

Premium Rates for the Federal Employees Health Benefits Program					
Fee-for-Service Plans (FFS)		2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
APWU Health Plan					
High Self	471	428.72	437.29	284.24	153.05
High Family	472	969.37	988.76	642.69	346.07
CDHP Self	474	336.70	343.43	223.23	120.20
CDHP Family	475	757.47	772.62	502.20	270.42
Association Benefit Plan					
High Self	421	459.98	469.18	304.97	164.21
High Family	422	1059.61	1080.80	702.52	378.28
Blue Cross and Blue Shield Service Benefit Plan					
Standard Self	104	489.32	499.11	324.42	174.69
Standard Family	105	1120.47	1142.88	742.87	400.01
Blue Cross and Blue Shield Service Benefit Plan					
Basic Self	111	369.76	377.16	245.15	132.01
Basic Family	112	865.93	883.25	574.11	309.14
Foreign Service Benefit Plan					
High Self	401	419.49	427.88	278.12	149.76
High Family	402	1036.77	1057.51	687.38	370.13
GEHA Benefit Plan					
High Self	311	535.49	546.20	355.03	191.17
High Family	312	1165.45	1188.76	772.69	416.07
Standard Self	314	297.05	302.99	196.94	106.05
Standard Family	315	675.09	688.59	447.58	241.01
GEHA High Deductible Health Plan					
HDHP Self	341	380.81	388.43	252.48	135.95
HDHP Family	342	869.79	887.19	576.67	310.52
Mail Handlers Benefit Plan					
Standard Self	454	466.96	476.30	309.60	166.70
Standard Family	455	1042.64	1063.49	691.27	372.22
Mail Handlers Benefit Plan Consumer Option					
HDHP Self	481	301.77	307.81	200.08	107.73
HDHP Family	482	683.82	697.50	453.38	244.12
Mail Handlers Benefit Plan Value					
Value Option Self	414	186.59	190.32	123.71	66.61
Value Option Family	415	444.88	453.78	294.96	158.82
NALC					
High Self	321	459.68	468.87	304.77	164.10
High Family	322	1008.58	1028.75	668.69	360.06
Panama Canal Area Benefit Plan					
High Self	431	397.32	405.27	263.43	141.84
High Family	432	829.34	845.93	549.85	296.08
Rural Carrier Benefit Plan					
High Self	381	516.73	527.06	342.59	184.47
High Family	382	1051.33	1072.36	697.03	375.33
SAMBA					
High Self	441	549.36	560.35	364.23	196.12

High Family	442	1293.76	1319.64	857.77	461.87
Standard Self	444	409.85	418.05	271.73	146.32
Standard Family	445	936.02	954.74	620.58	334.16

FFS Plans Available in Certain Areas

Kansas Blue Cross and Blue Shield Service Benefit Plan

HDHP Self	114	369.76	377.16	245.15	132.01
HDHP Family	115	865.93	883.25	574.11	309.14

Minnesota Blue Cross and Blue Shield Service Ben

HDHP Self	114	369.76	377.16	245.15	132.01
HDHP Family	115	865.93	883.25	574.11	309.14

Missouri Blue Cross and Blue Shield Service Benef

HDHP Self	114	369.76	377.16	245.15	132.01
HDHP Family	115	865.93	883.25	574.11	309.14

Ohio Blue Cross and Blue Shield Service Benefit Pl

HDHP Self	114	369.76	377.16	245.15	132.01
HDHP Family	115	865.93	883.25	574.11	309.14

Tennessee Blue Cross and Blue Shield Service Ber

HDHP Self	114	369.76	377.16	245.15	132.01
HDHP Family	115	865.93	883.25	574.11	309.14

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
Alabama Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Alaska Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Arizona Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Arizona Aetna Open Access					
High Self WQ1	427.09	435.63	283.16	152.47	
High Family WQ2	1067.82	1089.18	707.97	381.21	
Arizona Health Net of Arizona, Inc.					
High Self A71	422.02	430.46	279.80	150.66	
High Family A72	1068.15	1089.51	708.18	381.33	
Standard Self A74	381.96	389.60	253.24	136.36	
Standard Family A75	967.70	987.05	641.58	345.47	
Arizona Humana CoverageFirst					
CDHP Self DB1	303.88	309.96	201.47	108.49	
CDHP Family DB2	698.97	712.95	463.42	249.53	
Arizona PacifiCare of Arizona					
High Self A31	474.50	483.99	314.59	169.40	
High Family A32	1138.91	1161.69	755.10	406.59	
Arizona UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Arkansas Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Arkansas UnitedHealthcare Insurance Company					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
California Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
California Aetna Open Access				
High Self 2X1	338.39	345.16	224.35	120.81
High Family 2X2	833.63	850.30	552.70	297.60
California Anthem Blue Cross - HMO				
High Self M51	520.56	530.97	345.13	185.84
High Family M52	1299.03	1325.01	861.26	463.75
California Blue Shield of CA Access+HMO				
High Self S11	442.95	451.81	293.68	158.13
High Family S12	1023.23	1043.69	678.40	365.29
California Blue Shield of CA Access+HMO				
High Self SJ1	607.73	619.88	402.92	216.96
High Family SJ2	1403.83	1431.91	930.74	501.17
California Health Net of California				
High Self LB1	595.36	607.27	394.73	212.54
High Family LB2	1376.46	1403.99	912.59	491.40
Standard Self LB4	567.47	578.82	376.23	202.59
Standard Family LB5	1312.09	1338.33	869.91	468.42
California Health Net of California				
High Self LP1	456.56	465.69	302.70	162.99
High Family LP2	1055.67	1076.78	699.91	376.87
Standard Self LP4	433.01	441.67	287.09	154.58
Standard Family LP5	1001.11	1021.13	663.73	357.40
California Kaiser Foundation Health Plan of California				
High Self 591	527.58	538.13	349.78	188.35
High Family 592	1259.42	1284.61	835.00	449.61
Standard Self 594	397.76	405.72	263.72	142.00
Standard Family 595	949.46	968.45	629.49	338.96
California Kaiser Foundation Health Plan of California				
High Self 621	443.28	452.15	293.90	158.25
High Family 622	1024.53	1045.02	679.26	365.76
Standard Self 624	280.15	285.75	185.74	100.01
Standard Family 625	647.49	660.44	429.29	231.15
California PacifiCare of California				
High Self CY1	439.49	448.28	291.38	156.90
High Family CY2	1003.38	1023.45	665.24	358.21
California UnitedHealthcare Insurance Company, Inc.				
HDHP Self E91	305.31	311.42	202.42	109.00
HDHP Family E92	682.07	695.71	452.21	243.50
CDHP Self E94	357.05	364.19	236.72	127.47

