

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

| Health Management Organizations (HMO) | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Alaska Aetna HealthFund | | | | | | | | | | | |
| CDHP Self 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Arizona Aetna HealthFund | | | | | | | | | | | |
| CDHP Self 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Arizona Aetna Open Access | | | | | | | | | | | |
| High Self WQ1 | 182.54 | 197.12 | 147.84 | 49.28 | 3.65 | 395.50 | 427.09 | 320.32 | 106.77 | 7.90 | |
| High Family WQ2 | 456.36 | 492.84 | 352.56 | 140.28 | 13.22 | 988.78 | 1067.82 | 763.88 | 303.94 | 28.64 | |
| Arizona Health Net of Arizona, Inc. | | | | | | | | | | | |
| High Self A71 | 183.75 | 194.78 | 146.09 | 48.69 | 2.75 | 398.13 | 422.02 | 316.52 | 105.50 | 5.97 | |
| High Family A72 | 465.54 | 492.99 | 352.56 | 140.43 | 4.19 | 1008.67 | 1068.15 | 763.88 | 304.27 | 9.08 | |
| Standard Self A74 | 158.29 | 176.29 | 132.22 | 44.07 | 4.50 | 342.96 | 381.96 | 286.47 | 95.49 | 9.75 | |
| Standard Family A75 | 401.02 | 446.63 | 334.97 | 111.66 | 11.41 | 868.88 | 967.70 | 725.78 | 241.92 | 24.70 | |
| Arizona Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self DB1 | 119.17 | 140.25 | 105.19 | 35.06 | 5.27 | 258.20 | 303.88 | 227.91 | 75.97 | 11.42 | |
| CDHP Family DB2 | 274.10 | 322.60 | 241.95 | 80.65 | 12.13 | 593.88 | 698.97 | 524.23 | 174.74 | 26.27 | |
| Arizona PacifiCare of Arizona | | | | | | | | | | | |
| High Self A31 | 209.24 | 219.00 | 155.66 | 63.34 | -.86 | 453.35 | 474.50 | 337.26 | 137.24 | -1.86 | |
| High Family A32 | 502.23 | 525.65 | 352.56 | 173.09 | .16 | 1088.17 | 1138.91 | 763.88 | 375.03 | .34 | |
| Arizona UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Arkansas Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Arkansas UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| California Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| California Aetna Open Access | | | | | | | | | | | |
| High Self | 2X1 | 141.26 | 156.18 | 117.14 | 39.04 | 3.73 | 306.06 | 338.39 | 253.79 | 84.60 | 8.09 |
| High Family | 2X2 | 348.00 | 384.75 | 288.56 | 96.19 | 9.19 | 754.00 | 833.63 | 625.22 | 208.41 | 19.91 |
| California Anthem Blue Cross - HMO | | | | | | | | | | | |
| High Self | M51 | 217.43 | 240.26 | 155.66 | 84.60 | 12.21 | 471.10 | 520.56 | 337.26 | 183.30 | 26.45 |
| High Family | M52 | 557.72 | 599.55 | 352.56 | 246.99 | 18.57 | 1208.39 | 1299.03 | 763.88 | 535.15 | 40.24 |
| California Blue Shield of CA Access+HMO | | | | | | | | | | | |
| High Self | S11 | New Plan | 204.44 | 153.33 | 51.11 | New Plan | New Plan | 442.95 | 332.21 | 110.74 | New Plan |
| High Family | S12 | New Plan | 472.26 | 352.56 | 119.70 | New Plan | New Plan | 1023.23 | 763.88 | 259.35 | New Plan |
| California Blue Shield of CA Access+HMO | | | | | | | | | | | |
| High Self | SJ1 | 183.14 | 280.49 | 155.66 | 124.83 | 79.05 | 396.80 | 607.73 | 337.26 | 270.47 | 171.27 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | SJ2 | 454.31 | 647.92 | 352.56 | 295.36 | 170.35 | 984.34 | 1403.83 | 763.88 | 639.95 | 369.09 |
| California Health Net of California | | | | | | | | | | | |
| High Self | LB1 | 250.86 | 274.78 | 155.66 | 119.12 | 13.30 | 543.53 | 595.36 | 337.26 | 258.10 | 28.82 |
| High Family | LB2 | 580.02 | 635.29 | 352.56 | 282.73 | 32.01 | 1256.71 | 1376.46 | 763.88 | 612.58 | 69.35 |
| Standard Self | LB4 | 236.76 | 261.91 | 155.66 | 106.25 | 14.53 | 512.98 | 567.47 | 337.26 | 230.21 | 31.48 |
| Standard Family | LB5 | 547.40 | 605.58 | 352.56 | 253.02 | 34.92 | 1186.03 | 1312.09 | 763.88 | 548.21 | 75.66 |
| California Health Net of California | | | | | | | | | | | |
| High Self | LP1 | 185.97 | 210.72 | 155.66 | 55.06 | 8.57 | 402.94 | 456.56 | 337.26 | 119.30 | 18.57 |
| High Family | LP2 | 429.98 | 487.23 | 352.56 | 134.67 | 27.18 | 931.62 | 1055.67 | 763.88 | 291.79 | 58.89 |
| Standard Self | LP4 | 176.82 | 199.85 | 149.89 | 49.96 | 5.76 | 383.11 | 433.01 | 324.76 | 108.25 | 12.47 |
| Standard Family | LP5 | 408.83 | 462.05 | 346.54 | 115.51 | 13.30 | 885.80 | 1001.11 | 750.83 | 250.28 | 28.83 |
| California Kaiser Foundation Health Plan of California | | | | | | | | | | | |
| High Self | 591 | 223.51 | 243.50 | 155.66 | 87.84 | 9.37 | 484.27 | 527.58 | 337.26 | 190.32 | 20.30 |
| High Family | 592 | 533.54 | 581.27 | 352.56 | 228.71 | 24.47 | 1156.00 | 1259.42 | 763.88 | 495.54 | 53.02 |
| Standard Self | 594 | 155.74 | 183.58 | 137.69 | 45.89 | 6.96 | 337.44 | 397.76 | 298.32 | 99.44 | 15.08 |
| Standard Family | 595 | 371.76 | 438.21 | 328.66 | 109.55 | 16.61 | 805.48 | 949.46 | 712.10 | 237.36 | 35.99 |
| California Kaiser Foundation Health Plan of California | | | | | | | | | | | |
| High Self | 621 | 190.21 | 204.59 | 153.44 | 51.15 | 3.60 | 412.12 | 443.28 | 332.46 | 110.82 | 7.79 |
| High Family | 622 | 439.61 | 472.86 | 352.56 | 120.30 | 9.99 | 952.49 | 1024.53 | 763.88 | 260.65 | 21.64 |
| Standard Self | 624 | 119.36 | 129.30 | 96.98 | 32.32 | 2.48 | 258.61 | 280.15 | 210.11 | 70.04 | 5.39 |
| Standard Family | 625 | 275.88 | 298.84 | 224.13 | 74.71 | 5.74 | 597.74 | 647.49 | 485.62 | 161.87 | 12.44 |
| California PacifiCare of California | | | | | | | | | | | |
| High Self | CY1 | 184.91 | 202.84 | 152.13 | 50.71 | 4.48 | 400.64 | 439.49 | 329.62 | 109.87 | 9.71 |
| High Family | CY2 | 429.01 | 463.10 | 347.33 | 115.77 | 8.52 | 929.52 | 1003.38 | 752.54 | 250.84 | 18.46 |
| California UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Colorado Aetna HealthFund | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | |
|---|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|----------|
| Plan - Option - Enrollment Code | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Colorado Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | 7T1 | 133.20 | 146.10 | 109.58 | 36.52 | 3.22 | 288.60 | 316.55 | 237.41 | 79.14 | 6.99 |
| CDHP Family | 7T2 | 306.36 | 336.03 | 252.02 | 84.01 | 7.42 | 663.78 | 728.07 | 546.05 | 182.02 | 16.08 |
| Colorado Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | FC1 | 140.20 | 146.10 | 109.58 | 36.52 | 1.47 | 303.77 | 316.55 | 237.41 | 79.14 | 3.20 |
| CDHP Family | FC2 | 322.47 | 336.03 | 252.02 | 84.01 | 3.39 | 698.69 | 728.07 | 546.05 | 182.02 | 7.35 |
| Colorado Kaiser Foundation Health Plan of Colorado | | | | | | | | | | | |
| High Self | 651 | 207.92 | 212.06 | 155.66 | 56.40 | -6.48 | 450.49 | 459.46 | 337.26 | 122.20 | -14.04 |
| High Family | 652 | 476.13 | 485.61 | 352.56 | 133.05 | -13.78 | 1031.62 | 1052.16 | 763.88 | 288.28 | -29.86 |
| Standard Self | 654 | 138.65 | 138.65 | 103.99 | 34.66 | .00 | 300.41 | 300.41 | 225.31 | 75.10 | .00 |
| Standard Family | 655 | 317.51 | 317.51 | 238.13 | 79.38 | .00 | 687.94 | 687.94 | 515.96 | 171.98 | .00 |
| Colorado PacifiCare of Colorado | | | | | | | | | | | |
| High Self | D61 | 223.19 | 242.91 | 155.66 | 87.25 | 9.10 | 483.58 | 526.31 | 337.26 | 189.05 | 19.72 |
| High Family | D62 | 527.45 | 574.39 | 352.56 | 221.83 | 23.68 | 1142.81 | 1244.51 | 763.88 | 480.63 | 51.30 |
| Colorado UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Connecticut Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Connecticut Aetna Open Access | | | | | | | | | | | |
| High Self | JC1 | 217.04 | 229.88 | 155.66 | 74.22 | 2.22 | 470.25 | 498.07 | 337.26 | 160.81 | 4.81 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | JC2 | 534.21 | 565.84 | 352.56 | 213.28 | 8.37 | 1157.46 | 1225.99 | 763.88 | 462.11 | 18.13 |
| Basic Self | JC4 | 184.54 | 206.68 | 155.01 | 51.67 | 5.54 | 399.84 | 447.81 | 335.86 | 111.95 | 11.99 |
| Basic Family | JC5 | 469.34 | 502.20 | 352.56 | 149.64 | 9.60 | 1016.90 | 1088.10 | 763.88 | 324.22 | 20.80 |
| Connecticut ConnectiCare | | | | | | | | | | | |
| High Self | TE1 | 227.18 | 224.03 | 155.66 | 68.37 | -13.77 | 492.22 | 485.40 | 337.26 | 148.14 | -29.83 |
| High Family | TE2 | 516.91 | 509.74 | 352.56 | 157.18 | -30.43 | 1119.97 | 1104.44 | 763.88 | 340.56 | -65.93 |
| Basic Self | TE4 | 202.33 | 180.69 | 135.52 | 45.17 | -12.12 | 438.38 | 391.50 | 293.63 | 97.87 | -26.26 |
| Basic Family | TE5 | 460.36 | 411.12 | 308.34 | 102.78 | -28.28 | 997.45 | 890.76 | 668.07 | 222.69 | -61.28 |
| Delaware Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Delaware Aetna Open Access | | | | | | | | | | | |
| High Self | P31 | 241.47 | 288.60 | 155.66 | 132.94 | 36.51 | 523.19 | 625.30 | 337.26 | 288.04 | 79.10 |
| High Family | P32 | 582.63 | 696.35 | 352.56 | 343.79 | 90.46 | 1262.37 | 1508.76 | 763.88 | 744.88 | 195.99 |
| Basic Self | P34 | 184.20 | 197.39 | 148.04 | 49.35 | 3.30 | 399.10 | 427.68 | 320.76 | 106.92 | 7.15 |
| Basic Family | P35 | 440.82 | 455.81 | 341.86 | 113.95 | 2.43 | 955.11 | 987.59 | 740.69 | 246.90 | 5.27 |
| Delaware Coventry Health Care | | | | | | | | | | | |
| High Self | 2J1 | 215.44 | 254.12 | 155.66 | 98.46 | 28.06 | 466.79 | 550.59 | 337.26 | 213.33 | 60.79 |
| High Family | 2J2 | 538.58 | 635.27 | 352.56 | 282.71 | 73.43 | 1166.92 | 1376.42 | 763.88 | 612.54 | 159.10 |
| Standard Self | 2J4 | 172.79 | 208.44 | 155.66 | 52.78 | 9.58 | 374.38 | 451.62 | 337.26 | 114.36 | 20.77 |
| Standard Family | 2J5 | 431.97 | 521.05 | 352.56 | 168.49 | 60.50 | 935.94 | 1128.94 | 763.88 | 365.06 | 131.08 |
| Delaware Coventry Health Care HDHP | | | | | | | | | | | |
| HDHP Self | LK1 | 145.53 | 162.99 | 122.24 | 40.75 | 4.37 | 315.32 | 353.15 | 264.86 | 88.29 | 9.46 |
| HDHP Family | LK2 | 352.60 | 394.90 | 296.18 | 98.72 | 10.57 | 763.97 | 855.62 | 641.72 | 213.90 | 22.91 |
| District of Columbia Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |

