

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2008 Total Biweekly Premium	2009 Biweekly premium rates				2008 Total Monthly Premium	2009 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
APWU Health Plan											
High Self	471	192.11	197.87	148.40	49.47	1.44	416.24	428.72	321.54	107.18	3.12
High Family	472	434.37	447.40	335.55	111.85	3.26	941.14	969.37	727.03	242.34	7.06
CDHP Self	474	155.40	155.40	116.55	38.85	.00	336.70	336.70	252.53	84.17	.00
CDHP Family	475	349.60	349.60	262.20	87.40	.00	757.47	757.47	568.10	189.37	.00
Association Benefit Plan											
High Self	421	203.15	212.30	155.66	56.64	-1.47	440.16	459.98	337.26	122.72	-3.19
High Family	422	467.99	489.05	352.56	136.49	-2.20	1013.98	1059.61	763.88	295.73	-4.77
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	207.19	225.84	155.66	70.18	8.03	448.91	489.32	337.26	152.06	17.40
Standard Family	105	474.44	517.14	352.56	164.58	19.44	1027.95	1120.47	763.88	356.59	42.12
Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
Basic Family	112	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Foreign Service Benefit Plan											
High Self	401	193.61	193.61	145.21	48.40	-.17	419.49	419.49	314.62	104.87	-.37
High Family	402	460.11	478.51	352.56	125.95	-4.86	996.91	1036.77	763.88	272.89	-10.54
GEHA Benefit Plan											
High Self	311	236.51	247.15	155.66	91.49	.02	512.44	535.49	337.26	198.23	.04
High Family	312	514.74	537.90	352.56	185.34	-.10	1115.27	1165.45	763.88	401.57	-.22
Standard Self	314	133.11	137.10	102.83	34.27	.99	288.41	297.05	222.79	74.26	2.16
Standard Family	315	302.49	311.58	233.69	77.89	2.27	655.40	675.09	506.32	168.77	4.92
GEHA High Deductible Health Plan											
HDHP Self	341	175.76	175.76	131.82	43.94	.00	380.81	380.81	285.61	95.20	.00
HDHP Family	342	401.44	401.44	301.08	100.36	.00	869.79	869.79	652.34	217.45	.00
Mail Handlers Benefit Plan											
Standard Self	454	197.27	215.52	155.66	59.86	7.63	427.42	466.96	337.26	129.70	16.53
Standard Family	455	440.47	481.22	352.56	128.66	17.49	954.35	1042.64	763.88	278.76	37.89
Mail Handlers Benefit Plan Consumer Option											
HDHP Self	481	135.22	139.28	104.46	34.82	1.02	292.98	301.77	226.33	75.44	2.20

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	HDHP Family	482	306.42	315.61	236.71	78.90	2.30	663.91	683.82	512.87	170.95	4.97
Mail Handlers Benefit Plan Value												
	Value Option Self	414	82.02	86.12	64.59	21.53	1.03	177.71	186.59	139.94	46.65	2.22
	Value Option Family	415	195.55	205.33	154.00	51.33	2.44	423.69	444.88	333.66	111.22	5.30
NALC												
	High Self	321	203.84	212.16	155.66	56.50	-2.30	441.65	459.68	337.26	122.42	-4.98
	High Family	322	443.30	465.50	349.13	116.37	2.37	960.48	1008.58	756.44	252.14	5.14
Panama Canal Area Benefit Plan												
	High Self	431	178.04	183.38	137.54	45.84	1.33	385.75	397.32	297.99	99.33	2.89
	High Family	432	371.62	382.77	287.08	95.69	2.79	805.18	829.34	622.01	207.33	6.04
Rural Carrier Benefit Plan												
	High Self	381	237.07	238.49	155.66	82.83	-9.20	513.65	516.73	337.26	179.47	-19.93
	High Family	382	482.34	485.23	352.56	132.67	-20.37	1045.07	1051.33	763.88	287.45	-44.14
SAMBA												
	High Self	441	253.55	253.55	155.66	97.89	-10.62	549.36	549.36	337.26	212.10	-23.01
	High Family	442	597.12	597.12	352.56	244.56	-23.26	1293.76	1293.76	763.88	529.88	-50.40
	Standard Self	444	183.64	189.16	141.87	47.29	1.38	397.89	409.85	307.39	102.46	2.99
	Standard Family	445	419.42	432.01	324.01	108.00	3.15	908.74	936.02	702.02	234.00	6.82
FFS Plans Available in Certain Areas												
Kansas Blue Cross and Blue Shield Service Benefit Plan												
	HDHP Self	114	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
	HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Minnesota Blue Cross and Blue Shield Service Benefit Plan												
	HDHP Self	114	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
	HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Missouri Blue Cross and Blue Shield Service Benefit Plan												
	HDHP Self	114	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
	HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Ohio Blue Cross and Blue Shield Service Benefit Plan												
	HDHP Self	114	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65

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HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Tennessee Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self	114	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87