

Postal Premium Rates for the Federal Employees Health Benefits Program

Postal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code	2008 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Alabama Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Alaska Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Arizona Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Arizona Aetna Open Access						
High self	WQ1	182.54	197.12	170.51	26.61	3.79
High Family	WQ2	456.36	492.84	406.42	86.42	14.24
Arizona Health Net of Arizona, Inc.						
High self	A71	183.75	194.78	168.48	26.30	3.33
High Family	A72	465.54	492.99	406.42	86.57	5.21
Standard self	A74	158.29	176.29	152.49	23.80	4.01
Standard Family	A75	401.02	446.63	386.33	60.30	10.17
Arizona Humana CoverageFirst						
CDHP self	DB1	119.17	140.25	121.32	18.93	4.03
CDHP Family	DB2	274.10	322.60	279.05	43.55	9.29
Arizona PacifiCare of Arizona						
High self	A31	209.24	219.00	179.45	39.55	-.47
High Family	A32	502.23	525.65	406.42	119.23	1.18
Arizona UnitedHealthcare Insurance Company, Inc.						

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	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Arkansas	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Arkansas	UnitedHealthcare Insurance Company, Inc.						
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
California	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
California	Aetna Open Access						
	High self	2X1	141.26	156.18	135.10	21.08	3.42
	High Family	2X2	348.00	384.75	332.81	51.94	8.44
California	Anthem Blue Cross - HMO						
	High self	M51	217.43	240.26	179.45	60.81	12.60
	High Family	M52	557.72	599.55	406.42	193.13	19.59
California	Blue Shield of CA Access+HMO						
	High self	SI1	New Plan	204.44	176.84	27.60	New Plan
	High Family	SI2	New Plan	472.26	406.42	65.84	New Plan
California	Blue Shield of CA Access+HMO						
	High self	SJ1	183.14	280.49	179.45	101.04	78.15

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California Health Net of California						
High Family	SJ2	454.31	647.92	406.42	241.50	171.37
High self	LB1	250.86	274.78	179.45	95.33	13.69
High Family	LB2	580.02	635.29	406.42	228.87	33.03
Standard self	LB4	236.76	261.91	179.45	82.46	14.92
Standard Family	LB5	547.40	605.58	406.42	199.16	35.94
California Health Net of California						
High self	LP1	185.97	210.72	179.45	31.27	8.02
High Family	LP2	429.98	487.23	406.42	80.81	27.06
Standard self	LP4	176.82	199.85	172.87	26.98	4.88
Standard Family	LP5	408.83	462.05	399.67	62.38	11.28
California Kaiser Foundation Health Plan of California						
High self	591	223.51	243.50	179.45	64.05	9.76
High Family	592	533.54	581.27	406.42	174.85	25.49
Standard self	594	155.74	183.58	158.80	24.78	5.31
Standard Family	595	371.76	438.21	379.05	59.16	12.69
California Kaiser Foundation Health Plan of California						
High self	621	190.21	204.59	176.97	27.62	3.84
High Family	622	439.61	472.86	406.42	66.44	11.01
Standard self	624	119.36	129.30	111.84	17.46	2.54
Standard Family	625	275.88	298.84	258.50	40.34	5.86
California PacifiCare of California						
High self	CY1	184.91	202.84	175.46	27.38	4.27
High Family	CY2	429.01	463.10	400.58	62.52	8.89
California UnitedHealthcare Insurance Company, Inc.						
HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Colorado Aetna HealthFund						

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	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Colorado	Humana CoverageFirst						
	CDHP self	7T1	133.20	146.10	126.38	19.72	3.07
	CDHP Family	7T2	306.36	336.03	290.67	45.36	7.07
Colorado	Humana CoverageFirst						
	CDHP self	FC1	140.20	146.10	126.38	19.72	2.20
	CDHP Family	FC2	322.47	336.03	290.67	45.36	5.05
Colorado	Kaiser Foundation Health Plan of Colorado						
	High self	651	207.92	212.06	179.45	32.61	-6.09
	High Family	652	476.13	485.61	406.42	79.19	-12.76
	Standard self	654	138.65	138.65	119.93	18.72	1.39
	Standard Family	655	317.51	317.51	274.65	42.86	3.17
Colorado	PacifiCare of Colorado						
	High self	D61	223.19	242.91	179.45	63.46	9.49
	High Family	D62	527.45	574.39	406.42	167.97	24.70
Colorado	UnitedHealthcare Insurance Company, Inc.						
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Connecticut	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Connecticut	Aetna Open Access						
	High self	JC1	217.04	229.88	179.45	50.43	2.61

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	High Family	JC2	534.21	565.84	406.42	159.42	9.39
	Basic self	JC4	184.54	206.68	178.78	27.90	4.83
	Basic Family	JC5	469.34	502.20	406.42	95.78	10.62
Connecticut ConnectiCare							
	High self	TE1	227.18	224.03	179.45	44.58	-13.38
	High Family	TE2	516.91	509.74	406.42	103.32	-29.41
	Basic self	TE4	202.33	180.69	156.30	24.39	-8.72
	Basic Family	TE5	460.36	411.12	355.62	55.50	-20.68
Delaware Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Delaware Aetna Open Access							
	High self	P31	241.47	288.60	179.45	109.15	36.90
	High Family	P32	582.63	696.35	406.42	289.93	91.48
	Basic self	P34	184.20	197.39	170.74	26.65	3.63
	Basic Family	P35	440.82	455.81	394.28	61.53	4.89
Delaware Coventry Health Care							
	High self	2J1	215.44	254.12	179.45	74.67	28.45
	High Family	2J2	538.58	635.27	406.42	228.85	74.45
	Standard self	2J4	172.79	208.44	179.45	28.99	7.39
	Standard Family	2J5	431.97	521.05	406.42	114.63	60.63
Delaware Coventry Health Care HDHP							
	HDHP self	LK1	145.53	162.99	140.99	22.00	3.81
	HDHP Family	LK2	352.60	394.90	341.59	53.31	9.24
District of Columbia Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24

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HDHP Family 225		270.87	270.93	234.35	36.58	2.72
District of Columbia Aetna Open Access						
High self JN1		233.43	261.84	179.45	82.39	18.18
High Family JN2		522.85	586.49	406.42	180.07	41.40
Basic self JN4		156.72	171.86	148.66	23.20	3.61
Basic Family JN5		366.74	402.18	347.89	54.29	8.45
District of Columbia CareFirst BlueChoice						
High self 2G1		206.67	207.73	179.45	28.28	-9.17
High Family 2G2		464.94	467.32	404.23	63.09	-17.67
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States						
High self E31		204.41	214.16	179.45	34.71	-.48
High Family E32		478.88	501.70	406.42	95.28	.58
Standard self E34		111.70	122.08	105.60	16.48	2.52
Standard Family E35		265.83	290.52	251.30	39.22	5.99
District of Columbia M.D. IPA						
High self JP1		199.21	205.29	177.58	27.71	-2.28
High Family JP2		459.38	473.40	406.42	66.98	-8.22
District of Columbia UnitedHealthcare Insurance Company, Inc.						
HDHP self E91		165.32	140.91	121.89	19.02	-1.64
HDHP Family E92		365.60	314.80	272.30	42.50	-3.20
CDHP self E94		New Plan	164.79	142.54	22.25	New Plan
CDHP Family E95		New Plan	364.78	315.53	49.25	New Plan
Florida Aetna HealthFund						
CDHP self 221		151.50	161.92	140.06	21.86	2.92
CDHP Family 222		348.46	372.41	322.13	50.28	6.72
HDHP self 224		123.69	123.71	107.01	16.70	1.24
HDHP Family 225		270.87	270.93	234.35	36.58	2.72
Florida Av-Med Health Plan						
High self ML1		185.04	199.14	172.26	26.88	3.75
High Family ML2		481.03	477.96	406.42	71.54	-25.31