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|---|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|----------|
| Plan - Option - Enrollment Code | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| District of Columbia Aetna Open Access | | | | | | | | | | | |
| High Self | JN1 | 233.43 | 261.84 | 155.66 | 106.18 | 17.79 | 505.77 | 567.32 | 337.26 | 230.06 | 38.54 |
| High Family | JN2 | 522.85 | 586.49 | 352.56 | 233.93 | 40.38 | 1132.84 | 1270.73 | 763.88 | 506.85 | 87.49 |
| Basic Self | JN4 | 156.72 | 171.86 | 128.90 | 42.96 | 3.78 | 339.56 | 372.36 | 279.27 | 93.09 | 8.20 |
| Basic Family | JN5 | 366.74 | 402.18 | 301.64 | 100.54 | 8.86 | 794.60 | 871.39 | 653.54 | 217.85 | 19.20 |
| District of Columbia CareFirst BlueChoice | | | | | | | | | | | |
| High Self | 2G1 | 206.67 | 207.73 | 155.66 | 52.07 | -9.56 | 447.79 | 450.08 | 337.26 | 112.82 | -20.72 |
| High Family | 2G2 | 464.94 | 467.32 | 350.49 | 116.83 | -18.81 | 1007.37 | 1012.53 | 759.40 | 253.13 | -40.76 |
| District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States | | | | | | | | | | | |
| High Self | E31 | 204.41 | 214.16 | 155.66 | 58.50 | -.87 | 442.89 | 464.01 | 337.26 | 126.75 | -1.89 |
| High Family | E32 | 478.88 | 501.70 | 352.56 | 149.14 | -.44 | 1037.57 | 1087.02 | 763.88 | 323.14 | -.95 |
| Standard Self | E34 | 111.70 | 122.08 | 91.56 | 30.52 | 2.60 | 242.02 | 264.51 | 198.38 | 66.13 | 5.63 |
| Standard Family | E35 | 265.83 | 290.52 | 217.89 | 72.63 | 6.17 | 575.97 | 629.46 | 472.10 | 157.36 | 13.37 |
| District of Columbia M.D. IPA | | | | | | | | | | | |
| High Self | JP1 | 199.21 | 205.29 | 153.97 | 51.32 | -2.85 | 431.62 | 444.80 | 333.60 | 111.20 | -6.17 |
| High Family | JP2 | 459.38 | 473.40 | 352.56 | 120.84 | -9.24 | 995.32 | 1025.70 | 763.88 | 261.82 | -20.02 |
| District of Columbia UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Florida Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Florida Av-Med Health Plan | | | | | | | | | | | |
| High Self | ML1 | 185.04 | 199.14 | 149.36 | 49.78 | 3.52 | 400.92 | 431.47 | 323.60 | 107.87 | 7.64 |
| High Family | ML2 | 481.03 | 477.96 | 352.56 | 125.40 | -26.33 | 1042.23 | 1035.58 | 763.88 | 271.70 | -57.05 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | ML4 | 167.13 | 153.64 | 115.23 | 38.41 | -3.37 | 362.12 | 332.89 | 249.67 | 83.22 | -7.31 |
| Standard Family | ML5 | 434.45 | 368.77 | 276.58 | 92.19 | -16.42 | 941.31 | 799.00 | 599.25 | 199.75 | -35.58 |
| Florida Capital Health Plan | | | | | | | | | | | |
| High Self | EA1 | 164.49 | 177.22 | 132.92 | 44.30 | 3.18 | 356.40 | 383.98 | 287.99 | 95.99 | 6.89 |
| High Family | EA2 | 435.92 | 469.59 | 352.19 | 117.40 | 8.42 | 944.49 | 1017.45 | 763.09 | 254.36 | 18.24 |
| Florida Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | BP1 | 154.23 | 178.60 | 133.95 | 44.65 | 6.09 | 334.17 | 386.97 | 290.23 | 96.74 | 13.20 |
| CDHP Family | BP2 | 354.73 | 410.80 | 308.10 | 102.70 | 14.02 | 768.58 | 890.07 | 667.55 | 222.52 | 30.38 |
| Florida Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | DL1 | 168.25 | 194.83 | 146.12 | 48.71 | 6.65 | 364.54 | 422.13 | 316.60 | 105.53 | 14.40 |
| CDHP Family | DL2 | 386.99 | 448.14 | 336.11 | 112.03 | 15.28 | 838.48 | 970.97 | 728.23 | 242.74 | 33.12 |
| Florida Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | MJ1 | 140.20 | 171.42 | 128.57 | 42.85 | 7.80 | 303.77 | 371.41 | 278.56 | 92.85 | 16.91 |
| CDHP Family | MJ2 | 322.47 | 394.28 | 295.71 | 98.57 | 17.95 | 698.69 | 854.27 | 640.70 | 213.57 | 38.90 |
| Florida Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | MQ1 | 161.24 | 179.22 | 134.42 | 44.80 | 4.49 | 349.35 | 388.31 | 291.23 | 97.08 | 9.74 |
| CDHP Family | MQ2 | 370.84 | 412.21 | 309.16 | 103.05 | 10.34 | 803.49 | 893.12 | 669.84 | 223.28 | 22.41 |
| Florida Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | QP1 | 126.14 | 140.25 | 105.19 | 35.06 | 3.53 | 273.30 | 303.88 | 227.91 | 75.97 | 7.65 |
| CDHP Family | QP2 | 290.14 | 322.60 | 241.95 | 80.65 | 8.12 | 628.64 | 698.97 | 524.23 | 174.74 | 17.58 |
| Florida Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | YG1 | 154.23 | 162.33 | 121.75 | 40.58 | 2.02 | 334.17 | 351.72 | 263.79 | 87.93 | 4.39 |
| CDHP Family | YG2 | 354.73 | 373.37 | 280.03 | 93.34 | 4.66 | 768.58 | 808.97 | 606.73 | 202.24 | 10.10 |
| Florida Humana, Inc. | | | | | | | | | | | |
| High Self | EE1 | 166.13 | 199.37 | 149.53 | 49.84 | 8.31 | 359.95 | 431.97 | 323.98 | 107.99 | 18.00 |
| High Family | EE2 | 382.12 | 458.55 | 343.91 | 114.64 | 19.11 | 827.93 | 993.53 | 745.15 | 248.38 | 41.40 |
| Standard Self | EE4 | 145.82 | 157.48 | 118.11 | 39.37 | 2.92 | 315.94 | 341.21 | 255.91 | 85.30 | 6.32 |
| Standard Family | EE5 | 335.40 | 362.22 | 271.67 | 90.55 | 6.70 | 726.70 | 784.81 | 588.61 | 196.20 | 14.53 |
| Florida Humana, Inc. | | | | | | | | | | | |
| High Self | LL1 | 205.10 | 203.05 | 152.29 | 50.76 | -9.30 | 444.38 | 439.94 | 329.96 | 109.98 | -20.15 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | | |
| High Family | LL2 | 471.74 | 467.01 | 350.26 | 116.75 | -25.69 | 1022.10 | 1011.86 | 758.90 | 252.96 | -55.66 | |
| Standard Self | LL4 | 162.03 | 183.09 | 137.32 | 45.77 | 5.26 | 351.07 | 396.70 | 297.53 | 99.17 | 11.40 | |
| Standard Family | LL5 | 372.67 | 421.12 | 315.84 | 105.28 | 12.11 | 807.45 | 912.43 | 684.32 | 228.11 | 26.25 | |
| Florida JMH Health Plan | | | | | | | | | | | | |
| High Self | J81 | 205.21 | 207.83 | 155.66 | 52.17 | -8.00 | 444.62 | 450.30 | 337.26 | 113.04 | -17.33 | |
| High Family | J82 | 492.63 | 514.42 | 352.56 | 161.86 | -1.47 | 1067.37 | 1114.58 | 763.88 | 350.70 | -3.19 | |
| Standard Self | J84 | 197.06 | 181.40 | 136.05 | 45.35 | -6.67 | 426.96 | 393.03 | 294.77 | 98.26 | -14.45 | |
| Standard Family | J85 | 462.04 | 464.15 | 348.11 | 116.04 | -16.70 | 1001.09 | 1005.66 | 754.25 | 251.41 | -36.20 | |
| Florida United Healthcare of Florida | | | | | | | | | | | | |
| High Self | R31 | 196.29 | 204.71 | 153.53 | 51.18 | -.07 | 425.30 | 443.54 | 332.66 | 110.88 | -.17 | |
| High Family | R32 | 445.56 | 464.70 | 348.53 | 116.17 | -.09 | 965.38 | 1006.85 | 755.14 | 251.71 | -.19 | |
| Florida UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 | |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 | |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan | |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan | |
| Florida Vista Healthplan of South Florida | | | | | | | | | | | | |
| High Self | 5E1 | 137.00 | 163.68 | 122.76 | 40.92 | 6.67 | 296.83 | 354.64 | 265.98 | 88.66 | 14.45 | |
| High Family | 5E2 | 376.80 | 450.18 | 337.64 | 112.54 | 18.34 | 816.40 | 975.39 | 731.54 | 243.85 | 39.75 | |
| Standard Self | 5E4 | New Plan | 143.17 | 107.38 | 35.79 | New Plan | New Plan | 310.20 | 232.65 | 77.55 | New Plan | |
| Standard Family | 5E5 | New Plan | 393.75 | 295.31 | 98.44 | New Plan | New Plan | 853.13 | 639.85 | 213.28 | New Plan | |
| Georgia Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Georgia Aetna Open Access | | | | | | | | | | | | |
| High Self | 2U1 | 192.88 | 230.39 | 155.66 | 74.73 | 26.51 | 417.91 | 499.18 | 337.26 | 161.92 | 57.44 | |
| High Family | 2U2 | 442.57 | 528.65 | 352.56 | 176.09 | 62.82 | 958.90 | 1145.41 | 763.88 | 381.53 | 136.11 | |
| Georgia Humana CoverageFirst | | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | | |
|---|-----------------|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|----------|
| | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | |
| Plan | Option | Enrollment Code | | | | | | | | | | |
| | CDHP Self | AD1 | 119.17 | 138.01 | 103.51 | 34.50 | 4.71 | 258.20 | 299.02 | 224.27 | 74.75 | 10.20 |
| | CDHP Family | AD2 | 274.10 | 317.42 | 238.07 | 79.35 | 10.83 | 593.88 | 687.74 | 515.81 | 171.93 | 23.46 |
| Georgia Humana CoverageFirst | | | | | | | | | | | | |
| | CDHP Self | LM1 | 147.21 | 170.47 | 127.85 | 42.62 | 5.82 | 318.96 | 369.35 | 277.01 | 92.34 | 12.60 |
| | CDHP Family | LM2 | 338.59 | 392.10 | 294.08 | 98.02 | 13.37 | 733.61 | 849.55 | 637.16 | 212.39 | 28.99 |
| Georgia Humana, Inc. | | | | | | | | | | | | |
| | High Self | DG1 | New Plan | 189.76 | 142.32 | 47.44 | New Plan | New Plan | 411.15 | 308.36 | 102.79 | New Plan |
| | High Family | DG2 | New Plan | 436.46 | 327.35 | 109.11 | New Plan | New Plan | 945.66 | 709.25 | 236.41 | New Plan |
| | Standard Self | DG4 | New Plan | 172.50 | 129.38 | 43.12 | New Plan | New Plan | 373.75 | 280.31 | 93.44 | New Plan |
| | Standard Family | DG5 | New Plan | 396.77 | 297.58 | 99.19 | New Plan | New Plan | 859.67 | 644.75 | 214.92 | New Plan |
| Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP | | | | | | | | | | | | |
| | HDHP Self | GW1 | 151.84 | 151.84 | 113.88 | 37.96 | .00 | 328.99 | 328.99 | 246.74 | 82.25 | .00 |
| | HDHP Family | GW2 | 341.35 | 341.35 | 256.01 | 85.34 | .00 | 739.59 | 739.59 | 554.69 | 184.90 | .00 |
| Georgia Kaiser Foundation Health Plan of Georgia, Inc. | | | | | | | | | | | | |
| | High Self | F81 | 187.40 | 197.92 | 148.44 | 49.48 | 2.63 | 406.03 | 428.83 | 321.62 | 107.21 | 5.70 |
| | High Family | F82 | 429.14 | 453.24 | 339.93 | 113.31 | 6.03 | 929.80 | 982.02 | 736.52 | 245.50 | 13.05 |
| | Standard Self | F84 | 135.31 | 135.31 | 101.48 | 33.83 | .00 | 293.17 | 293.17 | 219.88 | 73.29 | .00 |
| | Standard Family | F85 | 309.87 | 309.87 | 232.40 | 77.47 | .00 | 671.39 | 671.39 | 503.54 | 167.85 | .00 |
| Georgia UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | |
| | HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| | HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| | CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| | CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Guam TakeCare | | | | | | | | | | | | |
| | High Self | JK1 | 251.64 | 247.51 | 155.66 | 91.85 | -14.75 | 545.22 | 536.27 | 337.26 | 199.01 | -31.96 |
| | High Family | JK2 | 661.26 | 650.45 | 352.56 | 297.89 | -34.07 | 1432.73 | 1409.31 | 763.88 | 645.43 | -73.82 |
| | Standard Self | JK4 | 197.41 | 195.24 | 146.43 | 48.81 | -3.56 | 427.72 | 423.02 | 317.27 | 105.75 | -7.72 |
| | Standard Family | JK5 | 521.34 | 515.59 | 352.56 | 163.03 | -29.01 | 1129.57 | 1117.11 | 763.88 | 353.23 | -62.86 |
| Guam TakeCare | | | | | | | | | | | | |
| | HDHP Self | KX1 | 179.19 | 175.57 | 131.68 | 43.89 | -.91 | 388.25 | 380.40 | 285.30 | 95.10 | -1.96 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | |
| HDHP Family | KX2 | 449.80 | 442.92 | 332.19 | 110.73 | -9.77 | 974.57 | 959.66 | 719.75 | 239.91 | -21.18 |
| Hawaii HMSA | | | | | | | | | | | |
| High Self | 871 | 159.80 | 173.38 | 130.04 | 43.34 | 3.39 | 346.23 | 375.66 | 281.75 | 93.91 | 7.35 |
| High Family | 872 | 355.70 | 385.93 | 289.45 | 96.48 | 7.56 | 770.68 | 836.18 | 627.14 | 209.04 | 16.37 |
| Hawaii Kaiser Foundation Health Plan of Hawaii | | | | | | | | | | | |
| High Self | 631 | 177.93 | 186.20 | 139.65 | 46.55 | 2.07 | 385.52 | 403.43 | 302.57 | 100.86 | 4.48 |
| High Family | 632 | 382.56 | 400.34 | 300.26 | 100.08 | 4.44 | 828.88 | 867.40 | 650.55 | 216.85 | 9.63 |
| Standard Self | 634 | 92.32 | 86.68 | 65.01 | 21.67 | -1.41 | 200.03 | 187.81 | 140.86 | 46.95 | -3.06 |
| Standard Family | 635 | 198.48 | 186.36 | 139.77 | 46.59 | -3.03 | 430.04 | 403.78 | 302.84 | 100.94 | -6.57 |
| Idaho Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Idaho Altius Health Plans | | | | | | | | | | | |
| High Self | 9K1 | 212.61 | 228.98 | 155.66 | 73.32 | 5.75 | 460.66 | 496.12 | 337.26 | 158.86 | 12.45 |
| High Family | 9K2 | 467.77 | 503.79 | 352.56 | 151.23 | 12.76 | 1013.50 | 1091.55 | 763.88 | 327.67 | 27.65 |
| HDHP Self | 9K4 | 184.08 | 184.08 | 138.06 | 46.02 | .00 | 398.84 | 398.84 | 299.13 | 99.71 | .00 |
| HDHP Family | 9K5 | 381.36 | 381.36 | 286.02 | 95.34 | .00 | 826.28 | 826.28 | 619.71 | 206.57 | .00 |
| Idaho Altius Health Plans | | | | | | | | | | | |
| Standard Self | DK4 | 181.33 | 195.30 | 146.48 | 48.82 | 3.49 | 392.88 | 423.15 | 317.36 | 105.79 | 7.57 |
| Standard Family | DK5 | 398.93 | 429.66 | 322.25 | 107.41 | 7.68 | 864.35 | 930.93 | 698.20 | 232.73 | 16.64 |
| Idaho Group Health Cooperative | | | | | | | | | | | |
| High Self | VR1 | 234.94 | 261.75 | 155.66 | 106.09 | 16.19 | 509.04 | 567.13 | 337.26 | 229.87 | 35.08 |
| High Family | VR2 | 505.12 | 562.75 | 352.56 | 210.19 | 34.37 | 1094.43 | 1219.29 | 763.88 | 455.41 | 74.46 |
| Standard Self | VR4 | 145.25 | 162.35 | 121.76 | 40.59 | 4.28 | 314.71 | 351.76 | 263.82 | 87.94 | 9.26 |
| Standard Family | VR5 | 334.09 | 373.43 | 280.07 | 93.36 | 9.84 | 723.86 | 809.10 | 606.83 | 202.27 | 21.31 |
| Illinois Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Illinois Aetna Open Access | | | | | | | | | | | |
| High Self | IK1 | 154.53 | 168.03 | 126.02 | 42.01 | 3.38 | 334.82 | 364.07 | 273.05 | 91.02 | 7.32 |
| High Family | IK2 | 392.27 | 426.54 | 319.91 | 106.63 | 8.56 | 849.92 | 924.17 | 693.13 | 231.04 | 18.56 |
| Illinois Blue Preferred HMO | | | | | | | | | | | |
| High Self | 9G1 | 213.84 | 224.54 | 155.66 | 68.88 | .08 | 463.32 | 486.50 | 337.26 | 149.24 | .17 |
| High Family | 9G2 | 463.00 | 486.15 | 352.56 | 133.59 | -.11 | 1003.17 | 1053.33 | 763.88 | 289.45 | -.24 |
| Illinois Group Health Plan, Inc. | | | | | | | | | | | |
| High Self | MM1 | 270.64 | 280.59 | 155.66 | 124.93 | -.67 | 586.39 | 607.95 | 337.26 | 270.69 | -1.45 |
| High Family | MM2 | 584.62 | 606.12 | 352.56 | 253.56 | -1.76 | 1266.68 | 1313.26 | 763.88 | 549.38 | -3.82 |
| HDHP Self | MM4 | 216.50 | 224.27 | 155.66 | 68.61 | -2.85 | 469.08 | 485.92 | 337.26 | 148.66 | -6.17 |
| HDHP Family | MM5 | 464.44 | 485.87 | 352.56 | 133.31 | -1.83 | 1006.29 | 1052.72 | 763.88 | 288.84 | -3.97 |
| Illinois Group Health Plan, Inc. | | | | | | | | | | | |
| Standard Self | MU4 | 250.17 | 267.02 | 155.66 | 111.36 | 6.23 | 542.04 | 578.54 | 337.26 | 241.28 | 13.49 |
| Standard Family | MU5 | 540.37 | 576.75 | 352.56 | 224.19 | 13.12 | 1170.80 | 1249.63 | 763.88 | 485.75 | 28.43 |
| Illinois Health Alliance HMO | | | | | | | | | | | |
| HDHP Self | FM1 | 180.66 | 186.08 | 139.56 | 46.52 | 1.36 | 391.43 | 403.17 | 302.38 | 100.79 | 2.93 |
| HDHP Family | FM2 | 404.92 | 417.07 | 312.80 | 104.27 | 3.04 | 877.33 | 903.65 | 677.74 | 225.91 | 6.58 |
| Illinois Health Alliance HMO | | | | | | | | | | | |
| High Self | FX1 | 226.53 | 233.32 | 155.66 | 77.66 | -3.83 | 490.82 | 505.53 | 337.26 | 168.27 | -8.30 |
| High Family | FX2 | 528.72 | 544.58 | 352.56 | 192.02 | -7.40 | 1145.56 | 1179.92 | 763.88 | 416.04 | -16.04 |
| Standard Self | FX4 | 167.39 | 172.41 | 129.31 | 43.10 | 1.25 | 362.68 | 373.56 | 280.17 | 93.39 | 2.72 |
| Standard Family | FX5 | 423.37 | 436.07 | 327.05 | 109.02 | 3.18 | 917.30 | 944.82 | 708.62 | 236.20 | 6.88 |
| Illinois Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | MW1 | 119.15 | 132.61 | 99.46 | 33.15 | 3.36 | 258.16 | 287.32 | 215.49 | 71.83 | 7.29 |
| CDHP Family | MW2 | 274.02 | 304.99 | 228.74 | 76.25 | 7.75 | 593.71 | 660.81 | 495.61 | 165.20 | 16.77 |
| Illinois Humana Health Plan Inc. | | | | | | | | | | | |
| High Self | 751 | 207.50 | 228.37 | 155.66 | 72.71 | 10.25 | 449.58 | 494.80 | 337.26 | 157.54 | 22.21 |
| High Family | 752 | 477.28 | 525.25 | 352.56 | 172.69 | 24.71 | 1034.11 | 1138.04 | 763.88 | 374.16 | 53.53 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 754 | 138.40 | 146.99 | 110.24 | 36.75 | 2.15 | 299.87 | 318.48 | 238.86 | 79.62 | 4.65 |
| Standard Family | 755 | 318.31 | 338.08 | 253.56 | 84.52 | 4.94 | 689.67 | 732.51 | 549.38 | 183.13 | 10.71 |
| Illinois OSF HealthPlans, Inc. | | | | | | | | | | | |
| High Self | 9F1 | 213.47 | 222.01 | 155.66 | 66.35 | -2.08 | 462.52 | 481.02 | 337.26 | 143.76 | -4.51 |
| High Family | 9F2 | 561.35 | 555.05 | 352.56 | 202.49 | -29.56 | 1216.26 | 1202.61 | 763.88 | 438.73 | -64.05 |
| Illinois OSF HealthPlans, Inc. | | | | | | | | | | | |
| Standard Self | AB4 | New Plan | 172.27 | 129.20 | 43.07 | New Plan | New Plan | 373.25 | 279.94 | 93.31 | New Plan |
| Standard Family | AB5 | New Plan | 430.70 | 323.03 | 107.67 | New Plan | New Plan | 933.18 | 699.89 | 233.29 | New Plan |
| Illinois PersonalCare Insurance of Illinois, Inc. | | | | | | | | | | | |
| High Self | GE1 | 194.00 | 211.42 | 155.66 | 55.76 | 6.80 | 420.33 | 458.08 | 337.26 | 120.82 | 14.74 |
| High Family | GE2 | 498.60 | 543.37 | 352.56 | 190.81 | 21.51 | 1080.30 | 1177.30 | 763.88 | 413.42 | 46.60 |
| Illinois Unicare HMO | | | | | | | | | | | |
| High Self | 171 | 213.69 | 230.79 | 155.66 | 75.13 | 6.48 | 463.00 | 500.05 | 337.26 | 162.79 | 14.04 |
| High Family | 172 | 473.92 | 511.84 | 352.56 | 159.28 | 14.66 | 1026.83 | 1108.99 | 763.88 | 345.11 | 31.76 |
| Standard Self | 174 | 148.75 | 160.65 | 120.49 | 40.16 | 2.97 | 322.29 | 348.08 | 261.06 | 87.02 | 6.45 |
| Standard Family | 175 | 329.89 | 356.28 | 267.21 | 89.07 | 6.60 | 714.76 | 771.94 | 578.96 | 192.98 | 14.29 |
| Illinois Unicare HMO | | | | | | | | | | | |
| HDHP Self | 721 | 134.48 | 134.48 | 100.86 | 33.62 | .00 | 291.37 | 291.37 | 218.53 | 72.84 | .00 |
| HDHP Family | 722 | 294.06 | 294.06 | 220.55 | 73.51 | .00 | 637.13 | 637.13 | 477.85 | 159.28 | .00 |
| Illinois Union Health Service | | | | | | | | | | | |
| High Self | 761 | 150.36 | 160.79 | 120.59 | 40.20 | 2.61 | 325.78 | 348.38 | 261.29 | 87.09 | 5.65 |
| High Family | 762 | 372.91 | 398.76 | 299.07 | 99.69 | 6.46 | 807.97 | 863.98 | 647.99 | 215.99 | 14.00 |
| Illinois United Healthcare of the Midwest | | | | | | | | | | | |
| High Self | B91 | 199.35 | 208.03 | 155.66 | 52.37 | -1.94 | 431.93 | 450.73 | 337.26 | 113.47 | -4.21 |
| High Family | B92 | 445.36 | 464.77 | 348.58 | 116.19 | .13 | 964.95 | 1007.00 | 755.25 | 251.75 | .28 |
| Illinois UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |

