

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

Fee-for-Service Plans (FFS)		2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
<b>APWU Health Plan</b>												
	High Self	471	220.19	235.60	176.70	58.90	3.85	477.08	510.47	382.85	127.62	8.35
	High Family	472	497.87	532.72	399.54	133.18	8.71	1078.72	1154.23	865.67	288.56	18.88
	CDHP Self	474	155.40	164.73	123.55	41.18	2.33	336.70	356.92	267.69	89.23	5.06
	CDHP Family	475	349.60	370.57	277.93	92.64	5.24	757.47	802.90	602.18	200.72	11.35
<b>Blue Cross and Blue Shield Service Benefit Plan</b>												
	Standard Self	104	267.05	271.33	185.75	85.58	-.81	578.61	587.88	402.46	185.42	-1.76
	Standard Family	105	603.18	612.83	414.35	198.48	-.72	1306.89	1327.80	897.76	430.04	-1.56
<b>Blue Cross and Blue Shield Service Benefit Plan</b>												
	Basic Self	111	209.30	225.02	168.77	56.25	3.93	453.48	487.54	365.66	121.88	8.51
	Basic Family	112	490.14	526.94	395.21	131.73	9.20	1061.97	1141.70	856.28	285.42	19.93
<b>Compass Rose Health Plan</b>												
	High Self	421	235.61	245.03	183.77	61.26	2.36	510.49	530.90	398.18	132.72	5.10
	High Family	422	546.89	563.31	414.35	148.96	6.05	1184.93	1220.51	897.76	322.75	13.11
<b>Foreign Service Benefit Plan</b>												
	High Self	401	227.98	227.98	170.99	56.99	.00	493.96	493.96	370.47	123.49	.00
	High Family	402	545.29	556.20	414.35	141.85	.54	1181.46	1205.10	897.76	307.34	1.17
<b>GEHA Benefit Plan</b>												
	High Self	311	261.98	271.15	185.75	85.40	4.08	567.62	587.49	402.46	185.03	8.84
	High Family	312	595.83	616.68	414.35	202.33	10.48	1290.97	1336.14	897.76	438.38	22.70
	Standard Self	314	159.98	171.18	128.39	42.79	2.80	346.62	370.89	278.17	92.72	6.07
	Standard Family	315	363.82	389.29	291.97	97.32	6.37	788.28	843.46	632.60	210.86	13.79
<b>GEHA High Deductible Health Plan</b>												
	HDHP Self	341	175.76	184.55	138.41	46.14	2.20	380.81	399.86	299.90	99.96	4.76
	HDHP Family	342	401.44	421.51	316.13	105.38	5.02	869.79	913.27	684.95	228.32	10.87
<b>MHBP - Consumer Option</b>												
	HDHP Self	481	182.20	213.36	160.02	53.34	7.79	394.77	462.28	346.71	115.57	16.88
	HDHP Family	482	412.85	483.44	362.58	120.86	17.65	894.51	1047.45	785.59	261.86	38.23
<b>MHBP - Std</b>												
	Standard Self	454	282.09	282.09	185.75	96.34	-5.09	611.20	611.20	402.46	208.74	-11.03
	Standard Family	455	645.58	645.58	414.35	231.23	-10.37	1398.76	1398.76	897.76	501.00	-22.47

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Plan - Option - Enrollment Code												
<b>MHBP - Value Plan</b>												
	Value Self	414	131.96	158.35	118.76	39.59	6.60	285.91	343.09	257.32	85.77	14.29
	Value Family	415	314.60	377.52	283.14	94.38	15.73	681.63	817.96	613.47	204.49	34.08
<b>NALC</b>												
	High Self	321	254.80	260.42	185.75	74.67	.53	552.07	564.24	402.46	161.78	1.14
	High Family	322	555.05	565.55	414.35	151.20	.13	1202.61	1225.36	897.76	327.60	.28
<b>Panama Canal Area Benefit Plan</b>												
	High Self	431	188.88	194.55	145.91	48.64	1.42	409.24	421.53	316.15	105.38	3.07
	High Family	432	394.25	406.08	304.56	101.52	2.96	854.21	879.84	659.88	219.96	6.41
<b>Rural Carrier Benefit Plan</b>												
	High Self	381	261.15	270.30	185.75	84.55	4.06	565.83	585.65	402.46	183.19	8.79
	High Family	382	533.44	552.10	414.08	138.02	4.66	1155.79	1196.22	897.17	299.05	10.10
<b>SAMBA</b>												
	High Self	441	305.39	305.39	185.75	119.64	-5.09	661.68	661.68	402.46	259.22	-11.03
	High Family	442	719.19	719.19	414.35	304.84	-10.37	1558.25	1558.25	897.76	660.49	-22.47
	Standard Self	444	231.59	243.16	182.37	60.79	2.89	501.78	526.85	395.14	131.71	6.27
	Standard Family	445	528.90	555.35	414.35	141.00	8.78	1145.95	1203.26	897.76	305.50	19.01