

## More information on the 2008 Postal FEHB Premium Categories

Postal Premium Rates for the Federal Employees Health Benefits Program									
Fee-for-Service Plans (FFS)	2007 Total Biweekly Premium Category 1	2008 Biweekly Postal Premium Rates Category 1				2008 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays	Empl. Pays	
APWU Health Plan									
High Self	471	192.11	192.11	168.10	24.01	-.56	192.11	170.50	21.61
High Family	472	434.37	434.37	380.07	54.30	-.06	434.37	385.50	48.87
CDHP Self	474	163.58	155.40	135.98	19.42	1.02	155.40	137.92	17.48
CDHP Family	475	368.00	349.60	305.90	43.70	2.30	349.60	310.27	39.33
Association Benefit Plan									
High Self	421	203.15	203.15	169.22	33.93	-1.68	203.15	171.23	31.92
High Family	422	467.99	467.99	384.18	83.81	-4.17	467.99	388.76	79.23
Blue Cross and Blue Shield Service Benefit Plan									
Standard Self	104	199.22	207.19	169.22	37.97	6.29	207.19	171.23	35.96
Standard Family	105	456.19	474.44	384.18	90.26	14.08	474.44	388.76	85.68
Blue Cross and Blue Shield Service Benefit Plan									
Basic self	111	151.98	156.54	136.97	19.57	2.47	156.54	138.93	17.61
Basic Family	112	355.98	366.66	320.83	45.83	5.78	366.66	325.41	41.25
Foreign Service Benefit Plan									
High Self	401	192.64	193.61	169.22	24.39	-.71	193.61	171.23	22.38
High Family	402	460.11	460.11	384.18	75.93	-4.17	460.11	388.76	71.35
GEHA Benefit Plan									
High Self	311	236.51	236.51	169.22	67.29	-1.68	236.51	171.23	65.28
High Family	312	514.74	514.74	384.18	130.56	-4.17	514.74	388.76	125.98
Standard Self	314	133.11	133.11	116.47	16.64	1.67	133.11	118.14	14.97
Standard Family	315	302.49	302.49	264.68	37.81	3.78	302.49	268.46	34.03
GEHA High Deductible Health Plan									
HDHP Self	341	175.76	175.76	153.79	21.97	2.20	175.76	155.99	19.77
HDHP Family	342	401.44	401.44	351.26	50.18	5.02	401.44	356.28	45.16
Mail Handlers Benefit Plan									
Standard Self	454	190.60	197.27	169.22	28.05	4.99	197.27	171.23	26.04
Standard Family	455	425.58	440.47	384.18	56.29	8.41	440.47	388.76	51.71
Mail Handlers Benefit Plan Consumer Option									

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Plan - Option - Enrollment Code									
HDHP Self	481	135.22	135.22	118.32	16.90	1.69	135.22	120.01	15.21
HDHP Family	482	306.42	306.42	268.12	38.30	3.83	306.42	271.95	34.47
Mail Handlers Benefit Plan Value Option									
Standard Self	414	New Plan	82.02	71.77	10.25	New Plan	82.02	72.79	9.23
Standard Family	415	New Plan	195.55	171.11	24.44	New Plan	195.55	173.55	22.00
NALC									
High Self	321	206.34	203.84	169.22	34.62	-4.18	203.84	171.23	32.61
High Family	322	440.86	443.30	384.18	59.12	-1.73	443.30	388.76	54.54
Panama Canal Area Benefit Plan									
High Self	431	172.85	178.04	155.79	22.25	2.80	178.04	158.01	20.03
High Family	432	360.80	371.62	325.17	46.45	5.86	371.62	329.81	41.81
Rural Carrier Benefit Plan									
High Self	381	230.16	237.07	169.22	67.85	5.23	237.07	171.23	65.84
High Family	382	468.29	482.34	384.18	98.16	9.88	482.34	388.76	93.58
SAMBA									
High Self	441	239.20	253.55	169.22	84.33	12.67	253.55	171.23	82.32
High Family	442	563.32	597.12	384.18	212.94	29.63	597.12	388.76	208.36
Standard Self	444	183.64	183.64	160.69	22.95	2.29	183.64	162.98	20.66
Standard Family	445	419.42	419.42	366.99	52.43	5.25	419.42	372.24	47.18

### FFS Plans available in certain areas

Kansas Blue Cross and Blue Shield Service Benefit Plan									
HDHP Self	114	New Basic	156.54	136.97	19.57	New Basic	156.54	138.93	17.61
HDHP Family	115	Sub-option	366.66	320.83	45.83	Sub-option	366.66	325.41	41.25
Minnesota Blue Cross and Blue Shield Service Benefit Plan									
HDHP Self	114	New Basic	156.54	136.97	19.57	New Basic	156.54	138.93	17.61
HDHP Family	115	Sub-option	366.66	320.83	45.83	Sub-option	366.66	325.41	41.25
Missouri Blue Cross and Blue Shield Service Benefit Plan									
HDHP Self	114	New Basic	156.54	136.97	19.57	New Basic	156.54	138.93	17.61
HDHP Family	115	Sub-option	366.66	320.83	45.83	Sub-option	366.66	325.41	41.25

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Ohio	Blue Cross and Blue Shield Service Benefit Plan									
	HDHP Self	114	New Basic	156.54	136.97	19.57	New Basic	156.54	138.93	17.61
	HDHP Family	115	Sub-option	366.66	320.83	45.83	Sub-option	366.66	325.41	41.25
Tennessee	Blue Cross and Blue Shield Service Benefit Plan									
	HDHP Self	114	New Basic	156.54	136.97	19.57	New Basic	156.54	138.93	17.61
	HDHP Family	115	Sub-option	366.66	320.83	45.83	Sub-option	366.66	325.41	41.25