687.98     | 229.32     | New Plan                |
| Illinois   | Humana CoverageFirst    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self               | MW1 | 109.31                      | 119.15                      | 89.36      | 29.79      | 2.46                    | 236.84                     | 258.16                     | 193.62     | 64.54      | 5.33                    |
|  | CDHP Family             | MW2 | 251.43                      | 274.02                      | 205.52     | 68.50      | 5.64                    | 544.77                     | 593.71                     | 445.28     | 148.43     | 12.24                   |
| Illinois   | Humana Health Plan Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self               | 751 | 187.16                      | 207.50                      | 145.04     | 62.46      | 15.67                   | 405.51                     | 449.58                     | 314.25     | 135.33     | 33.95                   |
|  | High Family             | 752 | 430.47                      | 477.28                      | 329.30     | 147.98     | 39.40                   | 932.69                     | 1034.11                    | 713.48     | 320.63     | 85.37                   |
|  | Standard Self           | 754 | 134.77                      | 138.40                      | 103.80     | 34.60      | .91                     | 292.00                     | 299.87                     | 224.90     | 74.97      | 1.97                    |
|  | Standard Family         | 755 | 309.99                      | 318.31                      | 238.73     | 79.58      | 2.08                    | 671.65                     | 689.67                     | 517.25     | 172.42     | 4.51                    |
| Illinois   | OSF Health Plans, Inc.  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self               | 9F1 | 186.18                      | 213.47                      | 145.04     | 68.43      | 21.89                   | 403.39                     | 462.52                     | 314.25     | 148.27     | 47.42                   |
|  | High Family             | 9F2 | 489.59                      | 561.35                      | 329.30     | 232.05     | 64.35                   | 1060.78                    | 1216.26                    | 713.48     | 502.78     | 139.43                  |
|  | HDHP Self               | 9F4 | 151.64                      | 187.42                      | 140.57     | 46.85      | 8.94                    | 328.55                     | 406.08                     | 304.56     | 101.52     | 19.38                   |
|  | HDHP Family             | 9F5 | 377.56                      | 466.68                      | 329.30     | 137.38     | 42.99                   | 818.05                     | 1011.14                    | 713.48     | 297.66     | 93.15                   |
| Illinois   | PersonalCares HMO       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self               | GE1 | 185.93                      | 194.00                      | 145.04     | 48.96      | 2.48                    | 402.85                     | 420.33                     | 314.25     | 106.08     | 5.37                    |
|  | High Family             | GE2 | 477.84                      | 498.60                      | 329.30     | 169.30     | 13.35                   | 1035.32                    | 1080.30                    | 713.48     | 366.82     | 28.93                   |
| Illinois   | Unicare HMO             |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self               | 171 | 203.59                      | 213.69                      | 145.04     | 68.65      | 6.98                    | 441.11                     | 463.00                     | 314.25     | 148.75     | 15.13                   |
|  | High Family             | 172 | 451.52                      | 473.92                      | 329.30     | 144.62     | 14.99                   | 978.29                     | 1026.83                    | 713.48     | 313.35     | 32.49                   |
|  | Standard Self           | 174 | 157.40                      | 148.75                      | 111.56     | 37.19      | -2.16                   | 341.03                     | 322.29                     | 241.72     | 80.57      | -4.69                   |
|  | Standard Family         | 175 | 349.09                      | 329.89                      | 247.42     | 82.47      | -4.80                   | 756.36                     | 714.76                     | 536.07     | 178.69     | -10.40                  |
| Illinois   | Unicare HMO             |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self               | 721 | 128.08                      | 134.48                      | 100.86     | 33.62      | 1.60                    | 277.51                     | 291.37                     | 218.53     | 72.84      | 3.46                    |
|  | HDHP Family             | 722 | 280.06                      | 294.06                      | 220.55     | 73.51      | 3.50                    | 606.80                     | 637.13                     | 477.85     | 159.28     | 7.58                    |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Illinois   | Union Health Service                           |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | 761 | 135.35                      | 150.36                      | 112.77     | 37.59      | 3.75                    | 293.26                     | 325.78                     | 244.34     | 81.44      | 8.13                    |
|  | High Family                                    | 762 | 335.67                      | 372.91                      | 279.68     | 93.23      | 9.31                    | 727.29                     | 807.97                     | 605.98     | 201.99     | 20.17                   |
| Illinois   | United Healthcare of the Midwest               |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | B91 | 187.99                      | 199.35                      | 145.04     | 54.31      | 7.31                    | 407.31                     | 431.93                     | 314.25     | 117.68     | 15.85                   |
|  | High Family                                    | B92 | 420.00                      | 445.36                      | 329.30     | 116.06     | 11.06                   | 910.00                     | 964.95                     | 713.48     | 251.47     | 23.97                   |
| Illinois   | UnitedHealthcare Insurance Company, Inc.       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                      | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                                    | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Illinois   | UnitedHealthcare Plan of the River Valley Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | YH1 | 163.08                      | 164.72                      | 123.54     | 41.18      | .41                     | 353.34                     | 356.89                     | 267.67     | 89.22      | .89                     |
|  | High Family                                    | YH2 | 399.55                      | 403.55                      | 302.66     | 100.89     | 1.00                    | 865.69                     | 874.36                     | 655.77     | 218.59     | 2.17                    |
| Indiana  | Advantage Health Solutions, Inc.               |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | 6Y1 | 218.05                      | 216.84                      | 145.04     | 71.80      | -4.33                   | 472.44                     | 469.82                     | 314.25     | 155.57     | -9.38                   |
|  | High Family                                    | 6Y2 | 511.97                      | 509.14                      | 329.30     | 179.84     | -10.24                  | 1109.27                    | 1103.14                    | 713.48     | 389.66     | -22.18                  |
|  | HDHP Self                                      | 6Y4 | 147.89                      | 153.81                      | 115.36     | 38.45      | 1.48                    | 320.43                     | 333.26                     | 249.95     | 83.31      | 3.20                    |
|  | HDHP Family                                    | 6Y5 | 332.24                      | 345.53                      | 259.15     | 86.38      | 3.32                    | 719.85                     | 748.65                     | 561.49     | 187.16     | 7.20                    |
| Indiana  | Aetna HealthFund                               |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                      | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                                    | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                      | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                                    | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Indiana  | Aetna Open Access                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | IK1 | 139.36                      | 154.53                      | 115.90     | 38.63      | 3.79                    | 301.95                     | 334.82                     | 251.12     | 83.70      | 8.21                    |
|  | High Family                                    | IK2 | 353.74                      | 392.27                      | 294.20     | 98.07      | 9.64                    | 766.44                     | 849.92                     | 637.44     | 212.48     | 20.87                   |
| Indiana  | Aetna Open Access                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | RD1 | 202.13                      | 224.86                      | 145.04     | 79.82      | 19.61                   | 437.95                     | 487.20                     | 314.25     | 172.95     | 42.49                   |
|  | High Family                                    | RD2 | 499.78                      | 555.97                      | 329.30     | 226.67     | 48.78                   | 1082.86                    | 1204.60                    | 713.48     | 491.12     | 105.69                  |
| Indiana  | Bluegrass Family Health                        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                      | KV1 | 158.53                      | 176.00                      | 132.00     | 44.00      | 4.37                    | 343.48                     | 381.33                     | 286.00     | 95.33      | 9.46                    |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Indiana  | HDHP Family                                | KV2 | 364.63                      | 319.98                      | 239.99     | 79.99      | -11.17                  | 790.03                     | 693.29                     | 519.97     | 173.32     | -24.19                  |
|  | Health Alliance HMO                        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                  | FM1 | New Plan                    | 180.66                      | 135.50     | 45.16      | New Plan                | New Plan                   | 391.43                     | 293.57     | 97.86      | New Plan                |
|  | HDHP Family                                | FM2 | New Plan                    | 404.92                      | 303.69     | 101.23     | New Plan                | New Plan                   | 877.33                     | 658.00     | 219.33     | New Plan                |
| Indiana  | Health Alliance HMO                        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                  | FX1 | 221.40                      | 226.53                      | 145.04     | 81.49      | 2.01                    | 479.70                     | 490.82                     | 314.25     | 176.57     | 4.36                    |
|  | High Family                                | FX2 | 516.70                      | 528.72                      | 329.30     | 199.42     | 4.61                    | 1119.52                    | 1145.56                    | 713.48     | 432.08     | 9.99                    |
|  | Standard Self                              | FX4 | New Plan                    | 167.39                      | 125.54     | 41.85      | New Plan                | New Plan                   | 362.68                     | 272.01     | 90.67      | New Plan                |
|  | Standard Family                            | FX5 | New Plan                    | 423.37                      | 317.53     | 105.84     | New Plan                | New Plan                   | 917.30                     | 687.98     | 229.32     | New Plan                |
| Indiana  | Humana CoverageFirst                       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                  | HZ1 | 128.61                      | 140.20                      | 105.15     | 35.05      | 2.90                    | 278.66                     | 303.77                     | 227.83     | 75.94      | 6.28                    |
|  | CDHP Family                                | HZ2 | 295.80                      | 322.47                      | 241.85     | 80.62      | 6.67                    | 640.90                     | 698.69                     | 524.02     | 174.67     | 14.45                   |
| Indiana  | Humana CoverageFirst                       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                  | L81 | 115.75                      | 140.20                      | 105.15     | 35.05      | 6.11                    | 250.79                     | 303.77                     | 227.83     | 75.94      | 13.24                   |
|  | CDHP Family                                | L82 | 266.22                      | 322.47                      | 241.85     | 80.62      | 14.07                   | 576.81                     | 698.69                     | 524.02     | 174.67     | 30.47                   |
| Indiana  | Humana CoverageFirst                       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                  | MW1 | 109.31                      | 119.15                      | 89.36      | 29.79      | 2.46                    | 236.84                     | 258.16                     | 193.62     | 64.54      | 5.33                    |
|  | CDHP Family                                | MW2 | 251.43                      | 274.02                      | 205.52     | 68.50      | 5.64                    | 544.77                     | 593.71                     | 445.28     | 148.43     | 12.24                   |
| Indiana  | Humana Health Plan Inc.                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                  | 751 | 187.16                      | 207.50                      | 145.04     | 62.46      | 15.67                   | 405.51                     | 449.58                     | 314.25     | 135.33     | 33.95                   |
|  | High Family                                | 752 | 430.47                      | 477.28                      | 329.30     | 147.98     | 39.40                   | 932.69                     | 1034.11                    | 713.48     | 320.63     | 85.37                   |
|  | Standard Self                              | 754 | 134.77                      | 138.40                      | 103.80     | 34.60      | .91                     | 292.00                     | 299.87                     | 224.90     | 74.97      | 1.97                    |
|  | Standard Family                            | 755 | 309.99                      | 318.31                      | 238.73     | 79.58      | 2.08                    | 671.65                     | 689.67                     | 517.25     | 172.42     | 4.51                    |
| Indiana  | Physicians Health Plan of Northern Indiana |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                  | DQ1 | 192.57                      | 216.58                      | 145.04     | 71.54      | 20.89                   | 417.24                     | 469.26                     | 314.25     | 155.01     | 45.26                   |
|  | High Family                                | DQ2 | 430.72                      | 484.45                      | 329.30     | 155.15     | 46.32                   | 933.23                     | 1049.64                    | 713.48     | 336.16     | 100.36                  |
| Indiana  | Unicare HMO                                |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                  | 171 | 203.59                      | 213.69                      | 145.04     | 68.65      | 6.98                    | 441.11                     | 463.00                     | 314.25     | 148.75     | 15.13                   |
|  | High Family                                | 172 | 451.52                      | 473.92                      | 329.30     | 144.62     | 14.99                   | 978.29                     | 1026.83                    | 713.48     | 313.35     | 32.49                   |
|  | Standard Self                              | 174 | 157.40                      | 148.75                      | 111.56     | 37.19      | -2.16                   | 341.03                     | 322.29                     | 241.72     | 80.57      | -4.69                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Indiana  | Standard Family                                | 175 | 349.09                      | 329.89                      | 247.42     | 82.47      | -4.80                   | 756.36                     | 714.76                     | 536.07     | 178.69     | -10.40                  |
|  | Unicare HMO                                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                      | 721 | 128.08                      | 134.48                      | 100.86     | 33.62      | 1.60                    | 277.51                     | 291.37                     | 218.53     | 72.84      | 3.46                    |
|  | HDHP Family                                    | 722 | 280.06                      | 294.06                      | 220.55     | 73.51      | 3.50                    | 606.80                     | 637.13                     | 477.85     | 159.28     | 7.58                    |
| Iowa   | Coventry Health Care of Iowa                   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | SV1 | 164.29                      | 183.78                      | 137.84     | 45.94      | 4.87                    | 355.96                     | 398.19                     | 298.64     | 99.55      | 10.56                   |
|  | High Family                                    | SV2 | 443.57                      | 496.16                      | 329.30     | 166.86     | 45.18                   | 961.07                     | 1075.01                    | 713.48     | 361.53     | 97.89                   |
|  | HDHP Self                                      | SV4 | 150.90                      | 184.40                      | 138.30     | 46.10      | 8.38                    | 326.95                     | 399.53                     | 299.65     | 99.88      | 18.14                   |
|  | HDHP Family                                    | SV5 | 390.85                      | 477.62                      | 329.30     | 148.32     | 50.61                   | 846.84                     | 1034.84                    | 713.48     | 321.36     | 109.65                  |
| Iowa   | Health Alliance HMO                            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                      | FM1 | New Plan                    | 180.66                      | 135.50     | 45.16      | New Plan                | New Plan                   | 391.43                     | 293.57     | 97.86      | New Plan                |
|  | HDHP Family                                    | FM2 | New Plan                    | 404.92                      | 303.69     | 101.23     | New Plan                | New Plan                   | 877.33                     | 658.00     | 219.33     | New Plan                |
| Iowa   | Health Alliance HMO                            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | FX1 | 221.40                      | 226.53                      | 145.04     | 81.49      | 2.01                    | 479.70                     | 490.82                     | 314.25     | 176.57     | 4.36                    |
|  | High Family                                    | FX2 | 516.70                      | 528.72                      | 329.30     | 199.42     | 4.61                    | 1119.52                    | 1145.56                    | 713.48     | 432.08     | 9.99                    |