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Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
CDHP Family	E95	790.36	806.17	524.01	282.16
Colorado Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Colorado Humana CoverageFirst					
CDHP Self	7T1	316.55	322.88	209.87	113.01
CDHP Family	7T2	728.07	742.63	482.71	259.92
Colorado Humana CoverageFirst					
CDHP Self	FC1	316.55	322.88	209.87	113.01
CDHP Family	FC2	728.07	742.63	482.71	259.92
Colorado Kaiser Foundation Health Plan of Colorado					
High Self	651	459.46	468.65	304.62	164.03
High Family	652	1052.16	1073.20	697.58	375.62
Standard Self	654	300.41	306.42	199.17	107.25
Standard Family	655	687.94	701.70	456.11	245.59
Colorado PacifiCare of Colorado					
High Self	D61	526.31	536.84	348.95	187.89
High Family	D62	1244.51	1269.40	825.11	444.29
Colorado UnitedHealthcare Insurance Company , Inc.					
HDHP Self	E91	305.31	311.42	202.42	109.00
HDHP Family	E92	682.07	695.71	452.21	243.50
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
Connecticut Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Connecticut Aetna Open Access					
High Self	JC1	498.07	508.03	330.22	177.81
High Family	JC2	1225.99	1250.51	812.83	437.68
Basic Self	JC4	447.81	456.77	296.90	159.87
Basic Family	JC5	1088.10	1109.86	721.41	388.45
Connecticut ConnectiCare					
High Self	TE1	485.40	495.11	321.82	173.29
High Family	TE2	1104.44	1126.53	732.24	394.29
Standard Self	TE4	391.50	399.33	259.56	139.77
Standard Family	TE5	890.76	908.58	590.58	318.00
Delaware Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69

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HDHP Family 225	587.02	598.76	389.19	209.57	
Delaware Aetna Open Access					
High Self P31	625.30	637.81	414.58	223.23	
High Family P32	1508.76	1538.94	1000.31	538.63	
Basic Self P34	427.68	436.23	283.55	152.68	
Basic Family P35	987.59	1007.34	654.77	352.57	
Delaware Coventry Health Care					
High Self 2J1	550.59	561.60	365.04	196.56	
High Family 2J2	1376.42	1403.95	912.57	491.38	
Standard Self 2J4	451.62	460.65	299.42	161.23	
Standard Family 2J5	1128.94	1151.52	748.49	403.03	
Delaware Coventry Health Care HDHP					
HDHP Self LK1	353.15	360.21	234.14	126.07	
HDHP Family LK2	855.62	872.73	567.27	305.46	
District of Columbia Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
District of Columbia Aetna Open Access					
High Self JN1	567.32	578.67	376.14	202.53	
High Family JN2	1270.73	1296.14	842.49	453.65	
Basic Self JN4	372.36	379.81	246.88	132.93	
Basic Family JN5	871.39	888.82	577.73	311.09	
District of Columbia CareFirst BlueChoice					
High Self 2G1	450.08	459.08	298.40	160.68	
High Family 2G2	1012.53	1032.78	671.31	361.47	
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States					
High Self E31	464.01	473.29	307.64	165.65	
High Family E32	1087.02	1108.76	720.69	388.07	
Standard Self E34	264.51	269.80	175.37	94.43	
Standard Family E35	629.46	642.05	417.33	224.72	
District of Columbia M.D. IPA					
High Self JP1	444.80	453.70	294.91	158.79	
High Family JP2	1025.70	1046.21	680.04	366.17	
District of Columbia UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Florida Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	

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HDHP Family 225	587.02	598.76	389.19	209.57	
Florida Av-Med Health Plan					
High Self ML1	431.47	440.10	286.07	154.03	
High Family ML2	1035.58	1056.29	686.59	369.70	
Standard Self ML4	332.89	339.55	220.71	118.84	
Standard Family ML5	799.00	814.98	529.74	285.24	
Florida Capital Health Plan					
High Self EA1	383.98	391.66	254.58	137.08	
High Family EA2	1017.45	1037.80	674.57	363.23	
Florida Humana CoverageFirst					
CDHP Self BP1	386.97	394.71	256.56	138.15	
CDHP Family BP2	890.07	907.87	590.12	317.75	
Florida Humana CoverageFirst					
CDHP Self DL1	422.13	430.57	279.87	150.70	
CDHP Family DL2	970.97	990.39	643.75	346.64	
Florida Humana CoverageFirst					
CDHP Self MJ1	371.41	378.84	246.25	132.59	
CDHP Family MJ2	854.27	871.36	566.38	304.98	
Florida Humana CoverageFirst					
CDHP Self MQ1	388.31	396.08	257.45	138.63	
CDHP Family MQ2	893.12	910.98	592.14	318.84	
Florida Humana CoverageFirst					
CDHP Self QP1	303.88	309.96	201.47	108.49	
CDHP Family QP2	698.97	712.95	463.42	249.53	
Florida Humana CoverageFirst					
CDHP Self YG1	351.72	358.75	233.19	125.56	
CDHP Family YG2	808.97	825.15	536.35	288.80	
Florida Humana, Inc.					
High Self EE1	431.97	440.61	286.40	154.21	
High Family EE2	993.53	1013.40	658.71	354.69	
Standard Self EE4	341.21	348.03	226.22	121.81	
Standard Family EE5	784.81	800.51	520.33	280.18	
Florida Humana, Inc.					
High Self LL1	439.94	448.74	291.68	157.06	
High Family LL2	1011.86	1032.10	670.87	361.23	
Standard Self LL4	396.70	404.63	263.01	141.62	
Standard Family LL5	912.43	930.68	604.94	325.74	
Florida JMH Health Plan					
High Self J81	450.30	459.31	298.55	160.76	
High Family J82	1114.58	1136.87	738.97	397.90	
Standard Self J84	393.03	400.89	260.58	140.31	
Standard Family J85	1005.66	1025.77	666.75	359.02	
Florida United Healthcare of Florida					
High Self R31	443.54	452.41	294.07	158.34	

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High Family R32	1006.85	1026.99	667.54	359.45	
Florida UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Florida Vista Healthplan of South Florida					
High Self 5E1	354.64	361.73	235.12	126.61	
High Family 5E2	975.39	994.90	646.69	348.21	
Standard Self 5E4	310.20	316.40	205.66	110.74	
Standard Family 5E5	853.13	870.19	565.62	304.57	
Georgia Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Georgia Aetna Open Access					
High Self 2U1	499.18	509.16	330.95	178.21	
High Family 2U2	1145.41	1168.32	759.41	408.91	
Georgia Humana CoverageFirst					
CDHP Self AD1	299.02	305.00	198.25	106.75	
CDHP Family AD2	687.74	701.49	455.97	245.52	
Georgia Humana CoverageFirst					
CDHP Self LM1	369.35	376.74	244.88	131.86	
CDHP Family LM2	849.55	866.54	563.25	303.29	
Georgia Humana, Inc.					
High Self DG1	411.15	419.37	272.59	146.78	
High Family DG2	945.66	964.57	626.97	337.60	
Standard Self DG4	373.75	381.23	247.80	133.43	
Standard Family DG5	859.67	876.86	569.96	306.90	
Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP					
HDHP Self GW1	328.99	335.57	218.12	117.45	
HDHP Family GW2	739.59	754.38	490.35	264.03	
Georgia Kaiser Foundation Health Plan of Georgia Inc.					
High Self F81	428.83	437.41	284.32	153.09	
High Family F82	982.02	1001.66	651.08	350.58	
Standard Self F84	293.17	299.03	194.37	104.66	
Standard Family F85	671.39	684.82	445.13	239.69	
Georgia UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Guam TakeCare					