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

| Health Management Organizations (HMO) | | 2009 Biweekly premium rates | | | | | | 2009 Monthly premium rates | | | | |
|--|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|---------------|----------------------------|------------|-------------------------|--------|--|
| Plan - Option - Enrollment Code | 2008 Total Biweekly Premium | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | 2008 Total Monthly Premium | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | |
| Illinois UnitedHealthcare Plan of the River Valley Inc. | | | | | | | | | | | | |
| High Self | YH1 | 164.72 | 164.72 | 123.54 | 41.18 | .00 | 356.89 | 356.89 | 267.67 | 89.22 | .00 | |
| High Family | YH2 | 403.55 | 403.55 | 302.66 | 100.89 | .00 | 874.36 | 874.36 | 655.77 | 218.59 | .00 | |
| Indiana Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Indiana Aetna Open Access | | | | | | | | | | | | |
| High Self | IK1 | 154.53 | 168.03 | 126.02 | 42.01 | 3.38 | 334.82 | 364.07 | 273.05 | 91.02 | 7.32 | |
| High Family | IK2 | 392.27 | 426.54 | 319.91 | 106.63 | 8.56 | 849.92 | 924.17 | 693.13 | 231.04 | 18.56 | |
| Indiana Aetna Open Access | | | | | | | | | | | | |
| High Self | RD1 | 224.86 | 298.36 | 155.66 | 142.70 | 62.88 | 487.20 | 646.45 | 337.26 | 309.19 | 136.24 | |
| High Family | RD2 | 555.97 | 737.67 | 352.56 | 385.11 | 158.44 | 1204.60 | 1598.29 | 763.88 | 834.41 | 343.29 | |
| Indiana Bluegrass Family Health | | | | | | | | | | | | |
| HDHP Self | KV1 | 176.00 | 200.00 | 150.00 | 50.00 | 6.00 | 381.33 | 433.33 | 325.00 | 108.33 | 13.00 | |
| HDHP Family | KV2 | 319.98 | 399.99 | 299.99 | 100.00 | 20.01 | 693.29 | 866.65 | 649.99 | 216.66 | 43.34 | |
| Indiana Health Alliance HMO | | | | | | | | | | | | |
| HDHP Self | FM1 | 180.66 | 186.08 | 139.56 | 46.52 | 1.36 | 391.43 | 403.17 | 302.38 | 100.79 | 2.93 | |
| HDHP Family | FM2 | 404.92 | 417.07 | 312.80 | 104.27 | 3.04 | 877.33 | 903.65 | 677.74 | 225.91 | 6.58 | |
| Indiana Health Alliance HMO | | | | | | | | | | | | |
| High Self | FX1 | 226.53 | 233.32 | 155.66 | 77.66 | -3.83 | 490.82 | 505.53 | 337.26 | 168.27 | -8.30 | |
| High Family | FX2 | 528.72 | 544.58 | 352.56 | 192.02 | -7.40 | 1145.56 | 1179.92 | 763.88 | 416.04 | -16.04 | |
| Standard Self | FX4 | 167.39 | 172.41 | 129.31 | 43.10 | 1.25 | 362.68 | 373.56 | 280.17 | 93.39 | 2.72 | |
| Standard Family | FX5 | 423.37 | 436.07 | 327.05 | 109.02 | 3.18 | 917.30 | 944.82 | 708.62 | 236.20 | 6.88 | |
| Indiana Humana CoverageFirst | | | | | | | | | | | | |
| CDHP Self | L81 | 140.20 | 162.33 | 121.75 | 40.58 | 5.53 | 303.77 | 351.72 | 263.79 | 87.93 | 11.99 | |
| CDHP Family | L82 | 322.47 | 373.37 | 280.03 | 93.34 | 12.72 | 698.69 | 808.97 | 606.73 | 202.24 | 27.57 | |
| Indiana Humana CoverageFirst | | | | | | | | | | | | |
| CDHP Self | MW1 | 119.15 | 132.61 | 99.46 | 33.15 | 3.36 | 258.16 | 287.32 | 215.49 | 71.83 | 7.29 | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | MW2 | 274.02 | 304.99 | 228.74 | 76.25 | 7.75 | 593.71 | 660.81 | 495.61 | 165.20 | 16.77 |
| Indiana Humana Health Plan Inc. | | | | | | | | | | | |
| High Self | 751 | 207.50 | 228.37 | 155.66 | 72.71 | 10.25 | 449.58 | 494.80 | 337.26 | 157.54 | 22.21 |
| High Family | 752 | 477.28 | 525.25 | 352.56 | 172.69 | 24.71 | 1034.11 | 1138.04 | 763.88 | 374.16 | 53.53 |
| Standard Self | 754 | 138.40 | 146.99 | 110.24 | 36.75 | 2.15 | 299.87 | 318.48 | 238.86 | 79.62 | 4.65 |
| Standard Family | 755 | 318.31 | 338.08 | 253.56 | 84.52 | 4.94 | 689.67 | 732.51 | 549.38 | 183.13 | 10.71 |
| Indiana Physicians Health Plan of Northern Indiana | | | | | | | | | | | |
| High Self | DQ1 | 216.58 | 225.94 | 155.66 | 70.28 | -1.26 | 469.26 | 489.54 | 337.26 | 152.28 | -2.73 |
| High Family | DQ2 | 484.45 | 503.71 | 352.56 | 151.15 | -4.00 | 1049.64 | 1091.37 | 763.88 | 327.49 | -8.67 |
| Indiana Unicare HMO | | | | | | | | | | | |
| High Self | 171 | 213.69 | 230.79 | 155.66 | 75.13 | 6.48 | 463.00 | 500.05 | 337.26 | 162.79 | 14.04 |
| High Family | 172 | 473.92 | 511.84 | 352.56 | 159.28 | 14.66 | 1026.83 | 1108.99 | 763.88 | 345.11 | 31.76 |
| Standard Self | 174 | 148.75 | 160.65 | 120.49 | 40.16 | 2.97 | 322.29 | 348.08 | 261.06 | 87.02 | 6.45 |
| Standard Family | 175 | 329.89 | 356.28 | 267.21 | 89.07 | 6.60 | 714.76 | 771.94 | 578.96 | 192.98 | 14.29 |
| Indiana Unicare HMO | | | | | | | | | | | |
| HDHP Self | 721 | 134.48 | 134.48 | 100.86 | 33.62 | .00 | 291.37 | 291.37 | 218.53 | 72.84 | .00 |
| HDHP Family | 722 | 294.06 | 294.06 | 220.55 | 73.51 | .00 | 637.13 | 637.13 | 477.85 | 159.28 | .00 |
| Indiana Welborn Health Plans | | | | | | | | | | | |
| High Self | W11 | New Plan | 241.58 | 155.66 | 85.92 | New Plan | New Plan | 523.42 | 337.26 | 186.16 | New Plan |
| High Family | W12 | New Plan | 565.30 | 352.56 | 212.74 | New Plan | New Plan | 1224.82 | 763.88 | 460.94 | New Plan |
| Iowa Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Iowa Coventry Health Care of Iowa | | | | | | | | | | | |
| High Self | SV1 | 183.78 | 200.37 | 150.28 | 50.09 | 4.15 | 398.19 | 434.14 | 325.61 | 108.53 | 8.98 |
| High Family | SV2 | 496.16 | 540.94 | 352.56 | 188.38 | 21.52 | 1075.01 | 1172.04 | 763.88 | 408.16 | 46.63 |
| HDHP Self | SV4 | 184.40 | 151.54 | 113.66 | 37.88 | -8.22 | 399.53 | 328.34 | 246.26 | 82.08 | -17.80 |
| HDHP Family | SV5 | 477.62 | 361.65 | 271.24 | 90.41 | -57.91 | 1034.84 | 783.58 | 587.69 | 195.89 | -125.47 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | | | |
| Iowa Coventry Health Care of Iowa | | | | | | | | | | | | | |
| | Standard Self | SY4 | New Plan | 158.79 | 119.09 | 39.70 | New Plan | New Plan | 344.05 | 258.04 | 86.01 | New Plan | |
| | Standard Family | SY5 | New Plan | 373.15 | 279.86 | 93.29 | New Plan | New Plan | 808.49 | 606.37 | 202.12 | New Plan | |
| Iowa Health Alliance HMO | | | | | | | | | | | | | |
| | HDHP Self | FM1 | | 180.66 | 186.08 | 139.56 | 46.52 | 1.36 | 391.43 | 403.17 | 302.38 | 100.79 | 2.93 |
| | HDHP Family | FM2 | | 404.92 | 417.07 | 312.80 | 104.27 | 3.04 | 877.33 | 903.65 | 677.74 | 225.91 | 6.58 |
| Iowa Health Alliance HMO | | | | | | | | | | | | | |
| | High Self | FX1 | | 226.53 | 233.32 | 155.66 | 77.66 | -3.83 | 490.82 | 505.53 | 337.26 | 168.27 | -8.30 |
| | High Family | FX2 | | 528.72 | 544.58 | 352.56 | 192.02 | -7.40 | 1145.56 | 1179.92 | 763.88 | 416.04 | -16.04 |
| | Standard Self | FX4 | | 167.39 | 172.41 | 129.31 | 43.10 | 1.25 | 362.68 | 373.56 | 280.17 | 93.39 | 2.72 |
| | Standard Family | FX5 | | 423.37 | 436.07 | 327.05 | 109.02 | 3.18 | 917.30 | 944.82 | 708.62 | 236.20 | 6.88 |
| Iowa HealthPartners Open Access Deductible Copay/3 for Free | | | | | | | | | | | | | |
| | OAD Copay Self | V31 | New Plan | 245.79 | 155.66 | 90.13 | New Plan | New Plan | 532.55 | 337.26 | 195.29 | New Plan | |
| | OAD Copay Family | V32 | New Plan | 565.32 | 352.56 | 212.76 | New Plan | New Plan | 1224.86 | 763.88 | 460.98 | New Plan | |
| | 3 for Free Self | V34 | New Plan | 129.53 | 97.15 | 32.38 | New Plan | New Plan | 280.65 | 210.49 | 70.16 | New Plan | |
| | 3 for Free Family | V35 | New Plan | 297.91 | 223.43 | 74.48 | New Plan | New Plan | 645.47 | 484.10 | 161.37 | New Plan | |
| Iowa Sanford Health Plan | | | | | | | | | | | | | |
| | High Self | AU1 | | 220.60 | 236.96 | 155.66 | 81.30 | 5.74 | 477.97 | 513.41 | 337.26 | 176.15 | 12.43 |
| | High Family | AU2 | | 507.62 | 545.26 | 352.56 | 192.70 | 14.38 | 1099.84 | 1181.40 | 763.88 | 417.52 | 31.16 |
| | Standard Self | AU4 | | 210.08 | 225.66 | 155.66 | 70.00 | 4.96 | 455.17 | 488.93 | 337.26 | 151.67 | 10.75 |
| | Standard Family | AU5 | | 483.13 | 518.96 | 352.56 | 166.40 | 12.57 | 1046.78 | 1124.41 | 763.88 | 360.53 | 27.23 |
| Iowa UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | | |
| | HDHP Self | E91 | | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| | HDHP Family | E92 | | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| | CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | 89.26 | |
| | CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan | |
| Iowa UnitedHealthcare Plan of the River Valley Inc. | | | | | | | | | | | | | |
| | High Self | YH1 | | 164.72 | 164.72 | 123.54 | 41.18 | .00 | 356.89 | 356.89 | 267.67 | 89.22 | .00 |
| | High Family | YH2 | | 403.55 | 403.55 | 302.66 | 100.89 | .00 | 874.36 | 874.36 | 655.77 | 218.59 | .00 |
| Kansas Aetna HealthFund | | | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | |
|---|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|
| Plan - Option - Enrollment Code | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Kansas Coventry Health Care of Kansas | | | | | | | | | | | |
| High Self | HA1 | 176.84 | 186.02 | 139.52 | 46.50 | 2.29 | 383.15 | 403.04 | 302.28 | 100.76 | 4.97 |
| High Family | HA2 | 456.32 | 469.58 | 352.19 | 117.39 | -9.63 | 988.69 | 1017.42 | 763.07 | 254.35 | -20.86 |
| Standard Self | HA4 | 193.77 | 146.69 | 110.02 | 36.67 | -12.06 | 419.84 | 317.83 | 238.37 | 79.46 | -26.13 |
| Standard Family | HA5 | 499.93 | 344.64 | 258.48 | 86.16 | -84.47 | 1083.18 | 746.72 | 560.04 | 186.68 | -183.02 |
| Kansas Coventry Health Care of Kansas (Kansas City)-HDHP | | | | | | | | | | | |
| HDHP Self | 9H1 | 164.96 | 134.56 | 100.92 | 33.64 | -7.60 | 357.41 | 291.55 | 218.66 | 72.89 | -16.46 |
| HDHP Family | 9H2 | 425.61 | 316.21 | 237.16 | 79.05 | -27.35 | 922.16 | 685.12 | 513.84 | 171.28 | -59.26 |
| Kansas Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | PH1 | 112.14 | 125.18 | 93.89 | 31.29 | 3.26 | 242.97 | 271.22 | 203.42 | 67.80 | 7.06 |
| CDHP Family | PH2 | 257.92 | 287.94 | 215.96 | 71.98 | 7.50 | 558.83 | 623.87 | 467.90 | 155.97 | 16.26 |
| Kansas Humana Health Plan, Inc. | | | | | | | | | | | |
| High Self | MS1 | 255.58 | 289.44 | 155.66 | 133.78 | 23.24 | 553.76 | 627.12 | 337.26 | 289.86 | 50.35 |
| High Family | MS2 | 587.82 | 665.71 | 352.56 | 313.15 | 54.63 | 1273.61 | 1442.37 | 763.88 | 678.49 | 118.36 |
| Standard Self | MS4 | 156.29 | 168.49 | 126.37 | 42.12 | 3.05 | 338.63 | 365.06 | 273.80 | 91.26 | 6.60 |
| Standard Family | MS5 | 359.48 | 387.51 | 290.63 | 96.88 | 7.01 | 778.87 | 839.61 | 629.71 | 209.90 | 15.18 |
| Kansas United Healthcare of the Midwest | | | | | | | | | | | |
| High Self | GX1 | 204.43 | 232.39 | 155.66 | 76.73 | 17.34 | 442.93 | 503.51 | 337.26 | 166.25 | 37.57 |
| High Family | GX2 | 480.42 | 546.09 | 352.56 | 193.53 | 42.41 | 1040.91 | 1183.20 | 763.88 | 419.32 | 91.89 |
| Kansas UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Kentucky Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Kentucky Aetna Open Access | | | | | | | | | | | |
| High Self | RD1 | 224.86 | 298.36 | 155.66 | 142.70 | 62.88 | 487.20 | 646.45 | 337.26 | 309.19 | 136.24 |
| High Family | RD2 | 555.97 | 737.67 | 352.56 | 385.11 | 158.44 | 1204.60 | 1598.29 | 763.88 | 834.41 | 343.29 |
| Kentucky Bluegrass Family Health | | | | | | | | | | | |
| HDHP Self | KV1 | 176.00 | 200.00 | 150.00 | 50.00 | 6.00 | 381.33 | 433.33 | 325.00 | 108.33 | 13.00 |
| HDHP Family | KV2 | 319.98 | 399.99 | 299.99 | 100.00 | 20.01 | 693.29 | 866.65 | 649.99 | 216.66 | 43.34 |
| Kentucky Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | 6N1 | 154.23 | 162.33 | 121.75 | 40.58 | 2.02 | 334.17 | 351.72 | 263.79 | 87.93 | 4.39 |
| CDHP Family | 6N2 | 354.73 | 373.37 | 280.03 | 93.34 | 4.66 | 768.58 | 808.97 | 606.73 | 202.24 | 10.10 |
| Kentucky Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | L81 | 140.20 | 162.33 | 121.75 | 40.58 | 5.53 | 303.77 | 351.72 | 263.79 | 87.93 | 11.99 |
| CDHP Family | L82 | 322.47 | 373.37 | 280.03 | 93.34 | 12.72 | 698.69 | 808.97 | 606.73 | 202.24 | 27.57 |
| Louisiana Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Louisiana Coventry Health Care of Louisiana | | | | | | | | | | | |
| High Self | BJ1 | 188.01 | 209.59 | 155.66 | 53.93 | 6.93 | 407.36 | 454.11 | 337.26 | 116.85 | 15.01 |
| High Family | BJ2 | 436.61 | 486.74 | 352.56 | 134.18 | 25.03 | 945.99 | 1054.60 | 763.88 | 290.72 | 54.22 |
| Standard Self | BJ4 | 185.30 | 210.83 | 155.66 | 55.17 | 8.85 | 401.48 | 456.80 | 337.26 | 119.54 | 19.17 |
| Standard Family | BJ5 | 430.34 | 489.63 | 352.56 | 137.07 | 29.49 | 932.40 | 1060.87 | 763.88 | 296.99 | 63.89 |
| Louisiana Coventry Health Care of Louisiana HDHP | | | | | | | | | | | |
| HDHP Self | HB1 | 152.06 | 174.76 | 131.07 | 43.69 | 5.68 | 329.46 | 378.65 | 283.99 | 94.66 | 12.30 |
| HDHP Family | HB2 | 353.18 | 405.89 | 304.42 | 101.47 | 13.18 | 765.22 | 879.43 | 659.57 | 219.86 | 28.56 |
| Louisiana Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | 9J1 | 133.20 | 154.25 | 115.69 | 38.56 | 5.26 | 288.60 | 334.21 | 250.66 | 83.55 | 11.40 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 9J2 | 306.36 | 354.79 | 266.09 | 88.70 | 12.11 | 663.78 | 768.71 | 576.53 | 192.18 | 26.24 |