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	Standard self	ML4	167.13	153.64	132.90	20.74	- .15
	Standard Family	ML5	434.45	368.77	318.99	49.78	-4.53
Florida	Capital Health Plan						
	High self	EA1	164.49	177.22	153.30	23.92	3.36
	High Family	EA2	435.92	469.59	406.20	63.39	8.90
Florida	Humana CoverageFirst						
	CDHP self	BP1	154.23	178.60	154.49	24.11	4.83
	CDHP Family	BP2	354.73	410.80	355.34	55.46	11.12
Florida	Humana CoverageFirst						
	CDHP self	DL1	168.25	194.83	168.53	26.30	5.27
	CDHP Family	DL2	386.99	448.14	387.64	60.50	12.13
Florida	Humana CoverageFirst						
	CDHP self	MJ1	140.20	171.42	148.28	23.14	5.62
	CDHP Family	MJ2	322.47	394.28	341.05	53.23	12.92
Florida	Humana CoverageFirst						
	CDHP self	MQ1	161.24	179.22	155.03	24.19	4.04
	CDHP Family	MQ2	370.84	412.21	356.56	55.65	9.30
Florida	Humana CoverageFirst						
	CDHP self	QP1	126.14	140.25	121.32	18.93	3.16
	CDHP Family	QP2	290.14	322.60	279.05	43.55	7.28
Florida	Humana CoverageFirst						
	CDHP self	YG1	154.23	162.33	140.42	21.91	2.63
	CDHP Family	YG2	354.73	373.37	322.97	50.40	6.06
Florida	Humana, Inc.						
	High self	EE1	166.13	199.37	172.46	26.91	6.14
	High Family	EE2	382.12	458.55	396.65	61.90	14.14
	Standard self	EE4	145.82	157.48	136.22	21.26	3.03
	Standard Family	EE5	335.40	362.22	313.32	48.90	6.98
Florida	Humana, Inc.						
	High self	LL1	205.10	203.05	175.64	27.41	-8.47

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Plan - Option - Enrollment Code							
	High Family	LL2	471.74	467.01	403.96	63.05	-24.51
	Standard self	LL4	162.03	183.09	158.37	24.72	4.47
	Standard Family	LL5	372.67	421.12	364.27	56.85	10.27
Florida JMH Health Plan							
	High self	J81	205.21	207.83	179.45	28.38	-7.61
	High Family	J82	492.63	514.42	406.42	108.00	-.45
	Standard self	J84	197.06	181.40	156.91	24.49	-3.35
	Standard Family	J85	462.04	464.15	401.49	62.66	-15.20
Florida United Healthcare of Florida							
	High self	R31	196.29	204.71	177.07	27.64	.57
	High Family	R32	445.56	464.70	401.97	62.73	1.35
Florida UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Florida Vista Healthplan of South Florida							
	High self	5E1	137.00	163.68	141.58	22.10	4.98
	High Family	5E2	376.80	450.18	389.41	60.77	13.67
	Standard self	5E4	New Plan	143.17	123.84	19.33	New Plan
	Standard Family	5E5	New Plan	393.75	340.59	53.16	New Plan
Georgia Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Georgia Aetna Open Access							
	High self	2U1	192.88	230.39	179.45	50.94	26.83
	High Family	2U2	442.57	528.65	406.42	122.23	63.84
Georgia Humana CoverageFirst							

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	CDHP self	AD1	119.17	138.01	119.38	18.63	3.73
	CDHP Family	AD2	274.10	317.42	274.57	42.85	8.59
Georgia Humana CoverageFirst							
	CDHP self	LM1	147.21	170.47	147.46	23.01	4.61
	CDHP Family	LM2	338.59	392.10	339.17	52.93	10.61
Georgia Humana, Inc.							
	High self	DG1	New Plan	189.76	164.14	25.62	New Plan
	High Family	DG2	New Plan	436.46	377.54	58.92	New Plan
	Standard self	DG4	New Plan	172.50	149.21	23.29	New Plan
	Standard Family	DG5	New Plan	396.77	343.21	53.56	New Plan
Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP							
	HDHP self	GW1	151.84	151.84	131.34	20.50	1.52
	HDHP Family	GW2	341.35	341.35	295.27	46.08	3.41
Georgia Kaiser Foundation Health Plan of Georgia, Inc.							
	High self	F81	187.40	197.92	171.20	26.72	3.30
	High Family	F82	429.14	453.24	392.05	61.19	7.55
	Standard self	F84	135.31	135.31	117.04	18.27	1.36
	Standard Family	F85	309.87	309.87	268.04	41.83	3.10
Georgia UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Guam TakeCare							
	High self	JK1	251.64	247.51	179.45	68.06	-14.36
	High Family	JK2	661.26	650.45	406.42	244.03	-33.05
	Standard self	JK4	197.41	195.24	168.88	26.36	-1.83
	Standard Family	JK5	521.34	515.59	406.42	109.17	-27.99
Guam TakeCare							
	HDHP self	KX1	179.19	175.57	151.87	23.70	1.30

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	HDHP Family	KX2	449.80	442.92	383.13	59.79	-5.83
Hawaii	HMSA						
	High self	871	159.80	173.38	149.97	23.41	3.44
	High Family	872	355.70	385.93	333.83	52.10	7.64
Hawaii	Kaiser Foundation Health Plan of Hawaii						
	High self	631	177.93	186.20	161.06	25.14	2.90
	High Family	632	382.56	400.34	346.29	54.05	6.23
	Standard self	634	92.32	86.68	74.98	11.70	.16
	Standard Family	635	198.48	186.36	161.20	25.16	.35
Idaho	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Idaho	Altius Health Plans						
	High self	9K1	212.61	228.98	179.45	49.53	6.14
	High Family	9K2	467.77	503.79	406.42	97.37	13.78
	HDHP self	9K4	184.08	184.08	159.23	24.85	1.84
	HDHP Family	9K5	381.36	381.36	329.88	51.48	3.81
Idaho	Altius Health Plans						
	Standard self	DK4	181.33	195.30	168.93	26.37	3.70
	Standard Family	DK5	398.93	429.66	371.66	58.00	8.13
Idaho	Group Health Cooperative						
	High self	VR1	234.94	261.75	179.45	82.30	16.58
	High Family	VR2	505.12	562.75	406.42	156.33	35.39
	Standard self	VR4	145.25	162.35	140.43	21.92	3.76
	Standard Family	VR5	334.09	373.43	323.02	50.41	8.65
Illinois	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72

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	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Illinois	Aetna Open Access						
	High self	IK1	154.53	168.03	145.35	22.68	3.36
	High Family	IK2	392.27	426.54	368.96	57.58	8.55
Illinois	Blue Preferred HMO						
	High self	9G1	213.84	224.54	179.45	45.09	.47
	High Family	9G2	463.00	486.15	406.42	79.73	.91
Illinois	Group Health Plan, Inc.						
	High self	MM1	270.64	280.59	179.45	101.14	-.28
	High Family	MM2	584.62	606.12	406.42	199.70	-.74
	HDHP self	MM4	216.50	224.27	179.45	44.82	-2.46
	HDHP Family	MM5	464.44	485.87	406.42	79.45	-.81
Illinois	Group Health Plan, Inc.						
	Standard self	MU4	250.17	267.02	179.45	87.57	6.62
	Standard Family	MU5	540.37	576.75	406.42	170.33	14.14
Illinois	Health Alliance HMO						
	HDHP self	FM1	180.66	186.08	160.96	25.12	2.54
	HDHP Family	FM2	404.92	417.07	360.77	56.30	5.69
Illinois	Health Alliance HMO						
	High self	FX1	226.53	233.32	179.45	53.87	-3.44
	High Family	FX2	528.72	544.58	406.42	138.16	-6.38
	Standard self	FX4	167.39	172.41	149.13	23.28	2.36
	Standard Family	FX5	423.37	436.07	377.20	58.87	5.95
Illinois	Humana CoverageFirst						
	CDHP self	MW1	119.15	132.61	114.71	17.90	3.01
	CDHP Family	MW2	274.02	304.99	263.82	41.17	6.92
Illinois	Humana Health Plan Inc.						
	High self	751	207.50	228.37	179.45	48.92	10.64
	High Family	752	477.28	525.25	406.42	118.83	25.73