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High Self	JK1	536.27	547.00	355.55	191.45
High Family	JK2	1409.31	1437.50	934.38	503.12
Standard Self	JK4	423.02	431.48	280.46	151.02
Standard Family	JK5	1117.11	1139.45	740.64	398.81
Guam TakeCare					
HDHP Self	KX1	380.40	388.01	252.21	135.80
HDHP Family	KX2	959.66	978.85	636.25	342.60
Hawaii HMSA					
High Self	871	375.66	383.17	249.06	134.11
High Family	872	836.18	852.90	554.39	298.51
Hawaii Kaiser Foundation Health Plan of Hawaii					
High Self	631	403.43	411.50	267.48	144.02
High Family	632	867.40	884.75	575.09	309.66
Standard Self	634	187.81	191.57	124.52	67.05
Standard Family	635	403.78	411.86	267.71	144.15
Idaho Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Idaho Altius Health Plans					
High Self	9K1	496.12	506.04	328.93	177.11
High Family	9K2	1091.55	1113.38	723.70	389.68
HDHP Self	9K4	398.84	406.82	264.43	142.39
HDHP Family	9K5	826.28	842.81	547.83	294.98
Idaho Altius Health Plans					
Standard Self	DK4	423.15	431.61	280.55	151.06
Standard Family	DK5	930.93	949.55	617.21	332.34
Idaho Group Health Cooperative					
High Self	VR1	567.13	578.47	376.01	202.46
High Family	VR2	1219.29	1243.68	808.39	435.29
Standard Self	VR4	351.76	358.80	233.22	125.58
Standard Family	VR5	809.10	825.28	536.43	288.85
Illinois Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Illinois Aetna Open Access					
High Self	IK1	364.07	371.35	241.38	129.97
High Family	IK2	924.17	942.65	612.72	329.93
Illinois Blue Preferred HMO					
High Self	9G1	486.50	496.23	322.55	173.68
High Family	9G2	1053.33	1074.40	698.36	376.04

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Illinois Group Health Plan, Inc.				
High Self MM1	607.95	620.11	403.07	217.04
High Family MM2	1313.26	1339.53	870.69	468.84
HDHP Self MM4	485.92	495.64	322.17	173.47
HDHP Family MM5	1052.72	1073.77	697.95	375.82
Illinois Group Health Plan, Inc.				
Standard Self MU4	578.54	590.11	383.57	206.54
Standard Family MU5	1249.63	1274.62	828.50	446.12
Illinois Health Alliance HMO				
HDHP Self FM1	403.17	411.23	267.30	143.93
HDHP Family FM2	903.65	921.72	599.12	322.60
Illinois Health Alliance HMO				
High Self FX1	505.53	515.64	335.17	180.47
High Family FX2	1179.92	1203.52	782.29	421.23
Standard Self FX4	373.56	381.03	247.67	133.36
Standard Family FX5	944.82	963.72	626.42	337.30
Illinois Humana CoverageFirst				
CDHP Self MW1	287.32	293.07	190.50	102.57
CDHP Family MW2	660.81	674.03	438.12	235.91
Illinois Humana Health Plan Inc.				
High Self 751	494.80	504.70	328.06	176.64
High Family 752	1138.04	1160.80	754.52	406.28
Standard Self 754	318.48	324.85	211.15	113.70
Standard Family 755	732.51	747.16	485.65	261.51
Illinois OSF HealthPlans, Inc.				
High Self 9F1	481.02	490.64	318.92	171.72
High Family 9F2	1202.61	1226.66	797.33	429.33
Illinois OSF HealthPlans, Inc.				
Standard Self AB4	373.25	380.72	247.47	133.25
Standard Family AB5	933.18	951.84	618.70	333.14
Illinois PersonalCare Insurance of Illinois, Inc.				
High Self GE1	458.08	467.24	303.71	163.53
High Family GE2	1177.30	1200.85	780.55	420.30
Illinois Unicare HMO				
High Self 171	500.05	510.05	331.53	178.52
High Family 172	1108.99	1131.17	735.26	395.91
Standard Self 174	348.08	355.04	230.78	124.26
Standard Family 175	771.94	787.38	511.80	275.58
Illinois Unicare HMO				
HDHP Self 721	291.37	297.20	193.18	104.02
HDHP Family 722	637.13	649.87	422.42	227.45
Illinois Union Health Service				
High Self 761	348.38	355.35	230.98	124.37
High Family 762	863.98	881.26	572.82	308.44

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
Illinois United Healthcare of the Midwest				
High Self B91	450.73	459.74	298.83	160.91
High Family B92	1007.00	1027.14	667.64	359.50
Illinois UnitedHealthcare Insurance Company, Inc.				
HDHP Self E91	305.31	311.42	202.42	109.00
HDHP Family E92	682.07	695.71	452.21	243.50
CDHP Self E94	357.05	364.19	236.72	127.47
CDHP Family E95	790.36	806.17	524.01	282.16
Illinois UnitedHealthcare Plan of the River Valley, Inc.				
High Self YH1	356.89	364.03	236.62	127.41
High Family YH2	874.36	891.85	579.70	312.15
Indiana Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Indiana Aetna Open Access				
High Self IK1	364.07	371.35	241.38	129.97
High Family IK2	924.17	942.65	612.72	329.93
Indiana Aetna Open Access				
High Self RD1	646.45	659.38	428.60	230.78
High Family RD2	1598.29	1630.26	1059.67	570.59
Indiana Bluegrass Family Health				
HDHP Self KV1	433.33	442.00	287.30	154.70
HDHP Family KV2	866.65	883.98	574.59	309.39
Indiana Health Alliance HMO				
HDHP Self FM1	403.17	411.23	267.30	143.93
HDHP Family FM2	903.65	921.72	599.12	322.60
Indiana Health Alliance HMO				
High Self FX1	505.53	515.64	335.17	180.47
High Family FX2	1179.92	1203.52	782.29	421.23
Standard Self FX4	373.56	381.03	247.67	133.36
Standard Family FX5	944.82	963.72	626.42	337.30
Indiana Humana CoverageFirst				
CDHP Self L81	351.72	358.75	233.19	125.56
CDHP Family L82	808.97	825.15	536.35	288.80
Indiana Humana CoverageFirst				
CDHP Self MW1	287.32	293.07	190.50	102.57
CDHP Family MW2	660.81	674.03	438.12	235.91
Indiana Humana Health Plan Inc.				
High Self 751	494.80	504.70	328.06	176.64
High Family 752	1138.04	1160.80	754.52	406.28
Standard Self 754	318.48	324.85	211.15	113.70
Standard Family 755	732.51	747.16	485.65	261.51

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
Indiana Physicians Health Plan of Northern Indiana					
High Self	DQ1	489.54	499.33	324.56	174.77
High Family	DQ2	1091.37	1113.20	723.58	389.62
Indiana Unicare HMO					
High Self	171	500.05	510.05	331.53	178.52
High Family	172	1108.99	1131.17	735.26	395.91
Standard Self	174	348.08	355.04	230.78	124.26
Standard Family	175	771.94	787.38	511.80	275.58
Indiana Unicare HMO					
HDHP Self	721	291.37	297.20	193.18	104.02
HDHP Family	722	637.13	649.87	422.42	227.45
Indiana Welborn Health Plans					
High Self	W11	523.42	533.89	347.03	186.86
High Family	W12	1224.82	1249.32	812.06	437.26
Iowa Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Iowa Coventry Health Care of Iowa					
High Self	SV1	434.14	442.82	287.83	154.99
High Family	SV2	1172.04	1195.48	777.06	418.42
HDHP Self	SV4	328.34	334.91	217.69	117.22
HDHP Family	SV5	783.58	799.25	519.51	279.74
Iowa Coventry Health Care of Iowa					
Standard Self	SY4	344.05	350.93	228.10	122.83
Standard Family	SY5	808.49	824.66	536.03	288.63
Iowa Health Alliance HMO					
HDHP Self	FM1	403.17	411.23	267.30	143.93
HDHP Family	FM2	903.65	921.72	599.12	322.60
Iowa Health Alliance HMO					
High Self	FX1	505.53	515.64	335.17	180.47
High Family	FX2	1179.92	1203.52	782.29	421.23
Standard Self	FX4	373.56	381.03	247.67	133.36
Standard Family	FX5	944.82	963.72	626.42	337.30
Iowa HealthPartners Open Access Deductible Copay/3 for Free					
OAD Copay Self	V31	532.55	543.20	353.08	190.12
OAD Copay Family	V32	1224.86	1249.36	812.08	437.28
3 for Free Self	V34	280.65	286.26	186.07	100.19
3 for Free Family	V35	645.47	658.38	427.95	230.43
Iowa Sanford Health Plan					
High Self	AU1	513.41	523.68	340.39	183.29
High Family	AU2	1181.40	1205.03	783.27	421.76
Standard Self	AU4	488.93	498.71	324.16	174.55