| Louisiana Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | 9L1 | 147.21 | 170.47 | 127.85 | 42.62 | 5.82 | 318.96 | 369.35 | 277.01 | 92.34 | 12.60 |
| CDHP Family | 9L2 | 338.59 | 392.10 | 294.08 | 98.02 | 13.37 | 733.61 | 849.55 | 637.16 | 212.39 | 28.99 |
| Louisiana UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Louisiana Vantage Health Plan, Inc. | | | | | | | | | | | |
| High Self | MV1 | 196.37 | 212.54 | 155.66 | 56.88 | 5.55 | 425.47 | 460.50 | 337.26 | 123.24 | 12.02 |
| High Family | MV2 | 451.66 | 488.84 | 352.56 | 136.28 | 13.92 | 978.60 | 1059.15 | 763.88 | 295.27 | 30.15 |
| Standard Self | MV4 | 166.55 | 186.27 | 139.70 | 46.57 | 4.93 | 360.86 | 403.59 | 302.69 | 100.90 | 10.69 |
| Standard Family | MV5 | 383.05 | 428.50 | 321.38 | 107.12 | 11.36 | 829.94 | 928.42 | 696.32 | 232.10 | 24.62 |
| Maine Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Maryland Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Maryland Aetna Open Access | | | | | | | | | | | |
| High Self | JN1 | 233.43 | 261.84 | 155.66 | 106.18 | 17.79 | 505.77 | 567.32 | 337.26 | 230.06 | 38.54 |
| High Family | JN2 | 522.85 | 586.49 | 352.56 | 233.93 | 40.38 | 1132.84 | 1270.73 | 763.88 | 506.85 | 87.49 |
| Basic Self | JN4 | 156.72 | 171.86 | 128.90 | 42.96 | 3.78 | 339.56 | 372.36 | 279.27 | 93.09 | 8.20 |
| Basic Family | JN5 | 366.74 | 402.18 | 301.64 | 100.54 | 8.86 | 794.60 | 871.39 | 653.54 | 217.85 | 19.20 |
| Maryland CareFirst BlueChoice | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 2G1 | 206.67 | 207.73 | 155.66 | 52.07 | -9.56 | 447.79 | 450.08 | 337.26 | 112.82 | -20.72 |
| High Family | 2G2 | 464.94 | 467.32 | 350.49 | 116.83 | -18.81 | 1007.37 | 1012.53 | 759.40 | 253.13 | -40.76 |
| Maryland Coventry Health Care | | | | | | | | | | | |
| High Self | IG1 | 182.07 | 187.00 | 140.25 | 46.75 | 1.23 | 394.49 | 405.17 | 303.88 | 101.29 | 2.67 |
| High Family | IG2 | 455.19 | 469.26 | 351.95 | 117.31 | -8.58 | 986.25 | 1016.73 | 762.55 | 254.18 | -18.59 |
| Standard Self | IG4 | 142.88 | 147.14 | 110.36 | 36.78 | 1.06 | 309.57 | 318.80 | 239.10 | 79.70 | 2.31 |
| Standard Family | IG5 | 357.17 | 367.85 | 275.89 | 91.96 | 2.67 | 773.87 | 797.01 | 597.76 | 199.25 | 5.78 |
| Maryland Coventry Health Care HDHP | | | | | | | | | | | |
| HDHP Self | GZ1 | 122.00 | 127.43 | 95.57 | 31.86 | 1.36 | 264.33 | 276.10 | 207.08 | 69.02 | 2.94 |
| HDHP Family | GZ2 | 294.92 | 308.06 | 231.05 | 77.01 | 3.28 | 638.99 | 667.46 | 500.60 | 166.86 | 7.11 |
| Maryland Kaiser Foundation Health Plan Mid-Atlantic States | | | | | | | | | | | |
| High Self | E31 | 204.41 | 214.16 | 155.66 | 58.50 | -0.87 | 442.89 | 464.01 | 337.26 | 126.75 | -1.89 |
| High Family | E32 | 478.88 | 501.70 | 352.56 | 149.14 | -0.44 | 1037.57 | 1087.02 | 763.88 | 323.14 | -0.95 |
| Standard Self | E34 | 111.70 | 122.08 | 91.56 | 30.52 | 2.60 | 242.02 | 264.51 | 198.38 | 66.13 | 5.63 |
| Standard Family | E35 | 265.83 | 290.52 | 217.89 | 72.63 | 6.17 | 575.97 | 629.46 | 472.10 | 157.36 | 13.37 |
| Maryland M.D. IPA | | | | | | | | | | | |
| High Self | JP1 | 199.21 | 205.29 | 153.97 | 51.32 | -2.85 | 431.62 | 444.80 | 333.60 | 111.20 | -6.17 |
| High Family | JP2 | 459.38 | 473.40 | 352.56 | 120.84 | -9.24 | 995.32 | 1025.70 | 763.88 | 261.82 | -20.02 |
| Maryland UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Massachusetts Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Massachusetts Blue CHIP Coordinated Health Plan - BCBS of RI | | | | | | | | | | | |
| High Self | DA1 | 235.37 | 272.11 | 155.66 | 116.45 | 26.12 | 509.97 | 589.57 | 337.26 | 252.31 | 56.59 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | | | |
| High Family | DA2 | 623.74 | 721.06 | 352.56 | 368.50 | 74.06 | 1351.44 | 1562.30 | 763.88 | 798.42 | 160.46 | |
| Massachusetts ConnectiCare | | | | | | | | | | | | |
| High Self | TE1 | 227.18 | 224.03 | 155.66 | 68.37 | -13.77 | 492.22 | 485.40 | 337.26 | 148.14 | -29.83 | |
| High Family | TE2 | 516.91 | 509.74 | 352.56 | 157.18 | -30.43 | 1119.97 | 1104.44 | 763.88 | 340.56 | -65.93 | |
| Basic Self | TE4 | 202.33 | 180.69 | 135.52 | 45.17 | -12.12 | 438.38 | 391.50 | 293.63 | 97.87 | -26.26 | |
| Basic Family | TE5 | 460.36 | 411.12 | 308.34 | 102.78 | -28.28 | 997.45 | 890.76 | 668.07 | 222.69 | -61.28 | |
| Massachusetts Fallon Community Health Plan | | | | | | | | | | | | |
| Standard Self | JV4 | 225.59 | 261.68 | 155.66 | 106.02 | 25.47 | 488.78 | 566.97 | 337.26 | 229.71 | 55.18 | |
| Standard Family | JV5 | 548.25 | 635.98 | 352.56 | 283.42 | 64.47 | 1187.88 | 1377.96 | 763.88 | 614.08 | 139.68 | |
| Massachusetts Fallon Community Health Plan | | | | | | | | | | | | |
| Basic Self | JG1 | New Plan | 240.68 | 155.66 | 85.02 | New Plan | New Plan | 521.47 | 337.26 | 184.21 | New Plan | |
| Basic Family | JG2 | New Plan | 584.91 | 352.56 | 232.35 | New Plan | New Plan | 1267.31 | 763.88 | 503.43 | New Plan | |
| Michigan Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Michigan Bluecare Network of MI | | | | | | | | | | | | |
| High Self | K51 | 241.25 | 241.25 | 155.66 | 85.59 | -10.62 | 522.71 | 522.71 | 337.26 | 185.45 | -23.01 | |
| High Family | K52 | 550.13 | 550.09 | 352.56 | 197.53 | -23.30 | 1191.95 | 1191.86 | 763.88 | 427.98 | -50.49 | |
| Michigan Bluecare Network of MI | | | | | | | | | | | | |
| High Self | LX1 | 155.05 | 174.49 | 130.87 | 43.62 | 4.86 | 335.94 | 378.06 | 283.55 | 94.51 | 10.53 | |
| High Family | LX2 | 402.84 | 453.38 | 340.04 | 113.34 | 12.63 | 872.82 | 982.32 | 736.74 | 245.58 | 27.38 | |
| Michigan Grand Valley Health Plan | | | | | | | | | | | | |
| High Self | RL1 | 194.51 | 200.31 | 150.23 | 50.08 | .61 | 421.44 | 434.01 | 325.51 | 108.50 | 1.31 | |
| High Family | RL2 | 508.83 | 524.75 | 352.56 | 172.19 | -7.34 | 1102.47 | 1136.96 | 763.88 | 373.08 | -15.91 | |
| Standard Self | RL4 | 171.35 | 177.14 | 132.86 | 44.28 | 1.44 | 371.26 | 383.80 | 287.85 | 95.95 | 3.14 | |
| Standard Family | RL5 | 445.53 | 460.58 | 345.44 | 115.14 | -1.09 | 965.32 | 997.92 | 748.44 | 249.48 | -2.36 | |
| Michigan Health Alliance Plan | | | | | | | | | | | | |
| High Self | 521 | 158.35 | 181.16 | 135.87 | 45.29 | 5.70 | 343.09 | 392.51 | 294.38 | 98.13 | 12.36 | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 522 | 419.64 | 470.94 | 352.56 | 118.38 | 13.47 | 909.22 | 1020.37 | 763.88 | 256.49 | 29.19 |
| HDHP Self | 524 | 172.75 | 187.27 | 140.45 | 46.82 | 3.63 | 374.29 | 405.75 | 304.31 | 101.44 | 7.87 |
| HDHP Family | 525 | 438.28 | 468.92 | 351.69 | 117.23 | 7.66 | 949.61 | 1015.99 | 761.99 | 254.00 | 16.60 |
| Michigan HealthPlus MI | | | | | | | | | | | |
| High Self | X51 | 208.77 | 219.94 | 155.66 | 64.28 | .55 | 452.34 | 476.54 | 337.26 | 139.28 | 1.19 |
| High Family | X52 | 476.10 | 501.56 | 352.56 | 149.00 | 2.20 | 1031.55 | 1086.71 | 763.88 | 322.83 | 4.76 |
| Michigan Physicians Health Plan of Mid-Michigan | | | | | | | | | | | |
| High Self | 9U1 | 205.25 | 233.99 | 155.66 | 78.33 | 18.12 | 444.71 | 506.98 | 337.26 | 169.72 | 39.26 |
| High Family | 9U2 | 494.66 | 563.91 | 352.56 | 211.35 | 45.99 | 1071.76 | 1221.81 | 763.88 | 457.93 | 99.65 |
| Standard Self | 9U4 | 182.01 | 195.67 | 146.75 | 48.92 | 3.42 | 394.36 | 423.95 | 317.96 | 105.99 | 7.40 |
| Standard Family | 9U5 | 438.64 | 471.54 | 352.56 | 118.98 | 9.32 | 950.39 | 1021.67 | 763.88 | 257.79 | 20.19 |
| Minnesota Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Minnesota HealthPartners Open Access Deductible Copay/3 for Free | | | | | | | | | | | |
| OAD Copay Self | V31 | New Plan | 245.79 | 155.66 | 90.13 | New Plan | New Plan | 532.55 | 337.26 | 195.29 | 195.29 |
| OAD Copay Family | V32 | New Plan | 565.32 | 352.56 | 212.76 | New Plan | New Plan | 1224.86 | 763.88 | 460.98 | 460.98 |
| 3 for Free Self | V34 | New Plan | 129.53 | 97.15 | 32.38 | New Plan | New Plan | 280.65 | 210.49 | 70.16 | 70.16 |
| 3 for Free Family | V35 | New Plan | 297.91 | 223.43 | 74.48 | New Plan | New Plan | 645.47 | 484.10 | 161.37 | 161.37 |
| Minnesota Medica Health Plan | | | | | | | | | | | |
| High Self | M21 | 198.73 | 224.81 | 155.66 | 69.15 | 15.46 | 430.58 | 487.09 | 337.26 | 149.83 | 33.50 |
| High Family | M22 | 455.08 | 514.80 | 352.56 | 162.24 | 36.46 | 986.01 | 1115.40 | 763.88 | 351.52 | 78.99 |
| Mississippi Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Mississippi UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Missouri Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Missouri Blue Preferred HMO | | | | | | | | | | | |
| High Self | 9G1 | 213.84 | 224.54 | 155.66 | 68.88 | .08 | 463.32 | 486.50 | 337.26 | 149.24 | .17 |
| High Family | 9G2 | 463.00 | 486.15 | 352.56 | 133.59 | -.11 | 1003.17 | 1053.33 | 763.88 | 289.45 | -.24 |
| Missouri Coventry Health Care of Kansas | | | | | | | | | | | |
| High Self | HA1 | 176.84 | 186.02 | 139.52 | 46.50 | 2.29 | 383.15 | 403.04 | 302.28 | 100.76 | 4.97 |
| High Family | HA2 | 456.32 | 469.58 | 352.19 | 117.39 | -9.63 | 988.69 | 1017.42 | 763.07 | 254.35 | -20.86 |
| Standard Self | HA4 | 193.77 | 146.69 | 110.02 | 36.67 | -12.06 | 419.84 | 317.83 | 238.37 | 79.46 | -26.13 |
| Standard Family | HA5 | 499.93 | 344.64 | 258.48 | 86.16 | -84.47 | 1083.18 | 746.72 | 560.04 | 186.68 | -183.02 |
| Missouri Coventry Health Care of Kansas (Kansas City)-HDHP | | | | | | | | | | | |
| HDHP Self | 9H1 | 164.96 | 134.56 | 100.92 | 33.64 | -7.60 | 357.41 | 291.55 | 218.66 | 72.89 | -16.46 |
| HDHP Family | 9H2 | 425.61 | 316.21 | 237.16 | 79.05 | -27.35 | 922.16 | 685.12 | 513.84 | 171.28 | -59.26 |
| Missouri Group Health Plan, Inc. | | | | | | | | | | | |
| High Self | MM1 | 270.64 | 280.59 | 155.66 | 124.93 | -.67 | 586.39 | 607.95 | 337.26 | 270.69 | -1.45 |
| High Family | MM2 | 584.62 | 606.12 | 352.56 | 253.56 | -1.76 | 1266.68 | 1313.26 | 763.88 | 549.38 | -3.82 |
| HDHP Self | MM4 | 216.50 | 224.27 | 155.66 | 68.61 | -2.85 | 469.08 | 485.92 | 337.26 | 148.66 | -6.17 |
| HDHP Family | MM5 | 464.44 | 485.87 | 352.56 | 133.31 | -1.83 | 1006.29 | 1052.72 | 763.88 | 288.84 | -3.97 |
| Missouri Group Health Plan, Inc. | | | | | | | | | | | |
| Standard Self | MU4 | 250.17 | 267.02 | 155.66 | 111.36 | 6.23 | 542.04 | 578.54 | 337.26 | 241.28 | 13.49 |
| Standard Family | MU5 | 540.37 | 576.75 | 352.56 | 224.19 | 13.12 | 1170.80 | 1249.63 | 763.88 | 485.75 | 28.43 |
| Missouri Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | PH1 | 112.14 | 125.18 | 93.89 | 31.29 | 3.26 | 242.97 | 271.22 | 203.42 | 67.80 | 7.06 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | | |
|--|--------|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--|
| | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | |
| Plan | Option | Enrollment Code | | | | | | | | | | |
| CDHP Family | PH2 | 257.92 | 287.94 | 215.96 | 71.98 | 7.50 | 558.83 | 623.87 | 467.90 | 155.97 | 16.26 | |
| Missouri Humana Health Plan, Inc. | | | | | | | | | | | | |
| High Self | MS1 | 255.58 | 289.44 | 155.66 | 133.78 | 23.24 | 553.76 | 627.12 | 337.26 | 289.86 | 50.35 | |
| High Family | MS2 | 587.82 | 665.71 | 352.56 | 313.15 | 54.63 | 1273.61 | 1442.37 | 763.88 | 678.49 | 118.36 | |
| Standard Self | MS4 | 156.29 | 168.49 | 126.37 | 42.12 | 3.05 | 338.63 | 365.06 | 273.80 | 91.26 | 6.60 | |
| Standard Family | MS5 | 359.48 | 387.51 | 290.63 | 96.88 | 7.01 | 778.87 | 839.61 | 629.71 | 209.90 | 15.18 | |
| Missouri United Healthcare of the Midwest | | | | | | | | | | | | |
| High Self | B91 | 199.35 | 208.03 | 155.66 | 52.37 | -1.94 | 431.93 | 450.73 | 337.26 | 113.47 | -4.21 | |
| High Family | B92 | 445.36 | 464.77 | 348.58 | 116.19 | .13 | 964.95 | 1007.00 | 755.25 | 251.75 | .28 | |
| Missouri United Healthcare of the Midwest | | | | | | | | | | | | |
| High Self | GX1 | 204.43 | 232.39 | 155.66 | 76.73 | 17.34 | 442.93 | 503.51 | 337.26 | 166.25 | 37.57 | |
| High Family | GX2 | 480.42 | 546.09 | 352.56 | 193.53 | 42.41 | 1040.91 | 1183.20 | 763.88 | 419.32 | 91.89 | |
| Missouri UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 | |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 | |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan | |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan | |
| Montana Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Montana New West Health Services | | | | | | | | | | | | |
| High Self | NV1 | 211.34 | 229.50 | 155.66 | 73.84 | 7.54 | 457.90 | 497.25 | 337.26 | 159.99 | 16.34 | |
| High Family | NV2 | 451.42 | 490.24 | 352.56 | 137.68 | 15.56 | 978.08 | 1062.19 | 763.88 | 298.31 | 33.71 | |
| Nebraska Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |

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

| Non-Postal Premium Rates for the Federal Employees Health Benefits Program | | | | | | | | | | | | | | |
|--|-----------------------------|--|-----------------------------|---------------|------------|------------|-------------------------|----------------------------|----------------------------|--------|---------------|------------|------------|-------------------------|
| Health Management Organizations (HMO) | | | 2009 Biweekly premium rates | | | | | | 2009 Monthly premium rates | | | | | |
| Plan - Option - Enrollment Code | 2008 Total Biweekly Premium | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | 2008 Total Monthly Premium | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment |
| Nevada Aetna HealthFund | | | | | | | | | | | | | | |
| CDHP Self 221 | 151.50 | | 161.92 | 121.44 | 40.48 | 2.61 | | 328.25 | | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family 222 | 348.46 | | 372.41 | 279.31 | 93.10 | 5.99 | | 755.00 | | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self 224 | 123.69 | | 123.71 | 92.78 | 30.93 | .01 | | 268.00 | | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family 225 | 270.87 | | 270.93 | 203.20 | 67.73 | .01 | | 586.89 | | 587.02 | 440.27 | 146.75 | .03 | |
| Nevada Aetna Open Access | | | | | | | | | | | | | | |
| High Self Y11 | 156.11 | | 182.62 | 136.97 | 45.65 | 6.62 | | 338.24 | | 395.68 | 296.76 | 98.92 | 14.36 | |
| High Family Y12 | 388.71 | | 454.71 | 341.03 | 113.68 | 16.50 | | 842.21 | | 985.21 | 738.91 | 246.30 | 35.75 | |
| Nevada Health Plan of Nevada | | | | | | | | | | | | | | |
| High Self NM1 | 112.02 | | 130.40 | 97.80 | 32.60 | 4.60 | | 242.71 | | 282.53 | 211.90 | 70.63 | 9.95 | |
| High Family NM2 | 286.84 | | 333.91 | 250.43 | 83.48 | 11.77 | | 621.49 | | 723.47 | 542.60 | 180.87 | 25.50 | |
| Nevada PacifiCare of Nevada | | | | | | | | | | | | | | |
| High Self K91 | 186.28 | | 192.64 | 144.48 | 48.16 | 1.59 | | 403.61 | | 417.39 | 313.04 | 104.35 | 3.45 | |
| High Family K92 | 422.86 | | 437.30 | 327.98 | 109.32 | 3.61 | | 916.20 | | 947.48 | 710.61 | 236.87 | 7.82 | |
| Nevada UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | | | |
| HDHP Self E91 | 165.32 | | 140.91 | 105.68 | 35.23 | -6.10 | | 358.19 | | 305.31 | 228.98 | 76.33 | -13.22 | |
| HDHP Family E92 | 365.60 | | 314.80 | 236.10 | 78.70 | -12.70 | | 792.13 | | 682.07 | 511.55 | 170.52 | -27.51 | |
| CDHP Self E94 | New Plan | | 164.79 | 123.59 | 41.20 | New Plan | New Plan | | | 357.05 | 267.79 | 89.26 | New Plan | |
| CDHP Family E95 | New Plan | | 364.78 | 273.59 | 91.19 | New Plan | New Plan | | | 790.36 | 592.77 | 197.59 | New Plan | |
| New Hampshire Aetna HealthFund | | | | | | | | | | | | | | |
| CDHP Self 221 | 151.50 | | 161.92 | 121.44 | 40.48 | 2.61 | | 328.25 | | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family 222 | 348.46 | | 372.41 | 279.31 | 93.10 | 5.99 | | 755.00 | | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self 224 | 123.69 | | 123.71 | 92.78 | 30.93 | .01 | | 268.00 | | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family 225 | 270.87 | | 270.93 | 203.20 | 67.73 | .01 | | 586.89 | | 587.02 | 440.27 | 146.75 | .03 | |
| New Jersey Aetna HealthFund | | | | | | | | | | | | | | |
| CDHP Self 221 | 151.50 | | 161.92 | 121.44 | 40.48 | 2.61 | | 328.25 | | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family 222 | 348.46 | | 372.41 | 279.31 | 93.10 | 5.99 | | 755.00 | | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self 224 | 123.69 | | 123.71 | 92.78 | 30.93 | .01 | | 268.00 | | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family 225 | 270.87 | | 270.93 | 203.20 | 67.73 | .01 | | 586.89 | | 587.02 | 440.27 | 146.75 | .03 | |
| New Jersey Aetna Open Access | | | | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | |
|---|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|--------|
| Plan - Option - Enrollment Code | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | |
| High Self | JR1 | 253.62 | 258.38 | 155.66 | 102.72 | -5.86 | 549.51 | 559.82 | 337.26 | 222.56 | -12.70 |
| High Family | JR2 | 583.41 | 594.35 | 352.56 | 241.79 | -12.32 | 1264.06 | 1287.76 | 763.88 | 523.88 | -26.70 |
| Basic Self | JR4 | 193.21 | 202.87 | 152.15 | 50.72 | 2.42 | 418.62 | 439.55 | 329.66 | 109.89 | 5.24 |
| Basic Family | JR5 | 463.67 | 468.31 | 351.23 | 117.08 | -17.29 | 1004.62 | 1014.67 | 761.00 | 253.67 | -37.47 |
| New Jersey Aetna Open Access | | | | | | | | | | | |
| High Self | P31 | 241.47 | 288.60 | 155.66 | 132.94 | 36.51 | 523.19 | 625.30 | 337.26 | 288.04 | 79.10 |
| High Family | P32 | 582.63 | 696.35 | 352.56 | 343.79 | 90.46 | 1262.37 | 1508.76 | 763.88 | 744.88 | 195.99 |
| Basic Self | P34 | 184.20 | 197.39 | 148.04 | 49.35 | 3.30 | 399.10 | 427.68 | 320.76 | 106.92 | 7.15 |
| Basic Family | P35 | 440.82 | 455.81 | 341.86 | 113.95 | 2.43 | 955.11 | 987.59 | 740.69 | 246.90 | 5.27 |
| New Jersey AmeriHealth HMO | | | | | | | | | | | |
| High Self | FK1 | 236.56 | 245.66 | 155.66 | 90.00 | -1.52 | 512.55 | 532.26 | 337.26 | 195.00 | -3.30 |
| High Family | FK2 | 559.61 | 581.14 | 352.56 | 228.58 | -1.73 | 1212.49 | 1259.14 | 763.88 | 495.26 | -3.75 |
| Standard Self | FK4 | 209.54 | 232.72 | 155.66 | 77.06 | 12.56 | 454.00 | 504.23 | 337.26 | 166.97 | 27.22 |
| Standard Family | FK5 | 495.89 | 550.73 | 352.56 | 198.17 | 31.58 | 1074.43 | 1193.25 | 763.88 | 429.37 | 68.42 |
| New Jersey Coventry Health Care | | | | | | | | | | | |
| High Self | 2J1 | 215.44 | 254.12 | 155.66 | 98.46 | 28.06 | 466.79 | 550.59 | 337.26 | 213.33 | 60.79 |
| High Family | 2J2 | 538.58 | 635.27 | 352.56 | 282.71 | 73.43 | 1166.92 | 1376.42 | 763.88 | 612.54 | 159.10 |
| Standard Self | 2J4 | 172.79 | 208.44 | 155.66 | 52.78 | 9.58 | 374.38 | 451.62 | 337.26 | 114.36 | 20.77 |
| Standard Family | 2J5 | 431.97 | 521.05 | 352.56 | 168.49 | 60.50 | 935.94 | 1128.94 | 763.88 | 365.06 | 131.08 |
| New Jersey Coventry Health Care HDHP | | | | | | | | | | | |
| HDHP Self | LK1 | 145.53 | 162.99 | 122.24 | 40.75 | 4.37 | 315.32 | 353.15 | 264.86 | 88.29 | 9.46 |
| HDHP Family | LK2 | 352.60 | 394.90 | 296.18 | 98.72 | 10.57 | 763.97 | 855.62 | 641.72 | 213.90 | 22.91 |
| New Jersey GHI Health Plan | | | | | | | | | | | |
| High Self | 801 | 240.32 | 249.93 | 155.66 | 94.27 | -1.01 | 520.69 | 541.52 | 337.26 | 204.26 | -2.18 |
| High Family | 802 | 600.83 | 624.86 | 352.56 | 272.30 | .77 | 1301.80 | 1353.86 | 763.88 | 589.98 | 1.66 |
| 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 Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| New Mexico Lovelace Health Plan | | | | | | | | | | | |
| High Self | Q11 | 190.44 | 209.87 | 155.66 | 54.21 | 6.60 | 412.62 | 454.72 | 337.26 | 117.46 | 14.31 |
| High Family | Q12 | 466.59 | 514.20 | 352.56 | 161.64 | 24.35 | 1010.95 | 1114.10 | 763.88 | 350.22 | 52.75 |
| New Mexico Presbyterian Health Plan | | | | | | | | | | | |
| High Self | P21 | 221.72 | 263.43 | 155.66 | 107.77 | 31.09 | 480.39 | 570.77 | 337.26 | 233.51 | 67.37 |
| High Family | P22 | 503.52 | 598.29 | 352.56 | 245.73 | 71.51 | 1090.96 | 1296.30 | 763.88 | 532.42 | 154.94 |
| Standard Self | P24 | 210.55 | 237.41 | 155.66 | 81.75 | 16.24 | 456.19 | 514.39 | 337.26 | 177.13 | 35.19 |
| Standard Family | P25 | 478.16 | 539.16 | 352.56 | 186.60 | 37.74 | 1036.01 | 1168.18 | 763.88 | 404.30 | 81.77 |
| New Mexico UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| New York Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| New York Aetna Open Access | | | | | | | | | | | |
| High Self | JC1 | 217.04 | 229.88 | 155.66 | 74.22 | 2.22 | 470.25 | 498.07 | 337.26 | 160.81 | 4.81 |
| High Family | JC2 | 534.21 | 565.84 | 352.56 | 213.28 | 8.37 | 1157.46 | 1225.99 | 763.88 | 462.11 | 18.13 |
| Basic Self | JC4 | 184.54 | 206.68 | 155.01 | 51.67 | 5.54 | 399.84 | 447.81 | 335.86 | 111.95 | 11.99 |
| Basic Family | JC5 | 469.34 | 502.20 | 352.56 | 149.64 | 9.60 | 1016.90 | 1088.10 | 763.88 | 324.22 | 20.80 |
| New York Blue Choice | | | | | | | | | | | |
| High Self | MK1 | 147.64 | 209.38 | 155.66 | 53.72 | 16.81 | 319.89 | 453.66 | 337.26 | 116.40 | 36.43 |
| High Family | MK2 | 371.05 | 526.01 | 352.56 | 173.45 | 80.69 | 803.94 | 1139.69 | 763.88 | 375.81 | 174.83 |
| Standard Self | MK4 | New Plan | 161.37 | 121.03 | 40.34 | New Plan | New Plan | 349.64 | 262.23 | 87.41 | New Plan |
| Standard Family | MK5 | New Plan | 399.47 | 299.60 | 99.87 | New Plan | New Plan | 865.52 | 649.14 | 216.38 | New Plan |