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	Standard self	754	138.40	146.99	127.15	19.84	2.54
	Standard Family	755	318.31	338.08	292.44	45.64	5.85
Illinois OSF HealthPlans, Inc.							
	High self	9F1	213.47	222.01	179.45	42.56	-1.69
	High Family	9F2	561.35	555.05	406.42	148.63	-28.54
Illinois OSF HealthPlans, Inc.							
	Standard self	AB4	New Plan	172.27	149.01	23.26	New Plan
	Standard Family	AB5	New Plan	430.70	372.56	58.14	New Plan
Illinois PersonalCare Insurance of Illinois, Inc.							
	High self	GE1	194.00	211.42	179.45	31.97	7.19
	High Family	GE2	498.60	543.37	406.42	136.95	22.53
Illinois Unicare HMO							
	High self	171	213.69	230.79	179.45	51.34	6.87
	High Family	172	473.92	511.84	406.42	105.42	15.68
	Standard self	174	148.75	160.65	138.96	21.69	3.10
	Standard Family	175	329.89	356.28	308.18	48.10	6.86
Illinois Unicare HMO							
	HDHP self	721	134.48	134.48	116.33	18.15	1.34
	HDHP Family	722	294.06	294.06	254.36	39.70	2.94
Illinois Union Health Service							
	High self	761	150.36	160.79	139.08	21.71	2.92
	High Family	762	372.91	398.76	344.93	53.83	7.22
Illinois United Healthcare of the Midwest							
	High self	B91	199.35	208.03	179.45	28.58	-1.55
	High Family	B92	445.36	464.77	402.03	62.74	1.56
Illinois UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Illinois UnitedHealthcare Plan of the River Valley Inc.						
High self	YH1	164.72	164.72	142.48	22.24	1.65
High Family	YH2	403.55	403.55	349.07	54.48	4.04
Indiana Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Indiana Aetna Open Access						
High self	IK1	154.53	168.03	145.35	22.68	3.36
High Family	IK2	392.27	426.54	368.96	57.58	8.55
Indiana Aetna Open Access						
High self	RD1	224.86	298.36	179.45	118.91	63.27
High Family	RD2	555.97	737.67	406.42	331.25	159.46
Indiana Bluegrass Family Health						
HDHP self	KV1	176.00	200.00	173.00	27.00	5.00
HDHP Family	KV2	319.98	399.99	345.99	54.00	14.00
Indiana Health Alliance HMO						
HDHP self	FM1	180.66	186.08	160.96	25.12	2.54
HDHP Family	FM2	404.92	417.07	360.77	56.30	5.69
Indiana Health Alliance HMO						
High self	FX1	226.53	233.32	179.45	53.87	-3.44
High Family	FX2	528.72	544.58	406.42	138.16	-6.38
Standard self	FX4	167.39	172.41	149.13	23.28	2.36
Standard Family	FX5	423.37	436.07	377.20	58.87	5.95
Indiana Humana CoverageFirst						
CDHP self	L81	140.20	162.33	140.42	21.91	4.39
CDHP Family	L82	322.47	373.37	322.97	50.40	10.09
Indiana Humana CoverageFirst						
CDHP self	MW1	119.15	132.61	114.71	17.90	3.01

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
CDHP Family MW2		274.02	304.99	263.82	41.17	6.92
Indiana Humana Health Plan Inc.						
High self 751		207.50	228.37	179.45	48.92	10.64
High Family 752		477.28	525.25	406.42	118.83	25.73
Standard self 754		138.40	146.99	127.15	19.84	2.54
Standard Family 755		318.31	338.08	292.44	45.64	5.85
Indiana Physicians Health Plan of Northern Indiana						
High self DQ1		216.58	225.94	179.45	46.49	-.87
High Family DQ2		484.45	503.71	406.42	97.29	-2.98
Indiana Unicare HMO						
High self 171		213.69	230.79	179.45	51.34	6.87
High Family 172		473.92	511.84	406.42	105.42	15.68
Standard self 174		148.75	160.65	138.96	21.69	3.10
Standard Family 175		329.89	356.28	308.18	48.10	6.86
Indiana Unicare HMO						
HDHP self 721		134.48	134.48	116.33	18.15	1.34
HDHP Family 722		294.06	294.06	254.36	39.70	2.94
Indiana Welborn Health Plans						
High self W11		New Plan	241.58	179.45	62.13	New Plan
High Family W12		New Plan	565.30	406.42	158.88	New Plan
Iowa Aetna HealthFund						
CDHP self 221		151.50	161.92	140.06	21.86	2.92
CDHP Family 222		348.46	372.41	322.13	50.28	6.72
HDHP self 224		123.69	123.71	107.01	16.70	1.24
HDHP Family 225		270.87	270.93	234.35	36.58	2.72
Iowa Coventry Health Care of Iowa						
High self SV1		183.78	200.37	173.32	27.05	4.08
High Family SV2		496.16	540.94	406.42	134.52	22.54
HDHP self SV4		184.40	151.54	131.08	20.46	-2.59
HDHP Family SV5		477.62	361.65	312.83	48.82	-44.62

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code						
Iowa Coventry Health Care of Iowa						
Standard self	SY4	New Plan	158.79	137.35	21.44	New Plan
Standard Family	SY5	New Plan	373.15	322.77	50.38	New Plan
Iowa Health Alliance HMO						
HDHP self	FM1	180.66	186.08	160.96	25.12	2.54
HDHP Family	FM2	404.92	417.07	360.77	56.30	5.69
Iowa Health Alliance HMO						
High self	FX1	226.53	233.32	179.45	53.87	-3.44
High Family	FX2	528.72	544.58	406.42	138.16	-6.38
Standard self	FX4	167.39	172.41	149.13	23.28	2.36
Standard Family	FX5	423.37	436.07	377.20	58.87	5.95
Iowa HealthPartners Open Access Deductible Copay/3 for Free						
OAD Copay self	V31	New Plan	245.79	179.45	66.34	New Plan
OAD Copay Family	V32	New Plan	565.32	406.42	158.90	New Plan
3 for Free self	V34	New Plan	129.53	112.04	17.49	New Plan
3 for Free Family	V35	New Plan	297.91	257.69	40.22	New Plan
Iowa Sanford Health Plan						
High self	AU1	220.60	236.96	179.45	57.51	6.13
High Family	AU2	507.62	545.26	406.42	138.84	15.40
Standard self	AU4	210.08	225.66	179.45	46.21	5.35
Standard Family	AU5	483.13	518.96	406.42	112.54	13.59
Iowa UnitedHealthcare Insurance Company, Inc.						
HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Iowa UnitedHealthcare Plan of the River Valley Inc.						
High self	YH1	164.72	164.72	142.48	22.24	1.65
High Family	YH2	403.55	403.55	349.07	54.48	4.04
Kansas Aetna HealthFund						

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Kansas Coventry Health Care of Kansas							
	High self	HA1	176.84	186.02	160.91	25.11	3.01
	High Family	HA2	456.32	469.58	406.19	63.39	-8.75
	Standard self	HA4	193.77	146.69	126.89	19.80	-4.75
	Standard Family	HA5	499.93	344.64	298.11	46.53	-69.22
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP							
	HDHP self	9H1	164.96	134.56	116.39	18.17	-2.45
	HDHP Family	9H2	425.61	316.21	273.52	42.69	-10.51
Kansas Humana CoverageFirst							
	CDHP self	PH1	112.14	125.18	108.28	16.90	2.88
	CDHP Family	PH2	257.92	287.94	249.07	38.87	6.63
Kansas Humana Health Plan, Inc.							
	High self	MS1	255.58	289.44	179.45	109.99	23.63
	High Family	MS2	587.82	665.71	406.42	259.29	55.65
	Standard self	MS4	156.29	168.49	145.74	22.75	3.21
	Standard Family	MS5	359.48	387.51	335.20	52.31	7.38
Kansas United Healthcare of the Midwest							
	High self	GX1	204.43	232.39	179.45	52.94	17.73
	High Family	GX2	480.42	546.09	406.42	139.67	43.43
Kansas UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Kentucky Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92

