

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
<b>Alabama Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Alaska Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Arizona Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Arizona Aetna Open Access</b>												
	High Self	WQ1	248.11	293.00	185.75	107.25	39.80	537.57	634.83	402.46	232.37	86.23
	High Family	WQ2	599.97	708.51	414.35	294.16	98.17	1299.94	1535.11	897.76	637.35	212.70
<b>Arizona Health Net of Arizona, Inc.</b>												
	High Self	A71	234.67	255.53	185.75	69.78	11.11	508.45	553.65	402.46	151.19	24.08
	High Family	A72	593.81	646.88	414.35	232.53	42.70	1286.59	1401.57	897.76	503.81	92.51
	Standard Self	A74	210.88	228.37	171.28	57.09	4.37	456.91	494.80	371.10	123.70	9.47
	Standard Family	A75	533.63	578.12	414.35	163.77	30.36	1156.20	1252.59	897.76	354.83	65.78
<b>Arkansas Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Arkansas QualChoice</b>												
	High Self	DH1	248.28	263.55	185.75	77.80	10.18	537.94	571.03	402.46	168.57	22.06
	High Family	DH2	581.43	617.18	414.35	202.83	25.38	1259.77	1337.22	897.76	439.46	54.98
	Standard Self	DH4	193.65	205.55	154.16	51.39	2.98	419.58	445.36	334.02	111.34	6.45
	Standard Family	DH5	453.48	481.35	361.01	120.34	6.97	982.54	1042.93	782.20	260.73	15.10

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			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>California Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>California Aetna Open Access</b>												
	High Self	2X1	202.28	227.20	170.40	56.80	6.23	438.27	492.27	369.20	123.07	13.50
	High Family	2X2	498.28	559.67	414.35	145.32	20.75	1079.61	1212.62	897.76	314.86	44.96
<b>California Blue Shield of CA Access+HMO</b>												
	High Self	SI1	241.60	247.64	185.73	61.91	.97	523.47	536.55	402.41	134.14	2.10
	High Family	SI2	546.02	559.68	414.35	145.33	3.29	1183.04	1212.64	897.76	314.88	7.13
<b>California Health Net of California</b>												
	High Self	LB1	375.71	429.05	185.75	243.30	48.25	814.04	929.61	402.46	527.15	104.54
	High Family	LB2	868.69	992.00	414.35	577.65	112.94	1882.16	2149.33	897.76	1251.57	244.70
	Standard Self	LB4	357.82	409.35	185.75	223.60	46.44	775.28	886.93	402.46	484.47	100.62
	Standard Family	LB5	827.32	946.45	414.35	532.10	108.76	1792.53	2050.64	897.76	1152.88	235.64
<b>California Health Net of California</b>												
	High Self	LP1	254.77	274.72	185.75	88.97	14.86	552.00	595.23	402.46	192.77	32.20
	High Family	LP2	589.04	635.17	414.35	220.82	35.76	1276.25	1376.20	897.76	478.44	77.48
	Standard Self	LP4	239.22	258.03	185.75	72.28	12.48	518.31	559.07	402.46	156.61	27.03
	Standard Family	LP5	553.08	596.60	414.35	182.25	33.15	1198.34	1292.63	897.76	394.87	71.82
<b>California Kaiser Foundation Health Plan of California</b>												
	High Self	591	287.00	305.49	185.75	119.74	13.40	621.83	661.90	402.46	259.44	29.04
	High Family	592	685.10	729.21	414.35	314.86	33.74	1484.38	1579.96	897.76	682.20	73.11
	Standard Self	594	240.24	255.88	185.75	70.13	10.07	520.52	554.41	402.46	151.95	21.82
	Standard Family	595	562.16	598.75	414.35	184.40	26.22	1218.01	1297.29	897.76	399.53	56.81
<b>California Kaiser Foundation Health Plan of California</b>												
	High Self	621	221.05	232.76	174.57	58.19	2.93	478.94	504.31	378.23	126.08	6.35
	High Family	622	510.87	537.96	403.47	134.49	6.77	1106.89	1165.58	874.19	291.39	14.67
	Standard Self	624	141.63	149.09	111.82	37.27	1.86	306.87	323.03	242.27	80.76	4.04
	Standard Family	625	327.35	344.58	258.44	86.14	4.30	709.26	746.59	559.94	186.65	9.34
<b>California UnitedHealthcare of California (formerly Pacificare of CA)</b>												
	High Self	CY1	218.78	236.50	177.38	59.12	4.43	474.02	512.42	384.32	128.10	9.60

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	High Family	CY2	499.40	540.64	405.48	135.16	10.31	1082.03	1171.39	878.54	292.85	22.34
<b>Colorado Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>												
	High Self	651	250.50	266.05	185.75	80.30	10.46	542.75	576.44	402.46	173.98	22.66
	High Family	652	566.14	601.30	414.35	186.95	24.79	1226.64	1302.82	897.76	405.06	53.71
	Standard Self	654	148.03	151.11	113.33	37.78	.77	320.73	327.41	245.56	81.85	1.67
	Standard Family	655	334.57	341.50	256.13	85.37	1.73	724.90	739.92	554.94	184.98	3.76
<b>Connecticut Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Delaware Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Delaware Aetna Open Access</b>												
	High Self	P31	384.05	473.69	185.75	287.94	84.55	832.11	1026.33	402.46	623.87	183.19
	High Family	P32	926.65	1142.94	414.35	728.59	205.92	2007.74	2476.37	897.76	1578.61	446.16
	Basic Self	P34	287.87	342.65	185.75	156.90	49.69	623.72	742.41	402.46	339.95	107.66
	Basic Family	P35	664.74	791.22	414.35	376.87	116.11	1440.27	1714.31	897.76	816.55	251.57
<b>District of Columbia Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>District of Columbia Aetna Open Access</b>												
	High Self	JN1	341.35	341.73	185.75	155.98	-4.71	739.59	740.42	402.46	337.96	-10.20