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

| Health Management Organizations (HMO) | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 CDPHP Universal Benefits | | | | | | | | | | | |
| High Self | SG1 | 202.60 | 223.04 | 155.66 | 67.38 | 9.82 | 438.97 | 483.25 | 337.26 | 145.99 | 21.27 |
| High Family | SG2 | 513.09 | 564.89 | 352.56 | 212.33 | 28.54 | 1111.70 | 1223.93 | 763.88 | 460.05 | 61.83 |
| Standard Self | SG4 | 168.79 | 174.20 | 130.65 | 43.55 | 1.35 | 365.71 | 377.43 | 283.07 | 94.36 | 2.93 |
| Standard Family | SG5 | 435.47 | 449.43 | 337.07 | 112.36 | 3.49 | 943.52 | 973.77 | 730.33 | 243.44 | 7.56 |
| New York CDPHP Universal Benefits - HDHP | | | | | | | | | | | |
| HDHP Self | SX1 | 127.59 | 131.41 | 98.56 | 32.85 | .95 | 276.45 | 284.72 | 213.54 | 71.18 | 2.07 |
| HDHP Family | SX2 | 329.18 | 339.05 | 254.29 | 84.76 | 2.47 | 713.22 | 734.61 | 550.96 | 183.65 | 5.35 |
| New York Community Blue | | | | | | | | | | | |
| High Self | BS1 | New Plan | 297.01 | 155.66 | 141.35 | New Plan | New Plan | 643.52 | 337.26 | 306.26 | New Plan |
| High Family | BS2 | New Plan | 796.96 | 352.56 | 444.40 | New Plan | New Plan | 1726.75 | 763.88 | 962.87 | New Plan |
| New York Community Blue | | | | | | | | | | | |
| High Self | BX1 | New Plan | 219.03 | 155.66 | 63.37 | New Plan | New Plan | 474.57 | 337.26 | 137.31 | New Plan |
| High Family | BX2 | New Plan | 606.22 | 352.56 | 253.66 | New Plan | New Plan | 1313.48 | 763.88 | 549.60 | New Plan |
| New York Community Blue | | | | | | | | | | | |
| High Self | BZ1 | New Plan | 277.77 | 155.66 | 122.11 | New Plan | New Plan | 601.84 | 337.26 | 264.58 | New Plan |
| High Family | BZ2 | New Plan | 745.35 | 352.56 | 392.79 | New Plan | New Plan | 1614.93 | 763.88 | 851.05 | New Plan |
| New York GHI HMO Select | | | | | | | | | | | |
| High Self | 6V1 | 198.03 | 215.59 | 155.66 | 59.93 | 6.94 | 429.07 | 467.11 | 337.26 | 129.85 | 15.03 |
| High Family | 6V2 | 502.47 | 547.86 | 352.56 | 195.30 | 22.13 | 1088.69 | 1187.03 | 763.88 | 423.15 | 47.94 |
| New York GHI HMO Select | | | | | | | | | | | |
| High Self | X41 | 186.99 | 206.01 | 154.51 | 51.50 | 4.75 | 405.15 | 446.36 | 334.77 | 111.59 | 10.30 |
| High Family | X42 | 478.52 | 526.80 | 352.56 | 174.24 | 25.02 | 1036.79 | 1141.40 | 763.88 | 377.52 | 54.21 |
| New York GHI Health Plan | | | | | | | | | | | |
| High Self | 801 | 240.32 | 249.93 | 155.66 | 94.27 | -1.01 | 520.69 | 541.52 | 337.26 | 204.26 | -2.18 |
| High Family | 802 | 600.83 | 624.86 | 352.56 | 272.30 | .77 | 1301.80 | 1353.86 | 763.88 | 589.98 | 1.66 |
| 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 | 185.86 | 213.16 | 155.66 | 57.50 | 11.04 | 402.70 | 461.85 | 337.26 | 124.59 | 23.92 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 512 | 520.97 | 596.84 | 352.56 | 244.28 | 52.61 | 1128.77 | 1293.15 | 763.88 | 529.27 | 113.98 |
| Standard Self | 514 | 181.45 | 195.08 | 146.31 | 48.77 | 3.41 | 393.14 | 422.67 | 317.00 | 105.67 | 7.39 |
| Standard Family | 515 | 508.06 | 546.22 | 352.56 | 193.66 | 14.90 | 1100.80 | 1183.48 | 763.88 | 419.60 | 32.28 |
| New York Independent Health Assoc | | | | | | | | | | | |
| High Self | QA1 | 185.78 | 207.10 | 155.33 | 51.77 | 5.33 | 402.52 | 448.72 | 336.54 | 112.18 | 11.55 |
| High Family | QA2 | 490.31 | 546.62 | 352.56 | 194.06 | 33.05 | 1062.34 | 1184.34 | 763.88 | 420.46 | 71.60 |
| HDHP Self | QA4 | 133.30 | 171.51 | 128.63 | 42.88 | 9.56 | 288.82 | 371.61 | 278.71 | 92.90 | 20.70 |
| HDHP Family | QA5 | 335.44 | 429.45 | 322.09 | 107.36 | 23.50 | 726.79 | 930.48 | 697.86 | 232.62 | 50.92 |
| New York MVP Health Care | | | | | | | | | | | |
| High Self | GA1 | 181.98 | 198.31 | 148.73 | 49.58 | 4.09 | 394.29 | 429.67 | 322.25 | 107.42 | 8.85 |
| High Family | GA2 | 469.99 | 512.36 | 352.56 | 159.80 | 19.11 | 1018.31 | 1110.11 | 763.88 | 346.23 | 41.40 |
| Standard Self | GA4 | 169.95 | 186.87 | 140.15 | 46.72 | 4.23 | 368.23 | 404.89 | 303.67 | 101.22 | 9.16 |
| Standard Family | GA5 | 438.84 | 482.77 | 352.56 | 130.21 | 20.50 | 950.82 | 1046.00 | 763.88 | 282.12 | 44.42 |
| New York MVP Health Care | | | | | | | | | | | |
| High Self | M91 | 193.18 | 211.29 | 155.66 | 55.63 | 7.34 | 418.56 | 457.80 | 337.26 | 120.54 | 15.90 |
| High Family | M92 | 498.91 | 545.86 | 352.56 | 193.30 | 23.69 | 1080.97 | 1182.70 | 763.88 | 418.82 | 51.33 |
| Standard Self | M94 | 181.51 | 200.60 | 150.45 | 50.15 | 4.77 | 393.27 | 434.63 | 325.97 | 108.66 | 10.34 |
| Standard Family | M95 | 468.76 | 518.22 | 352.56 | 165.66 | 26.20 | 1015.65 | 1122.81 | 763.88 | 358.93 | 56.76 |
| New York MVP Health Care | | | | | | | | | | | |
| High Self | MF1 | New Plan | 234.07 | 155.66 | 78.41 | New Plan | New Plan | 507.15 | 337.26 | 169.89 | New Plan |
| High Family | MF2 | New Plan | 604.74 | 352.56 | 252.18 | New Plan | New Plan | 1310.27 | 763.88 | 546.39 | New Plan |
| Standard Self | MF4 | New Plan | 212.15 | 155.66 | 56.49 | New Plan | New Plan | 459.66 | 337.26 | 122.40 | New Plan |
| Standard Family | MF5 | New Plan | 548.08 | 352.56 | 195.52 | New Plan | New Plan | 1187.51 | 763.88 | 423.63 | New Plan |
| New York MVP Health Care | | | | | | | | | | | |
| High Self | MX1 | 203.20 | 213.96 | 155.66 | 58.30 | .14 | 440.27 | 463.58 | 337.26 | 126.32 | .30 |
| High Family | MX2 | 524.24 | 551.53 | 352.56 | 198.97 | 4.03 | 1135.85 | 1194.98 | 763.88 | 431.10 | 8.73 |
| Standard Self | MX4 | 190.26 | 205.63 | 154.22 | 51.41 | 3.85 | 412.23 | 445.53 | 334.15 | 111.38 | 8.32 |
| Standard Family | MX5 | 490.94 | 531.56 | 352.56 | 179.00 | 17.36 | 1063.70 | 1151.71 | 763.88 | 387.83 | 37.61 |
| New York Preferred Care | | | | | | | | | | | |
| High Self | GV1 | 163.66 | 174.00 | 130.50 | 43.50 | 2.59 | 354.60 | 377.00 | 282.75 | 94.25 | 5.60 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | GV2 | 437.40 | 465.08 | 348.81 | 116.27 | 6.92 | 947.70 | 1007.67 | 755.75 | 251.92 | 15.00 |
| Standard Self | GV4 | 130.08 | 145.26 | 108.95 | 36.31 | 3.79 | 281.84 | 314.73 | 236.05 | 78.68 | 8.22 |
| Standard Family | GV5 | 347.71 | 388.28 | 291.21 | 97.07 | 10.14 | 753.37 | 841.27 | 630.95 | 210.32 | 21.98 |
| New York Univera Healthcare | | | | | | | | | | | |
| High Self | KQ1 | 220.43 | 303.36 | 155.66 | 147.70 | 72.31 | 477.60 | 657.28 | 337.26 | 320.02 | 156.67 |
| High Family | KQ2 | 583.23 | 801.89 | 352.56 | 449.33 | 195.40 | 1263.67 | 1737.43 | 763.88 | 973.55 | 423.36 |
| New York Univera Healthcare | | | | | | | | | | | |
| High Self | Q81 | 180.00 | 248.60 | 155.66 | 92.94 | 47.94 | 390.00 | 538.63 | 337.26 | 201.37 | 103.87 |
| High Family | Q82 | 510.39 | 704.82 | 352.56 | 352.26 | 171.17 | 1105.85 | 1527.11 | 763.88 | 763.23 | 370.86 |
| North Carolina Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| North Carolina Aetna Open Access | | | | | | | | | | | |
| High Self | JN1 | 233.43 | 261.84 | 155.66 | 106.18 | 17.79 | 505.77 | 567.32 | 337.26 | 230.06 | 38.54 |
| High Family | JN2 | 522.85 | 586.49 | 352.56 | 233.93 | 40.38 | 1132.84 | 1270.73 | 763.88 | 506.85 | 87.49 |
| Basic Self | JN4 | 156.72 | 171.86 | 128.90 | 42.96 | 3.78 | 339.56 | 372.36 | 279.27 | 93.09 | 8.20 |
| Basic Family | JN5 | 366.74 | 402.18 | 301.64 | 100.54 | 8.86 | 794.60 | 871.39 | 653.54 | 217.85 | 19.20 |
| North Carolina UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| North Dakota Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| North Dakota HealthPartners Open Access Deductible Copay/3 for Free | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | | | |
| | OAD Copay Self | V31 | New Plan | 245.79 | 155.66 | 90.13 | New Plan | New Plan | 532.55 | 337.26 | 195.29 | New Plan | |
| | OAD Copay Family | V32 | New Plan | 565.32 | 352.56 | 212.76 | New Plan | New Plan | 1224.86 | 763.88 | 460.98 | New Plan | |
| | 3 for Free Self | V34 | New Plan | 129.53 | 97.15 | 32.38 | New Plan | New Plan | 280.65 | 210.49 | 70.16 | New Plan | |
| | 3 for Free Family | V35 | New Plan | 297.91 | 223.43 | 74.48 | New Plan | New Plan | 645.47 | 484.10 | 161.37 | New Plan | |
| North Dakota Heart of America Health Plan | | | | | | | | | | | | | |
| | High Self | RU1 | | 158.52 | 169.87 | 127.40 | 42.47 | 2.84 | 343.46 | 368.05 | 276.04 | 92.01 | 6.15 |
| | High Family | RU2 | | 407.39 | 436.58 | 327.44 | 109.14 | 7.29 | 882.68 | 945.92 | 709.44 | 236.48 | 15.81 |
| Ohio Aetna HealthFund | | | | | | | | | | | | | |
| | CDHP Self | 221 | | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| | CDHP Family | 222 | | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| | HDHP Self | 224 | | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| | HDHP Family | 225 | | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Ohio Aetna Open Access | | | | | | | | | | | | | |
| | High Self | 7D1 | | 194.46 | 209.65 | 155.66 | 53.99 | 4.57 | 421.33 | 454.24 | 337.26 | 116.98 | 9.90 |
| | High Family | 7D2 | | 462.84 | 499.01 | 352.56 | 146.45 | 12.91 | 1002.82 | 1081.19 | 763.88 | 317.31 | 27.97 |
| Ohio Aetna Open Access | | | | | | | | | | | | | |
| | High Self | ND1 | | 181.45 | 244.93 | 155.66 | 89.27 | 43.91 | 393.14 | 530.68 | 337.26 | 193.42 | 95.14 |
| | High Family | ND2 | | 438.02 | 591.25 | 352.56 | 238.69 | 129.19 | 949.04 | 1281.04 | 763.88 | 517.16 | 279.90 |
| Ohio Aetna Open Access | | | | | | | | | | | | | |
| | High Self | RD1 | | 224.86 | 298.36 | 155.66 | 142.70 | 62.88 | 487.20 | 646.45 | 337.26 | 309.19 | 136.24 |
| | High Family | RD2 | | 555.97 | 737.67 | 352.56 | 385.11 | 158.44 | 1204.60 | 1598.29 | 763.88 | 834.41 | 343.29 |
| Ohio AultCare HMO | | | | | | | | | | | | | |
| | High Self | 3A1 | | 228.65 | 235.24 | 155.66 | 79.58 | -4.03 | 495.41 | 509.69 | 337.26 | 172.43 | -8.73 |
| | High Family | 3A2 | | 561.36 | 577.50 | 352.56 | 224.94 | -7.12 | 1216.28 | 1251.25 | 763.88 | 487.37 | -15.43 |
| | 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 | | 222.82 | 245.64 | 155.66 | 89.98 | 12.20 | 482.78 | 532.22 | 337.26 | 194.96 | 26.43 |
| | High Family | L42 | | 569.98 | 628.34 | 352.56 | 275.78 | 35.10 | 1234.96 | 1361.40 | 763.88 | 597.52 | 76.04 |
| Ohio Humana CoverageFirst | | | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | | |
|--|-----|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|--|
| | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | |
| Plan - Option - Enrollment Code | | | | | | | | | | | | |
| CDHP Self | L81 | 140.20 | 162.33 | 121.75 | 40.58 | 5.53 | 303.77 | 351.72 | 263.79 | 87.93 | 11.99 | |
| CDHP Family | L82 | 322.47 | 373.37 | 280.03 | 93.34 | 12.72 | 698.69 | 808.97 | 606.73 | 202.24 | 27.57 | |
| Ohio Kaiser Foundation Health Plan of Ohio | | | | | | | | | | | | |
| High Self | 641 | 214.56 | 240.03 | 155.66 | 84.37 | 14.85 | 464.88 | 520.07 | 337.26 | 182.81 | 32.18 | |
| High Family | 642 | 526.54 | 552.07 | 352.56 | 199.51 | 2.27 | 1140.84 | 1196.15 | 763.88 | 432.27 | 4.91 | |
| Standard Self | 644 | 142.11 | 156.90 | 117.68 | 39.22 | 3.69 | 307.91 | 339.95 | 254.96 | 84.99 | 8.01 | |
| Standard Family | 645 | 348.71 | 360.89 | 270.67 | 90.22 | 3.04 | 755.54 | 781.93 | 586.45 | 195.48 | 6.60 | |
| Ohio Paramount Health Care | | | | | | | | | | | | |
| High Self | U21 | 190.85 | 245.00 | 155.66 | 89.34 | 41.63 | 413.51 | 530.83 | 337.26 | 193.57 | 90.19 | |
| High Family | U22 | 458.05 | 587.97 | 352.56 | 235.41 | 106.66 | 992.44 | 1273.94 | 763.88 | 510.06 | 231.10 | |
| HDHP Self | U24 | New Plan | 179.66 | 134.75 | 44.91 | New Plan | New Plan | 389.26 | 291.95 | 97.31 | New Plan | |
| HDHP Family | U25 | New Plan | 419.07 | 314.30 | 104.77 | New Plan | New Plan | 907.99 | 680.99 | 227.00 | New Plan | |
| Ohio The Health Plan of the Upper Ohio Valley | | | | | | | | | | | | |
| High Self | U41 | 191.01 | 193.15 | 144.86 | 48.29 | .54 | 413.86 | 418.49 | 313.87 | 104.62 | 1.16 | |
| High Family | U42 | 439.32 | 444.24 | 333.18 | 111.06 | 1.04 | 951.86 | 962.52 | 721.89 | 240.63 | 2.25 | |
| Ohio United Healthcare of Ohio, Inc. | | | | | | | | | | | | |
| High Self | AK1 | 206.69 | 226.54 | 155.66 | 70.88 | 9.23 | 447.83 | 490.84 | 337.26 | 153.58 | 20.00 | |
| High Family | AK2 | 479.51 | 525.57 | 352.56 | 173.01 | 22.80 | 1038.94 | 1138.74 | 763.88 | 374.86 | 49.40 | |
| Ohio United Healthcare of Ohio, Inc. | | | | | | | | | | | | |
| High Self | CA1 | 217.09 | 253.93 | 155.66 | 98.27 | 26.22 | 470.36 | 550.18 | 337.26 | 212.92 | 56.81 | |
| High Family | CA2 | 500.91 | 585.93 | 352.56 | 233.37 | 61.76 | 1085.31 | 1269.52 | 763.88 | 505.64 | 133.81 | |
| Ohio UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 | |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 | |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan | |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan | |
| Oklahoma Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Oklahoma Aetna Open Access | | | | | | | | | | | |
| High Self | SL1 | 245.35 | 253.46 | 155.66 | 97.80 | -2.51 | 531.59 | 549.16 | 337.26 | 211.90 | -5.44 |
| High Family | SL2 | 569.16 | 587.97 | 352.56 | 235.41 | -4.45 | 1233.18 | 1273.94 | 763.88 | 510.06 | -9.64 |
| Basic Self | SL4 | 179.64 | 168.73 | 126.55 | 42.18 | -2.73 | 389.22 | 365.58 | 274.19 | 91.39 | -5.91 |
| Basic Family | SL5 | 449.36 | 422.07 | 316.55 | 105.52 | -14.54 | 973.61 | 914.49 | 685.87 | 228.62 | -31.51 |
| Oklahoma Globalhealth, Inc. | | | | | | | | | | | |
| High Self | IM1 | 155.54 | 164.68 | 123.51 | 41.17 | 2.29 | 337.00 | 356.81 | 267.61 | 89.20 | 4.95 |
| High Family | IM2 | 374.86 | 396.90 | 297.68 | 99.22 | 5.51 | 812.20 | 859.95 | 644.96 | 214.99 | 11.94 |
| Oklahoma PacifiCare of Oklahoma | | | | | | | | | | | |
| High Self | 2N1 | 229.65 | 239.77 | 155.66 | 84.11 | -.50 | 497.58 | 519.50 | 337.26 | 182.24 | -1.09 |
| High Family | 2N2 | 537.36 | 561.11 | 352.56 | 208.55 | .49 | 1164.28 | 1215.74 | 763.88 | 451.86 | 1.06 |
| Oklahoma UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Oregon Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Oregon Kaiser Foundation Health Plan of Northwest | | | | | | | | | | | |
| High Self | 571 | 217.88 | 231.08 | 155.66 | 75.42 | 2.58 | 472.07 | 500.67 | 337.26 | 163.41 | 5.59 |
| High Family | 572 | 500.52 | 530.86 | 352.56 | 178.30 | 7.08 | 1084.46 | 1150.20 | 763.88 | 386.32 | 15.34 |
| Standard Self | 574 | 176.94 | 191.29 | 143.47 | 47.82 | 3.59 | 383.37 | 414.46 | 310.85 | 103.61 | 7.77 |
| Standard Family | 575 | 406.46 | 439.44 | 329.58 | 109.86 | 8.25 | 880.66 | 952.12 | 714.09 | 238.03 | 17.87 |
| Oregon UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | |
|--|---------------|-----------------------------|-----------------------------|------------|-------------------------|---------------|----------------------------|----------------------------|------------|-------------------------|----------|
| Plan - Option - Enrollment Code | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | Total Premium | | Gov't Pays | Empl. Pays | Change in empl. payment | |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Pennsylvania Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Pennsylvania Aetna Open Access | | | | | | | | | | | |
| High Self | P31 | 241.47 | 288.60 | 155.66 | 132.94 | 36.51 | 523.19 | 625.30 | 337.26 | 288.04 | 79.10 |
| High Family | P32 | 582.63 | 696.35 | 352.56 | 343.79 | 90.46 | 1262.37 | 1508.76 | 763.88 | 744.88 | 195.99 |
| Basic Self | P34 | 184.20 | 197.39 | 148.04 | 49.35 | 3.30 | 399.10 | 427.68 | 320.76 | 106.92 | 7.15 |
| Basic Family | P35 | 440.82 | 455.81 | 341.86 | 113.95 | 2.43 | 955.11 | 987.59 | 740.69 | 246.90 | 5.27 |
| Pennsylvania Aetna Open Access | | | | | | | | | | | |
| High Self | YE1 | 133.13 | 141.78 | 106.34 | 35.44 | 2.16 | 288.45 | 307.19 | 230.39 | 76.80 | 4.69 |
| High Family | YE2 | 367.10 | 390.94 | 293.21 | 97.73 | 5.96 | 795.38 | 847.04 | 635.28 | 211.76 | 12.92 |
| Pennsylvania Geisinger Health Plan | | | | | | | | | | | |
| High Self | GG1 | 291.89 | 233.12 | 155.66 | 77.46 | -69.39 | 632.43 | 505.09 | 337.26 | 167.83 | -150.35 |
| High Family | GG2 | 671.34 | 536.17 | 352.56 | 183.61 | -158.43 | 1454.57 | 1161.70 | 763.88 | 397.82 | -343.27 |
| Standard Self | GG4 | 242.05 | 204.56 | 153.42 | 51.14 | -45.87 | 524.44 | 443.21 | 332.41 | 110.80 | -99.39 |
| Standard Family | GG5 | 556.72 | 470.50 | 352.56 | 117.94 | -109.48 | 1206.23 | 1019.42 | 763.88 | 255.54 | -237.21 |
| Pennsylvania HealthAmerica Pennsylvania | | | | | | | | | | | |
| High Self | 261 | 221.90 | 240.73 | 155.66 | 85.07 | 8.21 | 480.78 | 521.58 | 337.26 | 184.32 | 17.79 |
| High Family | 262 | 565.87 | 613.90 | 352.56 | 261.34 | 24.77 | 1226.05 | 1330.12 | 763.88 | 566.24 | 53.67 |
| Standard Self | 264 | 159.16 | 197.08 | 147.81 | 49.27 | 9.48 | 344.85 | 427.01 | 320.26 | 106.75 | 20.54 |
| Standard Family | 265 | 405.87 | 502.58 | 352.56 | 150.02 | 48.55 | 879.39 | 1088.92 | 763.88 | 325.04 | 105.19 |
| Pennsylvania HealthAmerica Pennsylvania | | | | | | | | | | | |
| High Self | PN1 | 273.77 | 263.17 | 155.66 | 107.51 | -21.22 | 593.17 | 570.20 | 337.26 | 232.94 | -45.98 |
| High Family | PN2 | 628.58 | 605.33 | 352.56 | 252.77 | -46.51 | 1361.92 | 1311.55 | 763.88 | 547.67 | -100.77 |
| Standard Self | PN4 | 185.88 | 228.96 | 155.66 | 73.30 | 26.83 | 402.74 | 496.08 | 337.26 | 158.82 | 58.14 |
| Standard Family | PN5 | 426.76 | 525.70 | 352.56 | 173.14 | 66.45 | 924.65 | 1139.02 | 763.88 | 375.14 | 143.98 |