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Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Kentucky	Aetna Open Access						
	High self	RD1	224.86	298.36	179.45	118.91	63.27
	High Family	RD2	555.97	737.67	406.42	331.25	159.46
Kentucky	Bluegrass Family Health						
	HDHP self	KV1	176.00	200.00	173.00	27.00	5.00
	HDHP Family	KV2	319.98	399.99	345.99	54.00	14.00
Kentucky	Humana CoverageFirst						
	CDHP self	6N1	154.23	162.33	140.42	21.91	2.63
	CDHP Family	6N2	354.73	373.37	322.97	50.40	6.06
Kentucky	Humana CoverageFirst						
	CDHP self	L81	140.20	162.33	140.42	21.91	4.39
	CDHP Family	L82	322.47	373.37	322.97	50.40	10.09
Louisiana	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Louisiana	Coventry Health Care of Louisiana						
	High self	BJ1	188.01	209.59	179.45	30.14	6.64
	High Family	BJ2	436.61	486.74	406.42	80.32	25.74
	Standard self	BJ4	185.30	210.83	179.45	31.38	8.22
	Standard Family	BJ5	430.34	489.63	406.42	83.21	29.42
Louisiana	Coventry Health Care of Louisiana HDHP						
	HDHP self	HB1	152.06	174.76	151.17	23.59	4.58
	HDHP Family	HB2	353.18	405.89	351.09	54.80	10.65
Louisiana	Humana CoverageFirst						
	CDHP self	9J1	133.20	154.25	133.43	20.82	4.17

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Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	CDHP Family	9J2	306.36	354.79	306.89	47.90	9.61
Louisiana	Humana CoverageFirst						
	CDHP self	9L1	147.21	170.47	147.46	23.01	4.61
	CDHP Family	9L2	338.59	392.10	339.17	52.93	10.61
Louisiana	UnitedHealthcare Insurance Company, Inc.						
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Louisiana	Vantage Health Plan, Inc.						
	High self	MV1	196.37	212.54	179.45	33.09	5.94
	High Family	MV2	451.66	488.84	406.42	82.42	14.94
	Standard self	MV4	166.55	186.27	161.12	25.15	4.33
	Standard Family	MV5	383.05	428.50	370.65	57.85	9.97
Maine	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Maryland	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Maryland	Aetna Open Access						
	High self	JN1	233.43	261.84	179.45	82.39	18.18
	High Family	JN2	522.85	586.49	406.42	180.07	41.40
	Basic self	JN4	156.72	171.86	148.66	23.20	3.61
	Basic Family	JN5	366.74	402.18	347.89	54.29	8.45
Maryland	CareFirst BlueChoice						

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Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	High self	2G1	206.67	207.73	179.45	28.28	-9.17
	High Family	2G2	464.94	467.32	404.23	63.09	-17.67
Maryland	Coventry Health Care						
	High self	IG1	182.07	187.00	161.76	25.24	2.48
	High Family	IG2	455.19	469.26	405.91	63.35	-7.66
	Standard self	IG4	142.88	147.14	127.28	19.86	2.00
	Standard Family	IG5	357.17	367.85	318.19	49.66	5.01
Maryland	Coventry Health Care HDHP						
	HDHP self	GZ1	122.00	127.43	110.23	17.20	1.95
	HDHP Family	GZ2	294.92	308.06	266.47	41.59	4.73
Maryland	Kaiser Foundation Health Plan Mid-Atlantic States						
	High self	E31	204.41	214.16	179.45	34.71	-.48
	High Family	E32	478.88	501.70	406.42	95.28	.58
	Standard self	E34	111.70	122.08	105.60	16.48	2.52
	Standard Family	E35	265.83	290.52	251.30	39.22	5.99
Maryland	M.D. IPA						
	High self	JP1	199.21	205.29	177.58	27.71	-2.28
	High Family	JP2	459.38	473.40	406.42	66.98	-8.22
Maryland	UnitedHealthcare Insurance Company, Inc.						
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Massachusetts	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Massachusetts	Blue CHIP Coordinated Health Plan - BCBS of RI						
	High self	DA1	235.37	272.11	179.45	92.66	26.51

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Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
High Family DA2		623.74	721.06	406.42	314.64	75.08
Massachusetts ConnectiCare						
High self TE1		227.18	224.03	179.45	44.58	-13.38
High Family TE2		516.91	509.74	406.42	103.32	-29.41
Basic self TE4		202.33	180.69	156.30	24.39	-8.72
Basic Family TE5		460.36	411.12	355.62	55.50	-20.68
Massachusetts Fallon Community Health Plan						
Standard self JV4		225.59	261.68	179.45	82.23	25.86
Standard Family JV5		548.25	635.98	406.42	229.56	65.49
Massachusetts Fallon Community Health Plan						
Basic self JG1		New Plan	240.68	179.45	61.23	New Plan
Basic Family JG2		New Plan	584.91	406.42	178.49	New Plan
Michigan Aetna HealthFund						
CDHP self 221		151.50	161.92	140.06	21.86	2.92
CDHP Family 222		348.46	372.41	322.13	50.28	6.72
HDHP self 224		123.69	123.71	107.01	16.70	1.24
HDHP Family 225		270.87	270.93	234.35	36.58	2.72
Michigan Bluecare Network of MI						
High self K51		241.25	241.25	179.45	61.80	-10.23
High Family K52		550.13	550.09	406.42	143.67	-22.28
Michigan Bluecare Network of MI						
High self LX1		155.05	174.49	150.93	23.56	4.18
High Family LX2		402.84	453.38	392.17	61.21	10.86
Michigan Grand Valley Health Plan						
High self RL1		194.51	200.31	173.27	27.04	1.75
High Family RL2		508.83	524.75	406.42	118.33	-6.32
Standard self RL4		171.35	177.14	153.23	23.91	2.49
Standard Family RL5		445.53	460.58	398.40	62.18	.83
Michigan Health Alliance Plan						
High self 521		158.35	181.16	156.70	24.46	4.67

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Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	High Family	522	419.64	470.94	406.42	64.52	12.07
	HDHP self	524	172.75	187.27	161.99	25.28	3.69
	HDHP Family	525	438.28	468.92	405.62	63.30	8.52
Michigan	HealthPlus MI						
	High self	X51	208.77	219.94	179.45	40.49	.94
	High Family	X52	476.10	501.56	406.42	95.14	3.22
Michigan	Physicians Health Plan of Mid-Michigan						
	High self	9U1	205.25	233.99	179.45	54.54	18.51
	High Family	9U2	494.66	563.91	406.42	157.49	47.01
	Standard self	9U4	182.01	195.67	169.25	26.42	3.67
	Standard Family	9U5	438.64	471.54	406.42	65.12	10.29
Minnesota	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Minnesota	HealthPartners Open Access Deductible Copay/3 for Free						
	OAD Copay self	V31	New Plan	245.79	179.45	66.34	New Plan
	OAD Copay Family	V32	New Plan	565.32	406.42	158.90	New Plan
	3 for Free self	V34	New Plan	129.53	112.04	17.49	New Plan
	3 for Free Family	V35	New Plan	297.91	257.69	40.22	New Plan
Minnesota	Medica Health Plan						
	High self	M21	198.73	224.81	179.45	45.36	15.85
	High Family	M22	455.08	514.80	406.42	108.38	37.48
Mississippi	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Mississippi	UnitedHealthcare Insurance Company, Inc.						

