

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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