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

| Health Management Organizations (HMO) | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 HealthAmerica Pennsylvania | | | | | | | | | | |
| High Self SW1 | 272.50 | 273.18 | 155.66 | 117.52 | -9.94 | 590.42 | 591.89 | 337.26 | 254.63 | -21.54 |
| High Family SW2 | 626.75 | 628.27 | 352.56 | 275.71 | -21.74 | 1357.96 | 1361.25 | 763.88 | 597.37 | -47.11 |
| Standard Self SW4 | 196.36 | 210.27 | 155.66 | 54.61 | 3.29 | 425.45 | 455.59 | 337.26 | 118.33 | 7.13 |
| Standard Family SW5 | 451.62 | 483.60 | 352.56 | 131.04 | 8.72 | 978.51 | 1047.80 | 763.88 | 283.92 | 18.89 |
| Pennsylvania HealthAmerica Pennsylvania-HDHP | | | | | | | | | | |
| HDHP Self 9N1 | 177.68 | 200.80 | 150.60 | 50.20 | 5.78 | 384.97 | 435.07 | 326.30 | 108.77 | 12.53 |
| HDHP Family 9N2 | 400.88 | 453.62 | 340.22 | 113.40 | 13.18 | 868.57 | 982.84 | 737.13 | 245.71 | 28.57 |
| Pennsylvania HealthAmerica Pennsylvania-HDHP | | | | | | | | | | |
| HDHP Self Y61 | 151.89 | 173.02 | 129.77 | 43.25 | 5.28 | 329.10 | 374.88 | 281.16 | 93.72 | 11.45 |
| HDHP Family Y62 | 373.42 | 427.29 | 320.47 | 106.82 | 13.47 | 809.08 | 925.80 | 694.35 | 231.45 | 29.18 |
| Pennsylvania HealthAmerica Pennsylvania-HDHP | | | | | | | | | | |
| HDHP Self YW1 | 182.23 | 206.23 | 154.67 | 51.56 | 6.00 | 394.83 | 446.83 | 335.12 | 111.71 | 13.00 |
| HDHP Family YW2 | 411.58 | 466.88 | 350.16 | 116.72 | 13.83 | 891.76 | 1011.57 | 758.68 | 252.89 | 29.95 |
| Pennsylvania Keystone Health Plan Central | | | | | | | | | | |
| High Self S41 | 253.70 | 277.50 | 155.66 | 121.84 | 13.18 | 549.68 | 601.25 | 337.26 | 263.99 | 28.56 |
| High Family S42 | 605.13 | 663.08 | 352.56 | 310.52 | 34.69 | 1311.12 | 1436.67 | 763.88 | 672.79 | 75.15 |
| Standard Self S44 | 233.44 | 254.92 | 155.66 | 99.26 | 10.86 | 505.79 | 552.33 | 337.26 | 215.07 | 23.53 |
| Standard Family S45 | 556.99 | 608.05 | 352.56 | 255.49 | 27.80 | 1206.81 | 1317.44 | 763.88 | 553.56 | 60.23 |
| Pennsylvania Keystone Health Plan East | | | | | | | | | | |
| High Self ED1 | 222.35 | 259.29 | 155.66 | 103.63 | 26.32 | 481.76 | 561.80 | 337.26 | 224.54 | 57.03 |
| High Family ED2 | 586.50 | 683.94 | 352.56 | 331.38 | 74.18 | 1270.75 | 1481.87 | 763.88 | 717.99 | 160.72 |
| Standard Self ED4 | 193.30 | 229.61 | 155.66 | 73.95 | 25.63 | 418.82 | 497.49 | 337.26 | 160.23 | 55.53 |
| Standard Family ED5 | 510.17 | 606.01 | 352.56 | 253.45 | 72.58 | 1105.37 | 1313.02 | 763.88 | 549.14 | 157.25 |
| Pennsylvania UPMC Health Plan | | | | | | | | | | |
| High Self 8W1 | 219.44 | 241.87 | 155.66 | 86.21 | 11.81 | 475.45 | 524.05 | 337.26 | 186.79 | 25.59 |
| High Family 8W2 | 559.75 | 556.30 | 352.56 | 203.74 | -26.71 | 1212.79 | 1205.32 | 763.88 | 441.44 | -57.87 |
| HDHP Self 8W4 | 217.84 | 209.93 | 155.66 | 54.27 | -18.53 | 471.99 | 454.85 | 337.26 | 117.59 | -40.15 |
| HDHP Family 8W5 | 525.28 | 466.04 | 349.53 | 116.51 | -79.47 | 1138.11 | 1009.75 | 757.31 | 252.44 | -172.19 |
| Pennsylvania UPMC Health Plan | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | | | | | | | | | | | |
| Standard Self | UW4 | 193.43 | 226.93 | 155.66 | 71.27 | 22.88 | 419.10 | 491.68 | 337.26 | 154.42 | 49.57 | |
| Standard Family | UW5 | 493.40 | 521.91 | 352.56 | 169.35 | 5.25 | 1069.03 | 1130.81 | 763.88 | 366.93 | 11.38 | |
| Puerto Rico Humana Health Plans of Puerto Rico, Inc. | | | | | | | | | | | | |
| High Self | ZJ1 | 124.40 | 128.36 | 96.27 | 32.09 | .99 | 269.53 | 278.11 | 208.58 | 69.53 | 2.15 | |
| High Family | ZJ2 | 286.12 | 295.21 | 221.41 | 73.80 | 2.27 | 619.93 | 639.62 | 479.72 | 159.90 | 4.92 | |
| Puerto Rico Triple-S | | | | | | | | | | | | |
| High Self | 891 | 120.86 | 131.14 | 98.36 | 32.78 | 2.57 | 261.86 | 284.14 | 213.11 | 71.03 | 5.57 | |
| High Family | 892 | 277.97 | 301.62 | 226.22 | 75.40 | 5.91 | 602.27 | 653.51 | 490.13 | 163.38 | 12.81 | |
| Rhode Island Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| Rhode Island Blue ChiP Coordinated Health Plan - BCBS of RI | | | | | | | | | | | | |
| High Self | DA1 | 235.37 | 272.11 | 155.66 | 116.45 | 26.12 | 509.97 | 589.57 | 337.26 | 252.31 | 56.59 | |
| High Family | DA2 | 623.74 | 721.06 | 352.56 | 368.50 | 74.06 | 1351.44 | 1562.30 | 763.88 | 798.42 | 160.46 | |
| Rhode Island UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 | |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 | |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan | |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan | |
| South Carolina Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 | |
| South Dakota Aetna HealthFund | | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 | |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 | |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| South Dakota HealthPartners Open Access Deductible Copay/3 for Free | | | | | | | | | | | |
| OAD Copay Self | V31 | New Plan | 245.79 | 155.66 | 90.13 | New Plan | New Plan | 532.55 | 337.26 | 195.29 | New Plan |
| OAD Copay Family | V32 | New Plan | 565.32 | 352.56 | 212.76 | New Plan | New Plan | 1224.86 | 763.88 | 460.98 | New Plan |
| 3 for Free Self | V34 | New Plan | 129.53 | 97.15 | 32.38 | New Plan | New Plan | 280.65 | 210.49 | 70.16 | New Plan |
| 3 for Free Family | V35 | New Plan | 297.91 | 223.43 | 74.48 | New Plan | New Plan | 645.47 | 484.10 | 161.37 | New Plan |
| South Dakota Sanford Health Plan | | | | | | | | | | | |
| High Self | AU1 | 220.60 | 236.96 | 155.66 | 81.30 | 5.74 | 477.97 | 513.41 | 337.26 | 176.15 | 12.43 |
| High Family | AU2 | 507.62 | 545.26 | 352.56 | 192.70 | 14.38 | 1099.84 | 1181.40 | 763.88 | 417.52 | 31.16 |
| Standard Self | AU4 | 210.08 | 225.66 | 155.66 | 70.00 | 4.96 | 455.17 | 488.93 | 337.26 | 151.67 | 10.75 |
| Standard Family | AU5 | 483.13 | 518.96 | 352.56 | 166.40 | 12.57 | 1046.78 | 1124.41 | 763.88 | 360.53 | 27.23 |
| Tennessee Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Tennessee Aetna Open Access | | | | | | | | | | | |
| High Self | 6J1 | 259.14 | 273.78 | 155.66 | 118.12 | 4.02 | 561.47 | 593.19 | 337.26 | 255.93 | 8.71 |
| High Family | 6J2 | 590.80 | 624.20 | 352.56 | 271.64 | 10.14 | 1280.07 | 1352.43 | 763.88 | 588.55 | 21.96 |
| Tennessee Aetna Open Access | | | | | | | | | | | |
| High Self | UB1 | 174.14 | 174.21 | 130.66 | 43.55 | .02 | 377.30 | 377.46 | 283.10 | 94.36 | .04 |
| High Family | UB2 | 444.06 | 444.22 | 333.17 | 111.05 | -3.71 | 962.13 | 962.48 | 721.86 | 240.62 | -8.03 |
| Tennessee Bluegrass Family Health | | | | | | | | | | | |
| HDHP Self | KV1 | 176.00 | 200.00 | 150.00 | 50.00 | 6.00 | 381.33 | 433.33 | 325.00 | 108.33 | 13.00 |
| HDHP Family | KV2 | 319.98 | 399.99 | 299.99 | 100.00 | 20.01 | 693.29 | 866.65 | 649.99 | 216.66 | 43.34 |
| Tennessee Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | BT1 | 154.23 | 162.33 | 121.75 | 40.58 | 2.02 | 334.17 | 351.72 | 263.79 | 87.93 | 4.39 |
| CDHP Family | BT2 | 354.73 | 373.37 | 280.03 | 93.34 | 4.66 | 768.58 | 808.97 | 606.73 | 202.24 | 10.10 |
| Tennessee Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | L61 | 154.23 | 163.62 | 122.72 | 40.90 | 2.34 | 334.17 | 354.51 | 265.88 | 88.63 | 5.09 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | L62 | 354.73 | 376.37 | 282.28 | 94.09 | 5.41 | 768.58 | 815.47 | 611.60 | 203.87 | 11.73 |
| Tennessee UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Texas Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Texas Aetna Open Access | | | | | | | | | | | |
| High Self | 8G1 | 201.33 | 237.99 | 155.66 | 82.33 | 26.04 | 436.22 | 515.65 | 337.26 | 178.39 | 56.42 |
| High Family | 8G2 | 502.66 | 594.18 | 352.56 | 241.62 | 68.26 | 1089.10 | 1287.39 | 763.88 | 523.51 | 147.89 |
| Texas Aetna Open Access | | | | | | | | | | | |
| High Self | P11 | 196.99 | 223.39 | 155.66 | 67.73 | 15.78 | 426.81 | 484.01 | 337.26 | 146.75 | 34.19 |
| High Family | P12 | 496.24 | 562.75 | 352.56 | 210.19 | 43.25 | 1075.19 | 1219.29 | 763.88 | 455.41 | 93.70 |
| Texas Firstcare | | | | | | | | | | | |
| High Self | 6U1 | 178.41 | 178.59 | 133.94 | 44.65 | .05 | 386.56 | 386.95 | 290.21 | 96.74 | .10 |
| High Family | 6U2 | 383.57 | 383.97 | 287.98 | 95.99 | .10 | 831.07 | 831.94 | 623.96 | 207.98 | .21 |
| Texas Firstcare | | | | | | | | | | | |
| High Self | CK1 | 234.54 | 244.58 | 155.66 | 88.92 | -.58 | 508.17 | 529.92 | 337.26 | 192.66 | -1.26 |
| High Family | CK2 | 504.24 | 525.83 | 352.56 | 173.27 | -1.67 | 1092.52 | 1139.30 | 763.88 | 375.42 | -3.62 |
| Texas Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | T21 | 147.21 | 163.46 | 122.60 | 40.86 | 4.06 | 318.96 | 354.16 | 265.62 | 88.54 | 8.80 |
| CDHP Family | T22 | 338.59 | 375.97 | 281.98 | 93.99 | 9.34 | 733.61 | 814.60 | 610.95 | 203.65 | 20.25 |
| Texas Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self | T81 | 168.25 | 202.58 | 151.94 | 50.64 | 8.58 | 364.54 | 438.92 | 329.19 | 109.73 | 18.60 |
| CDHP Family | T82 | 386.99 | 465.99 | 349.49 | 116.50 | 19.75 | 838.48 | 1009.65 | 757.24 | 252.41 | 42.79 |
| Texas Humana CoverageFirst | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 Monthly premium rates | | | | |
|---------------------------------------|---|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|----------|
| | | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | |
| Plan | Option | Enrollment Code | | | | | | | | | | |
| | CDHP Self | TP1 | 147.21 | 163.48 | 122.61 | 40.87 | 4.07 | 318.96 | 354.21 | 265.66 | 88.55 | 8.81 |
| | CDHP Family | TP2 | 338.59 | 376.02 | 282.02 | 94.00 | 9.35 | 733.61 | 814.71 | 611.03 | 203.68 | 20.28 |
| Texas | Humana CoverageFirst | | | | | | | | | | | |
| | CDHP Self | TU1 | 140.18 | 155.51 | 116.63 | 38.88 | 3.84 | 303.72 | 336.94 | 252.71 | 84.23 | 8.30 |
| | CDHP Family | TU2 | 322.43 | 357.69 | 268.27 | 89.42 | 8.81 | 698.60 | 775.00 | 581.25 | 193.75 | 19.10 |
| Texas | Humana CoverageFirst | | | | | | | | | | | |
| | CDHP Self | TV1 | 147.21 | 163.62 | 122.72 | 40.90 | 4.10 | 318.96 | 354.51 | 265.88 | 88.63 | 8.89 |
| | CDHP Family | TV2 | 338.59 | 376.36 | 282.27 | 94.09 | 9.44 | 733.61 | 815.45 | 611.59 | 203.86 | 20.46 |
| Texas | Humana Health Plan of Texas | | | | | | | | | | | |
| | High Self | UR1 | 279.21 | 314.71 | 155.66 | 159.05 | 24.88 | 604.96 | 681.87 | 337.26 | 344.61 | 53.90 |
| | High Family | UR2 | 642.20 | 723.84 | 352.56 | 371.28 | 58.38 | 1391.43 | 1568.32 | 763.88 | 804.44 | 126.49 |
| | Standard Self | UR4 | 162.26 | 171.82 | 128.87 | 42.95 | 2.39 | 351.56 | 372.28 | 279.21 | 93.07 | 5.18 |
| | Standard Family | UR5 | 373.19 | 395.19 | 296.39 | 98.80 | 5.50 | 808.58 | 856.25 | 642.19 | 214.06 | 11.92 |
| Texas | Humana Health Plan of Texas | | | | | | | | | | | |
| | High Self | UU1 | New Plan | 203.80 | 152.85 | 50.95 | New Plan | New Plan | 441.57 | 331.18 | 110.39 | New Plan |
| | High Family | UU2 | New Plan | 468.74 | 351.56 | 117.18 | New Plan | New Plan | 1015.60 | 761.70 | 253.90 | New Plan |
| | Standard Self | UU4 | New Plan | 185.27 | 138.95 | 46.32 | New Plan | New Plan | 401.42 | 301.07 | 100.35 | New Plan |
| | Standard Family | UU5 | New Plan | 426.12 | 319.59 | 106.53 | New Plan | New Plan | 923.26 | 692.45 | 230.81 | New Plan |
| Texas | Pacificare of Texas | | | | | | | | | | | |
| | High Self | GF1 | 238.30 | 247.60 | 155.66 | 91.94 | -1.32 | 516.32 | 536.47 | 337.26 | 199.21 | -2.86 |
| | High Family | GF2 | 547.83 | 569.30 | 352.56 | 216.74 | -1.79 | 1186.97 | 1233.48 | 763.88 | 469.60 | -3.89 |
| Texas | UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| | HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| | HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| | CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| | CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Utah | Aetna HealthFund | | | | | | | | | | | |
| | CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| | CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| | HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 |
| HDHP Family 225 | | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Utah Altius Health Plans | | | | | | | | | | | |
| High Self 9K1 | | 212.61 | 228.98 | 155.66 | 73.32 | 5.75 | 460.66 | 496.12 | 337.26 | 158.86 | 12.45 |
| High Family 9K2 | | 467.77 | 503.79 | 352.56 | 151.23 | 12.76 | 1013.50 | 1091.55 | 763.88 | 327.67 | 27.65 |
| HDHP Self 9K4 | | 184.08 | 184.08 | 138.06 | 46.02 | .00 | 398.84 | 398.84 | 299.13 | 99.71 | .00 |
| HDHP Family 9K5 | | 381.36 | 381.36 | 286.02 | 95.34 | .00 | 826.28 | 826.28 | 619.71 | 206.57 | .00 |
| Utah Altius Health Plans | | | | | | | | | | | |
| Standard Self DK4 | | 181.33 | 195.30 | 146.48 | 48.82 | 3.49 | 392.88 | 423.15 | 317.36 | 105.79 | 7.57 |
| Standard Family DK5 | | 398.93 | 429.66 | 322.25 | 107.41 | 7.68 | 864.35 | 930.93 | 698.20 | 232.73 | 16.64 |
| Utah Humana CoverageFirst | | | | | | | | | | | |
| CDHP Self IA1 | | New Plan | 162.33 | 121.75 | 40.58 | New Plan | New Plan | 351.72 | 263.79 | 87.93 | New Plan |
| CDHP Family IA2 | | New Plan | 373.37 | 280.03 | 93.34 | New Plan | New Plan | 808.97 | 606.73 | 202.24 | New Plan |
| Vermont Aetna HealthFund | | | | | | | | | | | |
| CDHP Self 221 | | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family 222 | | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self 224 | | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family 225 | | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Virgin Islands Triple-S | | | | | | | | | | | |
| High Self 851 | | 190.24 | 190.24 | 142.68 | 47.56 | .00 | 412.19 | 412.19 | 309.14 | 103.05 | .00 |
| High Family 852 | | 432.04 | 432.04 | 324.03 | 108.01 | .00 | 936.09 | 936.09 | 702.07 | 234.02 | .00 |
| Virginia Aetna HealthFund | | | | | | | | | | | |
| CDHP Self 221 | | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family 222 | | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self 224 | | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family 225 | | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Virginia Aetna Open Access | | | | | | | | | | | |
| High Self JN1 | | 233.43 | 261.84 | 155.66 | 106.18 | 17.79 | 505.77 | 567.32 | 337.26 | 230.06 | 38.54 |
| High Family JN2 | | 522.85 | 586.49 | 352.56 | 233.93 | 40.38 | 1132.84 | 1270.73 | 763.88 | 506.85 | 87.49 |
| Basic Self JN4 | | 156.72 | 171.86 | 128.90 | 42.96 | 3.78 | 339.56 | 372.36 | 279.27 | 93.09 | 8.20 |
| Basic Family JN5 | | 366.74 | 402.18 | 301.64 | 100.54 | 8.86 | 794.60 | 871.39 | 653.54 | 217.85 | 19.20 |