|  | Standard Self                                  | FX4 | New Plan                    | 167.39                      | 125.54     | 41.85      | New Plan                | New Plan                   | 362.68                     | 272.01     | 90.67      | New Plan                |
|  | Standard Family                                | FX5 | New Plan                    | 423.37                      | 317.53     | 105.84     | New Plan                | New Plan                   | 917.30                     | 687.98     | 229.32     | New Plan                |
| Iowa   | HealthPartners Open Access Deductible          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | OAD Self                                       | 534 | 200.67                      | 227.61                      | 145.04     | 82.57      | 23.82                   | 434.79                     | 493.16                     | 314.25     | 178.91     | 51.61                   |
|  | OAD Family                                     | 535 | 461.55                      | 523.54                      | 329.30     | 194.24     | 54.58                   | 1000.03                    | 1134.34                    | 713.48     | 420.86     | 118.26                  |
| Iowa   | Sanford Health Plan                            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | AU1 | 208.99                      | 220.60                      | 145.04     | 75.56      | 8.49                    | 452.81                     | 477.97                     | 314.25     | 163.72     | 18.40                   |
|  | High Family                                    | AU2 | 480.90                      | 507.62                      | 329.30     | 178.32     | 19.31                   | 1041.95                    | 1099.84                    | 713.48     | 386.36     | 41.84                   |
|  | Standard Self                                  | AU4 | 202.37                      | 210.08                      | 145.04     | 65.04      | 4.59                    | 438.47                     | 455.17                     | 314.25     | 140.92     | 9.94                    |
|  | Standard Family                                | AU5 | 465.42                      | 483.13                      | 329.30     | 153.83     | 10.30                   | 1008.41                    | 1046.78                    | 713.48     | 333.30     | 22.32                   |
| Iowa   | UnitedHealthcare Insurance Company, Inc.       |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                      | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                                    | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Iowa   | UnitedHealthcare Plan of the River Valley Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                      | YH1 | 163.08                      | 164.72                      | 123.54     | 41.18      | .41                     | 353.34                     | 356.89                     | 267.67     | 89.22      | .89                     |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Kansas   | Aetna HealthFund                                  | YH2 | 399.55                      | 403.55                      | 302.66     | 100.89     | 1.00                    | 865.69                     | 874.36                     | 655.77     | 218.59     | 2.17                    |
|  | CDHP Self   | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                                       | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self   | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                                       | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Kansas   | Aetna Open Access                                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | KS1 | 163.11                      | 207.68                      | 145.04     | 62.64      | 21.86                   | 353.41                     | 449.97                     | 314.25     | 135.72     | 47.37                   |
|  | High Family                                       | KS2 | 398.91                      | 507.89                      | 329.30     | 178.59     | 78.86                   | 864.31                     | 1100.43                    | 713.48     | 386.95     | 170.87                  |
| Kansas   | Coventry Health Care of Kansas                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | HA1 | 163.82                      | 176.84                      | 132.63     | 44.21      | 3.26                    | 354.94                     | 383.15                     | 287.36     | 95.79      | 7.06                    |
|  | High Family                                       | HA2 | 422.75                      | 456.32                      | 329.30     | 127.02     | 21.33                   | 915.96                     | 988.69                     | 713.48     | 275.21     | 46.22                   |
|  | Standard Self                                     | HA4 | 157.26                      | 193.77                      | 145.04     | 48.73      | 9.42                    | 340.73                     | 419.84                     | 314.25     | 105.59     | 20.41                   |
|  | Standard Family                                   | HA5 | 405.74                      | 499.93                      | 329.30     | 170.63     | 69.20                   | 879.10                     | 1083.18                    | 713.48     | 369.70     | 149.93                  |
| Kansas   | Coventry Health Care of Kansas (Kansas City)-HDHP |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self   | 9H1 | 145.67                      | 164.96                      | 123.72     | 41.24      | 4.82                    | 315.62                     | 357.41                     | 268.06     | 89.35      | 10.45                   |
|  | HDHP Family                                       | 9H2 | 375.82                      | 425.61                      | 319.21     | 106.40     | 12.45                   | 814.28                     | 922.16                     | 691.62     | 230.54     | 26.97                   |
| Kansas   | Humana CoverageFirst                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self   | PH1 | 102.89                      | 112.14                      | 84.11      | 28.03      | 2.31                    | 222.93                     | 242.97                     | 182.23     | 60.74      | 5.01                    |
|  | CDHP Family                                       | PH2 | 236.64                      | 257.92                      | 193.44     | 64.48      | 5.32                    | 512.72                     | 558.83                     | 419.12     | 139.71     | 11.53                   |
| Kansas   | Humana Health Plan, Inc.                          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | MS1 | 234.38                      | 255.58                      | 145.04     | 110.54     | 18.08                   | 507.82                     | 553.76                     | 314.25     | 239.51     | 39.18                   |
|  | High Family                                       | MS2 | 539.07                      | 587.82                      | 329.30     | 258.52     | 41.34                   | 1167.99                    | 1273.61                    | 713.48     | 560.13     | 89.57                   |
|  | Standard Self                                     | MS4 | 156.28                      | 156.29                      | 117.22     | 39.07      | .00                     | 338.61                     | 338.63                     | 253.97     | 84.66      | .01                     |
|  | Standard Family                                   | MS5 | 359.44                      | 359.48                      | 269.61     | 89.87      | .01                     | 778.79                     | 778.87                     | 584.15     | 194.72     | .02                     |
| Kansas   | United Healthcare of the Midwest                  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | GX1 | 164.01                      | 204.43                      | 145.04     | 59.39      | 18.39                   | 355.36                     | 442.93                     | 314.25     | 128.68     | 39.84                   |
|  | High Family                                       | GX2 | 419.99                      | 480.42                      | 329.30     | 151.12     | 46.12                   | 909.98                     | 1040.91                    | 713.48     | 327.43     | 99.94                   |
| Kansas   | UnitedHealthcare Insurance Company, Inc.          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self   | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                                   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|-----------------------------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                                   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                                   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Kentucky   | HDHP Family                       | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
|  | Aetna HealthFund                  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                         | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                       | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                         | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                       | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Kentucky   | Aetna Open Access                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                         | RD1 | 202.13                      | 224.86                      | 145.04     | 79.82      | 19.61                   | 437.95                     | 487.20                     | 314.25     | 172.95     | 42.49                   |
|  | High Family                       | RD2 | 499.78                      | 555.97                      | 329.30     | 226.67     | 48.78                   | 1082.86                    | 1204.60                    | 713.48     | 491.12     | 105.69                  |
| Kentucky   | Bluegrass Family Health           |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                         | KV1 | 158.53                      | 176.00                      | 132.00     | 44.00      | 4.37                    | 343.48                     | 381.33                     | 286.00     | 95.33      | 9.46                    |
|  | HDHP Family                       | KV2 | 364.63                      | 319.98                      | 239.99     | 79.99      | -11.17                  | 790.03                     | 693.29                     | 519.97     | 173.32     | -24.19                  |
| Kentucky   | Humana CoverageFirst              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                         | 6N1 | 141.47                      | 154.23                      | 115.67     | 38.56      | 3.19                    | 306.52                     | 334.17                     | 250.63     | 83.54      | 6.91                    |
|  | CDHP Family                       | 6N2 | 325.37                      | 354.73                      | 266.05     | 88.68      | 7.34                    | 704.97                     | 768.58                     | 576.44     | 192.14     | 15.90                   |
| Kentucky   | Humana CoverageFirst              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                         | L81 | 115.75                      | 140.20                      | 105.15     | 35.05      | 6.11                    | 250.79                     | 303.77                     | 227.83     | 75.94      | 13.24                   |
|  | CDHP Family                       | L82 | 266.22                      | 322.47                      | 241.85     | 80.62      | 14.07                   | 576.81                     | 698.69                     | 524.02     | 174.67     | 30.47                   |
| Louisiana  | Aetna HealthFund                  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                         | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                       | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                         | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                       | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Louisiana  | Coventry Health Care of Louisiana |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                         | BJ1 | 180.59                      | 188.01                      | 141.01     | 47.00      | 1.85                    | 391.28                     | 407.36                     | 305.52     | 101.84     | 4.02                    |
|  | High Family                       | BJ2 | 419.39                      | 436.61                      | 327.46     | 109.15     | 4.30                    | 908.68                     | 945.99                     | 709.49     | 236.50     | 9.33                    |
|  | Standard Self                     | BJ4 | 158.67                      | 185.30                      | 138.98     | 46.32      | 6.65                    | 343.79                     | 401.48                     | 301.11     | 100.37     | 14.42                   |
|  | Standard Family                   | BJ5 | 368.51                      | 430.34                      | 322.76     | 107.58     | 15.45                   | 798.44                     | 932.40                     | 699.30     | 233.10     | 33.49                   |
| Louisiana  | Coventry Health Care of Louisiana |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                         | JA1 | 221.82                      | 249.39                      | 145.04     | 104.35     | 24.45                   | 480.61                     | 540.35                     | 314.25     | 226.10     | 52.98                   |



| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | High Family                              | JA2 | 515.18                      | 579.21                      | 329.30     | 249.91     | 56.62                   | 1116.22                    | 1254.96                    | 713.48     | 541.48     | 122.69                  |
|  | Standard Self                            | JA4 | 196.03                      | 270.35                      | 145.04     | 125.31     | 71.20                   | 424.73                     | 585.76                     | 314.25     | 271.51     | 154.27                  |
|  | Standard Family                          | JA5 | 455.29                      | 627.93                      | 329.30     | 298.63     | 165.23                  | 986.46                     | 1360.52                    | 713.48     | 647.04     | 358.01                  |
| Louisiana  | Coventry Health Care of Louisiana HDHP   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | HB1 | 129.68                      | 152.06                      | 114.05     | 38.01      | 5.59                    | 280.97                     | 329.46                     | 247.10     | 82.36      | 12.12                   |
|  | HDHP Family                              | HB2 | 301.19                      | 353.18                      | 264.89     | 88.29      | 12.99                   | 652.58                     | 765.22                     | 573.92     | 191.30     | 28.16                   |
| Louisiana  | Coventry Health Care of Louisiana HDHP   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | LT1 | 125.69                      | 175.13                      | 131.35     | 43.78      | 12.36                   | 272.33                     | 379.45                     | 284.59     | 94.86      | 26.78                   |
|  | HDHP Family                              | LT2 | 291.02                      | 405.46                      | 304.10     | 101.36     | 28.61                   | 630.54                     | 878.50                     | 658.88     | 219.62     | 61.99                   |
| Louisiana  | Humana CoverageFirst                     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 9J1 | 122.18                      | 133.20                      | 99.90      | 33.30      | 2.76                    | 264.72                     | 288.60                     | 216.45     | 72.15      | 5.97                    |
|  | CDHP Family                              | 9J2 | 281.01                      | 306.36                      | 229.77     | 76.59      | 6.34                    | 608.86                     | 663.78                     | 497.84     | 165.94     | 13.73                   |
| Louisiana  | Humana CoverageFirst                     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 9L1 | 135.03                      | 147.21                      | 110.41     | 36.80      | 3.04                    | 292.57                     | 318.96                     | 239.22     | 79.74      | 6.60                    |
|  | CDHP Family                              | 9L2 | 310.59                      | 338.59                      | 253.94     | 84.65      | 7.00                    | 672.95                     | 733.61                     | 550.21     | 183.40     | 15.16                   |
| Louisiana  | UnitedHealthcare Insurance Company, Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                              | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Louisiana  | Vantage Health Plan, Inc.                |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | MV1 | 189.58                      | 196.37                      | 145.04     | 51.33      | 3.67                    | 410.76                     | 425.47                     | 314.25     | 111.22     | 7.95                    |
|  | High Family                              | MV2 | 436.03                      | 451.66                      | 329.30     | 122.36     | 8.22                    | 944.73                     | 978.60                     | 713.48     | 265.12     | 17.82                   |
|  | Standard Self                            | MV4 | New Plan                    | 166.55                      | 124.91     | 41.64      | New Plan                | New Plan                   | 360.86                     | 270.65     | 90.21      | New Plan                |
|  | Standard Family                          | MV5 | New Plan                    | 383.05                      | 287.29     | 95.76      | New Plan                | New Plan                   | 829.94                     | 622.46     | 207.48     | New Plan                |
| Maine  | Aetna HealthFund                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                              | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                              | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Maryland   | Aetna HealthFund                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | CDHP Family                                       | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self   | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                                       | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Maryland   | Aetna Open Access                                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | JN1 | 223.02                      | 233.43                      | 145.04     | 88.39      | 7.29                    | 483.21                     | 505.77                     | 314.25     | 191.52     | 15.80                   |
|  | High Family                                       | JN2 | 499.54                      | 522.85                      | 329.30     | 193.55     | 15.90                   | 1082.34                    | 1132.84                    | 713.48     | 419.36     | 34.45                   |
|  | Basic self  | JN4 | 139.78                      | 156.72                      | 117.54     | 39.18      | 4.24                    | 302.86                     | 339.56                     | 254.67     | 84.89      | 9.18                    |
|  | Basic Family                                      | JN5 | 327.09                      | 366.74                      | 275.06     | 91.68      | 9.91                    | 708.70                     | 794.60                     | 595.95     | 198.65     | 21.48                   |
| Maryland   | CareFirst BlueChoice                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | 2G1 | 200.66                      | 206.67                      | 145.04     | 61.63      | 2.89                    | 434.76                     | 447.79                     | 314.25     | 133.54     | 6.27                    |