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	High Family	JN2	764.59	765.45	414.35	351.10	-9.51	1656.61	1658.48	897.76	760.72	-20.60
	Basic Self	JN4	218.28	229.78	172.34	57.44	2.87	472.94	497.86	373.40	124.46	6.23
	Basic Family	JN5	510.85	537.75	403.31	134.44	6.73	1106.84	1165.13	873.85	291.28	14.57
<b>District of Columbia CareFirst BlueChoice</b>												
	High Self	2G1	250.36	250.36	185.75	64.61	-5.09	542.45	542.45	402.46	139.99	-11.03
	High Family	2G2	563.22	563.22	414.35	148.87	-10.37	1220.31	1220.31	897.76	322.55	-22.47
	Standard Self	2G4	New Plan	237.85	178.39	59.46	New Plan	New Plan	515.34	386.51	128.83	New Plan
	Standard Family	2G5	New Plan	535.06	401.30	133.76	New Plan	New Plan	1159.30	869.48	289.82	New Plan
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>												
	High Self	E31	243.01	254.06	185.75	68.31	5.96	526.52	550.46	402.46	148.00	12.91
	High Family	E32	558.93	584.36	414.35	170.01	15.06	1211.02	1266.11	897.76	368.35	32.62
	Standard Self	E34	152.56	165.58	124.19	41.39	3.25	330.55	358.76	269.07	89.69	7.05
	Standard Family	E35	350.86	380.84	285.63	95.21	7.50	760.20	825.15	618.86	206.29	16.24
<b>District of Columbia M.D. IPA</b>												
	High Self	JP1	241.68	262.27	185.75	76.52	15.50	523.64	568.25	402.46	165.79	33.58
	High Family	JP2	557.30	604.78	414.35	190.43	37.11	1207.48	1310.36	897.76	412.60	80.41
<b>Florida Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Florida AvMed Health Plan</b>												
	High Self	ML1	237.88	270.09	185.75	84.34	24.87	515.41	585.20	402.46	182.74	53.89
	High Family	ML2	570.98	648.26	414.35	233.91	66.91	1237.12	1404.56	897.76	506.80	144.97
	Standard Self	ML4	220.31	226.43	169.82	56.61	1.53	477.34	490.60	367.95	122.65	3.32
	Standard Family	ML5	528.77	543.48	407.61	135.87	3.68	1145.67	1177.54	883.16	294.38	7.96
<b>Florida Capital Health Plan</b>												
	High Self	EA1	188.80	188.80	141.60	47.20	.00	409.07	409.07	306.80	102.27	.00
	High Family	EA2	500.31	500.32	375.24	125.08	.00	1084.01	1084.03	813.02	271.01	.01
<b>Florida Coventry Health Plan of Florida</b>												
	High Self	5E1	221.25	224.95	168.71	56.24	.93	479.38	487.39	365.54	121.85	2.01
	High Family	5E2	573.56	581.55	414.35	167.20	-2.38	1242.71	1260.03	897.76	362.27	-5.15
	Standard Self	5E4	190.92	203.59	152.69	50.90	3.17	413.66	441.11	330.83	110.28	6.87

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	Standard Family	5E5	494.74	526.04	394.53	131.51	7.83	1071.94	1139.75	854.81	284.94	16.96
<b>Florida Coventry Health Plan of Florida</b>												
	HDHP Self	J41	New Plan	213.60	160.20	53.40	New Plan	New Plan	462.80	347.10	115.70	New Plan
	HDHP Family	J42	New Plan	530.03	397.52	132.51	New Plan	New Plan	1148.40	861.30	287.10	New Plan
<b>Florida Humana CoverageFirst</b>												
	CDHP Self	MJ1	224.83	234.19	175.64	58.55	2.34	487.13	507.41	380.56	126.85	5.07
	CDHP Family	MJ2	505.86	526.93	395.20	131.73	5.27	1096.03	1141.68	856.26	285.42	11.41
<b>Florida Humana CoverageFirst</b>												
	CDHP Self	QP1	214.90	200.74	150.56	50.18	-3.54	465.62	434.94	326.21	108.73	-7.67
	CDHP Family	QP2	483.52	451.66	338.75	112.91	-7.97	1047.63	978.60	733.95	244.65	-17.26
<b>Florida Humana Medical Plan, Inc.</b>												
	High Self	EE1	256.90	261.86	185.75	76.11	-.13	556.62	567.36	402.46	164.90	-.29
	High Family	EE2	578.04	589.19	414.35	174.84	.78	1252.42	1276.58	897.76	378.82	1.69
	Standard Self	EE4	224.98	223.08	167.31	55.77	-.47	487.46	483.34	362.51	120.83	-1.03
	Standard Family	EE5	506.21	501.92	376.44	125.48	-1.07	1096.79	1087.49	815.62	271.87	-2.33
<b>Florida Humana Medical Plan, Inc.</b>												
	High Self	LL1	290.65	342.80	185.75	157.05	47.06	629.74	742.73	402.46	340.27	101.96
	High Family	LL2	653.95	771.31	414.35	356.96	106.99	1416.89	1671.17	897.76	773.41	231.81
	Standard Self	LL4	236.24	247.86	185.75	62.11	3.05	511.85	537.03	402.46	134.57	6.61
	Standard Family	LL5	531.52	557.70	414.35	143.35	10.47	1151.63	1208.35	897.76	310.59	22.68
<b>Georgia Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Georgia Aetna Open Access</b>												
	High Self	2U1	287.47	316.05	185.75	130.30	23.49	622.85	684.78	402.46	282.32	50.90
	High Family	2U2	659.62	725.19	414.35	310.84	55.20	1429.18	1571.25	897.76	673.49	119.60
<b>Georgia Humana CoverageFirst</b>												
	CDHP Self	AD1	211.89	211.89	158.92	52.97	.00	459.10	459.10	344.33	114.77	.00
	CDHP Family	AD2	476.76	476.75	357.56	119.19	.00	1032.98	1032.96	774.72	258.24	.00
<b>Georgia Humana CoverageFirst</b>												
	CDHP Self	LM1	215.68	218.58	163.94	54.64	.72	467.31	473.59	355.19	118.40	1.57

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Plan - Option - Enrollment Code												
	CDHP Family	LM2	485.28	491.80	368.85	122.95	1.63	1051.44	1065.57	799.18	266.39	3.53
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	High Self	CB1	238.88	247.87	185.75	62.12	2.40	517.57	537.05	402.46	134.59	5.20
	High Family	CB2	537.47	557.71	414.35	143.36	8.99	1164.52	1208.37	897.76	310.61	19.48
	Standard Self	CB4	214.99	235.47	176.60	58.87	5.12	465.81	510.19	382.64	127.55	11.10
	Standard Family	CB5	483.72	529.81	397.36	132.45	11.52	1048.06	1147.92	860.94	286.98	24.97
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	High Self	DG1	249.31	238.43	178.82	59.61	-9.04	540.17	516.60	387.45	129.15	-19.59
	High Family	DG2	560.94	536.46	402.35	134.11	-22.85	1215.37	1162.33	871.75	290.58	-49.50
	Standard Self	DG4	238.88	229.28	171.96	57.32	-2.40	517.57	496.77	372.58	124.19	-5.20
	Standard Family	DG5	537.48	515.86	386.90	128.96	-5.41	1164.54	1117.70	838.28	279.42	-11.71
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	High Self	DN1	236.83	247.87	185.75	62.12	2.91	513.13	537.05	402.46	134.59	6.31
	High Family	DN2	532.85	557.71	414.35	143.36	10.15	1154.51	1208.37	897.76	310.61	21.98
	Standard Self	DN4	224.98	235.47	176.60	58.87	2.63	487.46	510.19	382.64	127.55	5.69
	Standard Family	DN5	506.21	529.81	397.36	132.45	5.90	1096.79	1147.92	860.94	286.98	12.78
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>												
	High Self	F81	241.56	259.77	185.75	74.02	13.12	523.38	562.84	402.46	160.38	28.43
	High Family	F82	551.98	593.59	414.35	179.24	31.24	1195.96	1286.11	897.76	388.35	67.68
	Standard Self	F84	165.14	179.93	134.95	44.98	3.70	357.80	389.85	292.39	97.46	8.01
	Standard Family	F85	377.34	411.14	308.36	102.78	8.45	817.57	890.80	668.10	222.70	18.31
<b>Guam TakeCare</b>												
	High Self	JK1	229.79	229.80	172.35	57.45	.00	497.88	497.90	373.43	124.47	.00
	High Family	JK2	603.86	603.86	414.35	189.51	-10.37	1308.36	1308.36	897.76	410.60	-22.47
	Standard Self	JK4	203.87	203.87	152.90	50.97	.00	441.72	441.72	331.29	110.43	.00
	Standard Family	JK5	538.37	538.38	403.79	134.59	.00	1166.47	1166.49	874.87	291.62	.00
<b>Guam TakeCare</b>												
	HDHP Self	KX1	150.24	150.24	112.68	37.56	.00	325.52	325.52	244.14	81.38	.00
	HDHP Family	KX2	395.42	395.86	296.90	98.96	.11	856.74	857.70	643.28	214.42	.24
<b>Hawaii Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78



