

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

| Health Management Organizations (HMO)      |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |       |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|-------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |       |
| Plan                                       | Option          | Enrollment Code             |   |           |            |                         |                             |   |           |            |                         |       |
| <b>Alabama Aetna HealthFund</b>            |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>Alaska Aetna HealthFund</b>             |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>Arizona Aetna HealthFund</b>            |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>Arizona Aetna Open Access</b>           |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | High Self       | WQ1                         | 248.11  | 293.00    | 206.38     | 86.62                   | 41.75                       | 248.11  | 293.00    | 208.96     | 84.04                   | 39.17 |
|  | High Family     | WQ2                         | 599.97  | 708.51    | 460.39     | 248.12                  | 102.63                      | 599.97  | 708.51    | 466.15     | 242.36                  | 96.87 |
| <b>Arizona Health Net of Arizona, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | High Self       | A71                         | 234.67  | 255.53    | 206.38     | 49.15                   | 12.78                       | 234.67  | 255.53    | 208.96     | 46.57                   | 10.20 |
|  | High Family     | A72                         | 593.81  | 646.88    | 460.39     | 186.49                  | 47.16                       | 593.81  | 646.88    | 466.15     | 180.73                  | 41.40 |
|  | Standard Self   | A74                         | 210.88  | 228.37    | 190.69     | 37.68                   | 4.99                        | 210.88  | 228.37    | 192.97     | 35.40                   | 2.71  |
|  | Standard Family | A75                         | 533.63  | 578.12    | 460.39     | 117.73                  | 35.02                       | 533.63  | 578.12    | 466.15     | 111.97                  | 29.26 |
| <b>Arkansas Aetna HealthFund</b>           |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>Arkansas QualChoice</b>                 |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|  | High Self       | DH1                         | 248.28  | 263.55    | 206.38     | 57.17                   | 12.13                       | 248.28  | 263.55    | 208.96     | 54.59                   | 9.55  |
|  | High Family     | DH2                         | 581.43  | 617.18    | 460.39     | 156.79                  | 29.84                       | 581.43  | 617.18    | 466.15     | 151.03                  | 24.08 |
|  | Standard Self   | DH4                         | 193.65  | 205.55    | 171.63     | 33.92                   | 3.90                        | 193.65  | 205.55    | 173.69     | 31.86                   | 1.84  |
|  | Standard Family | DH5                         | 453.48  | 481.35    | 401.93     | 79.42                   | 9.13                        | 453.48  | 481.35    | 406.74     | 74.61                   | 4.32  |