|  | High Family                                       | 2G2 | 451.40                      | 464.94                      | 329.30     | 135.64     | 6.13                    | 978.03                     | 1007.37                    | 713.48     | 293.89     | 13.29                   |
| Maryland   | Coventry Health Care                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | IG1 | 182.07                      | 182.07                      | 136.55     | 45.52      | .00                     | 394.49                     | 394.49                     | 295.87     | 98.62      | .00                     |
|  | High Family                                       | IG2 | 455.19                      | 455.19                      | 329.30     | 125.89     | -7.41                   | 986.25                     | 986.25                     | 713.48     | 272.77     | -16.05                  |
|  | Standard Self                                     | IG4 | 142.88                      | 142.88                      | 107.16     | 35.72      | .00                     | 309.57                     | 309.57                     | 232.18     | 77.39      | .00                     |
|  | Standard Family                                   | IG5 | 357.17                      | 357.17                      | 267.88     | 89.29      | .00                     | 773.87                     | 773.87                     | 580.40     | 193.47     | .00                     |
| Maryland   | Coventry Health Care HDHP                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self   | GZ1 | 122.00                      | 122.00                      | 91.50      | 30.50      | .00                     | 264.33                     | 264.33                     | 198.25     | 66.08      | .00                     |
|  | HDHP Family                                       | GZ2 | 294.92                      | 294.92                      | 221.19     | 73.73      | .00                     | 638.99                     | 638.99                     | 479.24     | 159.75     | .00                     |
| Maryland   | Kaiser Foundation Health Plan Mid-Atlantic States |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | E31 | 197.38                      | 204.41                      | 145.04     | 59.37      | 3.91                    | 427.66                     | 442.89                     | 314.25     | 128.64     | 8.47                    |
|  | High Family                                       | E32 | 465.11                      | 478.88                      | 329.30     | 149.58     | 6.36                    | 1007.74                    | 1037.57                    | 713.48     | 324.09     | 13.78                   |
|  | Standard Self                                     | E34 | 117.58                      | 111.70                      | 83.78      | 27.92      | -1.47                   | 254.76                     | 242.02                     | 181.52     | 60.50      | -3.19                   |
|  | Standard Family                                   | E35 | 279.83                      | 265.83                      | 199.37     | 66.46      | -3.50                   | 606.30                     | 575.97                     | 431.98     | 143.99     | -7.58                   |
| Maryland   | M.D. IPA  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self   | JP1 | 194.44                      | 199.21                      | 145.04     | 54.17      | 1.65                    | 421.29                     | 431.62                     | 314.25     | 117.37     | 3.57                    |
|  | High Family                                       | JP2 | 448.38                      | 459.38                      | 329.30     | 130.08     | 3.59                    | 971.49                     | 995.32                     | 713.48     | 281.84     | 7.78                    |
| Maryland   | UnitedHealthcare Insurance Company, Inc.          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self   | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                                       | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|--|-----------------|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |                 | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |
| Plan - Option - Enrollment Code  |                 |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |
| Massachusetts Aetna HealthFund   |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family     | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self       | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family     | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| Massachusetts Blue CHIP Coordinated Health Plan - BCBS of RI               |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | DA1                         | 217.01                      | 235.37     | 145.04     | 90.33                   | 15.24                      | 470.19                     | 509.97     | 314.25     | 195.72                  | 33.02  |
|  | High Family     | DA2                         | 575.07                      | 623.74     | 329.30     | 294.44                  | 41.26                      | 1245.99                    | 1351.44    | 713.48     | 637.96                  | 89.40  |
| Massachusetts ConnectiCare   |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | TE1                         | 211.59                      | 227.18     | 145.04     | 82.14                   | 12.47                      | 458.45                     | 492.22     | 314.25     | 177.97                  | 27.01  |
|  | High Family     | TE2                         | 481.44                      | 516.91     | 329.30     | 187.61                  | 28.06                      | 1043.12                    | 1119.97    | 713.48     | 406.49                  | 60.80  |
|  | Standard Self   | TE4                         | 155.27                      | 202.33     | 145.04     | 57.29                   | 18.47                      | 336.42                     | 438.38     | 314.25     | 124.13                  | 40.03  |
|  | Standard Family | TE5                         | 353.30                      | 460.36     | 329.30     | 131.06                  | 42.74                      | 765.48                     | 997.45     | 713.48     | 283.97                  | 92.60  |
| Massachusetts Fallon Community Health Plan                                 |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | JV1                         | 239.71                      | 251.80     | 145.04     | 106.76                  | 8.97                       | 519.37                     | 545.57     | 314.25     | 231.32                  | 19.44  |
|  | High Family     | JV2                         | 582.59                      | 611.98     | 329.30     | 282.68                  | 21.98                      | 1262.28                    | 1325.96    | 713.48     | 612.48                  | 47.63  |
|  | Standard Self   | JV4                         | 191.78                      | 225.59     | 145.04     | 80.55                   | 30.69                      | 415.52                     | 488.78     | 314.25     | 174.53                  | 66.50  |
|  | Standard Family | JV5                         | 466.08                      | 548.25     | 329.30     | 218.95                  | 74.76                      | 1009.84                    | 1187.88    | 713.48     | 474.40                  | 161.99 |
| Massachusetts Fallon Community Health Plan HDHP                            |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self       | DV1                         | 181.78                      | 213.82     | 145.04     | 68.78                   | 23.34                      | 393.86                     | 463.28     | 314.25     | 149.03                  | 50.57  |
|  | HDHP Family     | DV2                         | 441.80                      | 519.70     | 329.30     | 190.40                  | 70.49                      | 957.23                     | 1126.02    | 713.48     | 412.54                  | 152.74 |
| Michigan Aetna HealthFund  |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self       | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family     | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self       | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family     | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| Michigan Bluecare Network of MI  |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self       | K51                         | 196.06                      | 241.25     | 145.04     | 96.21                   | 42.07                      | 424.80                     | 522.71     | 314.25     | 208.46                  | 91.15  |
|  | High Family     | K52                         | 447.10                      | 550.13     | 329.30     | 220.83                  | 95.62                      | 968.72                     | 1191.95    | 713.48     | 478.47                  | 207.18 |
| Michigan Bluecare Network of MI  |                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | High Self                              | LN1 | 240.40                      | 292.65                      | 145.04     | 147.61     | 49.13                   | 520.87                     | 634.08                     | 314.25     | 319.83     | 106.45                  |
|  | High Family                            | LN2 | 578.92                      | 704.80                      | 329.30     | 375.50     | 118.47                  | 1254.33                    | 1527.07                    | 713.48     | 813.59     | 256.69                  |
| Michigan   | Bluecare Network of MI                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                              | LX1 | 143.52                      | 155.05                      | 116.29     | 38.76      | 2.88                    | 310.96                     | 335.94                     | 251.96     | 83.98      | 6.24                    |
|  | High Family                            | LX2 | 379.95                      | 402.84                      | 302.13     | 100.71     | 5.72                    | 823.23                     | 872.82                     | 654.62     | 218.20     | 12.39                   |
| Michigan   | Grand Valley Health Plan               |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                              | RL1 | 182.27                      | 194.51                      | 145.04     | 49.47      | 3.90                    | 394.92                     | 421.44                     | 314.25     | 107.19     | 8.46                    |
|  | High Family                            | RL2 | 515.84                      | 508.83                      | 329.30     | 179.53     | -14.42                  | 1117.65                    | 1102.47                    | 713.48     | 388.99     | -31.23                  |
|  | Standard Self                          | RL4 | 153.03                      | 171.35                      | 128.51     | 42.84      | 4.58                    | 331.57                     | 371.26                     | 278.45     | 92.81      | 9.92                    |
|  | Standard Family                        | RL5 | 431.07                      | 445.53                      | 329.30     | 116.23     | 7.05                    | 933.99                     | 965.32                     | 713.48     | 251.84     | 15.28                   |
| Michigan   | Health Alliance Plan                   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                              | 521 | 173.08                      | 158.35                      | 118.76     | 39.59      | -3.68                   | 375.01                     | 343.09                     | 257.32     | 85.77      | -7.98                   |
|  | High Family                            | 522 | 458.68                      | 419.64                      | 314.73     | 104.91     | -31.88                  | 993.81                     | 909.22                     | 681.92     | 227.30     | -69.08                  |
|  | HDHP Self                              | 524 | New Plan                    | 172.75                      | 129.56     | 43.19      | New Plan                | New Plan                   | 374.29                     | 280.72     | 93.57      | New Plan                |
|  | HDHP Family                            | 525 | New Plan                    | 438.28                      | 328.71     | 109.57     | New Plan                | New Plan                   | 949.61                     | 712.21     | 237.40     | New Plan                |
| Michigan   | HealthPlus MI                          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                              | X51 | 189.70                      | 208.77                      | 145.04     | 63.73      | 15.95                   | 411.02                     | 452.34                     | 314.25     | 138.09     | 34.56                   |
|  | High Family                            | X52 | 433.02                      | 476.10                      | 329.30     | 146.80     | 35.67                   | 938.21                     | 1031.55                    | 713.48     | 318.07     | 77.29                   |
| Michigan   | Humana CoverageFirst                   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                              | BW1 | 109.31                      | 119.17                      | 89.38      | 29.79      | 2.46                    | 236.84                     | 258.20                     | 193.65     | 64.55      | 5.34                    |
|  | CDHP Family                            | BW2 | 251.44                      | 274.10                      | 205.58     | 68.52      | 5.66                    | 544.79                     | 593.88                     | 445.41     | 148.47     | 12.27                   |
| Michigan   | Humana CoverageFirst                   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                              | FT1 | 128.61                      | 140.20                      | 105.15     | 35.05      | 2.90                    | 278.66                     | 303.77                     | 227.83     | 75.94      | 6.28                    |
|  | CDHP Family                            | FT2 | 295.80                      | 322.47                      | 241.85     | 80.62      | 6.67                    | 640.90                     | 698.69                     | 524.02     | 174.67     | 14.45                   |
| Michigan   | Humana CoverageFirst                   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                              | GT1 | 135.03                      | 147.21                      | 110.41     | 36.80      | 3.04                    | 292.57                     | 318.96                     | 239.22     | 79.74      | 6.60                    |
|  | CDHP Family                            | GT2 | 310.59                      | 338.59                      | 253.94     | 84.65      | 7.00                    | 672.95                     | 733.61                     | 550.21     | 183.40     | 15.16                   |
| Michigan   | Physicians Health Plan of Mid-Michigan |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                              | 9U1 | New Plan                    | 205.25                      | 145.04     | 60.21      | New Plan                | New Plan                   | 444.71                     | 314.25     | 130.46     | New Plan                |
|  | High Family                            | 9U2 | New Plan                    | 494.66                      | 329.30     | 165.36     | New Plan                | New Plan                   | 1071.76                    | 713.48     | 358.28     | New Plan                |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|--|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|---------|
| Health Management Organizations (HMO)                                      |   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |         |
| Plan - Option - Enrollment Code  |   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |         |
|  | Standard Self                                 | 9U4 | New Plan                    | 182.01                      | 136.51     | 45.50      | New Plan                | New Plan                   | 394.36                     | 295.77     | 98.59      | New Plan                |         |
|  | Standard Family                               | 9U5 | New Plan                    | 438.64                      | 328.98     | 109.66     | New Plan                | New Plan                   | 950.39                     | 712.79     | 237.60     | New Plan                |         |
| Minnesota  | HealthPartners Classic/Open Access Deductible |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | Classic Self                                  | 531 |                             | 255.79                      | 248.49     | 145.04     | 103.45                  | -10.42                     | 554.21                     | 538.40     | 314.25     | 224.15                  | -22.57  |
|  | Classic Family                                | 532 |                             | 588.80                      | 572.01     | 329.30     | 242.71                  | -24.20                     | 1275.73                    | 1239.36    | 713.48     | 525.88                  | -52.42  |
|  | OAD Self                                      | 534 |                             | 200.67                      | 227.61     | 145.04     | 82.57                   | 23.82                      | 434.79                     | 493.16     | 314.25     | 178.91                  | 51.61   |
|  | OAD Family                                    | 535 |                             | 461.55                      | 523.54     | 329.30     | 194.24                  | 54.58                      | 1000.03                    | 1134.34    | 713.48     | 420.86                  | 118.26  |
| Minnesota  | HealthPartners Primary Clinic Plan            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | High Self                                     | HQ1 |                             | 300.29                      | 263.55     | 145.04     | 118.51                  | -39.86                     | 650.63                     | 571.03     | 314.25     | 256.78                  | -86.36  |
|  | High Family                                   | HQ2 |                             | 691.25                      | 606.66     | 329.30     | 277.36                  | -92.00                     | 1497.71                    | 1314.43    | 713.48     | 600.95                  | -199.33 |
| Minnesota  | Medica Health Plan                            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | High Self                                     | M21 | New Plan                    | 198.73                      | 145.04     | 53.69      | New Plan                | New Plan                   | 430.58                     | 314.25     | 116.33     | New Plan                |         |
|  | High Family                                   | M22 | New Plan                    | 455.08                      | 329.30     | 125.78     | New Plan                | New Plan                   | 986.01                     | 713.48     | 272.53     | New Plan                |         |
| Mississippi  | Aetna HealthFund                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | CDHP Self                                     | 221 |                             | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95   |
|  | CDHP Family                                   | 222 |                             | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19   |
|  | HDHP Self                                     | 224 |                             | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99  |
|  | HDHP Family                                   | 225 |                             | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38  |
| Mississippi  | UnitedHealthcare Insurance Company, Inc.      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | HDHP Self                                     | E91 |                             | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24   |
|  | HDHP Family                                   | E92 |                             | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35   |
| Missouri   | Aetna HealthFund                              |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | CDHP Self                                     | 221 |                             | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95   |