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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	IK1	278.98	343.75	185.75	158.00	59.68	604.46	744.79	402.46	342.33	129.30
	High Family	IK2	671.77	827.72	414.35	413.37	145.58	1455.50	1793.39	897.76	895.63	315.42
<b>Illinois Blue Preferred Plus POS</b>												
	High Self	9G1	262.14	306.71	185.75	120.96	39.48	567.97	664.54	402.46	262.08	85.54
	High Family	9G2	567.56	664.05	414.35	249.70	86.12	1229.71	1438.78	897.76	541.02	186.60
<b>Illinois Health Alliance HMO</b>												
	High Self	FX1	255.88	286.58	185.75	100.83	25.61	554.41	620.92	402.46	218.46	55.48
	High Family	FX2	596.47	668.04	414.35	253.69	61.20	1292.35	1447.42	897.76	549.66	132.60
<b>Illinois Humana Benefit Plan of Illinois, Inc.</b>												
	High Self	9F1	314.19	368.44	185.75	182.69	49.16	680.75	798.29	402.46	395.83	106.51
	High Family	9F2	706.95	828.99	414.35	414.64	111.67	1531.73	1796.15	897.76	898.39	241.95
<b>Illinois Humana Benefit Plan of Illinois, Inc.</b>												
	Standard Self	AB4	238.88	247.87	185.75	62.12	2.40	517.57	537.05	402.46	134.59	5.20
	Standard Family	AB5	537.48	557.71	414.35	143.36	8.99	1164.54	1208.37	897.76	310.61	19.48
<b>Illinois Humana CoverageFirst</b>												
	CDHP Self	GB1	New Plan	234.19	175.64	58.55	New Plan	New Plan	507.41	380.56	126.85	New Plan
	CDHP Family	GB2	New Plan	526.94	395.21	131.73	New Plan	New Plan	1141.70	856.28	285.42	New Plan
<b>Illinois Humana CoverageFirst</b>												
	CDHP Self	MW1	218.41	223.04	167.28	55.76	1.16	473.22	483.25	362.44	120.81	2.51
	CDHP Family	MW2	491.42	501.83	376.37	125.46	2.61	1064.74	1087.30	815.48	271.82	5.64
<b>Illinois Humana Health Plan Inc.</b>												
	High Self	751	295.57	324.08	185.75	138.33	23.42	640.40	702.17	402.46	299.71	50.74
	High Family	752	665.03	729.19	414.35	314.84	53.79	1440.90	1579.91	897.76	682.15	116.54
	Standard Self	754	224.98	247.86	185.75	62.11	5.87	487.46	537.03	402.46	134.57	12.71
	Standard Family	755	506.21	557.70	414.35	143.35	16.80	1096.79	1208.35	897.76	310.59	36.39
<b>Illinois Union Health Service</b>												
	High Self	761	218.58	236.80	177.60	59.20	4.56	473.59	513.07	384.80	128.27	9.87
	High Family	762	507.42	550.05	412.54	137.51	10.66	1099.41	1191.78	893.84	297.94	23.09
<b>Illinois United Healthcare of the Midwest, Inc.</b>												
	High Self	B91	250.49	275.07	185.75	89.32	19.49	542.73	595.99	402.46	193.53	42.23
	High Family	B92	559.61	614.54	414.35	200.19	44.56	1212.49	1331.50	897.76	433.74	96.54
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>												
	High Self	YH1	211.33	245.10	183.83	61.27	8.44	457.88	531.05	398.29	132.76	18.29



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

Health Management Organizations (HMO)		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												
	High Family	YH2	517.74	585.51	414.35	171.16	41.73	1121.77	1268.61	897.76	370.85	90.41
<b>Indiana Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Indiana Aetna Open Access</b>												
	High Self	IK1	278.98	343.75	185.75	158.00	59.68	604.46	744.79	402.46	342.33	129.30
	High Family	IK2	671.77	827.72	414.35	413.37	145.58	1455.50	1793.39	897.76	895.63	315.42
<b>Indiana Health Alliance HMO</b>												
	High Self	FX1	255.88	286.58	185.75	100.83	25.61	554.41	620.92	402.46	218.46	55.48
	High Family	FX2	596.47	668.04	414.35	253.69	61.20	1292.35	1447.42	897.76	549.66	132.60
<b>Indiana Humana CoverageFirst</b>												
	CDHP Self	MW1	218.41	223.04	167.28	55.76	1.16	473.22	483.25	362.44	120.81	2.51
	CDHP Family	MW2	491.42	501.83	376.37	125.46	2.61	1064.74	1087.30	815.48	271.82	5.64
<b>Indiana Humana Health Plan Inc.</b>												
	High Self	751	295.57	324.08	185.75	138.33	23.42	640.40	702.17	402.46	299.71	50.74
	High Family	752	665.03	729.19	414.35	314.84	53.79	1440.90	1579.91	897.76	682.15	116.54
	Standard Self	754	224.98	247.86	185.75	62.11	5.87	487.46	537.03	402.46	134.57	12.71
	Standard Family	755	506.21	557.70	414.35	143.35	16.80	1096.79	1208.35	897.76	310.59	36.39
<b>Indiana Humana Health Plan, Inc.</b>												
	High Self	MH1	238.88	266.33	185.75	80.58	20.86	517.57	577.05	402.46	174.59	45.20
	High Family	MH2	537.47	599.25	414.35	184.90	50.53	1164.52	1298.38	897.76	400.62	109.49
	Standard Self	MH4	214.99	247.87	185.75	62.12	8.37	465.81	537.05	402.46	134.59	18.14
	Standard Family	MH5	483.72	557.71	414.35	143.36	22.43	1048.06	1208.37	897.76	310.61	48.60
<b>Indiana Physicians Health Plan of Northern Indiana</b>												
	High Self	DQ1	258.69	273.92	185.75	88.17	10.14	560.50	593.49	402.46	191.03	21.96
	High Family	DQ2	575.78	609.70	414.35	195.35	23.55	1247.52	1321.02	897.76	423.26	51.03
<b>Iowa Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22