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Missouri	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Missouri	Blue Preferred HMO						
	High self	9G1	213.84	224.54	179.45	45.09	.47
	High Family	9G2	463.00	486.15	406.42	79.73	.91
Missouri	Coventry Health Care of Kansas						
	High self	HA1	176.84	186.02	160.91	25.11	3.01
	High Family	HA2	456.32	469.58	406.19	63.39	-8.75
	Standard self	HA4	193.77	146.69	126.89	19.80	-4.75
	Standard Family	HA5	499.93	344.64	298.11	46.53	-69.22
Missouri	Coventry Health Care of Kansas (Kansas City)-HDHP						
	HDHP self	9H1	164.96	134.56	116.39	18.17	-2.45
	HDHP Family	9H2	425.61	316.21	273.52	42.69	-10.51
Missouri	Group Health Plan, Inc.						
	High self	MM1	270.64	280.59	179.45	101.14	-.28
	High Family	MM2	584.62	606.12	406.42	199.70	-.74
	HDHP self	MM4	216.50	224.27	179.45	44.82	-2.46
	HDHP Family	MM5	464.44	485.87	406.42	79.45	-.81
Missouri	Group Health Plan, Inc.						
	Standard self	MU4	250.17	267.02	179.45	87.57	6.62
	Standard Family	MU5	540.37	576.75	406.42	170.33	14.14
Missouri	Humana CoverageFirst						
	CDHP self	PH1	112.14	125.18	108.28	16.90	2.88

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family PH2	257.92	287.94	249.07	38.87	6.63
Missouri	Humana Health Plan, Inc.					
	High self MS1	255.58	289.44	179.45	109.99	23.63
	High Family MS2	587.82	665.71	406.42	259.29	55.65
	Standard self MS4	156.29	168.49	145.74	22.75	3.21
	Standard Family MS5	359.48	387.51	335.20	52.31	7.38
Missouri	United Healthcare of the Midwest					
	High self B91	199.35	208.03	179.45	28.58	-1.55
	High Family B92	445.36	464.77	402.03	62.74	1.56
Missouri	United Healthcare of the Midwest					
	High self GX1	204.43	232.39	179.45	52.94	17.73
	High Family GX2	480.42	546.09	406.42	139.67	43.43
Missouri	UnitedHealthcare Insurance Company, Inc.					
	HDHP self E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family E95	New Plan	364.78	315.53	49.25	New Plan
Montana	Aetna HealthFund					
	CDHP self 221	151.50	161.92	140.06	21.86	2.92
	CDHP Family 222	348.46	372.41	322.13	50.28	6.72
	HDHP self 224	123.69	123.71	107.01	16.70	1.24
	HDHP Family 225	270.87	270.93	234.35	36.58	2.72
Montana	New West Health Services					
	High self NV1	211.34	229.50	179.45	50.05	7.93
	High Family NV2	451.42	490.24	406.42	83.82	16.58
Nebraska	Aetna HealthFund					
	CDHP self 221	151.50	161.92	140.06	21.86	2.92
	CDHP Family 222	348.46	372.41	322.13	50.28	6.72
	HDHP self 224	123.69	123.71	107.01	16.70	1.24
	HDHP Family 225	270.87	270.93	234.35	36.58	2.72

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code		2008 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nevada Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Nevada Aetna Open Access						
High self	Y11	156.11	182.62	157.97	24.65	5.14
High Family	Y12	388.71	454.71	393.32	61.39	12.80
Nevada Health Plan of Nevada						
High self	NM1	112.02	130.40	112.80	17.60	3.60
High Family	NM2	286.84	333.91	288.83	45.08	9.23
Nevada PacifiCare of Nevada						
High self	K91	186.28	192.64	166.63	26.01	2.73
High Family	K92	422.86	437.30	378.26	59.04	6.18
Nevada UnitedHealthcare Insurance Company, Inc.						
HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
New Hampshire Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
New Jersey Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
New Jersey Aetna Open Access						

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	High self	JR1	253.62	258.38	179.45	78.93	-5.47
	High Family	JR2	583.41	594.35	406.42	187.93	-11.30
	Basic self	JR4	193.21	202.87	175.48	27.39	3.24
	Basic Family	JR5	463.67	468.31	405.09	63.22	-16.27
New Jersey Aetna Open Access							
	High self	P31	241.47	288.60	179.45	109.15	36.90
	High Family	P32	582.63	696.35	406.42	289.93	91.48
	Basic self	P34	184.20	197.39	170.74	26.65	3.63
	Basic Family	P35	440.82	455.81	394.28	61.53	4.89
New Jersey AmeriHealth HMO							
	High self	FK1	236.56	245.66	179.45	66.21	-1.13
	High Family	FK2	559.61	581.14	406.42	174.72	-.71
	Standard self	FK4	209.54	232.72	179.45	53.27	12.95
	Standard Family	FK5	495.89	550.73	406.42	144.31	32.60
New Jersey Coventry Health Care							
	High self	2J1	215.44	254.12	179.45	74.67	28.45
	High Family	2J2	538.58	635.27	406.42	228.85	74.45
	Standard self	2J4	172.79	208.44	179.45	28.99	7.39
	Standard Family	2J5	431.97	521.05	406.42	114.63	60.63
New Jersey Coventry Health Care HDHP							
	HDHP self	LK1	145.53	162.99	140.99	22.00	3.81
	HDHP Family	LK2	352.60	394.90	341.59	53.31	9.24
New Jersey GHI Health Plan							
	High self	801	240.32	249.93	179.45	70.48	-.62
	High Family	802	600.83	624.86	406.42	218.44	1.79
	Standard self	804	178.24	178.24	154.18	24.06	1.78
	Standard Family	805	416.07	416.07	359.90	56.17	4.16
New Mexico Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
New Mexico Lovelace Health Plan							
	High self	Q11	190.44	209.87	179.45	30.42	6.62
	High Family	Q12	466.59	514.20	406.42	107.78	25.37
New Mexico Presbyterian Health Plan							
	High self	P21	221.72	263.43	179.45	83.98	31.48
	High Family	P22	503.52	598.29	406.42	191.87	72.53
	Standard self	P24	210.55	237.41	179.45	57.96	16.63
	Standard Family	P25	478.16	539.16	406.42	132.74	38.76
New Mexico UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
New York Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
New York Aetna Open Access							
	High self	JC1	217.04	229.88	179.45	50.43	2.61
	High Family	JC2	534.21	565.84	406.42	159.42	9.39
	Basic self	JC4	184.54	206.68	178.78	27.90	4.83
	Basic Family	JC5	469.34	502.20	406.42	95.78	10.62
New York Blue Choice							
	High self	MK1	147.64	209.38	179.45	29.93	11.48
	High Family	MK2	371.05	526.01	406.42	119.59	73.21
	Standard self	MK4	New Plan	161.37	139.59	21.78	New Plan
	Standard Family	MK5	New Plan	399.47	345.54	53.93	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New York CDPHP Universal Benefits						
High self	SG1	202.60	223.04	179.45	43.59	10.21
High Family	SG2	513.09	564.89	406.42	158.47	29.56
Standard self	SG4	168.79	174.20	150.68	23.52	2.42
Standard Family	SG5	435.47	449.43	388.76	60.67	6.24
New York CDPHP Universal Benefits - HDHP						
HDHP self	SX1	127.59	131.41	113.67	17.74	1.79
HDHP Family	SX2	329.18	339.05	293.28	45.77	4.62
New York Community Blue						
High self	BS1	New Plan	297.01	179.45	117.56	New Plan
High Family	BS2	New Plan	796.96	406.42	390.54	New Plan
New York Community Blue						
High self	BX1	New Plan	219.03	179.45	39.58	New Plan
High Family	BX2	New Plan	606.22	406.42	199.80	New Plan
New York Community Blue						
High self	BZ1	New Plan	277.77	179.45	98.32	New Plan
High Family	BZ2	New Plan	745.35	406.42	338.93	New Plan
New York GHI HMO Select						
High self	6V1	198.03	215.59	179.45	36.14	7.33
High Family	6V2	502.47	547.86	406.42	141.44	23.15
New York GHI HMO Select						
High self	X41	186.99	206.01	178.20	27.81	4.44
High Family	X42	478.52	526.80	406.42	120.38	26.04
New York GHI Health Plan						
High self	801	240.32	249.93	179.45	70.48	-.62
High Family	802	600.83	624.86	406.42	218.44	1.79
Standard self	804	178.24	178.24	154.18	24.06	1.78
Standard Family	805	416.07	416.07	359.90	56.17	4.16
New York HIP of Greater New York						
High self	511	185.86	213.16	179.45	33.71	10.48