|  | CDHP Family                                   | 222 |                             | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19   |
|  | HDHP Self                                     | 224 |                             | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99  |
|  | HDHP Family                                   | 225 |                             | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38  |
| Missouri   | Aetna Open Access                             |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |
|  | High Self                                     | KS1 |                             | 163.11                      | 207.68     | 145.04     | 62.64                   | 21.86                      | 353.41                     | 449.97     | 314.25     | 135.72                  | 47.37   |
|  | High Family                                   | KS2 |                             | 398.91                      | 507.89     | 329.30     | 178.59                  | 78.86                      | 864.31                     | 1100.43    | 713.48     | 386.95                  | 170.87  |
| Missouri   | Blue Preferred HMO                            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |         |



| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | High Self                                | GX1 | 164.01                      | 204.43                      | 145.04     | 59.39      | 18.39                   | 355.36                     | 442.93                     | 314.25     | 128.68     | 39.84                   |
|  | High Family                              | GX2 | 419.99                      | 480.42                      | 329.30     | 151.12     | 46.12                   | 909.98                     | 1040.91                    | 713.48     | 327.43     | 99.94                   |
| Missouri   | UnitedHealthcare Insurance Company, Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                              | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Montana  | New West Health Services                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | NV1 | 190.53                      | 211.34                      | 145.04     | 66.30      | 17.69                   | 412.82                     | 457.90                     | 314.25     | 143.65     | 38.32                   |
|  | High Family                              | NV2 | 406.97                      | 451.42                      | 329.30     | 122.12     | 20.38                   | 881.77                     | 978.08                     | 713.48     | 264.60     | 44.16                   |
| Nebraska   | Coventry Health Care of Nebraska         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | IE1 | 205.72                      | 167.91                      | 125.93     | 41.98      | -21.82                  | 445.73                     | 363.81                     | 272.86     | 90.95      | -47.29                  |
|  | High Family                              | IE2 | 517.71                      | 422.55                      | 316.91     | 105.64     | -90.18                  | 1121.71                    | 915.53                     | 686.65     | 228.88     | -195.40                 |
| Nevada   | Aetna HealthFund                         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family                              | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self                                | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family                              | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Nevada   | Aetna Open Access                        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | Y11 | 140.60                      | 156.11                      | 117.08     | 39.03      | 3.88                    | 304.63                     | 338.24                     | 253.68     | 84.56      | 8.40                    |
|  | High Family                              | Y12 | 350.07                      | 388.71                      | 291.53     | 97.18      | 9.66                    | 758.49                     | 842.21                     | 631.66     | 210.55     | 20.93                   |
| Nevada   | Health Plan of Nevada                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 2L1 | 147.47                      | 159.00                      | 119.25     | 39.75      | 2.88                    | 319.52                     | 344.50                     | 258.38     | 86.12      | 6.24                    |
|  | High Family                              | 2L2 | 377.57                      | 407.07                      | 305.30     | 101.77     | 7.38                    | 818.07                     | 881.99                     | 661.49     | 220.50     | 15.98                   |
| Nevada   | Health Plan of Nevada                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | NM1 | 98.99                       | 112.02                      | 84.02      | 28.00      | 3.25                    | 214.48                     | 242.71                     | 182.03     | 60.68      | 7.06                    |
|  | High Family                              | NM2 | 253.47                      | 286.84                      | 215.13     | 71.71      | 8.34                    | 549.19                     | 621.49                     | 466.12     | 155.37     | 18.07                   |
| Nevada   | PacifiCare of Nevada                     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | K91 | 164.61                      | 186.28                      | 139.71     | 46.57      | 5.42                    | 356.66                     | 403.61                     | 302.71     | 100.90     | 11.74                   |
|  | High Family                              | K92 | 373.66                      | 422.86                      | 317.15     | 105.71     | 12.30                   | 809.60                     | 916.20                     | 687.15     | 229.05     | 26.65                   |
| Nevada   | UnitedHealthcare Insurance Company, Inc. |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| New Hampshire Aetna HealthFund   |  | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| HDHP Family E92  |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
| CDHP Self 221  |  | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
| CDHP Family 222  |  | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
| HDHP Self 224  |  | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
| HDHP Family 225  |  | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| New Jersey Aetna HealthFund  |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
| CDHP Self 221  |  | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
| CDHP Family 222  |  | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
| HDHP Self 224  |  | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
| HDHP Family 225  |  | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| New Jersey Aetna Open Access   |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
| High Self JR1  |  | 223.39                      | 253.62                      | 145.04     | 108.58     | 27.11                   | 484.01                     | 549.51                     | 314.25     | 235.26     | 58.74                   |
| High Family JR2  |  | 513.86                      | 583.41                      | 329.30     | 254.11     | 62.14                   | 1113.36                    | 1264.06                    | 713.48     | 550.58     | 134.65                  |
| Basic self JR4   |  | 184.01                      | 193.21                      | 144.91     | 48.30      | 2.30                    | 398.69                     | 418.62                     | 313.97     | 104.65     | 4.98                    |
| Basic Family JR5   |  | 463.68                      | 463.67                      | 329.30     | 134.37     | -7.42                   | 1004.64                    | 1004.62                    | 713.48     | 291.14     | -16.07                  |
| New Jersey Aetna Open Access   |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
| High Self P31  |  | 241.19                      | 241.47                      | 145.04     | 96.43      | -2.84                   | 522.58                     | 523.19                     | 314.25     | 208.94     | -6.15                   |
| High Family P32  |  | 581.95                      | 582.63                      | 329.30     | 253.33     | -6.73                   | 1260.89                    | 1262.37                    | 713.48     | 548.89     | -14.57                  |
| Basic self P34   |  | 172.16                      | 184.20                      | 138.15     | 46.05      | 3.01                    | 373.01                     | 399.10                     | 299.33     | 99.77      | 6.52                    |
| Basic Family P35   |  | 427.98                      | 440.82                      | 329.30     | 111.52     | 4.53                    | 927.29                     | 955.11                     | 713.48     | 241.63     | 9.81                    |
| New Jersey AmeriHealth HMO   |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
| High Self FK1  |  | 208.58                      | 236.56                      | 145.04     | 91.52      | 24.86                   | 451.92                     | 512.55                     | 314.25     | 198.30     | 53.87                   |
| High Family FK2  |  | 493.52                      | 559.61                      | 329.30     | 230.31     | 58.68                   | 1069.29                    | 1212.49                    | 713.48     | 499.01     | 127.15                  |
| Standard Self FK4  |  | New Plan                    | 209.54                      | 145.04     | 64.50      | New Plan                | New Plan                   | 454.00                     | 314.25     | 139.75     | New Plan                |
| Standard Family FK5  |  | New Plan                    | 495.89                      | 329.30     | 166.59     | New Plan                | New Plan                   | 1074.43                    | 713.48     | 360.95     | New Plan                |
| New Jersey Coventry Health Care  |  |                             |                             |            |            |                         |                            |                            |            |            |                         |
| High Self 2J1  |  | 194.08                      | 215.44                      | 145.04     | 70.40      | 18.24                   | 420.51                     | 466.79                     | 314.25     | 152.54     | 39.52                   |
| High Family 2J2  |  | 485.21                      | 538.58                      | 329.30     | 209.28     | 45.96                   | 1051.29                    | 1166.92                    | 713.48     | 453.44     | 99.58                   |
| Standard Self 2J4  |  | 155.67                      | 172.79                      | 129.59     | 43.20      | 4.28                    | 337.29                     | 374.38                     | 280.79     | 93.59      | 9.27                    |



| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|--|--|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |  | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |
| Plan - Option - Enrollment Code  |  |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |
|  | Standard Family                          | 2J5                         | 389.17                      | 431.97     | 323.98     | 107.99                  | 10.70                      | 843.20                     | 935.94     | 701.96     | 233.98                  | 23.18  |
| New Jersey   | Coventry Health Care HDHP                |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self                                | LK1                         | 131.10                      | 145.53     | 109.15     | 36.38                   | 3.61                       | 284.05                     | 315.32     | 236.49     | 78.83                   | 7.82   |
|  | HDHP Family                              | LK2                         | 317.66                      | 352.60     | 264.45     | 88.15                   | 8.74                       | 688.26                     | 763.97     | 572.98     | 190.99                  | 18.93  |
| New Jersey   | GHI Health Plan                          |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | 801                         | 228.88                      | 240.32     | 145.04     | 95.28                   | 8.32                       | 495.91                     | 520.69     | 314.25     | 206.44                  | 18.02  |
|  | High Family                              | 802                         | 572.22                      | 600.83     | 329.30     | 271.53                  | 21.20                      | 1239.81                    | 1301.80    | 713.48     | 588.32                  | 45.94  |
|  | Standard Self                            | 804                         | 178.24                      | 178.24     | 133.68     | 44.56                   | .00                        | 386.19                     | 386.19     | 289.64     | 96.55                   | .00    |
|  | Standard Family                          | 805                         | 416.07                      | 416.07     | 312.05     | 104.02                  | .00                        | 901.49                     | 901.49     | 676.12     | 225.37                  | .00    |
| New Mexico   | Lovelace Health Plan                     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | Q11                         | 171.28                      | 190.44     | 142.83     | 47.61                   | 4.79                       | 371.11                     | 412.62     | 309.47     | 103.15                  | 10.37  |
|  | High Family                              | Q12                         | 420.30                      | 466.59     | 329.30     | 137.29                  | 32.22                      | 910.65                     | 1010.95    | 713.48     | 297.47                  | 69.81  |
| New Mexico   | Presbyterian Health Plan                 |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | P21                         | 213.65                      | 221.72     | 145.04     | 76.68                   | 4.95                       | 462.91                     | 480.39     | 314.25     | 166.14                  | 10.72  |
|  | High Family                              | P22                         | 485.19                      | 503.52     | 329.30     | 174.22                  | 10.92                      | 1051.25                    | 1090.96    | 713.48     | 377.48                  | 23.66  |
|  | Standard Self                            | P24                         | 205.55                      | 210.55     | 145.04     | 65.51                   | 1.88                       | 445.36                     | 456.19     | 314.25     | 141.94                  | 4.07   |
|  | Standard Family                          | P25                         | 466.79                      | 478.16     | 329.30     | 148.86                  | 3.96                       | 1011.38                    | 1036.01    | 713.48     | 322.53                  | 8.58   |
| New Mexico   | UnitedHealthcare Insurance Company, Inc. |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self                                | E91                         | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family                              | E92                         | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35  |
| New York   | Aetna HealthFund                         |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self                                | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family                              | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self                                | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family                              | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| New York   | Aetna Open Access                        |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | JC1                         | 211.84                      | 217.04     | 145.04     | 72.00                   | 2.08                       | 458.99                     | 470.25     | 314.25     | 156.00                  | 4.50   |
|  | High Family                              | JC2                         | 521.42                      | 534.21     | 329.30     | 204.91                  | 5.38                       | 1129.74                    | 1157.46    | 713.48     | 443.98                  | 11.67  |
|  | Basic self                               | JC4                         | 179.16                      | 184.54     | 138.41     | 46.13                   | 1.34                       | 388.18                     | 399.84     | 299.88     | 99.96                   | 2.92   |
|  | Basic Family                             | JC5                         | 504.67                      | 469.34     | 329.30     | 140.04                  | -42.74                     | 1093.45                    | 1016.90    | 713.48     | 303.42                  | -92.60 |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|---------------------------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                                 |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                                 |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| New York   | Blue Choice                     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | MK1 | 145.68                      | 147.64                      | 110.73     | 36.91      | .49                     | 315.64                     | 319.89                     | 239.92     | 79.97      | 1.06                    |
|  | High Family                     | MK2 | 365.05                      | 371.05                      | 278.29     | 92.76      | 1.50                    | 790.94                     | 803.94                     | 602.96     | 200.98     | 3.25                    |
| New York   | CDPHP Universal Benefits        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | SG1 | 203.42                      | 202.60                      | 145.04     | 57.56      | -3.94                   | 440.74                     | 438.97                     | 314.25     | 124.72     | -8.53                   |
|  | High Family                     | SG2 | 480.06                      | 513.09                      | 329.30     | 183.79     | 25.62                   | 1040.13                    | 1111.70                    | 713.48     | 398.22     | 55.52                   |
|  | Standard Self                   | SG4 | 173.24                      | 168.79                      | 126.59     | 42.20      | -1.11                   | 375.35                     | 365.71                     | 274.28     | 91.43      | -2.41                   |
|  | Standard Family                 | SG5 | 433.11                      | 435.47                      | 326.60     | 108.87     | -2.35                   | 938.41                     | 943.52                     | 707.64     | 235.88     | -5.10                   |
| New York   | CDPHP Universal Benefits - HDHP |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                       | SX1 | 169.26                      | 127.59                      | 95.69      | 31.90      | -10.41                  | 366.73                     | 276.45                     | 207.34     | 69.11      | -22.57                  |
|  | HDHP Family                     | SX2 | 388.64                      | 329.18                      | 246.89     | 82.29      | -14.87                  | 842.05                     | 713.22                     | 534.92     | 178.30     | -32.21                  |
| New York   | GHI HMO Select                  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | 6V1 | 234.11                      | 198.03                      | 145.04     | 52.99      | -39.20                  | 507.24                     | 429.07                     | 314.25     | 114.82     | -84.93                  |
|  | High Family                     | 6V2 | 597.56                      | 502.47                      | 329.30     | 173.17     | -102.50                 | 1294.71                    | 1088.69                    | 713.48     | 375.21     | -222.07                 |
| New York   | GHI HMO Select                  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | X41 | 220.62                      | 186.99                      | 140.24     | 46.75      | -31.95                  | 478.01                     | 405.15                     | 303.86     | 101.29     | -69.23                  |