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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	HA1	210.09	225.16	168.87	56.29	3.77	455.20	487.85	365.89	121.96	8.16
	High Family	HA2	527.54	565.38	414.35	151.03	19.15	1143.00	1224.99	897.76	327.23	41.48
	Standard Self	HA4	179.02	186.39	139.79	46.60	1.85	387.88	403.85	302.89	100.96	3.99
	Standard Family	HA5	420.62	437.94	328.46	109.48	4.33	911.34	948.87	711.65	237.22	9.39
<b>Kansas Coventry Health Care of Kansas (Kansas City)-HDHP</b>												
	HDHP Self	9H1	173.13	179.46	134.60	44.86	1.58	375.12	388.83	291.62	97.21	3.43
	HDHP Family	9H2	406.87	421.76	316.32	105.44	3.72	881.55	913.81	685.36	228.45	8.06
<b>Kansas Humana CoverageFirst</b>												
	CDHP Self	PH1	198.18	200.73	150.55	50.18	.64	429.39	434.92	326.19	108.73	1.38
	CDHP Family	PH2	445.91	451.65	338.74	112.91	1.43	966.14	978.58	733.94	244.64	3.11
<b>Kansas Humana Health Plan, Inc.</b>												
	High Self	MS1	352.46	396.74	185.75	210.99	39.19	763.66	859.60	402.46	457.14	84.91
	High Family	MS2	793.03	892.67	414.35	478.32	89.27	1718.23	1934.12	897.76	1036.36	193.42
	Standard Self	MS4	237.48	247.86	185.75	62.11	2.74	514.54	537.03	402.46	134.57	5.94
	Standard Family	MS5	534.34	557.70	414.35	143.35	9.77	1157.74	1208.35	897.76	310.59	21.16
<b>Kentucky Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Kentucky Humana CoverageFirst</b>												
	CDHP Self	6N1	182.76	185.79	139.34	46.45	.76	395.98	402.55	301.91	100.64	1.65
	CDHP Family	6N2	411.21	418.04	313.53	104.51	1.71	890.96	905.75	679.31	226.44	3.70
<b>Kentucky Humana Health Plan, Inc.</b>												
	High Self	MH1	238.88	266.33	185.75	80.58	20.86	517.57	577.05	402.46	174.59	45.20
	High Family	MH2	537.47	599.25	414.35	184.90	50.53	1164.52	1298.38	897.76	400.62	109.49
	Standard Self	MH4	214.99	247.87	185.75	62.12	8.37	465.81	537.05	402.46	134.59	18.14
	Standard Family	MH5	483.72	557.71	414.35	143.36	22.43	1048.06	1208.37	897.76	310.61	48.60
<b>Kentucky Humana Health Plan, Inc.</b>												
	High Self	MI1	230.01	247.35	185.51	61.84	4.34	498.36	535.93	401.95	133.98	9.39
	High Family	MI2	517.51	556.56	414.35	142.21	12.83	1121.27	1205.88	897.76	308.12	27.80
	Standard Self	MI4	201.86	210.68	158.01	52.67	2.21	437.36	456.47	342.35	114.12	4.78
	Standard Family	MI5	454.19	474.03	355.52	118.51	4.96	984.08	1027.07	770.30	256.77	10.75

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
<b>Louisiana Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Louisiana Coventry Health Care of Louisiana</b>												
	High Self	BJ1	260.71	273.52	185.75	87.77	7.72	564.87	592.63	402.46	190.17	16.73
	High Family	BJ2	605.45	635.22	414.35	220.87	19.40	1311.81	1376.31	897.76	478.55	42.03
	Standard Self	BJ4	232.71	240.64	180.48	60.16	1.98	504.21	521.39	391.04	130.35	4.30
	Standard Family	BJ5	540.46	558.85	414.35	144.50	8.02	1171.00	1210.84	897.76	313.08	17.37
<b>Maine Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Maryland Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Maryland Aetna Open Access</b>												
	High Self	JN1	341.35	341.73	185.75	155.98	-4.71	739.59	740.42	402.46	337.96	-10.20
	High Family	JN2	764.59	765.45	414.35	351.10	-9.51	1656.61	1658.48	897.76	760.72	-20.60
	Basic Self	JN4	218.28	229.78	172.34	57.44	2.87	472.94	497.86	373.40	124.46	6.23
	Basic Family	JN5	510.85	537.75	403.31	134.44	6.73	1106.84	1165.13	873.85	291.28	14.57
<b>Maryland CareFirst BlueChoice</b>												
	High Self	2G1	250.36	250.36	185.75	64.61	-5.09	542.45	542.45	402.46	139.99	-11.03
	High Family	2G2	563.22	563.22	414.35	148.87	-10.37	1220.31	1220.31	897.76	322.55	-22.47
	Standard Self	2G4	New Plan	237.85	178.39	59.46	New Plan	New Plan	515.34	386.51	128.83	New Plan
	Standard Family	2G5	New Plan	535.06	401.30	133.76	New Plan	New Plan	1159.30	869.48	289.82	New Plan
<b>Maryland Coventry Health Care</b>												
	High Self	IG1	196.14	199.49	149.62	49.87	.84	424.97	432.23	324.17	108.06	1.82
	High Family	IG2	492.24	500.66	375.50	125.16	2.10	1066.52	1084.76	813.57	271.19	4.56





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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Missouri Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Missouri Aetna Open Access</b>												
	High Self	HY1	New Plan	218.16	163.62	54.54	New Plan	New Plan	472.68	354.51	118.17	New Plan
	High Family	HY2	New Plan	581.77	414.35	167.42	New Plan	New Plan	1260.50	897.76	362.74	New Plan
<b>Missouri Blue Preferred Plus POS</b>												
	High Self	9G1	262.14	306.71	185.75	120.96	39.48	567.97	664.54	402.46	262.08	85.54
	High Family	9G2	567.56	664.05	414.35	249.70	86.12	1229.71	1438.78	897.76	541.02	186.60
<b>Missouri Coventry Health Care of Kansas</b>												
	High Self	HA1	210.09	225.16	168.87	56.29	3.77	455.20	487.85	365.89	121.96	8.16
	High Family	HA2	527.54	565.38	414.35	151.03	19.15	1143.00	1224.99	897.76	327.23	41.48
	Standard Self	HA4	179.02	186.39	139.79	46.60	1.85	387.88	403.85	302.89	100.96	3.99
	Standard Family	HA5	420.62	437.94	328.46	109.48	4.33	911.34	948.87	711.65	237.22	9.39
<b>Missouri Coventry Health Care of Kansas (Kansas City)-HDHP</b>												
	HDHP Self	9H1	173.13	179.46	134.60	44.86	1.58	375.12	388.83	291.62	97.21	3.43
	HDHP Family	9H2	406.87	421.76	316.32	105.44	3.72	881.55	913.81	685.36	228.45	8.06
<b>Missouri Humana CoverageFirst</b>												
	CDHP Self	PH1	198.18	200.73	150.55	50.18	.64	429.39	434.92	326.19	108.73	1.38
	CDHP Family	PH2	445.91	451.65	338.74	112.91	1.43	966.14	978.58	733.94	244.64	3.11
<b>Missouri Humana Health Plan, Inc.</b>												
	High Self	MS1	352.46	396.74	185.75	210.99	39.19	763.66	859.60	402.46	457.14	84.91
	High Family	MS2	793.03	892.67	414.35	478.32	89.27	1718.23	1934.12	897.76	1036.36	193.42
	Standard Self	MS4	237.48	247.86	185.75	62.11	2.74	514.54	537.03	402.46	134.57	5.94
	Standard Family	MS5	534.34	557.70	414.35	143.35	9.77	1157.74	1208.35	897.76	310.59	21.16
<b>Missouri United Healthcare of the Midwest, Inc.</b>												
	High Self	B91	250.49	275.07	185.75	89.32	19.49	542.73	595.99	402.46	193.53	42.23