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	High Family	512	520.97	596.84	406.42	190.42	53.63
	Standard self	514	181.45	195.08	168.74	26.34	3.66
	Standard Family	515	508.06	546.22	406.42	139.80	15.92
New York	Independent Health Assoc						
	High self	QA1	185.78	207.10	179.14	27.96	4.74
	High Family	QA2	490.31	546.62	406.42	140.20	34.07
	HDHP self	QA4	133.30	171.51	148.36	23.15	6.49
	HDHP Family	QA5	335.44	429.45	371.47	57.98	16.05
New York	MVP Health Care						
	High self	GA1	181.98	198.31	171.54	26.77	4.02
	High Family	GA2	469.99	512.36	406.42	105.94	20.13
	Standard self	GA4	169.95	186.87	161.64	25.23	3.99
	Standard Family	GA5	438.84	482.77	406.42	76.35	21.50
New York	MVP Health Care						
	High self	M91	193.18	211.29	179.45	31.84	7.69
	High Family	M92	498.91	545.86	406.42	139.44	24.71
	Standard self	M94	181.51	200.60	173.52	27.08	4.39
	Standard Family	M95	468.76	518.22	406.42	111.80	27.22
New York	MVP Health Care						
	High self	MF1	New Plan	234.07	179.45	54.62	New Plan
	High Family	MF2	New Plan	604.74	406.42	198.32	New Plan
	Standard self	MF4	New Plan	212.15	179.45	32.70	New Plan
	Standard Family	MF5	New Plan	548.08	406.42	141.66	New Plan
New York	MVP Health Care						
	High self	MX1	203.20	213.96	179.45	34.51	.53
	High Family	MX2	524.24	551.53	406.42	145.11	5.05
	Standard self	MX4	190.26	205.63	177.87	27.76	3.98
	Standard Family	MX5	490.94	531.56	406.42	125.14	18.38
New York	Preferred Care						
	High self	GV1	163.66	174.00	150.51	23.49	3.03

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	High Family	GV2	437.40	465.08	402.29	62.79	8.12
	Standard self	GV4	130.08	145.26	125.65	19.61	3.35
	Standard Family	GV5	347.71	388.28	335.86	52.42	8.96
New York Univera Healthcare							
	High self	KQ1	220.43	303.36	179.45	123.91	72.70
	High Family	KQ2	583.23	801.89	406.42	395.47	196.42
New York Univera Healthcare							
	High self	Q81	180.00	248.60	179.45	69.15	46.65
	High Family	Q82	510.39	704.82	406.42	298.40	172.19
North Carolina Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
North Carolina Aetna Open Access							
	High self	JN1	233.43	261.84	179.45	82.39	18.18
	High Family	JN2	522.85	586.49	406.42	180.07	41.40
	Basic self	JN4	156.72	171.86	148.66	23.20	3.61
	Basic Family	JN5	366.74	402.18	347.89	54.29	8.45
North Carolina UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
North Dakota Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
North Dakota HealthPartners Open Access Deductible Copay/3 for Free							

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates					
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		
	OAD Copay self	V31	New Plan	245.79	179.45	66.34	New Plan	
	OAD Copay Family	V32	New Plan	565.32	406.42	158.90	New Plan	
	3 for Free self	V34	New Plan	129.53	112.04	17.49	New Plan	
	3 for Free Family	V35	New Plan	297.91	257.69	40.22	New Plan	
North Dakota Heart of America Health Plan								
	High self	RU1		158.52	169.87	146.94	22.93	3.12
	High Family	RU2		407.39	436.58	377.64	58.94	8.02
Ohio Aetna HealthFund								
	CDHP self	221		151.50	161.92	140.06	21.86	2.92
	CDHP Family	222		348.46	372.41	322.13	50.28	6.72
	HDHP self	224		123.69	123.71	107.01	16.70	1.24
	HDHP Family	225		270.87	270.93	234.35	36.58	2.72
Ohio Aetna Open Access								
	High self	7D1		194.46	209.65	179.45	30.20	4.96
	High Family	7D2		462.84	499.01	406.42	92.59	13.93
Ohio Aetna Open Access								
	High self	ND1		181.45	244.93	179.45	65.48	42.80
	High Family	ND2		438.02	591.25	406.42	184.83	130.08
Ohio Aetna Open Access								
	High self	RD1		224.86	298.36	179.45	118.91	63.27
	High Family	RD2		555.97	737.67	406.42	331.25	159.46
Ohio AultCare HMO								
	High self	3A1		228.65	235.24	179.45	55.79	-3.64
	High Family	3A2		561.36	577.50	406.42	171.08	-6.10
	HDHP self	3A4		168.53	168.53	145.78	22.75	1.68
	HDHP Family	3A5		337.69	337.69	292.10	45.59	3.38
Ohio HMO Health Ohio								
	High self	L41		222.82	245.64	179.45	66.19	12.59
	High Family	L42		569.98	628.34	406.42	221.92	36.12
Ohio Humana CoverageFirst								

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	CDHP self	L81	140.20	162.33	140.42	21.91	4.39
	CDHP Family	L82	322.47	373.37	322.97	50.40	10.09
Ohio Kaiser Foundation Health Plan of Ohio							
	High self	641	214.56	240.03	179.45	60.58	15.24
	High Family	642	526.54	552.07	406.42	145.65	3.29
	Standard self	644	142.11	156.90	135.72	21.18	3.42
	Standard Family	645	348.71	360.89	312.17	48.72	5.13
Ohio Paramount Health Care							
	High self	U21	190.85	245.00	179.45	65.55	41.69
	High Family	U22	458.05	587.97	406.42	181.55	107.68
	HDHP self	U24	.00	179.66	155.41	24.25	24.25
	HDHP Family	U25	.00	419.07	362.50	56.57	56.57
Ohio The Health Plan of the Upper Ohio Valley							
	High self	U41	191.01	193.15	167.07	26.08	2.20
	High Family	U42	439.32	444.24	384.27	59.97	4.83
Ohio United Healthcare of Ohio, Inc.							
	High self	AK1	206.69	226.54	179.45	47.09	9.62
	High Family	AK2	479.51	525.57	406.42	119.15	23.82
Ohio United Healthcare of Ohio, Inc.							
	High self	CA1	217.09	253.93	179.45	74.48	26.61
	High Family	CA2	500.91	585.93	406.42	179.51	62.78
Ohio UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Oklahoma Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
HDHP Family 225		270.87	270.93	234.35	36.58	2.72
Oklahoma Aetna Open Access						
High self SL1		245.35	253.46	179.45	74.01	-2.12
High Family SL2		569.16	587.97	406.42	181.55	-3.43
Basic self SL4		179.64	168.73	145.95	22.78	.33
Basic Family SL5		449.36	422.07	365.09	56.98	-8.20
Oklahoma Globalhealth, Inc.						
High self IM1		155.54	164.68	142.45	22.23	2.79
High Family IM2		374.86	396.90	343.32	53.58	6.72
Oklahoma PacifiCare of Oklahoma						
High self 2N1		229.65	239.77	179.45	60.32	-.11
High Family 2N2		537.36	561.11	406.42	154.69	1.51
Oklahoma UnitedHealthcare Insurance Company, Inc.						
HDHP self E91		165.32	140.91	121.89	19.02	-1.64
HDHP Family E92		365.60	314.80	272.30	42.50	-3.20
CDHP self E94		New Plan	164.79	142.54	22.25	New Plan
CDHP Family E95		New Plan	364.78	315.53	49.25	New Plan
Oregon Aetna HealthFund						
CDHP self 221		151.50	161.92	140.06	21.86	2.92
CDHP Family 222		348.46	372.41	322.13	50.28	6.72
HDHP self 224		123.69	123.71	107.01	16.70	1.24
HDHP Family 225		270.87	270.93	234.35	36.58	2.72
Oregon Kaiser Foundation Health Plan of Northwest						
High self 571		217.88	231.08	179.45	51.63	2.97
High Family 572		500.52	530.86	406.42	124.44	8.10
Standard self 574		176.94	191.29	165.47	25.82	3.70
Standard Family 575		406.46	439.44	380.12	59.32	8.51
Oregon UnitedHealthcare Insurance Company, Inc.						
HDHP self E91		165.32	140.91	121.89	19.02	-1.64
HDHP Family E92		365.60	314.80	272.30	42.50	-3.20