|  | High Family                     | X42 | 566.35                      | 478.52                      | 329.30     | 149.22     | -95.24                  | 1227.09                    | 1036.79                    | 713.48     | 323.31     | -206.35                 |
| New York   | GHI Health Plan                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | 801 | 228.88                      | 240.32                      | 145.04     | 95.28      | 8.32                    | 495.91                     | 520.69                     | 314.25     | 206.44     | 18.02                   |
|  | High Family                     | 802 | 572.22                      | 600.83                      | 329.30     | 271.53     | 21.20                   | 1239.81                    | 1301.80                    | 713.48     | 588.32     | 45.94                   |
|  | Standard Self                   | 804 | 178.24                      | 178.24                      | 133.68     | 44.56      | .00                     | 386.19                     | 386.19                     | 289.64     | 96.55      | .00                     |
|  | Standard Family                 | 805 | 416.07                      | 416.07                      | 312.05     | 104.02     | .00                     | 901.49                     | 901.49                     | 676.12     | 225.37     | .00                     |
| New York   | HIP of Greater New York         |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | 511 | 178.06                      | 185.86                      | 139.40     | 46.46      | 1.95                    | 385.80                     | 402.70                     | 302.03     | 100.67     | 4.22                    |
|  | High Family                     | 512 | 498.57                      | 520.97                      | 329.30     | 191.67     | 14.99                   | 1080.24                    | 1128.77                    | 713.48     | 415.29     | 32.48                   |
|  | Standard Self                   | 514 | 160.25                      | 181.45                      | 136.09     | 45.36      | 5.30                    | 347.21                     | 393.14                     | 294.86     | 98.28      | 11.48                   |
|  | Standard Family                 | 515 | 448.71                      | 508.06                      | 329.30     | 178.76     | 51.94                   | 972.21                     | 1100.80                    | 713.48     | 387.32     | 112.54                  |
| New York   | Independent Health Assoc        |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                       | QA1 | 152.61                      | 185.78                      | 139.34     | 46.44      | 8.29                    | 330.66                     | 402.52                     | 301.89     | 100.63     | 17.97                   |
|  | High Family                     | QA2 | 418.56                      | 490.31                      | 329.30     | 161.01     | 56.37                   | 906.88                     | 1062.34                    | 713.48     | 348.86     | 122.14                  |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--------------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                    |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                    |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| New York   | HDHP Self          | QA4 | 139.72                      | 133.30                      | 99.98      | 33.32      | -1.61                   | 302.73                     | 288.82                     | 216.62     | 72.20      | -3.48                   |
|  | HDHP Family        | QA5 | 336.48                      | 335.44                      | 251.58     | 83.86      | -.26                    | 729.04                     | 726.79                     | 545.09     | 181.70     | -.56                    |
|  | MVP Health Care    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self          | GA1 | 170.24                      | 181.98                      | 136.49     | 45.49      | 2.93                    | 368.85                     | 394.29                     | 295.72     | 98.57      | 6.36                    |
|  | High Family        | GA2 | 439.67                      | 469.99                      | 329.30     | 140.69     | 22.91                   | 952.62                     | 1018.31                    | 713.48     | 304.83     | 49.64                   |
| New York   | Standard Self      | GA4 | 149.71                      | 169.95                      | 127.46     | 42.49      | 5.06                    | 324.37                     | 368.23                     | 276.17     | 92.06      | 10.97                   |
|  | Standard Family    | GA5 | 386.63                      | 438.84                      | 329.13     | 109.71     | 13.05                   | 837.70                     | 950.82                     | 713.12     | 237.70     | 28.28                   |
|  | MVP Health Care    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self          | M91 | 183.10                      | 193.18                      | 144.89     | 48.29      | 2.52                    | 396.72                     | 418.56                     | 313.92     | 104.64     | 5.46                    |
|  | High Family        | M92 | 472.89                      | 498.91                      | 329.30     | 169.61     | 18.61                   | 1024.60                    | 1080.97                    | 713.48     | 367.49     | 40.32                   |
| New York   | Standard Self      | M94 | 161.03                      | 181.51                      | 136.13     | 45.38      | 5.12                    | 348.90                     | 393.27                     | 294.95     | 98.32      | 11.10                   |
|  | Standard Family    | M95 | 415.89                      | 468.76                      | 329.30     | 139.46     | 35.49                   | 901.10                     | 1015.65                    | 713.48     | 302.17     | 76.90                   |
|  | MVP Health Care    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self          | MX1 | 195.14                      | 203.20                      | 145.04     | 58.16      | 4.94                    | 422.80                     | 440.27                     | 314.25     | 126.02     | 10.71                   |
|  | High Family        | MX2 | 503.22                      | 524.24                      | 329.30     | 194.94     | 13.61                   | 1090.31                    | 1135.85                    | 713.48     | 422.37     | 29.49                   |
| New York   | Standard Self      | MX4 | 171.07                      | 190.26                      | 142.70     | 47.56      | 4.79                    | 370.65                     | 412.23                     | 309.17     | 103.06     | 10.40                   |
|  | Standard Family    | MX5 | 441.21                      | 490.94                      | 329.30     | 161.64     | 42.32                   | 955.96                     | 1063.70                    | 713.48     | 350.22     | 91.69                   |
|  | Preferred Care     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self          | GV1 | 147.17                      | 163.66                      | 122.75     | 40.91      | 4.12                    | 318.87                     | 354.60                     | 265.95     | 88.65      | 8.93                    |
|  | High Family        | GV2 | 393.32                      | 437.40                      | 328.05     | 109.35     | 11.02                   | 852.19                     | 947.70                     | 710.78     | 236.92     | 23.87                   |
| New York   | Standard Self      | GV4 | New Plan                    | 130.08                      | 97.56      | 32.52      | New Plan                | New Plan                   | 281.84                     | 211.38     | 70.46      | New Plan                |
|  | Standard Family    | GV5 | New Plan                    | 347.71                      | 260.78     | 86.93      | New Plan                | New Plan                   | 753.37                     | 565.03     | 188.34     | New Plan                |
|  | Univera Healthcare |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self          | KQ1 | 204.02                      | 220.43                      | 145.04     | 75.39      | 13.29                   | 442.04                     | 477.60                     | 314.25     | 163.35     | 28.80                   |
|  | High Family        | KQ2 | 540.14                      | 583.23                      | 329.30     | 253.93     | 35.68                   | 1170.30                    | 1263.67                    | 713.48     | 550.19     | 77.32                   |
| New York   | Univera Healthcare |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self          | Q81 | 160.47                      | 180.00                      | 135.00     | 45.00      | 4.88                    | 347.69                     | 390.00                     | 292.50     | 97.50      | 10.58                   |
| North Carolina   | High Family        | Q82 | 454.95                      | 510.39                      | 329.30     | 181.09     | 48.03                   | 985.73                     | 1105.85                    | 713.48     | 392.37     | 104.07                  |
|  | Aetna HealthFund   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self          | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|--|--|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |  | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |
| Plan - Option - Enrollment Code  |  |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |
|  | CDHP Family                              | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self                                | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family                              | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| North Carolina   | Aetna Open Access                        |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | MP1                         | 175.70                      | 184.49     | 138.37     | 46.12                   | 2.20                       | 380.68                     | 399.73     | 299.80     | 99.93                   | 4.76   |
|  | High Family                              | MP2                         | 479.26                      | 479.26     | 329.30     | 149.96                  | -7.41                      | 1038.40                    | 1038.40    | 713.48     | 324.92                  | -16.05 |
| North Carolina   | UnitedHealthcare Insurance Company, Inc. |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | HDHP Self                                | E91                         | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family                              | E92                         | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35  |
| North Dakota   | HealthPartners Open Access Deductible    |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | OAD Self                                 | 534                         | 200.67                      | 227.61     | 145.04     | 82.57                   | 23.82                      | 434.79                     | 493.16     | 314.25     | 178.91                  | 51.61  |
|  | OAD Family                               | 535                         | 461.55                      | 523.54     | 329.30     | 194.24                  | 54.58                      | 1000.03                    | 1134.34    | 713.48     | 420.86                  | 118.26 |
| North Dakota   | Heart of America Health Plan             |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | RU1                         | 149.75                      | 158.52     | 118.89     | 39.63                   | 2.19                       | 324.46                     | 343.46     | 257.60     | 85.86                   | 4.75   |
|  | High Family                              | RU2                         | 384.84                      | 407.39     | 305.54     | 101.85                  | 5.64                       | 833.82                     | 882.68     | 662.01     | 220.67                  | 12.22  |
| Ohio   | Aetna HealthFund                         |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | CDHP Self                                | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family                              | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self                                | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family                              | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |
| Ohio   | Aetna Open Access                        |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | 7D1                         | 181.21                      | 194.46     | 145.04     | 49.42                   | 4.12                       | 392.62                     | 421.33     | 314.25     | 107.08                  | 8.93   |
|  | High Family                              | 7D2                         | 431.30                      | 462.84     | 329.30     | 133.54                  | 24.13                      | 934.48                     | 1002.82    | 713.48     | 289.34                  | 52.29  |
| Ohio   | Aetna Open Access                        |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | ND1                         | 176.44                      | 181.45     | 136.09     | 45.36                   | 1.25                       | 382.29                     | 393.14     | 294.86     | 98.28                   | 2.71   |
|  | High Family                              | ND2                         | 425.92                      | 438.02     | 328.52     | 109.50                  | 3.02                       | 922.83                     | 949.04     | 711.78     | 237.26                  | 6.55   |
| Ohio   | Aetna Open Access                        |                             |                             |            |            |                         |                            |                            |            |            |                         |        |
|  | High Self                                | RD1                         | 202.13                      | 224.86     | 145.04     | 79.82                   | 19.61                      | 437.95                     | 487.20     | 314.25     | 172.95                  | 42.49  |
|  | High Family                              | RD2                         | 499.78                      | 555.97     | 329.30     | 226.67                  | 48.78                      | 1082.86                    | 1204.60    | 713.48     | 491.12                  | 105.69 |
| Ohio   | AultCare HMO                             |                             |                             |            |            |                         |                            |                            |            |            |                         |        |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | High Self                                | 3A1 | 221.04                      | 228.65                      | 145.04     | 83.61      | 4.49                    | 478.92                     | 495.41                     | 314.25     | 181.16     | 9.73                    |
|  | High Family                              | 3A2 | 542.66                      | 561.36                      | 329.30     | 232.06     | 11.29                   | 1175.76                    | 1216.28                    | 713.48     | 502.80     | 24.47                   |
|  | HDHP Self                                | 3A4 | 168.53                      | 168.53                      | 126.40     | 42.13      | .00                     | 365.15                     | 365.15                     | 273.86     | 91.29      | .00                     |
|  | HDHP Family                              | 3A5 | 337.69                      | 337.69                      | 253.27     | 84.42      | .00                     | 731.66                     | 731.66                     | 548.75     | 182.91     | .00                     |
| Ohio   | HMO Health Ohio                          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | L41 | 200.01                      | 222.82                      | 145.04     | 77.78      | 19.69                   | 433.36                     | 482.78                     | 314.25     | 168.53     | 42.66                   |
|  | High Family                              | L42 | 511.64                      | 569.98                      | 329.30     | 240.68     | 50.93                   | 1108.55                    | 1234.96                    | 713.48     | 521.48     | 110.36                  |
| Ohio   | Humana CoverageFirst                     |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                | L81 | 115.75                      | 140.20                      | 105.15     | 35.05      | 6.11                    | 250.79                     | 303.77                     | 227.83     | 75.94      | 13.24                   |
|  | CDHP Family                              | L82 | 266.22                      | 322.47                      | 241.85     | 80.62      | 14.07                   | 576.81                     | 698.69                     | 524.02     | 174.67     | 30.47                   |
| Ohio   | Kaiser Foundation Health Plan of Ohio    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 641 | 208.19                      | 214.56                      | 145.04     | 69.52      | 3.25                    | 451.08                     | 464.88                     | 314.25     | 150.63     | 7.04                    |
|  | High Family                              | 642 | 510.88                      | 526.54                      | 329.30     | 197.24     | 8.25                    | 1106.91                    | 1140.84                    | 713.48     | 427.36     | 17.88                   |
|  | Standard Self                            | 644 | 158.07                      | 142.11                      | 106.58     | 35.53      | -3.99                   | 342.49                     | 307.91                     | 230.93     | 76.98      | -8.64                   |
|  | Standard Family                          | 645 | 387.87                      | 348.71                      | 261.53     | 87.18      | -9.79                   | 840.39                     | 755.54                     | 566.66     | 188.88     | -21.22                  |
| Ohio   | Paramount Health Care                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | U21 | 213.34                      | 190.85                      | 143.14     | 47.71      | -23.71                  | 462.24                     | 413.51                     | 310.13     | 103.38     | -51.37                  |
|  | High Family                              | U22 | 564.82                      | 458.05                      | 329.30     | 128.75     | -114.18                 | 1223.78                    | 992.44                     | 713.48     | 278.96     | -247.39                 |
| Ohio   | SummaCare Health Plan                    |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 5W1 | 200.78                      | 218.81                      | 145.04     | 73.77      | 14.91                   | 435.02                     | 474.09                     | 314.25     | 159.84     | 32.31                   |
|  | High Family                              | 5W2 | 481.88                      | 503.27                      | 329.30     | 173.97     | 13.98                   | 1044.07                    | 1090.42                    | 713.48     | 376.94     | 30.30                   |
| Ohio   | SuperMed HMO                             |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | 5M1 | 317.45                      | 301.63                      | 145.04     | 156.59     | -18.94                  | 687.81                     | 653.53                     | 314.25     | 339.28     | -41.04                  |
|  | High Family                              | 5M2 | 812.03                      | 771.56                      | 329.30     | 442.26     | -47.88                  | 1759.40                    | 1671.71                    | 713.48     | 958.23     | -103.74                 |