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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	JR1	324.08	377.88	185.75	192.13	48.71	702.17	818.74	402.46	416.28	105.54
	High Family	JR2	745.50	869.25	414.35	454.90	113.38	1615.25	1883.38	897.76	985.62	245.66
	Basic Self	JR4	255.26	298.44	185.75	112.69	38.09	553.06	646.62	402.46	244.16	82.53
	Basic Family	JR5	589.23	688.91	414.35	274.56	89.31	1276.67	1492.64	897.76	594.88	193.50
<b>New Jersey Aetna Open Access</b>												
	High Self	P31	384.05	473.69	185.75	287.94	84.55	832.11	1026.33	402.46	623.87	183.19
	High Family	P32	926.65	1142.94	414.35	728.59	205.92	2007.74	2476.37	897.76	1578.61	446.16
	Basic Self	P34	287.87	342.65	185.75	156.90	49.69	623.72	742.41	402.46	339.95	107.66
	Basic Family	P35	664.74	791.22	414.35	376.87	116.11	1440.27	1714.31	897.76	816.55	251.57
<b>New Jersey GHI Health Plan</b>												
	High Self	801	280.72	303.17	185.75	117.42	17.36	608.23	656.87	402.46	254.41	37.61
	High Family	802	701.84	757.99	414.35	343.64	45.78	1520.65	1642.31	897.76	744.55	99.19
	Standard Self	804	196.06	215.66	161.75	53.91	4.90	424.80	467.26	350.45	116.81	10.61
	Standard Family	805	457.68	503.45	377.59	125.86	11.44	991.64	1090.81	818.11	272.70	24.79
<b>New Mexico Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>New Mexico Lovelace Health Plan</b>												
	High Self	Q11	238.33	291.32	185.75	105.57	45.99	516.38	631.19	402.46	228.73	99.64
	High Family	Q12	583.90	684.63	414.35	270.28	90.36	1265.12	1483.37	897.76	585.61	195.78
<b>New Mexico Presbyterian Health Plan</b>												
	High Self	P21	265.92	265.92	185.75	80.17	-5.09	576.16	576.16	402.46	173.70	-11.03
	High Family	P22	603.93	603.93	414.35	189.58	-10.37	1308.52	1308.52	897.76	410.76	-22.47
<b>New York Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>New York Aetna Open Access</b>												
	High Self	JC1	311.97	334.60	185.75	148.85	17.54	675.94	724.97	402.46	322.51	38.00
	High Family	JC2	767.93	823.62	414.35	409.27	45.32	1663.85	1784.51	897.76	886.75	98.19

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	Basic Self	JC4	251.13	271.23	185.75	85.48	15.01	544.12	587.67	402.46	185.21	32.52
	Basic Family	JC5	610.23	659.07	414.35	244.72	38.47	1322.17	1427.99	897.76	530.23	83.35
<b>New York Blue Choice</b>												
	High Self	MK1	287.25	287.52	185.75	101.77	-4.82	622.38	622.96	402.46	220.50	-10.45
	High Family	MK2	665.88	666.53	414.35	252.18	-9.72	1442.74	1444.15	897.76	546.39	-21.06
	Standard Self	MK4	242.20	246.13	184.60	61.53	-.01	524.77	533.28	399.96	133.32	-.02
	Standard Family	MK5	615.31	615.78	414.35	201.43	-9.90	1333.17	1334.19	897.76	436.43	-21.45
<b>New York CDPHP Universal Benefits, Inc.</b>												
	High Self	SG1	265.46	265.46	185.75	79.71	-5.09	575.16	575.16	402.46	172.70	-11.03
	High Family	SG2	672.32	672.32	414.35	257.97	-10.37	1456.69	1456.69	897.76	558.93	-22.47
	Standard Self	SG4	198.66	198.66	149.00	49.66	.00	430.43	430.43	322.82	107.61	.00
	Standard Family	SG5	512.51	512.51	384.38	128.13	.00	1110.44	1110.44	832.83	277.61	.00
<b>New York GHI HMO Select</b>												
	High Self	6V1	309.32	360.37	185.75	174.62	45.96	670.19	780.80	402.46	378.34	99.58
	High Family	6V2	786.84	917.89	414.35	503.54	120.68	1704.82	1988.76	897.76	1091.00	261.47
<b>New York GHI HMO Select</b>												
	High Self	X41	327.61	311.05	185.75	125.30	-21.65	709.82	673.94	402.46	271.48	-46.91
	High Family	X42	836.71	787.98	414.35	373.63	-59.10	1812.87	1707.29	897.76	809.53	-128.05
<b>New York GHI Health Plan</b>												
	High Self	801	280.72	303.17	185.75	117.42	17.36	608.23	656.87	402.46	254.41	37.61
	High Family	802	701.84	757.99	414.35	343.64	45.78	1520.65	1642.31	897.76	744.55	99.19
	Standard Self	804	196.06	215.66	161.75	53.91	4.90	424.80	467.26	350.45	116.81	10.61
	Standard Family	805	457.68	503.45	377.59	125.86	11.44	991.64	1090.81	818.11	272.70	24.79
<b>New York HIP of Greater New York</b>												
	High Self	511	268.96	279.97	185.75	94.22	5.92	582.75	606.60	402.46	204.14	12.82
	High Family	512	712.75	741.92	414.35	327.57	18.80	1544.29	1607.49	897.76	709.73	40.73
	Standard Self	514	247.24	249.09	185.75	63.34	-3.24	535.69	539.70	402.46	137.24	-7.02
	Standard Family	515	655.18	660.09	414.35	245.74	-5.46	1419.56	1430.20	897.76	532.44	-11.83
<b>New York Independent Health Assoc</b>												
	High Self	QA1	239.12	254.65	185.75	68.90	9.12	518.09	551.74	402.46	149.28	19.76
	High Family	QA2	597.80	636.67	414.35	222.32	28.50	1295.23	1379.45	897.76	481.69	61.75
	HDHP Self	QA4	190.29	177.85	133.39	44.46	-3.11	412.30	385.34	289.01	96.33	-6.74
	HDHP Family	QA5	485.23	456.32	342.24	114.08	-7.23	1051.33	988.69	741.52	247.17	-15.66