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
Standard Family AU5	1124.41	1146.90	745.49	401.41	
Iowa UnitedHealthcare Insurance Company, Inc					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Iowa UnitedHealthcare Plan of the River Valley Inc.					
High Self YH1	356.89	364.03	236.62	127.41	
High Family YH2	874.36	891.85	579.70	312.15	
Kansas Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Kansas Coventry Health Care of Kansas					
High Self HA1	403.04	411.10	267.22	143.88	
High Family HA2	1017.42	1037.77	674.55	363.22	
Standard Self HA4	317.83	324.19	210.72	113.47	
Standard Family HA5	746.72	761.65	495.07	266.58	
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP					
HDHP Self 9H1	291.55	297.38	193.30	104.08	
HDHP Family 9H2	685.12	698.82	454.23	244.59	
Kansas Humana CoverageFirst					
CDHP Self PH1	271.22	276.64	179.82	96.82	
CDHP Family PH2	623.87	636.35	413.63	222.72	
Kansas Humana Health Plan, Inc.					
High Self MS1	627.12	639.66	415.78	223.88	
High Family MS2	1442.37	1471.22	956.29	514.93	
Standard Self MS4	365.06	372.36	242.03	130.33	
Standard Family MS5	839.61	856.40	556.66	299.74	
Kansas United Healthcare of the Midwest					
High Self GX1	503.51	513.58	333.83	179.75	
High Family GX2	1183.20	1206.86	784.46	422.40	
Kansas UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Kentucky Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Kentucky Aetna Open Access					

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
High Self RD1	646.45	659.38	428.60	230.78	
High Family RD2	1598.29	1630.26	1059.67	570.59	
Kentucky Bluegrass Family Health					
HDHP Self KV1	433.33	442.00	287.30	154.70	
HDHP Family KV2	866.65	883.98	574.59	309.39	
Kentucky Humana CoverageFirst					
CDHP Self 6N1	351.72	358.75	233.19	125.56	
CDHP Family 6N2	808.97	825.15	536.35	288.80	
Kentucky Humana CoverageFirst					
CDHP Self L81	351.72	358.75	233.19	125.56	
CDHP Family L82	808.97	825.15	536.35	288.80	
Louisiana Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Louisiana Coventry Health Care of Louisiana					
High Self BJ1	454.11	463.19	301.07	162.12	
High Family BJ2	1054.60	1075.69	699.20	376.49	
Standard Self BJ4	456.80	465.94	302.86	163.08	
Standard Family BJ5	1060.87	1082.09	703.36	378.73	
Louisiana Coventry Health Care of Louisiana HDHP					
HDHP Self HB1	378.65	386.22	251.04	135.18	
HDHP Family HB2	879.43	897.02	583.06	313.96	
Louisiana Humana CoverageFirst					
CDHP Self 9J1	334.21	340.89	221.58	119.31	
CDHP Family 9J2	768.71	784.08	509.65	274.43	
Louisiana Humana CoverageFirst					
CDHP Self 9L1	369.35	376.74	244.88	131.86	
CDHP Family 9L2	849.55	866.54	563.25	303.29	
Louisiana UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Louisiana Vantage Health Plan, Inc.					
High Self MV1	460.50	469.71	305.31	164.40	
High Family MV2	1059.15	1080.33	702.21	378.12	
Standard Self MV4	403.59	411.66	267.58	144.08	
Standard Family MV5	928.42	946.99	615.54	331.45	
Maine Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
HDHP Family 225	587.02	598.76	389.19	209.57	
Maryland Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Maryland Aetna Open Access					
High Self JN1	567.32	578.67	376.14	202.53	
High Family JN2	1270.73	1296.14	842.49	453.65	
Basic Self JN4	372.36	379.81	246.88	132.93	
Basic Family JN5	871.39	888.82	577.73	311.09	
Maryland CareFirst BlueChoice					
High Self 2G1	450.08	459.08	298.40	160.68	
High Family 2G2	1012.53	1032.78	671.31	361.47	
Maryland Coventry Health Care					
High Self IG1	405.17	413.27	268.63	144.64	
High Family IG2	1016.73	1037.06	674.09	362.97	
Standard Self IG4	318.80	325.18	211.37	113.81	
Standard Family IG5	797.01	812.95	528.42	284.53	
Maryland Coventry Health Care HDHP					
HDHP Self GZ1	276.10	281.62	183.05	98.57	
HDHP Family GZ2	667.46	680.81	442.53	238.28	
Maryland Kaiser Foundation Health Plan Mid-Atlantic States					
High Self E31	464.01	473.29	307.64	165.65	
High Family E32	1087.02	1108.76	720.69	388.07	
Standard Self E34	264.51	269.80	175.37	94.43	
Standard Family E35	629.46	642.05	417.33	224.72	
Maryland M.D. IPA					
High Self JP1	444.80	453.70	294.91	158.79	
High Family JP2	1025.70	1046.21	680.04	366.17	
Maryland UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Massachusetts Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Massachusetts Blue CHiP Coordinated Health Plan - BCBS of RI					
High Self DA1	589.57	601.36	390.88	210.48	
High Family DA2	1562.30	1593.55	1035.81	557.74	
Massachusetts ConnectiCare					