| Ohio   | The Health Plan of the Upper Ohio Valley |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | U41 | 166.51                      | 191.01                      | 143.26     | 47.75      | 6.12                    | 360.77                     | 413.86                     | 310.40     | 103.46     | 13.27                   |
|  | High Family                              | U42 | 382.97                      | 439.32                      | 329.30     | 110.02     | 14.28                   | 829.77                     | 951.86                     | 713.48     | 238.38     | 30.94                   |
| Ohio   | United Healthcare of Ohio, Inc.          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                | AK1 | 180.00                      | 206.69                      | 145.04     | 61.65      | 16.65                   | 390.00                     | 447.83                     | 314.25     | 133.58     | 36.08                   |
|  | High Family                              | AK2 | 432.03                      | 479.51                      | 329.30     | 150.21     | 40.07                   | 936.07                     | 1038.94                    | 713.48     | 325.46     | 86.82                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|--|-----------------------------|---------------------------------|---------------|------------|------------|----------------------------|----------------------------|---------------|------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      | 2007 Total Biweekly Premium | 2008 Biweekly premium rates     |               |            |            | 2007 Total Monthly Premium | 2008 Monthly premium rates |               |            |            |                         |        |
|  |                             | Plan - Option - Enrollment Code | Total Premium | Gov't Pays | Empl. Pays |                            | Change in empl. payment    | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment |        |
| Ohio United Healthcare of Ohio, Inc.                                       |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | High Self                   | CA1                             | 202.23        | 217.09     | 145.04     | 72.05                      | 11.74                      | 438.17        | 470.36     | 314.25     | 156.11                  | 25.43  |
|  | High Family                 | CA2                             | 466.64        | 500.91     | 329.30     | 171.61                     | 26.86                      | 1011.05       | 1085.31    | 713.48     | 371.83                  | 58.21  |
| Ohio UnitedHealthcare Insurance Company, Inc.                              |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | HDHP Self                   | E91                             | 126.11        | 165.32     | 123.99     | 41.33                      | 9.80                       | 273.24        | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family                 | E92                             | 276.33        | 365.60     | 274.20     | 91.40                      | 22.32                      | 598.72        | 792.13     | 594.10     | 198.03                  | 48.35  |
| Oklahoma Aetna HealthFund  |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | CDHP Self                   | 221                             | 131.28        | 151.50     | 113.63     | 37.87                      | 5.05                       | 284.44        | 328.25     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family                 | 222                             | 301.95        | 348.46     | 261.35     | 87.11                      | 11.62                      | 654.23        | 755.00     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self                   | 224                             | 145.83        | 123.69     | 92.77      | 30.92                      | -5.54                      | 315.97        | 268.00     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family                 | 225                             | 332.49        | 270.87     | 203.15     | 67.72                      | -15.40                     | 720.40        | 586.89     | 440.17     | 146.72                  | -33.38 |
| Oklahoma Aetna Open Access   |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | High Self                   | SL1                             | 215.83        | 245.35     | 145.04     | 100.31                     | 26.40                      | 467.63        | 531.59     | 314.25     | 217.34                  | 57.20  |
|  | High Family                 | SL2                             | 500.70        | 569.16     | 329.30     | 239.86                     | 61.05                      | 1084.85       | 1233.18    | 713.48     | 519.70                  | 132.28 |
|  | Basic self                  | SL4                             | 152.24        | 179.64     | 134.73     | 44.91                      | 6.85                       | 329.85        | 389.22     | 291.92     | 97.30                   | 14.84  |
|  | Basic Family                | SL5                             | 408.51        | 449.36     | 329.30     | 120.06                     | 17.93                      | 885.11        | 973.61     | 713.48     | 260.13                  | 38.85  |
| Oklahoma Globalhealth, Inc.  |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | High Self                   | IM1                             | 166.96        | 155.54     | 116.66     | 38.88                      | -2.86                      | 361.75        | 337.00     | 252.75     | 84.25                   | -6.19  |
|  | High Family                 | IM2                             | 402.40        | 374.86     | 281.15     | 93.71                      | -6.89                      | 871.87        | 812.20     | 609.15     | 203.05                  | -14.92 |
| Oklahoma PacifiCare of Oklahoma  |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | High Self                   | 2N1                             | 206.96        | 229.65     | 145.04     | 84.61                      | 19.57                      | 448.41        | 497.58     | 314.25     | 183.33                  | 42.41  |
|  | High Family                 | 2N2                             | 484.02        | 537.36     | 329.30     | 208.06                     | 45.93                      | 1048.71       | 1164.28    | 713.48     | 450.80                  | 99.52  |
| Oklahoma UnitedHealthcare Insurance Company, Inc.                          |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | HDHP Self                   | E91                             | 126.11        | 165.32     | 123.99     | 41.33                      | 9.80                       | 273.24        | 358.19     | 268.64     | 89.55                   | 21.24  |
|  | HDHP Family                 | E92                             | 276.33        | 365.60     | 274.20     | 91.40                      | 22.32                      | 598.72        | 792.13     | 594.10     | 198.03                  | 48.35  |
| Oregon Kaiser Foundation Health Plan of Northwest                          |                             |                                 |               |            |            |                            |                            |               |            |            |                         |        |
|  | High Self                   | 571                             | 209.57        | 217.88     | 145.04     | 72.84                      | 5.19                       | 454.07        | 472.07     | 314.25     | 157.82                  | 11.24  |
|  | High Family                 | 572                             | 482.02        | 500.52     | 329.30     | 171.22                     | 11.09                      | 1044.38       | 1084.46    | 713.48     | 370.98                  | 24.03  |
|  | Standard Self               | 574                             | 173.74        | 176.94     | 132.71     | 44.23                      | .80                        | 376.44        | 383.37     | 287.53     | 95.84                   | 1.73   |
|  | Standard Family             | 575                             | 399.62        | 406.46     | 304.85     | 101.61                     | 1.71                       | 865.84        | 880.66     | 660.50     | 220.16                  | 3.70   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|-----------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                 |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                 |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Oregon UnitedHealthcare Insurance Company, Inc.                            |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family     | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| Pennsylvania Aetna HealthFund  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self       | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family     | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self       | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family     | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Pennsylvania Aetna Open Access   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | P31 | 241.19                      | 241.47                      | 145.04     | 96.43      | -2.84                   | 522.58                     | 523.19                     | 314.25     | 208.94     | -6.15                   |
|  | High Family     | P32 | 581.95                      | 582.63                      | 329.30     | 253.33     | -6.73                   | 1260.89                    | 1262.37                    | 713.48     | 548.89     | -14.57                  |
|  | Basic self      | P34 | 172.16                      | 184.20                      | 138.15     | 46.05      | 3.01                    | 373.01                     | 399.10                     | 299.33     | 99.77      | 6.52                    |
|  | Basic Family    | P35 | 427.98                      | 440.82                      | 329.30     | 111.52     | 4.53                    | 927.29                     | 955.11                     | 713.48     | 241.63     | 9.81                    |
| Pennsylvania Aetna Open Access   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | YE1 | 115.98                      | 133.13                      | 99.85      | 33.28      | 4.29                    | 251.29                     | 288.45                     | 216.34     | 72.11      | 9.29                    |
|  | High Family     | YE2 | 319.82                      | 367.10                      | 275.33     | 91.77      | 11.82                   | 692.94                     | 795.38                     | 596.54     | 198.84     | 25.61                   |
| Pennsylvania Geisinger Health Plan   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | GG1 | 265.11                      | 291.89                      | 145.04     | 146.85     | 23.66                   | 574.41                     | 632.43                     | 314.25     | 318.18     | 51.26                   |
|  | High Family     | GG2 | 609.74                      | 671.34                      | 329.30     | 342.04     | 54.19                   | 1321.10                    | 1454.57                    | 713.48     | 741.09     | 117.42                  |
|  | Standard Self   | GG4 | 227.96                      | 242.05                      | 145.04     | 97.01      | 10.97                   | 493.91                     | 524.44                     | 314.25     | 210.19     | 23.77                   |
|  | Standard Family | GG5 | 524.31                      | 556.72                      | 329.30     | 227.42     | 25.00                   | 1136.01                    | 1206.23                    | 713.48     | 492.75     | 54.17                   |
| Pennsylvania Health America Pennsylvania-HDHP                              |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | 9N1 | 181.14                      | 177.68                      | 133.26     | 44.42      | -.86                    | 392.47                     | 384.97                     | 288.73     | 96.24      | -1.88                   |
|  | HDHP Family     | 9N2 | 408.42                      | 400.88                      | 300.66     | 100.22     | -1.88                   | 884.91                     | 868.57                     | 651.43     | 217.14     | -4.09                   |
| Pennsylvania Health America Pennsylvania-HDHP                              |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | Y61 | 151.89                      | 151.89                      | 113.92     | 37.97      | .00                     | 329.10                     | 329.10                     | 246.83     | 82.27      | .00                     |
|  | HDHP Family     | Y62 | 373.42                      | 373.42                      | 280.07     | 93.35      | .00                     | 809.08                     | 809.08                     | 606.81     | 202.27     | .00                     |
| Pennsylvania Health America Pennsylvania-HDHP                              |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | YN1 | 234.24                      | 240.41                      | 145.04     | 95.37      | 3.05                    | 507.52                     | 520.89                     | 314.25     | 206.64     | 6.61                    |
|  | HDHP Family     | YN2 | 531.18                      | 545.36                      | 329.30     | 216.06     | 6.77                    | 1150.89                    | 1181.61                    | 713.48     | 468.13     | 14.67                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|-----------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                 |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                 |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Pennsylvania Health America Pennsylvania-HDHP                              |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | YW1 | 182.82                      | 182.23                      | 136.67     | 45.56      | -.14                    | 396.11                     | 394.83                     | 296.12     | 98.71      | -.32                    |
|  | HDHP Family     | YW2 | 412.93                      | 411.58                      | 308.69     | 102.89     | -.34                    | 894.68                     | 891.76                     | 668.82     | 222.94     | -.73                    |
| Pennsylvania HealthAmerica Pennsylvania                                    |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | 261 | 200.47                      | 221.90                      | 145.04     | 76.86      | 18.31                   | 434.35                     | 480.78                     | 314.25     | 166.53     | 39.67                   |
|  | High Family     | 262 | 511.21                      | 565.87                      | 329.30     | 236.57     | 47.25                   | 1107.62                    | 1226.05                    | 713.48     | 512.57     | 102.38                  |
|  | Standard Self   | 264 | 170.20                      | 159.16                      | 119.37     | 39.79      | -2.76                   | 368.77                     | 344.85                     | 258.64     | 86.21      | -5.98                   |
|  | Standard Family | 265 | 434.00                      | 405.87                      | 304.40     | 101.47     | -10.64                  | 940.33                     | 879.39                     | 659.54     | 219.85     | -23.05                  |
| Pennsylvania HealthAmerica Pennsylvania                                    |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | 4N1 | 314.64                      | 289.37                      | 145.04     | 144.33     | -28.39                  | 681.72                     | 626.97                     | 314.25     | 312.72     | -61.51                  |
|  | High Family     | 4N2 | 723.67                      | 665.56                      | 329.30     | 336.26     | -65.52                  | 1567.95                    | 1442.05                    | 713.48     | 728.57     | -141.95                 |
|  | Standard Self   | 4N4 | 254.25                      | 231.25                      | 145.04     | 86.21      | -26.12                  | 550.88                     | 501.04                     | 314.25     | 186.79     | -56.60                  |
|  | Standard Family | 4N5 | 584.76                      | 531.89                      | 329.30     | 202.59     | -60.28                  | 1266.98                    | 1152.43                    | 713.48     | 438.95     | -130.60                 |
| Pennsylvania HealthAmerica Pennsylvania                                    |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | PN1 | 241.92                      | 273.77                      | 145.04     | 128.73     | 28.73                   | 524.16                     | 593.17                     | 314.25     | 278.92     | 62.25                   |
|  | High Family     | PN2 | 555.47                      | 628.58                      | 329.30     | 299.28     | 65.70                   | 1203.52                    | 1361.92                    | 713.48     | 648.44     | 142.35                  |
|  | Standard Self   | PN4 | 205.29                      | 185.88                      | 139.41     | 46.47      | -16.90                  | 444.80                     | 402.74                     | 302.06     | 100.68     | -36.63                  |
|  | Standard Family | PN5 | 471.33                      | 426.76                      | 320.07     | 106.69     | -42.75                  | 1021.22                    | 924.65                     | 693.49     | 231.16     | -92.63                  |
| Pennsylvania HealthAmerica Pennsylvania                                    |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | SW1 | 251.67                      | 272.50                      | 145.04     | 127.46     | 17.71                   | 545.29                     | 590.42                     | 314.25     | 276.17     | 38.37                   |
|  | High Family     | SW2 | 578.84                      | 626.75                      | 329.30     | 297.45     | 40.50                   | 1254.15                    | 1357.96                    | 713.48     | 644.48     | 87.76                   |
|  | Standard Self   | SW4 | 217.54                      | 196.36                      | 145.04     | 51.32      | -24.30                  | 471.34                     | 425.45                     | 314.25     | 111.20     | -52.65                  |
|  | Standard Family | SW5 | 500.35                      | 451.62                      | 329.30     | 122.32     | -56.14                  | 1084.09                    | 978.51                     | 713.48     | 265.03     | -121.63                 |
| Pennsylvania Keystone Health Plan Central                                  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | S41 | 226.83                      | 253.70                      | 145.04     | 108.66     | 23.75                   | 491.47                     | 549.68                     | 314.25     | 235.43     | 51.45                   |
|  | High Family     | S42 | 541.17                      | 605.13                      | 329.30     | 275.83     | 56.55                   | 1172.54                    | 1311.12                    | 713.48     | 597.64     | 122.53                  |
|  | Standard Self   | S44 | 209.52                      | 233.44                      | 145.04     | 88.40      | 20.80                   | 453.96                     | 505.79                     | 314.25     | 191.54     | 45.07                   |
|  | Standard Family | S45 | 499.94                      | 556.99                      | 329.30     | 227.69     | 49.64                   | 1083.20                    | 1206.81                    | 713.48     | 493.33     | 107.56                  |
| Pennsylvania Keystone Health Plan East                                     |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | ED1 | 197.26                      | 222.35                      | 145.04     | 77.31      | 21.97                   | 427.40                     | 481.76                     | 314.25     | 167.51     | 47.60                   |



| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|-----------------|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |                 |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |                 |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
|  | High Family     | ED2 | 520.25                      | 586.50                      | 329.30     | 257.20     | 58.84                   | 1127.21                    | 1270.75                    | 713.48     | 557.27     | 127.49                  |