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
<b>New York MVP Health Care</b>												
	High Self	GA1	243.91	246.69	185.02	61.67	-1.58	528.47	534.50	400.88	133.62	-3.42
	High Family	GA2	610.84	617.25	414.35	202.90	-3.96	1323.49	1337.38	897.76	439.62	-8.58
	Standard Self	GA4	223.29	220.25	165.19	55.06	-.76	483.80	477.21	357.91	119.30	-1.65
	Standard Family	GA5	559.10	551.06	413.30	137.76	-17.36	1211.38	1193.96	895.47	298.49	-37.60
<b>New York MVP Health Care</b>												
	High Self	GV1	220.43	241.78	181.34	60.44	5.33	477.60	523.86	392.90	130.96	11.56
	High Family	GV2	551.62	604.98	414.35	190.63	42.99	1195.18	1310.79	897.76	413.03	93.14
	Standard Self	GV4	207.39	210.91	158.18	52.73	.88	449.35	456.97	342.73	114.24	1.90
	Standard Family	GV5	518.95	527.70	395.78	131.92	2.18	1124.39	1143.35	857.51	285.84	4.74
<b>New York MVP Health Care</b>												
	High Self	M91	256.44	259.82	185.75	74.07	-1.71	555.62	562.94	402.46	160.48	-3.71
	High Family	M92	642.00	650.10	414.35	235.75	-2.27	1391.00	1408.55	897.76	510.79	-4.92
	Standard Self	M94	240.28	231.26	173.45	57.81	-2.26	520.61	501.06	375.80	125.26	-4.89
	Standard Family	M95	601.80	578.64	414.35	164.29	-33.53	1303.90	1253.72	897.76	355.96	-72.65
<b>New York MVP Health Care</b>												
	High Self	MF1	269.63	296.24	185.75	110.49	21.52	584.20	641.85	402.46	239.39	46.62
	High Family	MF2	674.75	741.25	414.35	326.90	56.13	1461.96	1606.04	897.76	708.28	121.61
	Standard Self	MF4	249.20	262.83	185.75	77.08	8.54	539.93	569.47	402.46	167.01	18.51
	Standard Family	MF5	623.64	657.58	414.35	243.23	23.57	1351.22	1424.76	897.76	527.00	51.07
<b>New York MVP Health Care</b>												
	High Self	MX1	260.30	263.76	185.75	78.01	-1.63	563.98	571.48	402.46	169.02	-3.53
	High Family	MX2	651.23	659.77	414.35	245.42	-1.83	1411.00	1429.50	897.76	531.74	-3.97
	Standard Self	MX4	242.18	233.31	174.98	58.33	-3.19	524.72	505.51	379.13	126.38	-6.91
	Standard Family	MX5	608.54	583.13	414.35	168.78	-35.78	1318.50	1263.45	897.76	365.69	-77.52
<b>North Carolina Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>North Dakota Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43

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

Health Management Organizations (HMO)		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												
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>North Dakota HealthPartners High and Standard Option</b>												
	High Self	V31	314.75	337.53	185.75	151.78	17.69	681.96	731.32	402.46	328.86	38.33
	High Family	V32	723.91	776.32	414.35	361.97	42.04	1568.47	1682.03	897.76	784.27	91.09
	Standard Self	V34	147.85	165.92	124.44	41.48	4.52	320.34	359.49	269.62	89.87	9.79
	Standard Family	V35	340.04	381.62	286.22	95.40	10.39	736.75	826.84	620.13	206.71	22.52
<b>North Dakota Heart of America Health Plan</b>												
	High Self	RU1	191.15	207.43	155.57	51.86	4.07	414.16	449.43	337.07	112.36	8.82
	High Family	RU2	491.29	533.10	399.83	133.27	10.45	1064.46	1155.05	866.29	288.76	22.65
<b>Ohio Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Ohio AultCare HMO</b>												
	High Self	3A1	287.40	267.57	185.75	81.82	-24.92	622.70	579.74	402.46	177.28	-53.99
	High Family	3A2	705.62	656.92	414.35	242.57	-59.07	1528.84	1423.33	897.76	525.57	-127.98
	HDHP Self	3A4	143.26	143.26	107.45	35.81	.00	310.40	310.40	232.80	77.60	.00
	HDHP Family	3A5	287.04	287.04	215.28	71.76	.00	621.92	621.92	466.44	155.48	.00
<b>Ohio HMO Health Ohio</b>												
	High Self	L41	323.17	352.94	185.75	167.19	24.68	700.20	764.70	402.46	362.24	53.47
	High Family	L42	759.44	829.41	414.35	415.06	59.60	1645.45	1797.06	897.76	899.30	129.14
<b>Ohio Kaiser Foundation Health Plan of Ohio</b>												
	High Self	641	287.68	301.24	185.75	115.49	8.47	623.31	652.69	402.46	250.23	18.35
	High Family	642	661.67	692.86	414.35	278.51	20.82	1433.62	1501.20	897.76	603.44	45.11
	Standard Self	644	186.85	199.46	149.60	49.86	3.15	404.84	432.16	324.12	108.04	6.83
	Standard Family	645	429.74	458.76	344.07	114.69	7.26	931.10	993.98	745.49	248.49	15.72
<b>Ohio The Health Plan of the Upper Ohio Valley</b>												
	High Self	U41	231.56	255.88	185.75	70.13	12.24	501.71	554.41	402.46	151.95	26.52
	High Family	U42	532.55	578.33	414.35	163.98	30.84	1153.86	1253.05	897.76	355.29	66.83
<b>Oklahoma Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Oklahoma Globalhealth, Inc.</b>												
	High Self	IM1	169.26	180.53	135.40	45.13	2.82	366.73	391.15	293.36	97.79	6.11
	High Family	IM2	407.85	435.07	326.30	108.77	6.81	883.68	942.65	706.99	235.66	14.74
<b>Oregon Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>												
	High Self	571	271.53	282.31	185.75	96.56	5.69	588.32	611.67	402.46	209.21	12.32
	High Family	572	613.31	637.64	414.35	223.29	13.96	1328.84	1381.55	897.76	483.79	30.24
	Standard Self	574	211.53	215.57	161.68	53.89	1.01	458.32	467.07	350.30	116.77	2.19
	Standard Family	575	485.94	495.21	371.41	123.80	2.32	1052.87	1072.96	804.72	268.24	5.02
<b>Pennsylvania Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Pennsylvania Aetna Open Access</b>												
	High Self	P31	384.05	473.69	185.75	287.94	84.55	832.11	1026.33	402.46	623.87	183.19
	High Family	P32	926.65	1142.94	414.35	728.59	205.92	2007.74	2476.37	897.76	1578.61	446.16
	Basic Self	P34	287.87	342.65	185.75	156.90	49.69	623.72	742.41	402.46	339.95	107.66
	Basic Family	P35	664.74	791.22	414.35	376.87	116.11	1440.27	1714.31	897.76	816.55	251.57
<b>Pennsylvania Aetna Open Access</b>												
	High Self	YE1	173.89	225.51	169.13	56.38	12.91	376.76	488.61	366.46	122.15	27.96
	High Family	YE2	479.47	589.04	414.35	174.69	54.82	1038.85	1276.25	897.76	378.49	118.78
<b>Pennsylvania Geisinger Health Plan</b>												
	Standard Self	GG4	266.73	297.53	185.75	111.78	25.71	577.92	644.65	402.46	242.19	55.70
	Standard Family	GG5	613.46	684.34	414.35	269.99	60.51	1329.16	1482.74	897.76	584.98	131.11
<b>Pennsylvania HealthAmerica Pennsylvania</b>												