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
High Self TE1	485.40	495.11	321.82	173.29	
High Family TE2	1104.44	1126.53	732.24	394.29	
Standard Self TE4	391.50	399.33	259.56	139.77	
Standard Family TE5	890.76	908.58	590.58	318.00	
Massachusetts Fallon Community Health Plan					
Standard Self JV4	566.97	578.31	375.90	202.41	
Standard Family JV5	1377.96	1405.52	913.59	491.93	
Massachusetts Fallon Community Health Plan					
Basic Self JG1	521.47	531.90	345.74	186.16	
Basic Family JG2	1267.31	1292.66	840.23	452.43	
Michigan Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Michigan Bluecare Network of MI					
High Self K51	522.71	533.16	346.55	186.61	
High Family K52	1191.86	1215.70	790.21	425.49	
Michigan Bluecare Network of MI					
High Self LX1	378.06	385.62	250.65	134.97	
High Family LX2	982.32	1001.97	651.28	350.69	
Michigan Grand Valley Health Plan					
High Self RL1	434.01	442.69	287.75	154.94	
High Family RL2	1136.96	1159.70	753.81	405.89	
Standard Self RL4	383.80	391.48	254.46	137.02	
Standard Family RL5	997.92	1017.88	661.62	356.26	
Michigan Health Alliance Plan					
High Self 521	392.51	400.36	260.23	140.13	
High Family 522	1020.37	1040.78	676.51	364.27	
HDHP Self 524	405.75	413.87	269.02	144.85	
HDHP Family 525	1015.99	1036.31	673.60	362.71	
Michigan HealthPlus MI					
High Self X51	476.54	486.07	315.95	170.12	
High Family X52	1086.71	1108.44	720.49	387.95	
Michigan Physicians Health Plan of Mid-Michigan					
High Self 9U1	506.98	517.12	336.13	180.99	
High Family 9U2	1221.81	1246.25	810.06	436.19	
Standard Self 9U4	423.95	432.43	281.08	151.35	
Standard Family 9U5	1021.67	1042.10	677.37	364.73	
Minnesota Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
Minnesota HealthPartners Open Access Deductible Copay/3 for Free				
OAD Copay Self V31	532.55	543.20	353.08	190.12
OAD Copay Family V32	1224.86	1249.36	812.08	437.28
3 for Free Self V34	280.65	286.26	186.07	100.19
3 for Free Family V35	645.47	658.38	427.95	230.43
Minnesota Medica Health Plan				
High Self M21	487.09	496.83	322.94	173.89
High Family M22	1115.40	1137.71	739.51	398.20
Mississippi Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Mississippi UnitedHealthcare Insurance Company, Inc.				
HDHP Self E91	305.31	311.42	202.42	109.00
HDHP Family E92	682.07	695.71	452.21	243.50
CDHP Self E94	357.05	364.19	236.72	127.47
CDHP Family E95	790.36	806.17	524.01	282.16
Missouri Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Missouri Blue Preferred HMO				
High Self 9G1	486.50	496.23	322.55	173.68
High Family 9G2	1053.33	1074.40	698.36	376.04
Missouri Coventry Health Care of Kansas				
High Self HA1	403.04	411.10	267.22	143.88
High Family HA2	1017.42	1037.77	674.55	363.22
Standard Self HA4	317.83	324.19	210.72	113.47
Standard Family HA5	746.72	761.65	495.07	266.58
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP				
HDHP Self 9H1	291.55	297.38	193.30	104.08
HDHP Family 9H2	685.12	698.82	454.23	244.59
Missouri Group Health Plan, Inc.				
High Self MM1	607.95	620.11	403.07	217.04
High Family MM2	1313.26	1339.53	870.69	468.84
HDHP Self MM4	485.92	495.64	322.17	173.47
HDHP Family MM5	1052.72	1073.77	697.95	375.82
Missouri Group Health Plan, Inc.				
Standard Self MU4	578.54	590.11	383.57	206.54
Standard Family MU5	1249.63	1274.62	828.50	446.12
Missouri Humana CoverageFirst				
CDHP Self PH1	271.22	276.64	179.82	96.82

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
CDHP Family	PH2	623.87	636.35	413.63	222.72
Missouri Humana Health Plan, Inc.					
High Self	MS1	627.12	639.66	415.78	223.88
High Family	MS2	1442.37	1471.22	956.29	514.93
Standard Self	MS4	365.06	372.36	242.03	130.33
Standard Family	MS5	839.61	856.40	556.66	299.74
Missouri United Healthcare of the Midwest					
High Self	B91	450.73	459.74	298.83	160.91
High Family	B92	1007.00	1027.14	667.64	359.50
Missouri United Healthcare of the Midwest					
High Self	GX1	503.51	513.58	333.83	179.75
High Family	GX2	1183.20	1206.86	784.46	422.40
Missouri UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	305.31	311.42	202.42	109.00
HDHP Family	E92	682.07	695.71	452.21	243.50
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
Montana Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Montana New West Health Services					
High Self	NV1	497.25	507.20	329.68	177.52
High Family	NV2	1062.19	1083.43	704.23	379.20
Nebraska Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Nevada Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Nevada Aetna Open Access					
High Self	Y11	395.68	403.59	262.33	141.26
High Family	Y12	985.21	1004.91	653.19	351.72
Nevada Health Plan of Nevada					
High Self	NM1	282.53	288.18	187.32	100.86
High Family	NM2	723.47	737.94	479.66	258.28
Nevada PacifiCare of Nevada					
High Self	K91	417.39	425.74	276.73	149.01
High Family	K92	947.48	966.43	628.18	338.25

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
Nevada UnitedHealthcare Insurance Company, Inc.				
HDHP Self E91	305.31	311.42	202.42	109.00
HDHP Family E92	682.07	695.71	452.21	243.50
CDHP Self E94	357.05	364.19	236.72	127.47
CDHP Family E95	790.36	806.17	524.01	282.16
New Hampshire Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
New Jersey Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
New Jersey Aetna Open Access				
High Self JR1	559.82	571.02	371.16	199.86
High Family JR2	1287.76	1313.52	853.79	459.73
Basic Self JR4	439.55	448.34	291.42	156.92
Basic Family JR5	1014.67	1034.96	672.72	362.24
New Jersey Aetna Open Access				
High Self P31	625.30	637.81	414.58	223.23
High Family P32	1508.76	1538.94	1000.31	538.63
Basic Self P34	427.68	436.23	283.55	152.68
Basic Family P35	987.59	1007.34	654.77	352.57
New Jersey AmeriHealth HMO				
High Self FK1	532.26	542.91	352.89	190.02
High Family FK2	1259.14	1284.32	834.81	449.51
Standard Self FK4	504.23	514.31	334.30	180.01
Standard Family FK5	1193.25	1217.12	791.13	425.99
New Jersey Coventry Health Care				
High Self 2J1	550.59	561.60	365.04	196.56
High Family 2J2	1376.42	1403.95	912.57	491.38
Standard Self 2J4	451.62	460.65	299.42	161.23
Standard Family 2J5	1128.94	1151.52	748.49	403.03
New Jersey Coventry Health Care HDHP				
HDHP Self LK1	353.15	360.21	234.14	126.07
HDHP Family LK2	855.62	872.73	567.27	305.46
New Jersey GHI Health Plan				
High Self 801	541.52	552.35	359.03	193.32
High Family 802	1353.86	1380.94	897.61	483.33
Standard Self 804	386.19	393.91	256.04	137.87
Standard Family 805	901.49	919.52	597.69	321.83
New Mexico Aetna HealthFund				

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
New Mexico Lovelace Health Plan					
High Self	Q11	454.72	463.81	301.48	162.33
High Family	Q12	1114.10	1136.38	738.65	397.73
New Mexico Presbyterian Health Plan					
High Self	P21	570.77	582.19	378.42	203.77
High Family	P22	1296.30	1322.23	859.45	462.78
Standard Self	P24	514.39	524.68	341.04	183.64
Standard Family	P25	1168.18	1191.54	774.50	417.04
New Mexico UnitedHealthcare Insurance Company, inc.					
HDHP Self	E91	305.31	311.42	202.42	109.00
HDHP Family	E92	682.07	695.71	452.21	243.50
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
New York Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
New York Aetna Open Access					
High Self	JC1	498.07	508.03	330.22	177.81
High Family	JC2	1225.99	1250.51	812.83	437.68
Basic Self	JC4	447.81	456.77	296.90	159.87
Basic Family	JC5	1088.10	1109.86	721.41	388.45
New York Blue Choice					
High Self	MK1	453.66	462.73	300.77	161.96
High Family	MK2	1139.69	1162.48	755.61	406.87
Standard Self	MK4	349.64	356.63	231.81	124.82
Standard Family	MK5	865.52	882.83	573.84	308.99
New York CDPHP Universal Benefits					
High Self	SG1	483.25	492.92	320.40	172.52
High Family	SG2	1223.93	1248.41	811.47	436.94
Standard Self	SG4	377.43	384.98	250.24	134.74
Standard Family	SG5	973.77	993.25	645.61	347.64
New York CDPHP Universal Benefits - HDHP					
HDHP Self	SX1	284.72	290.41	188.77	101.64
HDHP Family	SX2	734.61	749.30	487.05	262.25
New York Community Blue					
High Self	BS1	643.52	656.39	426.65	229.74
High Family	BS2	1726.75	1761.29	1144.84	616.45
New York Community Blue					