|  | Standard Self   | ED4 | 176.08                      | 193.30                      | 144.98     | 48.32      | 4.30                    | 381.51                     | 418.82                     | 314.12     | 104.70     | 9.32                    |
|  | Standard Family | ED5 | 464.61                      | 510.17                      | 329.30     | 180.87     | 38.15                   | 1006.66                    | 1105.37                    | 713.48     | 391.89     | 82.66                   |
| Pennsylvania UPMC Health Plan  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | 8W1 | 193.04                      | 219.44                      | 145.04     | 74.40      | 23.28                   | 418.25                     | 475.45                     | 314.25     | 161.20     | 50.44                   |
|  | High Family     | 8W2 | 492.39                      | 559.75                      | 329.30     | 230.45     | 59.95                   | 1066.85                    | 1212.79                    | 713.48     | 499.31     | 129.89                  |
|  | HDHP Self       | 8W4 | 187.97                      | 217.84                      | 145.04     | 72.80      | 25.81                   | 407.27                     | 471.99                     | 314.25     | 157.74     | 55.92                   |
|  | HDHP Family     | 8W5 | 454.66                      | 525.28                      | 329.30     | 195.98     | 63.21                   | 985.10                     | 1138.11                    | 713.48     | 424.63     | 136.96                  |
| Pennsylvania UPMC Health Plan  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | Standard Self   | UW4 | New Plan                    | 193.43                      | 145.04     | 48.39      | New Plan                | New Plan                   | 419.10                     | 314.25     | 104.85     | New Plan                |
|  | Standard Family | UW5 | New Plan                    | 493.40                      | 329.30     | 164.10     | New Plan                | New Plan                   | 1069.03                    | 713.48     | 355.55     | New Plan                |
| Puerto Rico Humana Health Plans of Puerto Rico, Inc.                       |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | ZJ1 | 122.69                      | 124.40                      | 93.30      | 31.10      | .43                     | 265.83                     | 269.53                     | 202.15     | 67.38      | .92                     |
|  | High Family     | ZJ2 | 282.17                      | 286.12                      | 214.59     | 71.53      | .99                     | 611.37                     | 619.93                     | 464.95     | 154.98     | 2.14                    |
| Puerto Rico Triple-S   |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | 891 | 142.02                      | 120.86                      | 90.65      | 30.21      | -5.29                   | 307.71                     | 261.86                     | 196.40     | 65.46      | -11.47                  |
|  | High Family     | 892 | 305.04                      | 277.97                      | 208.48     | 69.49      | -6.77                   | 660.92                     | 602.27                     | 451.70     | 150.57     | -14.66                  |
| Rhode Island Blue CHIIP Coordinated Health Plan - BCBS of RI               |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self       | DA1 | 217.01                      | 235.37                      | 145.04     | 90.33      | 15.24                   | 470.19                     | 509.97                     | 314.25     | 195.72     | 33.02                   |
|  | High Family     | DA2 | 575.07                      | 623.74                      | 329.30     | 294.44     | 41.26                   | 1245.99                    | 1351.44                    | 713.48     | 637.96     | 89.40                   |
| Rhode Island UnitedHealthcare Insurance Company, Inc.                      |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self       | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family     | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
| South Carolina Aetna HealthFund  |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self       | 221 | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  | CDHP Family     | 222 | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  | HDHP Self       | 224 | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  | HDHP Family     | 225 | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| South Dakota HealthPartners Open Access Deductible                         |                 |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | OAD Self        | 534 | 200.67                      | 227.61                      | 145.04     | 82.57      | 23.82                   | 434.79                     | 493.16                     | 314.25     | 178.91     | 51.61                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
|--|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--|
| Health Management Organizations (HMO)                                      | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |  |
| Plan - Option - Enrollment Code  |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |  |
| OAD Family 535   | 461.55                      | 523.54                      | 329.30     | 194.24     | 54.58                   | 1000.03                    | 1134.34                    | 713.48     | 420.86     | 118.26                  |  |
| South Dakota Sanford Health Plan   |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| High Self AU1  | 208.99                      | 220.60                      | 145.04     | 75.56      | 8.49                    | 452.81                     | 477.97                     | 314.25     | 163.72     | 18.40                   |  |
| High Family AU2  | 480.90                      | 507.62                      | 329.30     | 178.32     | 19.31                   | 1041.95                    | 1099.84                    | 713.48     | 386.36     | 41.84                   |  |
| Standard Self AU4  | 202.37                      | 210.08                      | 145.04     | 65.04      | 4.59                    | 438.47                     | 455.17                     | 314.25     | 140.92     | 9.94                    |  |
| Standard Family AU5  | 465.42                      | 483.13                      | 329.30     | 153.83     | 10.30                   | 1008.41                    | 1046.78                    | 713.48     | 333.30     | 22.32                   |  |
| Tennessee Aetna HealthFund   |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| CDHP Self 221  | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |  |
| CDHP Family 222  | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |  |
| HDHP Self 224  | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |  |
| HDHP Family 225  | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |  |
| Tennessee Aetna Open Access  |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| High Self 6J1  | 219.68                      | 259.14                      | 145.04     | 114.10     | 36.34                   | 475.97                     | 561.47                     | 314.25     | 247.22     | 78.74                   |  |
| High Family 6J2  | 500.87                      | 590.80                      | 329.30     | 261.50     | 82.52                   | 1085.22                    | 1280.07                    | 713.48     | 566.59     | 178.80                  |  |
| Tennessee Aetna Open Access  |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| High Self UB1  | 162.12                      | 174.14                      | 130.61     | 43.53      | 3.00                    | 351.26                     | 377.30                     | 282.98     | 94.32      | 6.51                    |  |
| High Family UB2  | 413.37                      | 444.06                      | 329.30     | 114.76     | 11.42                   | 895.64                     | 962.13                     | 713.48     | 248.65     | 24.74                   |  |
| Tennessee Humana CoverageFirst   |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| CDHP Self BT1  | 141.47                      | 154.23                      | 115.67     | 38.56      | 3.19                    | 306.52                     | 334.17                     | 250.63     | 83.54      | 6.91                    |  |
| CDHP Family BT2  | 325.37                      | 354.73                      | 266.05     | 88.68      | 7.34                    | 704.97                     | 768.58                     | 576.44     | 192.14     | 15.90                   |  |
| Tennessee Humana CoverageFirst   |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| CDHP Self L61  | 141.47                      | 154.23                      | 115.67     | 38.56      | 3.19                    | 306.52                     | 334.17                     | 250.63     | 83.54      | 6.91                    |  |
| CDHP Family L62  | 325.37                      | 354.73                      | 266.05     | 88.68      | 7.34                    | 704.97                     | 768.58                     | 576.44     | 192.14     | 15.90                   |  |
| Tennessee UnitedHealthcare Insurance Company, Inc.                         |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| HDHP Self E91  | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |  |
| HDHP Family E92  | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |  |
| Texas Aetna HealthFund   |                             |                             |            |            |                         |                            |                            |            |            |                         |  |
| CDHP Self 221  | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |  |
| CDHP Family 222  | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |  |
| HDHP Self 224  | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |  |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                      |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|--|----------------------|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |                      |               | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |                         |               | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |                         |        |
| Plan - Option - Enrollment Code  |                      | Total Premium |                             | Gov't Pays                  | Empl. Pays | Change in empl. payment | Total Premium |                            | Gov't Pays                 | Empl. Pays | Change in empl. payment |        |
| Texas  | HDHP Family          | 225           | 332.49                      | 270.87                      | 203.15     | 67.72                   | -15.40        | 720.40                     | 586.89                     | 440.17     | 146.72                  | -33.38 |
|  | Aetna Open Access    |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self            | 8G1           | 181.77                      | 201.33                      | 145.04     | 56.29                   | 10.85         | 393.84                     | 436.22                     | 314.25     | 121.97                  | 23.51  |
|  | High Family          | 8G2           | 453.80                      | 502.66                      | 329.30     | 173.36                  | 41.45         | 983.23                     | 1089.10                    | 713.48     | 375.62                  | 89.82  |
| Texas  | Aetna Open Access    |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self            | P11           | 181.72                      | 196.99                      | 145.04     | 51.95                   | 6.52          | 393.73                     | 426.81                     | 314.25     | 112.56                  | 14.13  |
|  | High Family          | P12           | 457.75                      | 496.24                      | 329.30     | 166.94                  | 31.08         | 991.79                     | 1075.19                    | 713.48     | 361.71                  | 67.35  |
| Texas  | Aetna Open Access    |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self            | PU1           | 237.20                      | 248.63                      | 145.04     | 103.59                  | 8.31          | 513.93                     | 538.70                     | 314.25     | 224.45                  | 18.01  |
|  | High Family          | PU2           | 581.94                      | 610.00                      | 329.30     | 280.70                  | 20.65         | 1260.87                    | 1321.67                    | 713.48     | 608.19                  | 44.75  |
|  | Basic self           | PU4           | 197.28                      | 203.20                      | 145.04     | 58.16                   | 2.80          | 427.44                     | 440.27                     | 314.25     | 126.02                  | 6.07   |
|  | Basic Family         | PU5           | 554.47                      | 571.31                      | 329.30     | 242.01                  | 9.43          | 1201.35                    | 1237.84                    | 713.48     | 524.36                  | 20.44  |
| Texas  | Firstcare            |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self            | 6U1           | 175.98                      | 178.41                      | 133.81     | 44.60                   | .61           | 381.29                     | 386.56                     | 289.92     | 96.64                   | 1.32   |
|  | High Family          | 6U2           | 378.34                      | 383.57                      | 287.68     | 95.89                   | 1.31          | 819.74                     | 831.07                     | 623.30     | 207.77                  | 2.84   |
| Texas  | Firstcare            |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self            | CK1           | 225.83                      | 234.54                      | 145.04     | 89.50                   | 5.59          | 489.30                     | 508.17                     | 314.25     | 193.92                  | 12.11  |
|  | High Family          | CK2           | 485.53                      | 504.24                      | 329.30     | 174.94                  | 11.30         | 1051.98                    | 1092.52                    | 713.48     | 379.04                  | 24.49  |
| Texas  | Humana CoverageFirst |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | CDHP Self            | T21           | 141.47                      | 147.21                      | 110.41     | 36.80                   | 1.43          | 306.52                     | 318.96                     | 239.22     | 79.74                   | 3.11   |
|  | CDHP Family          | T22           | 325.37                      | 338.59                      | 253.94     | 84.65                   | 3.31          | 704.97                     | 733.61                     | 550.21     | 183.40                  | 7.16   |
| Texas  | Humana CoverageFirst |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | CDHP Self            | T81           | 141.47                      | 168.25                      | 126.19     | 42.06                   | 6.69          | 306.52                     | 364.54                     | 273.41     | 91.13                   | 14.50  |
|  | CDHP Family          | T82           | 325.37                      | 386.99                      | 290.24     | 96.75                   | 15.41         | 704.97                     | 838.48                     | 628.86     | 209.62                  | 33.38  |
| Texas  | Humana CoverageFirst |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | CDHP Self            | TP1           | 135.03                      | 147.21                      | 110.41     | 36.80                   | 3.04          | 292.57                     | 318.96                     | 239.22     | 79.74                   | 6.60   |
|  | CDHP Family          | TP2           | 310.59                      | 338.59                      | 253.94     | 84.65                   | 7.00          | 672.95                     | 733.61                     | 550.21     | 183.40                  | 15.16  |
| Texas  | Humana CoverageFirst |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | CDHP Self            | TU1           | 128.61                      | 140.18                      | 105.14     | 35.04                   | 2.89          | 278.66                     | 303.72                     | 227.79     | 75.93                   | 6.27   |
|  | CDHP Family          | TU2           | 295.80                      | 322.43                      | 241.82     | 80.61                   | 6.66          | 640.90                     | 698.60                     | 523.95     | 174.65                  | 14.43  |



| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |   |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|--|---|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|--------|
| Health Management Organizations (HMO)                                      |   |               | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |                         |               | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |                         |        |
| Plan - Option - Enrollment Code  |   | Total Premium |                             | Gov't Pays                  | Empl. Pays | Change in empl. payment | Total Premium |                            | Gov't Pays                 | Empl. Pays | Change in empl. payment |        |
|  | High Self   | 851           | 181.18                      | 190.24                      | 142.68     | 47.56                   | 2.27          | 392.56                     | 412.19                     | 309.14     | 103.05                  | 4.91   |
|  | High Family                                       | 852           | 411.46                      | 432.04                      | 324.03     | 108.01                  | 5.15          | 891.50                     | 936.09                     | 702.07     | 234.02                  | 11.15  |
| Virginia   | Aetna HealthFund                                  |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | CDHP Self   | 221           | 131.28                      | 151.50                      | 113.63     | 37.87                   | 5.05          | 284.44                     | 328.25                     | 246.19     | 82.06                   | 10.95  |
|  | CDHP Family                                       | 222           | 301.95                      | 348.46                      | 261.35     | 87.11                   | 11.62         | 654.23                     | 755.00                     | 566.25     | 188.75                  | 25.19  |
|  | HDHP Self   | 224           | 145.83                      | 123.69                      | 92.77      | 30.92                   | -5.54         | 315.97                     | 268.00                     | 201.00     | 67.00                   | -11.99 |
|  | HDHP Family                                       | 225           | 332.49                      | 270.87                      | 203.15     | 67.72                   | -15.40        | 720.40                     | 586.89                     | 440.17     | 146.72                  | -33.38 |
| Virginia   | Aetna Open Access                                 |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self   | JN1           | 223.02                      | 233.43                      | 145.04     | 88.39                   | 7.29          | 483.21                     | 505.77                     | 314.25     | 191.52                  | 15.80  |
|  | High Family                                       | JN2           | 499.54                      | 522.85                      | 329.30     | 193.55                  | 15.90         | 1082.34                    | 1132.84                    | 713.48     | 419.36                  | 34.45  |
|  | Basic self  | JN4           | 139.78                      | 156.72                      | 117.54     | 39.18                   | 4.24          | 302.86                     | 339.56                     | 254.67     | 84.89                   | 9.18   |
|  | Basic Family                                      | JN5           | 327.09                      | 366.74                      | 275.06     | 91.68                   | 9.91          | 708.70                     | 794.60                     | 595.95     | 198.65                  | 21.48  |