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Pennsylvania Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Pennsylvania Aetna Open Access						
High self	P31	241.47	288.60	179.45	109.15	36.90
High Family	P32	582.63	696.35	406.42	289.93	91.48
Basic self	P34	184.20	197.39	170.74	26.65	3.63
Basic Family	P35	440.82	455.81	394.28	61.53	4.89
Pennsylvania Aetna Open Access						
High self	YE1	133.13	141.78	122.64	19.14	2.50
High Family	YE2	367.10	390.94	338.16	52.78	6.89
Pennsylvania Geisinger Health Plan						
High self	GG1	291.89	233.12	179.45	53.67	-69.00
High Family	GG2	671.34	536.17	406.42	129.75	-157.41
Standard self	GG4	242.05	204.56	176.94	27.62	-45.21
Standard Family	GG5	556.72	470.50	406.42	64.08	-108.46
Pennsylvania HealthAmerica Pennsylvania						
High self	261	221.90	240.73	179.45	61.28	8.60
High Family	262	565.87	613.90	406.42	207.48	25.79
Standard self	264	159.16	197.08	170.47	26.61	6.72
Standard Family	265	405.87	502.58	406.42	96.16	45.43
Pennsylvania HealthAmerica Pennsylvania						
High self	PN1	273.77	263.17	179.45	83.72	-20.83
High Family	PN2	628.58	605.33	406.42	198.91	-45.49
Standard self	PN4	185.88	228.96	179.45	49.51	26.28
Standard Family	PN5	426.76	525.70	406.42	119.28	65.94

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code	2008 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Pennsylvania HealthAmerica Pennsylvania					
High self SW1	272.50	273.18	179.45	93.73	-9.55
High Family SW2	626.75	628.27	406.42	221.85	-20.72
Standard self SW4	196.36	210.27	179.45	30.82	3.68
Standard Family SW5	451.62	483.60	406.42	77.18	9.74
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP self 9N1	177.68	200.80	173.69	27.11	4.90
HDHP Family 9N2	400.88	453.62	392.38	61.24	11.13
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP self Y61	151.89	173.02	149.66	23.36	4.37
HDHP Family Y62	373.42	427.29	369.61	57.68	11.00
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP self YW1	182.23	206.23	178.39	27.84	5.06
HDHP Family YW2	411.58	466.88	403.85	63.03	11.58
Pennsylvania Keystone Health Plan Central					
High self S41	253.70	277.50	179.45	98.05	13.57
High Family S42	605.13	663.08	406.42	256.66	35.71
Standard self S44	233.44	254.92	179.45	75.47	11.25
Standard Family S45	556.99	608.05	406.42	201.63	28.82
Pennsylvania Keystone Health Plan East					
High self ED1	222.35	259.29	179.45	79.84	26.71
High Family ED2	586.50	683.94	406.42	277.52	75.20
Standard self ED4	193.30	229.61	179.45	50.16	26.00
Standard Family ED5	510.17	606.01	406.42	199.59	73.60
Pennsylvania UPMC Health Plan					
High self 8W1	219.44	241.87	179.45	62.42	12.20
High Family 8W2	559.75	556.30	406.42	149.88	-25.69
HDHP self 8W4	217.84	209.93	179.45	30.48	-18.14
HDHP Family 8W5	525.28	466.04	403.12	62.92	-78.18
Pennsylvania UPMC Health Plan					

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	Standard self	UW4	193.43	226.93	179.45	47.48	23.27
	Standard Family	UW5	493.40	521.91	406.42	115.49	6.27
Puerto Rico Humana Health Plans of Puerto Rico, Inc.							
	High self	ZJ1	124.40	128.36	111.03	17.33	1.78
	High Family	ZJ2	286.12	295.21	255.36	39.85	4.09
Puerto Rico Triple-S							
	High self	891	120.86	131.14	113.44	17.70	2.59
	High Family	892	277.97	301.62	260.90	40.72	5.97
Rhode Island Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Rhode Island Blue ChiP Coordinated Health Plan - BCBS of RI							
	High self	DA1	235.37	272.11	179.45	92.66	26.51
	High Family	DA2	623.74	721.06	406.42	314.64	75.08
Rhode Island UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
South Carolina Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
South Dakota Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
South Dakota HealthPartners Open Access Deductible Copay/3 for Free						
OAD Copay self	V31	New Plan	245.79	179.45	66.34	New Plan
OAD Copay Family	V32	New Plan	565.32	406.42	158.90	New Plan
3 for Free self	V34	New Plan	129.53	112.04	17.49	New Plan
3 for Free Family	V35	New Plan	297.91	257.69	40.22	New Plan
South Dakota Sanford Health Plan						
High self	AU1	220.60	236.96	179.45	57.51	6.13
High Family	AU2	507.62	545.26	406.42	138.84	15.40
Standard self	AU4	210.08	225.66	179.45	46.21	5.35
Standard Family	AU5	483.13	518.96	406.42	112.54	13.59
Tennessee Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Tennessee Aetna Open Access						
High self	6J1	259.14	273.78	179.45	94.33	4.41
High Family	6J2	590.80	624.20	406.42	217.78	11.16
Tennessee Aetna Open Access						
High self	UB1	174.14	174.21	150.69	23.52	1.75
High Family	UB2	444.06	444.22	384.25	59.97	.09
Tennessee Bluegrass Family Health						
HDHP self	KV1	176.00	200.00	173.00	27.00	5.00
HDHP Family	KV2	319.98	399.99	345.99	54.00	14.00
Tennessee Humana CoverageFirst						
CDHP self	BT1	154.23	162.33	140.42	21.91	2.63
CDHP Family	BT2	354.73	373.37	322.97	50.40	6.06
Tennessee Humana CoverageFirst						
CDHP self	L61	154.23	163.62	141.53	22.09	2.81

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family L62	354.73	376.37	325.56	50.81	6.47
Tennessee UnitedHealthcare Insurance Company, Inc.						
	HDHP self E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family E95	New Plan	364.78	315.53	49.25	New Plan
Texas Aetna HealthFund						
	CDHP self 221	151.50	161.92	140.06	21.86	2.92
	CDHP Family 222	348.46	372.41	322.13	50.28	6.72
	HDHP self 224	123.69	123.71	107.01	16.70	1.24
	HDHP Family 225	270.87	270.93	234.35	36.58	2.72
Texas Aetna Open Access						
	High self 8G1	201.33	237.99	179.45	58.54	26.43
	High Family 8G2	502.66	594.18	406.42	187.76	69.28
Texas Aetna Open Access						
	High self P11	196.99	223.39	179.45	43.94	16.17
	High Family P12	496.24	562.75	406.42	156.33	44.27
Texas Firstcare						
	High self 6U1	178.41	178.59	154.48	24.11	1.81
	High Family 6U2	383.57	383.97	332.13	51.84	3.89
Texas Firstcare						
	High self CK1	234.54	244.58	179.45	65.13	-.19
	High Family CK2	504.24	525.83	406.42	119.41	-.65
Texas Humana CoverageFirst						
	CDHP self T21	147.21	163.46	141.39	22.07	3.67
	CDHP Family T22	338.59	375.97	325.21	50.76	8.44
Texas Humana CoverageFirst						
	CDHP self T81	168.25	202.58	175.23	27.35	6.32
	CDHP Family T82	386.99	465.99	403.08	62.91	14.54
Texas Humana CoverageFirst						