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
High Self BX1	474.57	484.06	314.64	169.42	
High Family BX2	1313.48	1339.75	870.84	468.91	
New York Community Blue					
High Self BZ1	601.84	613.88	399.02	214.86	
High Family BZ2	1614.93	1647.23	1070.70	576.53	
New York GHI HMO Select					
High Self 6V1	467.11	476.45	309.69	166.76	
High Family 6V2	1187.03	1210.77	787.00	423.77	
New York GHI HMO Select					
High Self X41	446.36	455.29	295.94	159.35	
High Family X42	1141.40	1164.23	756.75	407.48	
New York GHI Health Plan					
High Self 801	541.52	552.35	359.03	193.32	
High Family 802	1353.86	1380.94	897.61	483.33	
Standard Self 804	386.19	393.91	256.04	137.87	
Standard Family 805	901.49	919.52	597.69	321.83	
New York HIP of Greater New York					
High Self 511	461.85	471.09	306.21	164.88	
High Family 512	1293.15	1319.01	857.36	461.65	
Standard Self 514	422.67	431.12	280.23	150.89	
Standard Family 515	1183.48	1207.15	784.65	422.50	
New York Independent Health Assoc					
High Self QA1	448.72	457.69	297.50	160.19	
High Family QA2	1184.34	1208.03	785.22	422.81	
HDHP Self QA4	371.61	379.04	246.38	132.66	
HDHP Family QA5	930.48	949.09	616.91	332.18	
New York MVP Health Care					
High Self GA1	429.67	438.26	284.87	153.39	
High Family GA2	1110.11	1132.31	736.00	396.31	
Standard Self GA4	404.89	412.99	268.44	144.55	
Standard Family GA5	1046.00	1066.92	693.50	373.42	
New York MVP Health Care					
High Self M91	457.80	466.96	303.52	163.44	
High Family M92	1182.70	1206.35	784.13	422.22	
Standard Self M94	434.63	443.32	288.16	155.16	
Standard Family M95	1122.81	1145.27	744.43	400.84	
New York MVP Health Care					
High Self MF1	507.15	517.29	336.24	181.05	
High Family MF2	1310.27	1336.48	868.71	467.77	
Standard Self MF4	459.66	468.85	304.75	164.10	
Standard Family MF5	1187.51	1211.26	787.32	423.94	
New York MVP Health Care					
High Self MX1	463.58	472.85	307.35	165.50	
High Family MX2	1194.98	1218.88	792.27	426.61	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
Standard Self MX4	445.53	454.44	295.39	159.05	
Standard Family MX5	1151.71	1174.74	763.58	411.16	
New York Preferred Care					
High Self GV1	377.00	384.54	249.95	134.59	
High Family GV2	1007.67	1027.82	668.08	359.74	
Standard Self GV4	314.73	321.02	208.66	112.36	
Standard Family GV5	841.27	858.10	557.77	300.33	
New York Univera Healthcare					
High Self KQ1	657.28	670.43	435.78	234.65	
High Family KQ2	1737.43	1772.18	1151.92	620.26	
New York Univera Healthcare					
High Self Q81	538.63	549.40	357.11	192.29	
High Family Q82	1527.11	1557.65	1012.47	545.18	
North Carolina Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
North Carolina Aetna Open Access					
High Self JN1	567.32	578.67	376.14	202.53	
High Family JN2	1270.73	1296.14	842.49	453.65	
Basic Self JN4	372.36	379.81	246.88	132.93	
Basic Family JN5	871.39	888.82	577.73	311.09	
North Carolina UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
North Dakota Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
North Dakota HealthPartners Open Access Deductible Copay/3 for Free					
OAD Copay Self V31	532.55	543.20	353.08	190.12	
OAD Copay Family V32	1224.86	1249.36	812.08	437.28	
3 for Free Self V34	280.65	286.26	186.07	100.19	
3 for Free Family V35	645.47	658.38	427.95	230.43	
North Dakota Heart of America Health Plan					
High Self RU1	368.05	375.41	244.02	131.39	
High Family RU2	945.92	964.84	627.15	337.69	
Ohio Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Ohio Aetna Open Access					
High Self 7D1	454.24	463.32	301.16	162.16	
High Family 7D2	1081.19	1102.81	716.83	385.98	
Ohio Aetna Open Access					
High Self ND1	530.68	541.29	351.84	189.45	
High Family ND2	1281.04	1306.66	849.33	457.33	
Ohio Aetna Open Access					
High Self RD1	646.45	659.38	428.60	230.78	
High Family RD2	1598.29	1630.26	1059.67	570.59	
Ohio AultCare HMO					
High Self 3A1	509.69	519.88	337.92	181.96	
High Family 3A2	1251.25	1276.28	829.58	446.70	
HDHP Self 3A4	365.15	372.45	242.09	130.36	
HDHP Family 3A5	731.66	746.29	485.09	261.20	
Ohio HMO Health Ohio					
High Self L41	532.22	542.86	352.86	190.00	
High Family L42	1361.40	1388.63	902.61	486.02	
Ohio Humana CoverageFirst					
CDHP Self L81	351.72	358.75	233.19	125.56	
CDHP Family L82	808.97	825.15	536.35	288.80	
Ohio Kaiser Foundation Health Plan of Ohio					
High Self 641	520.07	530.47	344.81	185.66	
High Family 642	1196.15	1220.07	793.05	427.02	
Standard Self 644	339.95	346.75	225.39	121.36	
Standard Family 645	781.93	797.57	518.42	279.15	
Ohio Paramount Health Care					
High Self U21	530.83	541.45	351.94	189.51	
High Family U22	1273.94	1299.42	844.62	454.80	
HDHP Self U24	389.26	397.05	258.08	138.97	
HDHP Family U25	907.99	926.15	602.00	324.15	
Ohio The Health Plan of the Upper Ohio Valley					
High Self U41	418.49	426.86	277.46	149.40	
High Family U42	962.52	981.77	638.15	343.62	
Ohio United Healthcare of Ohio, Inc.					
High Self AK1	490.84	500.66	325.43	175.23	
High Family AK2	1138.74	1161.51	754.98	406.53	
Ohio United Healthcare of Ohio, Inc.					
High Self CA1	550.18	561.18	364.77	196.41	
High Family CA2	1269.52	1294.91	841.69	453.22	
Ohio UnitedHealthcare Insurance Company, Inc					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
Oklahoma Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Oklahoma Aetna Open Access					
High Self	SL1	549.16	560.14	364.09	196.05
High Family	SL2	1273.94	1299.42	844.62	454.80
Basic Self	SL4	365.58	372.89	242.38	130.51
Basic Family	SL5	914.49	932.78	606.31	326.47
Oklahoma Globalhealth, Inc.					
High Self	IM1	356.81	363.95	236.57	127.38
High Family	IM2	859.95	877.15	570.15	307.00
Oklahoma PacifiCare of Oklahoma					
High Self	2N1	519.50	529.89	344.43	185.46
High Family	2N2	1215.74	1240.05	806.03	434.02
Oklahoma UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	305.31	311.42	202.42	109.00
HDHP Family	E92	682.07	695.71	452.21	243.50
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
Oregon Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Oregon Kaiser Foundation Health Plan of Northwest					
High Self	571	500.67	510.68	331.94	178.74
High Family	572	1150.20	1173.20	762.58	410.62
Standard Self	574	414.46	422.75	274.79	147.96
Standard Family	575	952.12	971.16	631.25	339.91
Oregon UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	305.31	311.42	202.42	109.00
HDHP Family	E92	682.07	695.71	452.21	243.50
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
Pennsylvania Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Pennsylvania Aetna Open Access					