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

| Health Management Organizations (HMO)  |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code  |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
| <b>California Aetna HealthFund</b>   |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>California Aetna Open Access</b>  |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 2X1                         | 202.28  | 227.20    | 189.71     | 37.49                   | 6.14                        | 202.28  | 227.20    | 191.98     | 35.22                   | 3.87   |
|  | High Family     | 2X2                         | 498.28  | 559.67    | 460.39     | 99.28                   | 22.05                       | 498.28  | 559.67    | 466.15     | 93.52                   | 16.29  |
| <b>California Blue Shield of CA Access+HMO</b>                               |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | SI1                         | 241.60  | 247.64    | 206.38     | 41.26                   | 2.90                        | 241.60  | 247.64    | 208.96     | 38.68                   | .32    |
|  | High Family     | SI2                         | 546.02  | 559.68    | 460.39     | 99.29                   | 7.75                        | 546.02  | 559.68    | 466.15     | 93.53                   | 1.99   |
| <b>California Health Net of California</b>                                   |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | LB1                         | 375.71  | 429.05    | 206.38     | 222.67                  | 50.20                       | 375.71  | 429.05    | 208.96     | 220.09                  | 47.62  |
|  | High Family     | LB2                         | 868.69  | 992.00    | 460.39     | 531.61                  | 117.40                      | 868.69  | 992.00    | 466.15     | 525.85                  | 111.64 |
|  | Standard Self   | LB4                         | 357.82  | 409.35    | 206.38     | 202.97                  | 48.39                       | 357.82  | 409.35    | 208.96     | 200.39                  | 45.81  |
|  | Standard Family | LB5                         | 827.32  | 946.45    | 460.39     | 486.06                  | 113.22                      | 827.32  | 946.45    | 466.15     | 480.30                  | 107.46 |
| <b>California Health Net of California</b>                                   |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | LP1                         | 254.77  | 274.72    | 206.38     | 68.34                   | 16.81                       | 254.77  | 274.72    | 208.96     | 65.76                   | 14.23  |
|  | High Family     | LP2                         | 589.04  | 635.17    | 460.39     | 174.78                  | 40.22                       | 589.04  | 635.17    | 466.15     | 169.02                  | 34.46  |
|  | Standard Self   | LP4                         | 239.22  | 258.03    | 206.38     | 51.65                   | 14.57                       | 239.22  | 258.03    | 208.96     | 49.07                   | 11.99  |
|  | Standard Family | LP5                         | 553.08  | 596.60    | 460.39     | 136.21                  | 37.61                       | 553.08  | 596.60    | 466.15     | 130.45                  | 31.85  |
| <b>California Kaiser Foundation Health Plan of California</b>                |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 591                         | 287.00  | 305.49    | 206.38     | 99.11                   | 15.35                       | 287.00  | 305.49    | 208.96     | 96.53                   | 12.77  |
|  | High Family     | 592                         | 685.10  | 729.21    | 460.39     | 268.82                  | 38.20                       | 685.10  | 729.21    | 466.15     | 263.06                  | 32.44  |
|  | Standard Self   | 594                         | 240.24  | 255.88    | 206.38     | 49.50                   | 12.26                       | 240.24  | 255.88    | 208.96     | 46.92                   | 9.68   |
|  | Standard Family | 595                         | 562.16  | 598.75    | 460.39     | 138.36                  | 30.68                       | 562.16  | 598.75    | 466.15     | 132.60                  | 24.92  |
| <b>California Kaiser Foundation Health Plan of California</b>                |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 621                         | 221.05  | 232.76    | 194.35     | 38.41                   | 4.15                        | 221.05  | 232.76    | 196.68     | 36.08                   | 1.82   |
|  | High Family     | 622                         | 510.87  | 537.96    | 449.20     | 88.76                   | 9.58                        | 510.87  | 537.96    | 454.58     | 83.38                   | 4.20   |
|  | Standard Self   | 624                         | 141.63  | 149.09    | 124.49     | 24.60                   | 2.65                        | 141.63  | 149.09    | 125.98     | 23.11                   | 1.16   |
|  | Standard Family | 625                         | 327.35  | 344.58    | 287.72     | 56.86                   | 6.12                        | 327.35  | 344.58    | 291.17     | 53.41                   | 2.67   |
| <b>California UnitedHealthcare of California (formerly Pacificare of CA)</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | CY1                         | 218.78  | 236.50    | 197.48     | 39.02                   | 5.11                        | 218.78  | 236.50    | 199.84     | 36.66                   | 2.75   |