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	CDHP self	TP1	147.21	163.48	141.41	22.07	3.67
	CDHP Family	TP2	338.59	376.02	325.26	50.76	8.44
Texas	Humana CoverageFirst						
	CDHP self	TU1	140.18	155.51	134.52	20.99	3.47
	CDHP Family	TU2	322.43	357.69	309.40	48.29	7.99
Texas	Humana CoverageFirst						
	CDHP self	TV1	147.21	163.62	141.53	22.09	3.69
	CDHP Family	TV2	338.59	376.36	325.55	50.81	8.49
Texas	Humana Health Plan of Texas						
	High self	UR1	279.21	314.71	179.45	135.26	25.27
	High Family	UR2	642.20	723.84	406.42	317.42	59.40
	Standard self	UR4	162.26	171.82	148.62	23.20	2.92
	Standard Family	UR5	373.19	395.19	341.84	53.35	6.70
Texas	Humana Health Plan of Texas						
	High self	UU1	New Plan	203.80	176.29	27.51	New Plan
	High Family	UU2	New Plan	468.74	405.46	63.28	New Plan
	Standard self	UU4	New Plan	185.27	160.26	25.01	New Plan
	Standard Family	UU5	New Plan	426.12	368.59	57.53	New Plan
Texas	Pacificare of Texas						
	High self	GF1	238.30	247.60	179.45	68.15	-.93
	High Family	GF2	547.83	569.30	406.42	162.88	-.77
Texas	UnitedHealthcare Insurance Company, Inc.						
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Utah	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Utah	Altius Health Plans						
	High self	9K1	212.61	228.98	179.45	49.53	6.14
	High Family	9K2	467.77	503.79	406.42	97.37	13.78
	HDHP self	9K4	184.08	184.08	159.23	24.85	1.84
	HDHP Family	9K5	381.36	381.36	329.88	51.48	3.81
Utah	Altius Health Plans						
	Standard self	DK4	181.33	195.30	168.93	26.37	3.70
	Standard Family	DK5	398.93	429.66	371.66	58.00	8.13
Utah	Humana CoverageFirst						
	CDHP self	IA1	New Plan	162.33	140.42	21.91	New Plan
	CDHP Family	IA2	New Plan	373.37	322.97	50.40	New Plan
Vermont	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Virgin Islands	Triple-S						
	High self	851	190.24	190.24	164.56	25.68	1.90
	High Family	852	432.04	432.04	373.71	58.33	4.33
Virginia	Aetna HealthFund						
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Virginia	Aetna Open Access						
	High self	JN1	233.43	261.84	179.45	82.39	18.18
	High Family	JN2	522.85	586.49	406.42	180.07	41.40
	Basic self	JN4	156.72	171.86	148.66	23.20	3.61
	Basic Family	JN5	366.74	402.18	347.89	54.29	8.45

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code						
Virginia CareFirst BlueChoice						
High self	2G1	206.67	207.73	179.45	28.28	-9.17
High Family	2G2	464.94	467.32	404.23	63.09	-17.67
Virginia Kaiser Foundation Health Plan Mid-Atlantic States						
High self	E31	204.41	214.16	179.45	34.71	-.48
High Family	E32	478.88	501.70	406.42	95.28	.58
Standard self	E34	111.70	122.08	105.60	16.48	2.52
Standard Family	E35	265.83	290.52	251.30	39.22	5.99
Virginia M.D. IPA						
High self	JP1	199.21	205.29	177.58	27.71	-2.28
High Family	JP2	459.38	473.40	406.42	66.98	-8.22
Virginia Optima Health Plan						
High self	9R1	219.20	227.97	179.45	48.52	-1.46
High Family	9R2	518.66	539.41	406.42	132.99	-1.49
Standard self	9R4	New Plan	163.72	141.62	22.10	New Plan
Standard Family	9R5	New Plan	387.39	335.09	52.30	New Plan
Virginia Piedmont Community Healthcare						
High self	2C1	209.00	199.88	172.90	26.98	-12.80
High Family	2C2	478.60	457.54	395.77	61.77	-32.65
Virginia UnitedHealthcare Insurance Company, Inc.						
HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Washington Aetna HealthFund						
CDHP self	221	151.50	161.92	140.06	21.86	2.92
CDHP Family	222	348.46	372.41	322.13	50.28	6.72
HDHP self	224	123.69	123.71	107.01	16.70	1.24
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Washington Group Health Cooperative						

Postal Premium Rates for the Federal Employees Health Benefits Program

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	High self	541	222.18	248.71	179.45	69.26	16.30
	High Family	542	477.68	534.72	406.42	128.30	34.80
	Standard self	544	141.62	157.36	136.12	21.24	3.54
	Standard Family	545	319.73	355.28	307.32	47.96	7.99
Washington Group Health Cooperative							
	High self	VR1	234.94	261.75	179.45	82.30	16.58
	High Family	VR2	505.12	562.75	406.42	156.33	35.39
	Standard self	VR4	145.25	162.35	140.43	21.92	3.76
	Standard Family	VR5	334.09	373.43	323.02	50.41	8.65
Washington KPS Health Plans							
	Standard self	L11	177.79	177.79	153.79	24.00	1.78
	Standard Family	L12	383.74	383.74	331.94	51.80	3.83
	HDHP self	L14	147.28	147.28	127.40	19.88	1.47
	HDHP Family	L15	321.83	321.83	278.38	43.45	3.22
Washington KPS Health Plans							
	High self	VT1	217.10	238.33	179.45	58.88	11.00
	High Family	VT2	474.40	520.78	406.42	114.36	24.14
Washington Kaiser Foundation Health Plan of Northwest							
	High self	571	217.88	231.08	179.45	51.63	2.97
	High Family	572	500.52	530.86	406.42	124.44	8.10
	Standard self	574	176.94	191.29	165.47	25.82	3.70
	Standard Family	575	406.46	439.44	380.12	59.32	8.51
Washington UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
West Virginia Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
West Virginia The Health Plan of the Upper Ohio Valley							
	High self	U41	191.01	193.15	167.07	26.08	2.20
	High Family	U42	439.32	444.24	384.27	59.97	4.83
Wisconsin Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24
	HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Wisconsin Dean Health Plan							
	High self	WD1	182.49	196.07	169.60	26.47	3.66
	High Family	WD2	456.22	490.18	406.42	83.76	11.72
Wisconsin Group Health Cooperative							
	High self	WJ1	179.26	193.70	167.55	26.15	3.74
	High Family	WJ2	477.90	508.96	406.42	102.54	8.82
Wisconsin HealthPartners Open Access Deductible Copay/3 for Free							
	OAD Copay self	V31	New Plan	245.79	179.45	66.34	New Plan
	OAD Copay Family	V32	New Plan	565.32	406.42	158.90	New Plan
	3 for Free self	V34	New Plan	129.53	112.04	17.49	New Plan
	3 for Free Family	V35	New Plan	297.91	257.69	40.22	New Plan
Wisconsin UnitedHealthcare Insurance Company, Inc.							
	HDHP self	E91	165.32	140.91	121.89	19.02	-1.64
	HDHP Family	E92	365.60	314.80	272.30	42.50	-3.20
	CDHP self	E94	New Plan	164.79	142.54	22.25	New Plan
	CDHP Family	E95	New Plan	364.78	315.53	49.25	New Plan
Wyoming Aetna HealthFund							
	CDHP self	221	151.50	161.92	140.06	21.86	2.92
	CDHP Family	222	348.46	372.41	322.13	50.28	6.72
	HDHP self	224	123.69	123.71	107.01	16.70	1.24

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2008 Total Biweekly Premium	2009 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
HDHP Family	225	270.87	270.93	234.35	36.58	2.72
Wyoming Altius Health Plans						
High self	9K1	212.61	228.98	179.45	49.53	6.14
High Family	9K2	467.77	503.79	406.42	97.37	13.78
HDHP self	9K4	184.08	184.08	159.23	24.85	1.84
HDHP Family	9K5	381.36	381.36	329.88	51.48	3.81
Wyoming Altius Health Plans						
Standard self	DK4	181.33	195.30	168.93	26.37	3.70
Standard Family	DK5	398.93	429.66	371.66	58.00	8.13