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

| Health Management Organizations (HMO) | | 2009 Biweekly premium rates | | | | | 2009 Monthly premium rates | | | | |
|---|-----------------------------|-----------------------------|------------|------------|-------------------------|----------------------------|----------------------------|------------|------------|-------------------------|----------|
| Plan - Option - Enrollment Code | 2008 Total Biweekly Premium | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | 2008 Total Monthly Premium | Total Premium | Gov't Pays | Empl. Pays | Change in empl. payment | |
| Virginia CareFirst BlueChoice | | | | | | | | | | | |
| High Self | 2G1 | 206.67 | 207.73 | 155.66 | 52.07 | -9.56 | 447.79 | 450.08 | 337.26 | 112.82 | -20.72 |
| High Family | 2G2 | 464.94 | 467.32 | 350.49 | 116.83 | -18.81 | 1007.37 | 1012.53 | 759.40 | 253.13 | -40.76 |
| Virginia Kaiser Foundation Health Plan Mid-Atlantic States | | | | | | | | | | | |
| High Self | E31 | 204.41 | 214.16 | 155.66 | 58.50 | -.87 | 442.89 | 464.01 | 337.26 | 126.75 | -1.89 |
| High Family | E32 | 478.88 | 501.70 | 352.56 | 149.14 | -.44 | 1037.57 | 1087.02 | 763.88 | 323.14 | -.95 |
| Standard Self | E34 | 111.70 | 122.08 | 91.56 | 30.52 | 2.60 | 242.02 | 264.51 | 198.38 | 66.13 | 5.63 |
| Standard Family | E35 | 265.83 | 290.52 | 217.89 | 72.63 | 6.17 | 575.97 | 629.46 | 472.10 | 157.36 | 13.37 |
| Virginia M.D. IPA | | | | | | | | | | | |
| High Self | JP1 | 199.21 | 205.29 | 153.97 | 51.32 | -2.85 | 431.62 | 444.80 | 333.60 | 111.20 | -6.17 |
| High Family | JP2 | 459.38 | 473.40 | 352.56 | 120.84 | -9.24 | 995.32 | 1025.70 | 763.88 | 261.82 | -20.02 |
| Virginia Optima Health Plan | | | | | | | | | | | |
| High Self | 9R1 | 219.20 | 227.97 | 155.66 | 72.31 | -1.85 | 474.93 | 493.94 | 337.26 | 156.68 | -4.00 |
| High Family | 9R2 | 518.66 | 539.41 | 352.56 | 186.85 | -2.51 | 1123.76 | 1168.72 | 763.88 | 404.84 | -5.44 |
| Standard Self | 9R4 | New Plan | 163.72 | 122.79 | 40.93 | New Plan | New Plan | 354.73 | 266.05 | 88.68 | New Plan |
| Standard Family | 9R5 | New Plan | 387.39 | 290.54 | 96.85 | New Plan | New Plan | 839.35 | 629.51 | 209.84 | New Plan |
| Virginia Piedmont Community Healthcare | | | | | | | | | | | |
| High Self | 2C1 | 209.00 | 199.88 | 149.91 | 49.97 | -13.99 | 452.83 | 433.07 | 324.80 | 108.27 | -30.31 |
| High Family | 2C2 | 478.60 | 457.54 | 343.16 | 114.38 | -34.92 | 1036.97 | 991.34 | 743.51 | 247.83 | -75.66 |
| Virginia UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Washington Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Washington Group Health Cooperative | | | | | | | | | | | |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | 541 | 222.18 | 248.71 | 155.66 | 93.05 | 15.91 | 481.39 | 538.87 | 337.26 | 201.61 | 34.47 |
| High Family | 542 | 477.68 | 534.72 | 352.56 | 182.16 | 33.78 | 1034.97 | 1158.56 | 763.88 | 394.68 | 73.19 |
| Standard Self | 544 | 141.62 | 157.36 | 118.02 | 39.34 | 3.94 | 306.84 | 340.95 | 255.71 | 85.24 | 8.53 |
| Standard Family | 545 | 319.73 | 355.28 | 266.46 | 88.82 | 8.89 | 692.75 | 769.77 | 577.33 | 192.44 | 19.25 |
| Washington Group Health Cooperative | | | | | | | | | | | |
| High Self | VR1 | 234.94 | 261.75 | 155.66 | 106.09 | 16.19 | 509.04 | 567.13 | 337.26 | 229.87 | 35.08 |
| High Family | VR2 | 505.12 | 562.75 | 352.56 | 210.19 | 34.37 | 1094.43 | 1219.29 | 763.88 | 455.41 | 74.46 |
| Standard Self | VR4 | 145.25 | 162.35 | 121.76 | 40.59 | 4.28 | 314.71 | 351.76 | 263.82 | 87.94 | 9.26 |
| Standard Family | VR5 | 334.09 | 373.43 | 280.07 | 93.36 | 9.84 | 723.86 | 809.10 | 606.83 | 202.27 | 21.31 |
| Washington KPS Health Plans | | | | | | | | | | | |
| Standard Self | L11 | 177.79 | 177.79 | 133.34 | 44.45 | .00 | 385.21 | 385.21 | 288.91 | 96.30 | .00 |
| Standard Family | L12 | 383.74 | 383.74 | 287.81 | 95.93 | .00 | 831.44 | 831.44 | 623.58 | 207.86 | .00 |
| HDHP Self | L14 | 147.28 | 147.28 | 110.46 | 36.82 | .00 | 319.11 | 319.11 | 239.33 | 79.78 | .00 |
| HDHP Family | L15 | 321.83 | 321.83 | 241.37 | 80.46 | .00 | 697.30 | 697.30 | 522.98 | 174.32 | .00 |
| Washington KPS Health Plans | | | | | | | | | | | |
| High Self | VT1 | 217.10 | 238.33 | 155.66 | 82.67 | 10.61 | 470.38 | 516.38 | 337.26 | 179.12 | 22.99 |
| High Family | VT2 | 474.40 | 520.78 | 352.56 | 168.22 | 23.12 | 1027.87 | 1128.36 | 763.88 | 364.48 | 50.09 |
| Washington Kaiser Foundation Health Plan of Northwest | | | | | | | | | | | |
| High Self | 571 | 217.88 | 231.08 | 155.66 | 75.42 | 2.58 | 472.07 | 500.67 | 337.26 | 163.41 | 5.59 |
| High Family | 572 | 500.52 | 530.86 | 352.56 | 178.30 | 7.08 | 1084.46 | 1150.20 | 763.88 | 386.32 | 15.34 |
| Standard Self | 574 | 176.94 | 191.29 | 143.47 | 47.82 | 3.59 | 383.37 | 414.46 | 310.85 | 103.61 | 7.77 |
| Standard Family | 575 | 406.46 | 439.44 | 329.58 | 109.86 | 8.25 | 880.66 | 952.12 | 714.09 | 238.03 | 17.87 |
| Washington UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| West Virginia Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| West Virginia The Health Plan of the Upper Ohio Valley | | | | | | | | | | | |
| High Self | U41 | 191.01 | 193.15 | 144.86 | 48.29 | .54 | 413.86 | 418.49 | 313.87 | 104.62 | 1.16 |
| High Family | U42 | 439.32 | 444.24 | 333.18 | 111.06 | 1.04 | 951.86 | 962.52 | 721.89 | 240.63 | 2.25 |
| Wisconsin Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Wisconsin Dean Health Plan | | | | | | | | | | | |
| High Self | WD1 | 182.49 | 196.07 | 147.05 | 49.02 | 3.40 | 395.40 | 424.82 | 318.62 | 106.20 | 7.35 |
| High Family | WD2 | 456.22 | 490.18 | 352.56 | 137.62 | 10.70 | 988.48 | 1062.06 | 763.88 | 298.18 | 23.18 |
| Wisconsin Group Health Cooperative | | | | | | | | | | | |
| High Self | WJ1 | 179.26 | 193.70 | 145.28 | 48.42 | 3.61 | 388.40 | 419.68 | 314.76 | 104.92 | 7.82 |
| High Family | WJ2 | 477.90 | 508.96 | 352.56 | 156.40 | 7.80 | 1035.45 | 1102.75 | 763.88 | 338.87 | 16.90 |
| Wisconsin HealthPartners Open Access Deductible Copay/3 for Free | | | | | | | | | | | |
| OAD Copay Self | V31 | New Plan | 245.79 | 155.66 | 90.13 | New Plan | New Plan | 532.55 | 337.26 | 195.29 | New Plan |
| OAD Copay Family | V32 | New Plan | 565.32 | 352.56 | 212.76 | New Plan | New Plan | 1224.86 | 763.88 | 460.98 | New Plan |
| 3 for Free Self | V34 | New Plan | 129.53 | 97.15 | 32.38 | New Plan | New Plan | 280.65 | 210.49 | 70.16 | New Plan |
| 3 for Free Family | V35 | New Plan | 297.91 | 223.43 | 74.48 | New Plan | New Plan | 645.47 | 484.10 | 161.37 | New Plan |
| Wisconsin UnitedHealthcare Insurance Company, Inc. | | | | | | | | | | | |
| HDHP Self | E91 | 165.32 | 140.91 | 105.68 | 35.23 | -6.10 | 358.19 | 305.31 | 228.98 | 76.33 | -13.22 |
| HDHP Family | E92 | 365.60 | 314.80 | 236.10 | 78.70 | -12.70 | 792.13 | 682.07 | 511.55 | 170.52 | -27.51 |
| CDHP Self | E94 | New Plan | 164.79 | 123.59 | 41.20 | New Plan | New Plan | 357.05 | 267.79 | 89.26 | New Plan |
| CDHP Family | E95 | New Plan | 364.78 | 273.59 | 91.19 | New Plan | New Plan | 790.36 | 592.77 | 197.59 | New Plan |
| Wyoming Aetna HealthFund | | | | | | | | | | | |
| CDHP Self | 221 | 151.50 | 161.92 | 121.44 | 40.48 | 2.61 | 328.25 | 350.83 | 263.12 | 87.71 | 5.65 |
| CDHP Family | 222 | 348.46 | 372.41 | 279.31 | 93.10 | 5.99 | 755.00 | 806.89 | 605.17 | 201.72 | 12.97 |
| HDHP Self | 224 | 123.69 | 123.71 | 92.78 | 30.93 | .01 | 268.00 | 268.04 | 201.03 | 67.01 | .01 |

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

| Health Management Organizations (HMO) | | 2008 Total Biweekly Premium | 2009 Biweekly premium rates | | | | 2008 Total Monthly Premium | 2009 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 | |
| HDHP Family | 225 | 270.87 | 270.93 | 203.20 | 67.73 | .01 | 586.89 | 587.02 | 440.27 | 146.75 | .03 |
| Wyoming Altius Health Plans | | | | | | | | | | | |
| High Self | 9K1 | 212.61 | 228.98 | 155.66 | 73.32 | 5.75 | 460.66 | 496.12 | 337.26 | 158.86 | 12.45 |
| High Family | 9K2 | 467.77 | 503.79 | 352.56 | 151.23 | 12.76 | 1013.50 | 1091.55 | 763.88 | 327.67 | 27.65 |
| HDHP Self | 9K4 | 184.08 | 184.08 | 138.06 | 46.02 | .00 | 398.84 | 398.84 | 299.13 | 99.71 | .00 |
| HDHP Family | 9K5 | 381.36 | 381.36 | 286.02 | 95.34 | .00 | 826.28 | 826.28 | 619.71 | 206.57 | .00 |
| Wyoming Altius Health Plans | | | | | | | | | | | |
| Standard Self | DK4 | 181.33 | 195.30 | 146.48 | 48.82 | 3.49 | 392.88 | 423.15 | 317.36 | 105.79 | 7.57 |
| Standard Family | DK5 | 398.93 | 429.66 | 322.25 | 107.41 | 7.68 | 864.35 | 930.93 | 698.20 | 232.73 | 16.64 |