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
High Self	P31	625.30	637.81	414.58	223.23
High Family	P32	1508.76	1538.94	1000.31	538.63
Basic Self	P34	427.68	436.23	283.55	152.68
Basic Family	P35	987.59	1007.34	654.77	352.57
Pennsylvania Aetna Open Access					
High Self	YE1	307.19	313.33	203.66	109.67
High Family	YE2	847.04	863.98	561.59	302.39
Pennsylvania Geisinger Health Plan					
High Self	GG1	505.09	515.19	334.87	180.32
High Family	GG2	1161.70	1184.93	770.20	414.73
Standard Self	GG4	443.21	452.07	293.85	158.22
Standard Family	GG5	1019.42	1039.81	675.88	363.93
Pennsylvania HealthAmerica Pennsylvania					
High Self	261	521.58	532.01	345.81	186.20
High Family	262	1330.12	1356.72	881.87	474.85
Standard Self	264	427.01	435.55	283.11	152.44
Standard Family	265	1088.92	1110.70	721.96	388.74
Pennsylvania HealthAmerica Pennsylvania					
High Self	PN1	570.20	581.60	378.04	203.56
High Family	PN2	1311.55	1337.78	869.56	468.22
Standard Self	PN4	496.08	506.00	328.90	177.10
Standard Family	PN5	1139.02	1161.80	755.17	406.63
Pennsylvania HealthAmerica Pennsylvania					
High Self	SW1	591.89	603.73	392.42	211.31
High Family	SW2	1361.25	1388.48	902.51	485.97
Standard Self	SW4	455.59	464.70	302.06	162.64
Standard Family	SW5	1047.80	1068.76	694.69	374.07
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP Self	9N1	435.07	443.77	288.45	155.32
HDHP Family	9N2	982.84	1002.50	651.63	350.87
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP Self	Y61	374.88	382.38	248.55	133.83
HDHP Family	Y62	925.80	944.32	613.81	330.51
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP Self	YW1	446.83	455.77	296.25	159.52
HDHP Family	YW2	1011.57	1031.80	670.67	361.13
Pennsylvania Keystone Health Plan Central					
High Self	S41	601.25	613.28	398.63	214.65
High Family	S42	1436.67	1465.40	952.51	512.89
Standard Self	S44	552.33	563.38	366.20	197.18
Standard Family	S45	1317.44	1343.79	873.46	470.33
Pennsylvania Keystone Health Plan East					
High Self	ED1	561.80	573.04	372.48	200.56
High Family	ED2	1481.87	1511.51	982.48	529.03

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code		Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
Standard Self	ED4	497.49	507.44	329.84	177.60
Standard Family	ED5	1313.02	1339.28	870.53	468.75
Pennsylvania UPMC Health Plan					
High Self	8W1	524.05	534.53	347.44	187.09
High Family	8W2	1205.32	1229.43	799.13	430.30
HDHP Self	8W4	454.85	463.95	301.57	162.38
HDHP Family	8W5	1009.75	1029.95	669.47	360.48
Pennsylvania UPMC Health Plan					
Standard Self	UW4	491.68	501.51	325.98	175.53
Standard Family	UW5	1130.81	1153.43	749.73	403.70
Puerto Rico Humana Health Plans of Puerto Rico, Inc.					
High Self	ZJ1	278.11	283.67	184.39	99.28
High Family	ZJ2	639.62	652.41	424.07	228.34
Puerto Rico Triple-S					
High Self	891	284.14	289.82	188.38	101.44
High Family	892	653.51	666.58	433.28	233.30
Rhode Island Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
Rhode Island Blue CHIP Coordinated Health Plan - BCBS of RI					
High Self	DA1	589.57	601.36	390.88	210.48
High Family	DA2	1562.30	1593.55	1035.81	557.74
Rhode Island UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	305.31	311.42	202.42	109.00
HDHP Family	E92	682.07	695.71	452.21	243.50
CDHP Self	E94	357.05	364.19	236.72	127.47
CDHP Family	E95	790.36	806.17	524.01	282.16
South Carolina Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
South Dakota Aetna HealthFund					
CDHP Self	221	350.83	357.85	232.60	125.25
CDHP Family	222	806.89	823.03	534.97	288.06
HDHP Self	224	268.04	273.40	177.71	95.69
HDHP Family	225	587.02	598.76	389.19	209.57
South Dakota HealthPartners Open Access Deductible Copay/3 for Free					
OAD Copay Self	V31	532.55	543.20	353.08	190.12
OAD Copay Family	V32	1224.86	1249.36	812.08	437.28
3 for Free Self	V34	280.65	286.26	186.07	100.19
3 for Free Family	V35	645.47	658.38	427.95	230.43

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
South Dakota Sanford Health Plan				
High Self AU1	513.41	523.68	340.39	183.29
High Family AU2	1181.40	1205.03	783.27	421.76
Standard Self AU4	488.93	498.71	324.16	174.55
Standard Family AU5	1124.41	1146.90	745.49	401.41
Tennessee Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Tennessee Aetna Open Access				
High Self 6J1	593.19	605.05	393.28	211.77
High Family 6J2	1352.43	1379.48	896.66	482.82
Tennessee Aetna Open Access				
High Self UB1	377.46	385.01	250.26	134.75
High Family UB2	962.48	981.73	638.12	343.61
Tennessee Bluegrass Family Health				
HDHP Self KV1	433.33	442.00	287.30	154.70
HDHP Family KV2	866.65	883.98	574.59	309.39
Tennessee Humana CoverageFirst				
CDHP Self BT1	351.72	358.75	233.19	125.56
CDHP Family BT2	808.97	825.15	536.35	288.80
Tennessee Humana CoverageFirst				
CDHP Self L61	354.51	361.60	235.04	126.56
CDHP Family L62	815.47	831.78	540.66	291.12
Tennessee UnitedHealthcare Insurance Company, Inc.				
HDHP Self E91	305.31	311.42	202.42	109.00
HDHP Family E92	682.07	695.71	452.21	243.50
CDHP Self E94	357.05	364.19	236.72	127.47
CDHP Family E95	790.36	806.17	524.01	282.16
Texas Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Texas Aetna Open Access				
High Self 8G1	515.65	525.96	341.87	184.09
High Family 8G2	1287.39	1313.14	853.54	459.60
Texas Aetna Open Access				
High Self P11	484.01	493.69	320.90	172.79
High Family P12	1219.29	1243.68	808.39	435.29
Texas Firstcare				
High Self 6U1	386.95	394.69	256.55	138.14
High Family 6U2	831.94	848.58	551.58	297.00