| Virginia   | CareFirst BlueChoice                              |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self   | 2G1           | 200.66                      | 206.67                      | 145.04     | 61.63                   | 2.89          | 434.76                     | 447.79                     | 314.25     | 133.54                  | 6.27   |
|  | High Family                                       | 2G2           | 451.40                      | 464.94                      | 329.30     | 135.64                  | 6.13          | 978.03                     | 1007.37                    | 713.48     | 293.89                  | 13.29  |
| Virginia   | Kaiser Foundation Health Plan Mid-Atlantic States |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self   | E31           | 197.38                      | 204.41                      | 145.04     | 59.37                   | 3.91          | 427.66                     | 442.89                     | 314.25     | 128.64                  | 8.47   |
|  | High Family                                       | E32           | 465.11                      | 478.88                      | 329.30     | 149.58                  | 6.36          | 1007.74                    | 1037.57                    | 713.48     | 324.09                  | 13.78  |
|  | Standard Self                                     | E34           | 117.58                      | 111.70                      | 83.78      | 27.92                   | -1.47         | 254.76                     | 242.02                     | 181.52     | 60.50                   | -3.19  |
|  | Standard Family                                   | E35           | 279.83                      | 265.83                      | 199.37     | 66.46                   | -3.50         | 606.30                     | 575.97                     | 431.98     | 143.99                  | -7.58  |
| Virginia   | M.D. IPA  |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self   | JP1           | 194.44                      | 199.21                      | 145.04     | 54.17                   | 1.65          | 421.29                     | 431.62                     | 314.25     | 117.37                  | 3.57   |
|  | High Family                                       | JP2           | 448.38                      | 459.38                      | 329.30     | 130.08                  | 3.59          | 971.49                     | 995.32                     | 713.48     | 281.84                  | 7.78   |
| Virginia   | Optima Health Plan                                |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self   | 9R1           | 206.79                      | 219.20                      | 145.04     | 74.16                   | 9.29          | 448.05                     | 474.93                     | 314.25     | 160.68                  | 20.12  |
|  | High Family                                       | 9R2           | 489.30                      | 518.66                      | 329.30     | 189.36                  | 21.95         | 1060.15                    | 1123.76                    | 713.48     | 410.28                  | 47.56  |
| Virginia   | Piedmont Community Healthcare                     |               |                             |                             |            |                         |               |                            |                            |            |                         |        |
|  | High Self   | 2C1           | 197.22                      | 209.00                      | 145.04     | 63.96                   | 8.66          | 427.31                     | 452.83                     | 314.25     | 138.58                  | 18.76  |
|  | High Family                                       | 2C2           | 451.61                      | 478.60                      | 329.30     | 149.30                  | 19.58         | 978.49                     | 1036.97                    | 713.48     | 323.49                  | 42.43  |
|  | HDHP Self   | 2C4           | 183.74                      | 242.11                      | 145.04     | 97.07                   | 51.14         | 398.10                     | 524.57                     | 314.25     | 210.32                  | 110.80 |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |  |                     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|--|---------------------|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |  |                     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |  |                     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Virginia   | UnitedHealthcare Insurance Company, Inc. | HDHP Family 2C5     | 409.16                      | 530.08                      | 329.30     | 200.78     | 98.49                   | 886.51                     | 1148.51                    | 713.48     | 435.03     | 213.40                  |
|  |  | HDHP Self E91       | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
| Washington   | Aetna HealthFund                         | HDHP Family E92     | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |
|  |  | CDHP Self 221       | 131.28                      | 151.50                      | 113.63     | 37.87      | 5.05                    | 284.44                     | 328.25                     | 246.19     | 82.06      | 10.95                   |
|  |  | CDHP Family 222     | 301.95                      | 348.46                      | 261.35     | 87.11      | 11.62                   | 654.23                     | 755.00                     | 566.25     | 188.75     | 25.19                   |
|  |  | HDHP Self 224       | 145.83                      | 123.69                      | 92.77      | 30.92      | -5.54                   | 315.97                     | 268.00                     | 201.00     | 67.00      | -11.99                  |
|  |  | HDHP Family 225     | 332.49                      | 270.87                      | 203.15     | 67.72      | -15.40                  | 720.40                     | 586.89                     | 440.17     | 146.72     | -33.38                  |
| Washington   | Aetna Open Access                        | High Self 8J1       | 202.80                      | 208.99                      | 145.04     | 63.95      | 3.07                    | 439.40                     | 452.81                     | 314.25     | 138.56     | 6.65                    |
|  |  | High Family 8J2     | 515.74                      | 531.47                      | 329.30     | 202.17     | 8.32                    | 1117.44                    | 1151.52                    | 713.48     | 438.04     | 18.03                   |
| Washington   | Group Health Cooperative                 | High Self 541       | 205.25                      | 222.18                      | 145.04     | 77.14      | 13.81                   | 444.71                     | 481.39                     | 314.25     | 167.14     | 29.92                   |
|  |  | High Family 542     | 463.37                      | 477.68                      | 329.30     | 148.38     | 6.90                    | 1003.97                    | 1034.97                    | 713.48     | 321.49     | 14.95                   |
|  |  | Standard Self 544   | 172.59                      | 141.62                      | 106.22     | 35.40      | -7.75                   | 373.95                     | 306.84                     | 230.13     | 76.71      | -16.78                  |
|  |  | Standard Family 545 | 389.63                      | 319.73                      | 239.80     | 79.93      | -17.48                  | 844.20                     | 692.75                     | 519.56     | 173.19     | -37.86                  |
| Washington   | Group Health Cooperative                 | High Self VR1       | 227.14                      | 234.94                      | 145.04     | 89.90      | 4.68                    | 492.14                     | 509.04                     | 314.25     | 194.79     | 10.14                   |
|  |  | High Family VR2     | 522.40                      | 505.12                      | 329.30     | 175.82     | -24.69                  | 1131.87                    | 1094.43                    | 713.48     | 380.95     | -53.49                  |
|  |  | Standard Self VR4   | 176.18                      | 145.25                      | 108.94     | 36.31      | -7.73                   | 381.72                     | 314.71                     | 236.03     | 78.68      | -16.75                  |
|  |  | Standard Family VR5 | 405.20                      | 334.09                      | 250.57     | 83.52      | -17.78                  | 877.93                     | 723.86                     | 542.90     | 180.96     | -38.52                  |
| Washington   | KPS Health Plans                         | Standard Self L11   | 171.82                      | 177.79                      | 133.34     | 44.45      | 1.50                    | 372.28                     | 385.21                     | 288.91     | 96.30      | 3.23                    |
|  |  | Standard Family L12 | 370.85                      | 383.74                      | 287.81     | 95.93      | 3.22                    | 803.51                     | 831.44                     | 623.58     | 207.86     | 6.98                    |
|  |  | HDHP Self L14       | 142.55                      | 147.28                      | 110.46     | 36.82      | 1.18                    | 308.86                     | 319.11                     | 239.33     | 79.78      | 2.57                    |
|  |  | HDHP Family L15     | 311.49                      | 321.83                      | 241.37     | 80.46      | 2.59                    | 674.90                     | 697.30                     | 522.98     | 174.32     | 5.60                    |
| Washington   | KPS Health Plans                         | High Self VT1       | 209.81                      | 217.10                      | 145.04     | 72.06      | 4.17                    | 454.59                     | 470.38                     | 314.25     | 156.13     | 9.03                    |
|  |  | High Family VT2     | 458.46                      | 474.40                      | 329.30     | 145.10     | 8.53                    | 993.33                     | 1027.87                    | 713.48     | 314.39     | 18.49                   |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
|--|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--------|--|
| Health Management Organizations (HMO)                                      | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |        |  |
|  |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |        |  |
| Plan - Option - Enrollment Code  |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| Washington Kaiser Foundation Health Plan of Northwest                      |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| High Self  | 571                         | 209.57                      | 217.88     | 145.04     | 72.84                   | 5.19                       | 454.07                     | 472.07     | 314.25     | 157.82                  | 11.24  |  |
| High Family  | 572                         | 482.02                      | 500.52     | 329.30     | 171.22                  | 11.09                      | 1044.38                    | 1084.46    | 713.48     | 370.98                  | 24.03  |  |
| Standard Self  | 574                         | 173.74                      | 176.94     | 132.71     | 44.23                   | .80                        | 376.44                     | 383.37     | 287.53     | 95.84                   | 1.73   |  |
| Standard Family  | 575                         | 399.62                      | 406.46     | 304.85     | 101.61                  | 1.71                       | 865.84                     | 880.66     | 660.50     | 220.16                  | 3.70   |  |
| Washington Pacificare of Washington  |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| High Self  | SA1                         | 171.40                      | 198.04     | 145.04     | 53.00                   | 10.15                      | 371.37                     | 429.09     | 314.25     | 114.84                  | 22.00  |  |
| High Family  | SA2                         | 401.59                      | 455.51     | 329.30     | 126.21                  | 25.81                      | 870.11                     | 986.94     | 713.48     | 273.46                  | 55.93  |  |
| Washington UnitedHealthcare Insurance Company, Inc.                        |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| HDHP Self  | E91                         | 126.11                      | 165.32     | 123.99     | 41.33                   | 9.80                       | 273.24                     | 358.19     | 268.64     | 89.55                   | 21.24  |  |
| HDHP Family  | E92                         | 276.33                      | 365.60     | 274.20     | 91.40                   | 22.32                      | 598.72                     | 792.13     | 594.10     | 198.03                  | 48.35  |  |
| West Virginia Aetna HealthFund   |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| CDHP Self  | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |  |
| CDHP Family  | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |  |
| HDHP Self  | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |  |
| HDHP Family  | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |  |
| West Virginia The Health Plan of the Upper Ohio Valley                     |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| High Self  | U41                         | 166.51                      | 191.01     | 143.26     | 47.75                   | 6.12                       | 360.77                     | 413.86     | 310.40     | 103.46                  | 13.27  |  |
| High Family  | U42                         | 382.97                      | 439.32     | 329.30     | 110.02                  | 14.28                      | 829.77                     | 951.86     | 713.48     | 238.38                  | 30.94  |  |
| Wisconsin Aetna HealthFund   |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| CDHP Self  | 221                         | 131.28                      | 151.50     | 113.63     | 37.87                   | 5.05                       | 284.44                     | 328.25     | 246.19     | 82.06                   | 10.95  |  |
| CDHP Family  | 222                         | 301.95                      | 348.46     | 261.35     | 87.11                   | 11.62                      | 654.23                     | 755.00     | 566.25     | 188.75                  | 25.19  |  |
| HDHP Self  | 224                         | 145.83                      | 123.69     | 92.77      | 30.92                   | -5.54                      | 315.97                     | 268.00     | 201.00     | 67.00                   | -11.99 |  |
| HDHP Family  | 225                         | 332.49                      | 270.87     | 203.15     | 67.72                   | -15.40                     | 720.40                     | 586.89     | 440.17     | 146.72                  | -33.38 |  |
| Wisconsin Dean Health Plan   |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| High Self  | WD1                         | 185.89                      | 182.49     | 136.87     | 45.62                   | -.85                       | 402.76                     | 395.40     | 296.55     | 98.85                   | -1.84  |  |
| High Family  | WD2                         | 492.61                      | 456.22     | 329.30     | 126.92                  | -43.80                     | 1067.32                    | 988.48     | 713.48     | 275.00                  | -94.89 |  |
| Wisconsin Group Health Cooperative   |                             |                             |            |            |                         |                            |                            |            |            |                         |        |  |
| High Self  | WJ1                         | 167.07                      | 179.26     | 134.45     | 44.81                   | 3.04                       | 361.99                     | 388.40     | 291.30     | 97.10                   | 6.60   |  |
| High Family  | WJ2                         | 445.39                      | 477.90     | 329.30     | 148.60                  | 25.10                      | 965.01                     | 1035.45    | 713.48     | 321.97                  | 54.39  |  |

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program |   |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|--|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Health Management Organizations (HMO)                                      |   |     | 2007 Total Biweekly Premium | 2008 Biweekly premium rates |            |            |                         | 2007 Total Monthly Premium | 2008 Monthly premium rates |            |            |                         |
| Plan - Option - Enrollment Code  |   |     |                             | Total Premium               | Gov't Pays | Empl. Pays | Change in empl. payment |                            | Total Premium              | Gov't Pays | Empl. Pays | Change in empl. payment |
| Wisconsin  | HealthPartners Classic/Open Access Deductible |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | Classic Self                                  | 531 | 255.79                      | 248.49                      | 145.04     | 103.45     | -10.42                  | 554.21                     | 538.40                     | 314.25     | 224.15     | -22.57                  |
|  | Classic Family                                | 532 | 588.80                      | 572.01                      | 329.30     | 242.71     | -24.20                  | 1275.73                    | 1239.36                    | 713.48     | 525.88     | -52.42                  |
|  | OAD Self                                      | 534 | 200.67                      | 227.61                      | 145.04     | 82.57      | 23.82                   | 434.79                     | 493.16                     | 314.25     | 178.91     | 51.61                   |
|  | OAD Family                                    | 535 | 461.55                      | 523.54                      | 329.30     | 194.24     | 54.58                   | 1000.03                    | 1134.34                    | 713.48     | 420.86     | 118.26                  |
| Wisconsin  | HealthPartners Primary Clinic Plan            |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | High Self                                     | HQ1 | 300.29                      | 263.55                      | 145.04     | 118.51     | -39.86                  | 650.63                     | 571.03                     | 314.25     | 256.78     | -86.36                  |
|  | High Family                                   | HQ2 | 691.25                      | 606.66                      | 329.30     | 277.36     | -92.00                  | 1497.71                    | 1314.43                    | 713.48     | 600.95     | -199.33                 |
| Wisconsin  | Humana CoverageFirst                          |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | CDHP Self                                     | FB1 | 147.90                      | 161.24                      | 120.93     | 40.31      | 3.34                    | 320.45                     | 349.35                     | 262.01     | 87.34      | 7.23                    |
|  | CDHP Family                                   | FB2 | 340.16                      | 370.84                      | 278.13     | 92.71      | 7.67                    | 737.01                     | 803.49                     | 602.62     | 200.87     | 16.62                   |
| Wisconsin  | UnitedHealthcare Insurance Company, Inc.      |     |                             |                             |            |            |                         |                            |                            |            |            |                         |
|  | HDHP Self                                     | E91 | 126.11                      | 165.32                      | 123.99     | 41.33      | 9.80                    | 273.24                     | 358.19                     | 268.64     | 89.55      | 21.24                   |
|  | HDHP Family                                   | E92 | 276.33                      | 365.60                      | 274.20     | 91.40      | 22.32                   | 598.72                     | 792.13                     | 594.10     | 198.03     | 48.35                   |