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	261	259.34	264.01	185.75	78.26	-42	561.90	572.02	402.46	169.56	-.91
	High Family	262	609.44	620.44	414.35	206.09	.63	1320.45	1344.29	897.76	446.53	1.37
<b>Pennsylvania HealthAmerica Pennsylvania</b>												
	Standard Self	SW4	229.99	257.96	185.75	72.21	14.71	498.31	558.91	402.46	156.45	31.87
	Standard Family	SW5	517.47	580.40	414.35	166.05	36.68	1121.19	1257.53	897.76	359.77	79.47
<b>Pennsylvania HealthAmerica Pennsylvania - HDHP</b>												
	HDHP Self	Y61	218.14	219.96	164.97	54.99	.46	472.64	476.58	357.44	119.14	.98
	HDHP Family	Y62	503.88	506.41	379.81	126.60	.63	1091.74	1097.22	822.92	274.30	1.37
<b>Pennsylvania HealthAmerica Pennsylvania-HDHP</b>												
	HDHP Self	YW1	245.22	250.58	185.75	64.83	.27	531.31	542.92	402.46	140.46	.58
	HDHP Family	YW2	551.75	556.30	414.35	141.95	-5.82	1195.46	1205.32	897.76	307.56	-12.61
<b>Pennsylvania UPMC Health Plan</b>												
	High Self	8W1	275.45	275.45	185.75	89.70	-5.09	596.81	596.81	402.46	194.35	-11.03
	High Family	8W2	633.56	633.55	414.35	219.20	-10.38	1372.71	1372.69	897.76	474.93	-22.49
	HDHP Self	8W4	216.28	219.39	164.54	54.85	.78	468.61	475.35	356.51	118.84	1.69
	HDHP Family	8W5	480.44	491.45	368.59	122.86	2.75	1040.95	1064.81	798.61	266.20	5.96
<b>Pennsylvania UPMC Health Plan</b>												
	Standard Self	UW4	251.12	256.14	185.75	70.39	-.07	544.09	554.97	402.46	152.51	-.15
	Standard Family	UW5	577.60	589.14	414.35	174.79	1.17	1251.47	1276.47	897.76	378.71	2.53
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>												
	High Self	ZJ1	150.68	150.97	113.23	37.74	.07	326.47	327.10	245.33	81.77	.15
	High Family	ZJ2	339.04	339.67	254.75	84.92	.16	734.59	735.95	551.96	183.99	.34
<b>Puerto Rico Triple-S Salud, Inc.</b>												
	High Self	891	148.92	154.88	116.16	38.72	1.49	322.66	335.57	251.68	83.89	3.23
	High Family	892	335.07	348.47	261.35	87.12	3.35	725.99	755.02	566.27	188.75	7.25
<b>Rhode Island Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>South Carolina Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>South Dakota Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>South Dakota HealthPartners High and Standard Option</b>												
	High Self	V31	314.75	337.53	185.75	151.78	17.69	681.96	731.32	402.46	328.86	38.33
	High Family	V32	723.91	776.32	414.35	361.97	42.04	1568.47	1682.03	897.76	784.27	91.09
	Standard Self	V34	147.85	165.92	124.44	41.48	4.52	320.34	359.49	269.62	89.87	9.79
	Standard Family	V35	340.04	381.62	286.22	95.40	10.39	736.75	826.84	620.13	206.71	22.52
<b>South Dakota Sanford Health Plan</b>												
	High Self	AU1	279.88	303.08	185.75	117.33	18.11	606.41	656.67	402.46	254.21	39.23
	High Family	AU2	644.00	697.32	414.35	282.97	42.95	1395.33	1510.86	897.76	613.10	93.06
	Standard Self	AU4	269.89	291.47	185.75	105.72	16.49	584.76	631.52	402.46	229.06	35.73
	Standard Family	AU5	620.78	670.40	414.35	256.05	39.25	1345.02	1452.53	897.76	554.77	85.04
<b>Tennessee Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Tennessee Aetna Open Access</b>												
	High Self	UB1	234.75	258.88	185.75	73.13	14.44	508.63	560.91	402.46	158.45	31.29
	High Family	UB2	598.57	660.09	414.35	245.74	51.15	1296.90	1430.20	897.76	532.44	110.83
<b>Tennessee Humana Health Plan, Inc.</b>												
	High Self	GJ1	New Plan	247.87	185.75	62.12	New Plan	New Plan	537.05	402.46	134.59	New Plan
	High Family	GJ2	New Plan	557.71	414.35	143.36	New Plan	New Plan	1208.37	897.76	310.61	New Plan
	Standard Self	GJ4	New Plan	211.93	158.95	52.98	New Plan	New Plan	459.18	344.39	114.79	New Plan
	Standard Family	GJ5	New Plan	476.83	357.62	119.21	New Plan	New Plan	1033.13	774.85	258.28	New Plan
<b>Texas Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43





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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	GF1	250.73	275.63	185.75	89.88	19.81	543.25	597.20	402.46	194.74	42.92
	High Family	GF2	576.90	634.22	414.35	219.87	46.95	1249.95	1374.14	897.76	476.38	101.72
<b>Utah Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Utah Altius Health Plans</b>												
	High Self	9K1	277.07	277.07	185.75	91.32	-5.09	600.32	600.32	402.46	197.86	-11.03
	High Family	9K2	609.59	609.59	414.35	195.24	-10.37	1320.78	1320.78	897.76	423.02	-22.47
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
<b>Utah Altius Health Plans</b>												
	Standard Self	DK4	183.77	196.63	147.47	49.16	3.22	398.17	426.03	319.52	106.51	6.97
	Standard Family	DK5	404.27	432.57	324.43	108.14	7.07	875.92	937.24	702.93	234.31	15.33
<b>Utah SelectHealth</b>												
	High Self	SF1	259.64	287.13	185.75	101.38	22.40	562.55	622.12	402.46	219.66	48.54
	High Family	SF2	571.29	631.87	414.35	217.52	50.21	1237.80	1369.05	897.76	471.29	108.78
<b>Vermont Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Virgin Islands Triple-S Salud, Inc.</b>												
	High Self	851	190.24	190.24	142.68	47.56	.00	412.19	412.19	309.14	103.05	.00
	High Family	852	432.04	432.04	324.03	108.01	.00	936.09	936.09	702.07	234.02	.00
<b>Virginia Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Virginia Aetna Open Access</b>												
	High Self	JN1	341.35	341.73	185.75	155.98	-4.71	739.59	740.42	402.46	337.96	-10.20