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

| Health Management Organizations (HMO)                     |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code                           |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Family     | CY2                         | 499.40  | 540.64    | 451.43     | 89.21                   | 11.80                       | 499.40  | 540.64    | 456.84     | 83.80                   | 6.39   |
| <b>Colorado Aetna HealthFund</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Colorado Kaiser Foundation Health Plan of Colorado</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 651                         | 250.50  | 266.05    | 206.38     | 59.67                   | 12.41                       | 250.50  | 266.05    | 208.96     | 57.09                   | 9.83   |
|   | High Family     | 652                         | 566.14  | 601.30    | 460.39     | 140.91                  | 29.25                       | 566.14  | 601.30    | 466.15     | 135.15                  | 23.49  |
|   | Standard Self   | 654                         | 148.03  | 151.11    | 126.18     | 24.93                   | 1.99                        | 148.03  | 151.11    | 127.69     | 23.42                   | .48    |
|   | Standard Family | 655                         | 334.57  | 341.50    | 285.15     | 56.35                   | 4.49                        | 334.57  | 341.50    | 288.57     | 52.93                   | 1.07   |
| <b>Connecticut Aetna HealthFund</b>                       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Delaware Aetna HealthFund</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Delaware Aetna Open Access</b>                         |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | P31                         | 384.05  | 473.69    | 206.38     | 267.31                  | 86.50                       | 384.05  | 473.69    | 208.96     | 264.73                  | 83.92  |
|   | High Family     | P32                         | 926.65  | 1142.94   | 460.39     | 682.55                  | 210.38                      | 926.65  | 1142.94   | 466.15     | 676.79                  | 204.62 |
|   | Basic Self      | P34                         | 287.87  | 342.65    | 206.38     | 136.27                  | 51.64                       | 287.87  | 342.65    | 208.96     | 133.69                  | 49.06  |
|   | Basic Family    | P35                         | 664.74  | 791.22    | 460.39     | 330.83                  | 120.57                      | 664.74  | 791.22    | 466.15     | 325.07                  | 114.81 |
| <b>District of Columbia Aetna HealthFund</b>              |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>District of Columbia Aetna Open Access</b>             |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | JN1                         | 341.35  | 341.73    | 206.38     | 135.35                  | -2.76                       | 341.35  | 341.73    | 208.96     | 132.77                  | -5.34  |

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

| Health Management Organizations (HMO)   |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         |               | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |            |                         |          |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|---------------|-----------------------------|---|------------|-------------------------|----------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment | Total Premium |                             | Govt Pays                                     | Empl. Pays | Change in empl. payment |          |
| Plan - Option - Enrollment Code   |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Family     | JN2                         | 764.59  | 765.45    | 460.39     | 305.06                  | -5.05         | 764.59                      | 765.45  | 466.15     | 299.30                  | -10.81   |
|   | Basic Self      | JN4                         | 218.28  | 229.78    | 191.87     | 37.91                   | 4.08          | 218.28                      | 229.78  | 194.16     | 35.62                   | 1.79     |
|   | Basic Family    | JN5                         | 510.85  | 537.75    | 449.02     | 88.73                   | 9.55          | 510.85                      | 537.75  | 454.40     | 83.35                   | 4.17     |
| <b>District of Columbia CareFirst BlueChoice</b>                              |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Self       | 2G1                         | 250.36  | 250.36    | 206.38     | 43.98                   | -3.14         | 250.36                      | 250.36  | 208.96     | 41.40                   | -5.72    |
|   | High Family     | 2G2                         | 563.22  | 563.22    | 460.39     | 102.83                  | -5.91         | 563.22                      | 563.22  | 466.15     | 97.07                   | -11.67   |
|   | Standard Self   | 2G4                         | New Plan                                      | 237.85    | 198.60     | 39.25                   | New Plan      | New Plan                    | 237.85  | 200.98     | 36.87                   | New Plan |
|   | Standard Family | 2G5                         | New Plan                                      | 535.06    | 446.78     | 88.28                   | New Plan      | New Plan                    | 535.06  | 452.13     | 82.93                   | New Plan |
| <b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b> |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Self       | E31                         | 243.01  | 254.06    | 206.38     | 47.68                   | 7.91          | 243.01                      | 254.06  | 208.96     | 45.10                   | 5.33     |
|   | High Family     | E32                         | 558.93  | 584.36    | 460.39     | 123.97                  | 19.52         | 558.93                      | 584.36  | 466.15     | 118.21                  | 13.76    |
|   | Standard Self   | E34                         | 152.56  | 165.58    | 138.26     | 27.32                   | 3.67          | 152.56                      | 165.58  | 139.92     | 25.66                   | 2.01     |
|   | Standard Family | E35                         | 350.86  | 380.84    | 318.00     | 62.84                   | 8.46          | 350.86                      | 380.84  | 321.81     | 59.03                   | 4.65     |
| <b>District of Columbia M.D. IPA</b>  |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Self       | JP1                         | 241.68  | 262.27    | 206.38     | 55.89                   | 17.45         | 241.68                      | 262.27  | 208.96     | 53.31                   | 14.87    |
|   | High Family     | JP2                         | 557.30  | 604.78    | 460.39     | 144.39                  | 41.57         | 557.30                      | 604.78  | 466.15     | 138.63                  | 35.81    |
| <b>Florida Aetna HealthFund</b>   |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59         | 230.99                      | 257.77  | 208.96     | 48.81                   | 13.01    |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97         | 542.50                      | 585.38  | 466.15     | 119.23                  | 31.21    |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25          | 157.56                      | 173.76  | 146.83     | 26.93                   | 2.51     |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31          | 345.06                      | 380.55  | 321.56     | 58.99                   | 5.51     |
| <b>Florida AvMed Health Plan</b>  |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Self       | ML1                         | 237.88  | 270.09    | 206.38     | 63.71                   | 26.84         | 237.88                      | 270.09  | 208.96     | 61.13                   | 24.26    |
|   | High Family     | ML2                         | 570.98  | 648.26    | 460.39     | 187.87                  | 71.37         | 570.98                      | 648.26  | 466.15     | 182.11                  | 65.61    |
|   | Standard Self   | ML4                         | 220.31  | 226.43    | 189.07     | 37.36                   | 3.21          | 220.31                      | 226.43  | 191.33     | 35.10                   | .95      |
|   | Standard Family | ML5                         | 528.77  | 543.48    | 453.81     | 89.67                   | 7.71          | 528.77                      | 543.48  | 459.24     | 84.24                   | 2.28     |
| <b>Florida Capital Health Plan</b>  |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Self       | EA1                         | 188.80  | 188.80    | 157.65     | 31.15                   | 1.89          | 188.80                      | 188.80  | 159.54     | 29.26                   | .00      |
|   | High Family     | EA2                         | 500.31  | 500.32    | 417.77     | 82.55                   | 5.00          | 500.31                      | 500.32  | 422.77     | 77.55                   | .00      |
| <b>Florida Coventry Health Plan of Florida</b>                                |                 |                             |   |           |            |                         |               |                             |   |            |                         |          |
|   | High Self       | 5E1                         | 221.25  | 224.95    | 187.83     | 37.12                   | 2.83          | 221.25                      | 224.95  | 190.08     | 34.87                   | .58      |
|   | High Family     | 5E2                         | 573.56  | 581.55    | 460.39     | 121.16                  | 2.08          | 573.56                      | 581.55  | 466.15     | 115.40                  | -3.68    |
|   | Standard Self   | 5E4                         | 190.92  | 203.59    | 170.00     | 33.59                   | 4.00          | 190.92                      | 203.59  | 172.03     | 31.56                   | 1.97     |