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
Texas Firstcare					
High Self CK1	529.92	540.52	351.34	189.18	
High Family CK2	1139.30	1162.09	755.36	406.73	
Texas Humana CoverageFirst					
CDHP Self T21	354.16	361.24	234.81	126.43	
CDHP Family T22	814.60	830.89	540.08	290.81	
Texas Humana CoverageFirst					
CDHP Self T81	438.92	447.70	291.01	156.69	
CDHP Family T82	1009.65	1029.84	669.40	360.44	
Texas Humana CoverageFirst					
CDHP Self TP1	354.21	361.29	234.84	126.45	
CDHP Family TP2	814.71	831.00	540.15	290.85	
Texas Humana CoverageFirst					
CDHP Self TU1	336.94	343.68	223.39	120.29	
CDHP Family TU2	775.00	790.50	513.83	276.67	
Texas Humana CoverageFirst					
CDHP Self TV1	354.51	361.60	235.04	126.56	
CDHP Family TV2	815.45	831.76	540.64	291.12	
Texas Humana Health Plan of Texas					
High Self UR1	681.87	695.51	452.08	243.43	
High Family UR2	1568.32	1599.69	1039.80	559.89	
Standard Self UR4	372.28	379.73	246.82	132.91	
Standard Family UR5	856.25	873.38	567.70	305.68	
Texas Humana Health Plan of Texas					
High Self UU1	441.57	450.40	292.76	157.64	
High Family UU2	1015.60	1035.91	673.34	362.57	
Standard Self UU4	401.42	409.45	266.14	143.31	
Standard Family UU5	923.26	941.73	612.12	329.61	
Texas Pacificare of Texas					
High Self GF1	536.47	547.20	355.68	191.52	
High Family GF2	1233.48	1258.15	817.80	440.35	
Texas UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Utah Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Utah Altius Health Plans					
High Self 9K1	496.12	506.04	328.93	177.11	
High Family 9K2	1091.55	1113.38	723.70	389.68	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates				
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
HDHP Self 9K4	398.84	406.82	264.43	142.39	
HDHP Family 9K5	826.28	842.81	547.83	294.98	
Utah Altius Health Plans					
Standard Self DK4	423.15	431.61	280.55	151.06	
Standard Family DK5	930.93	949.55	617.21	332.34	
Utah Humana CoverageFirst					
CDHP Self IA1	351.72	358.75	233.19	125.56	
CDHP Family IA2	808.97	825.15	536.35	288.80	
Vermont Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Virgin Islands Triple-S					
High Self 851	412.19	420.43	273.28	147.15	
High Family 852	936.09	954.81	620.63	334.18	
Virginia Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Virginia Aetna Open Access					
High Self JN1	567.32	578.67	376.14	202.53	
High Family JN2	1270.73	1296.14	842.49	453.65	
Basic Self JN4	372.36	379.81	246.88	132.93	
Basic Family JN5	871.39	888.82	577.73	311.09	
Virginia CareFirst BlueChoice					
High Self 2G1	450.08	459.08	298.40	160.68	
High Family 2G2	1012.53	1032.78	671.31	361.47	
Virginia Kaiser Foundation Health Plan Mid-Atlantic States					
High Self E31	464.01	473.29	307.64	165.65	
High Family E32	1087.02	1108.76	720.69	388.07	
Standard Self E34	264.51	269.80	175.37	94.43	
Standard Family E35	629.46	642.05	417.33	224.72	
Virginia M.D. IPA					
High Self JP1	444.80	453.70	294.91	158.79	
High Family JP2	1025.70	1046.21	680.04	366.17	
Virginia Optima Health Plan					
High Self 9R1	493.94	503.82	327.48	176.34	
High Family 9R2	1168.72	1192.09	774.86	417.23	
Standard Self 9R4	354.73	361.82	235.18	126.64	
Standard Family 9R5	839.35	856.14	556.49	299.65	
Virginia Piedmont Community Healthcare					
High Self 2C1	433.07	441.73	287.12	154.61	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%	
High Family 2C2	991.34	1011.17	657.26	353.91	
Virginia UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
Washington Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	
Washington Group Health Cooperative					
High Self 541	538.87	549.65	357.27	192.38	
High Family 542	1158.56	1181.73	768.12	413.61	
Standard Self 544	340.95	347.77	226.05	121.72	
Standard Family 545	769.77	785.17	510.36	274.81	
Washington Group Health Cooperative					
High Self VR1	567.13	578.47	376.01	202.46	
High Family VR2	1219.29	1243.68	808.39	435.29	
Standard Self VR4	351.76	358.80	233.22	125.58	
Standard Family VR5	809.10	825.28	536.43	288.85	
Washington KPS Health Plans					
Standard Self L11	385.21	392.91	255.39	137.52	
Standard Family L12	831.44	848.07	551.25	296.82	
HDHP Self L14	319.11	325.49	211.57	113.92	
HDHP Family L15	697.30	711.25	462.31	248.94	
Washington KPS Health Plans					
High Self VT1	516.38	526.71	342.36	184.35	
High Family VT2	1128.36	1150.93	748.10	402.83	
Washington Kaiser Foundation Health Plan of Northwest					
High Self 571	500.67	510.68	331.94	178.74	
High Family 572	1150.20	1173.20	762.58	410.62	
Standard Self 574	414.46	422.75	274.79	147.96	
Standard Family 575	952.12	971.16	631.25	339.91	
Washington UnitedHealthcare Insurance Company, Inc.					
HDHP Self E91	305.31	311.42	202.42	109.00	
HDHP Family E92	682.07	695.71	452.21	243.50	
CDHP Self E94	357.05	364.19	236.72	127.47	
CDHP Family E95	790.36	806.17	524.01	282.16	
West Virginia Aetna HealthFund					
CDHP Self 221	350.83	357.85	232.60	125.25	
CDHP Family 222	806.89	823.03	534.97	288.06	
HDHP Self 224	268.04	273.40	177.71	95.69	
HDHP Family 225	587.02	598.76	389.19	209.57	

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2009 Monthly premium rates			
Plan - Option - Enrollment Code	Premium	TCC Premium	Gov't Pays 65%	Empl. Pays 35%
West Virginia The Health Plan of the Upper Ohio Valley				
High Self U41	418.49	426.86	277.46	149.40
High Family U42	962.52	981.77	638.15	343.62
Wisconsin Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Wisconsin Dean Health Plan				
High Self WD1	424.82	433.32	281.66	151.66
High Family WD2	1062.06	1083.30	704.15	379.15
Wisconsin Group Health Cooperative				
High Self WJ1	419.68	428.07	278.25	149.82
High Family WJ2	1102.75	1124.81	731.13	393.68
Wisconsin HealthPartners Open Access Deductible Copay/3 for Free				
OAD Copay Self V31	532.55	543.20	353.08	190.12
OAD Copay Family V32	1224.86	1249.36	812.08	437.28
3 for Free Self V34	280.65	286.26	186.07	100.19
3 for Free Family V35	645.47	658.38	427.95	230.43
Wisconsin UnitedHealthcare Insurance Company, Inc.				
HDHP Self E91	305.31	311.42	202.42	109.00
HDHP Family E92	682.07	695.71	452.21	243.50
CDHP Self E94	357.05	364.19	236.72	127.47
CDHP Family E95	790.36	806.17	524.01	282.16
Wyoming Aetna HealthFund				
CDHP Self 221	350.83	357.85	232.60	125.25
CDHP Family 222	806.89	823.03	534.97	288.06
HDHP Self 224	268.04	273.40	177.71	95.69
HDHP Family 225	587.02	598.76	389.19	209.57
Wyoming Altius Health Plans				
High Self 9K1	496.12	506.04	328.93	177.11
High Family 9K2	1091.55	1113.38	723.70	389.68
HDHP Self 9K4	398.84	406.82	264.43	142.39
HDHP Family 9K5	826.28	842.81	547.83	294.98
Wyoming Altius Health Plans				
Standard Self DK4	423.15	431.61	280.55	151.06
Standard Family DK5	930.93	949.55	617.21	332.34