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

Health Management Organizations (HMO)		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												
	High Family	JN2	764.59	765.45	414.35	351.10	-9.51	1656.61	1658.48	897.76	760.72	-20.60
	Basic Self	JN4	218.28	229.78	172.34	57.44	2.87	472.94	497.86	373.40	124.46	6.23
	Basic Family	JN5	510.85	537.75	403.31	134.44	6.73	1106.84	1165.13	873.85	291.28	14.57
<b>Virginia CareFirst BlueChoice</b>												
	High Self	2G1	250.36	250.36	185.75	64.61	-5.09	542.45	542.45	402.46	139.99	-11.03
	High Family	2G2	563.22	563.22	414.35	148.87	-10.37	1220.31	1220.31	897.76	322.55	-22.47
	Standard Self	2G4	New Plan	237.85	178.39	59.46	New Plan	New Plan	515.34	386.51	128.83	New Plan
	Standard Family	2G5	New Plan	535.06	401.30	133.76	New Plan	New Plan	1159.30	869.48	289.82	New Plan
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>												
	High Self	E31	243.01	254.06	185.75	68.31	5.96	526.52	550.46	402.46	148.00	12.91
	High Family	E32	558.93	584.36	414.35	170.01	15.06	1211.02	1266.11	897.76	368.35	32.62
	Standard Self	E34	152.56	165.58	124.19	41.39	3.25	330.55	358.76	269.07	89.69	7.05
	Standard Family	E35	350.86	380.84	285.63	95.21	7.50	760.20	825.15	618.86	206.29	16.24
<b>Virginia M.D. IPA</b>												
	High Self	JP1	241.68	262.27	185.75	76.52	15.50	523.64	568.25	402.46	165.79	33.58
	High Family	JP2	557.30	604.78	414.35	190.43	37.11	1207.48	1310.36	897.76	412.60	80.41
<b>Virginia Optima Health Plan</b>												
	High Self	9R1	249.04	262.74	185.75	76.99	8.61	539.59	569.27	402.46	166.81	18.65
	High Family	9R2	589.25	621.67	414.35	207.32	22.05	1276.71	1346.95	897.76	449.19	47.77
	Standard Self	9R4	172.30	172.30	129.23	43.07	.00	373.32	373.32	279.99	93.33	.00
	Standard Family	9R5	407.69	407.69	305.77	101.92	.00	883.33	883.33	662.50	220.83	.00
<b>Virginia Piedmont Community Healthcare</b>												
	High Self	2C1	235.27	235.77	176.83	58.94	.12	509.75	510.84	383.13	127.71	.27
	High Family	2C2	538.74	539.87	404.90	134.97	.21	1167.27	1169.72	877.29	292.43	.45
<b>Washington Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Washington Group Health Cooperative</b>												
	High Self	541	265.22	276.67	185.75	90.92	6.36	574.64	599.45	402.46	196.99	13.78
	High Family	542	570.23	594.86	414.35	180.51	14.26	1235.50	1288.86	897.76	391.10	30.89
	Standard Self	544	171.53	176.47	132.35	44.12	1.24	371.65	382.35	286.76	95.59	2.68

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

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly premium rates				2011 Total Monthly Premium	2012 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Standard Family	545	387.25	398.38	298.79	99.59	2.78	839.04	863.16	647.37	215.79	6.03
<b>Washington KPS Health Plans</b>												
	Standard Self	L11	172.47	196.62	147.47	49.15	6.03	373.69	426.01	319.51	106.50	13.08
	Standard Family	L12	372.28	424.40	318.30	106.10	13.03	806.61	919.53	689.65	229.88	28.23
	HDHP Self	L14	163.16	176.22	132.17	44.05	3.26	353.51	381.81	286.36	95.45	7.07
	HDHP Family	L15	356.52	385.06	288.80	96.26	7.13	772.46	834.30	625.73	208.57	15.46
<b>Washington KPS Health Plans</b>												
	High Self	VT1	287.20	307.31	185.75	121.56	15.02	622.27	665.84	402.46	263.38	32.54
	High Family	VT2	627.57	671.51	414.35	257.16	33.57	1359.74	1454.94	897.76	557.18	72.73
<b>Washington Kaiser Foundation Health Plan of Northwest</b>												
	High Self	571	271.53	282.31	185.75	96.56	5.69	588.32	611.67	402.46	209.21	12.32
	High Family	572	613.31	637.64	414.35	223.29	13.96	1328.84	1381.55	897.76	483.79	30.24
	Standard Self	574	211.53	215.57	161.68	53.89	1.01	458.32	467.07	350.30	116.77	2.19
	Standard Family	575	485.94	495.21	371.41	123.80	2.32	1052.87	1072.96	804.72	268.24	5.02
<b>West Virginia Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>West Virginia The Health Plan of the Upper Ohio Valley</b>												
	High Self	U41	231.56	255.88	185.75	70.13	12.24	501.71	554.41	402.46	151.95	26.52
	High Family	U42	532.55	578.33	414.35	163.98	30.84	1153.86	1253.05	897.76	355.29	66.83
<b>Wisconsin Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Wisconsin Dean Health Plan</b>												
	High Self	WD1	235.59	255.11	185.75	69.36	10.46	510.45	552.74	402.46	150.28	22.67
	High Family	WD2	588.98	637.78	414.35	223.43	38.43	1276.12	1381.86	897.76	484.10	83.27
<b>Wisconsin Group Health Cooperative</b>												
	High Self	WJ1	218.93	230.85	173.14	57.71	2.98	474.35	500.18	375.14	125.04	6.45
	High Family	WJ2	547.49	577.29	414.35	162.94	19.43	1186.23	1250.80	897.76	353.04	42.10

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

Health Management Organizations (HMO)		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>Wisconsin HealthPartners High and Standard Option</b>												
	High Self	V31	314.75	337.53	185.75	151.78	17.69	681.96	731.32	402.46	328.86	38.33
	High Family	V32	723.91	776.32	414.35	361.97	42.04	1568.47	1682.03	897.76	784.27	91.09
	Standard Self	V34	147.85	165.92	124.44	41.48	4.52	320.34	359.49	269.62	89.87	9.79
	Standard Family	V35	340.04	381.62	286.22	95.40	10.39	736.75	826.84	620.13	206.71	22.52
<b>Wisconsin MercyCare HMO</b>												
	High Self	EY1	235.66	235.66	176.75	58.91	.00	510.60	510.60	382.95	127.65	.00
	High Family	EY2	589.16	589.16	414.35	174.81	-10.37	1276.51	1276.51	897.76	378.75	-22.47
<b>Wisconsin Physicians Plus</b>												
	High Self	LW1	224.37	231.49	173.62	57.87	1.78	486.14	501.56	376.17	125.39	3.86
	High Family	LW2	572.15	590.39	414.35	176.04	7.87	1239.66	1279.18	897.76	381.42	17.05
<b>Wyoming Aetna HealthFund</b>												
	CDHP Self	221	230.99	257.77	185.75	72.02	14.27	500.48	558.50	402.46	156.04	30.92
	CDHP Family	222	542.50	585.38	414.35	171.03	32.51	1175.42	1268.32	897.76	370.56	70.43
	HDHP Self	224	157.56	173.76	130.32	43.44	4.05	341.38	376.48	282.36	94.12	8.78
	HDHP Family	225	345.06	380.55	285.41	95.14	8.88	747.63	824.53	618.40	206.13	19.22
<b>Wyoming Altius Health Plans</b>												
	High Self	9K1	277.07	277.07	185.75	91.32	-5.09	600.32	600.32	402.46	197.86	-11.03
	High Family	9K2	609.59	609.59	414.35	195.24	-10.37	1320.78	1320.78	897.76	423.02	-22.47
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
<b>Wyoming Altius Health Plans</b>												
	Standard Self	DK4	183.77	196.63	147.47	49.16	3.22	398.17	426.03	319.52	106.51	6.97
	Standard Family	DK5	404.27	432.57	324.43	108.14	7.07	875.92	937.24	702.93	234.31	15.33