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

| Health Management Organizations (HMO)          |                 |     | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |
|--|-----------------|-----|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|
|  |                 |     |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |
| Plan - Option - Enrollment Code                |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | Standard Family | 5E5 | 494.74                      | 526.04  | 439.24    | 86.80      | 10.12                   | 494.74                      | 526.04  | 444.50    | 81.54      | 4.86                    |
| <b>Florida Coventry Health Plan of Florida</b> |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | HDHP Self       | J41 | New Plan                    | 213.60  | 178.36    | 35.24      | New Plan                | New Plan                    | 213.60  | 180.49    | 33.11      | New Plan                |
|  | HDHP Family     | J42 | New Plan                    | 530.03  | 442.58    | 87.45      | New Plan                | New Plan                    | 530.03  | 447.88    | 82.15      | New Plan                |
| <b>Florida Humana CoverageFirst</b>            |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | MJ1 | 224.83                      | 234.19  | 195.55    | 38.64      | 3.79                    | 224.83                      | 234.19  | 197.89    | 36.30      | 1.45                    |
|  | CDHP Family     | MJ2 | 505.86                      | 526.93  | 439.99    | 86.94      | 8.53                    | 505.86                      | 526.93  | 445.26    | 81.67      | 3.26                    |
| <b>Florida Humana CoverageFirst</b>            |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | QP1 | 214.90                      | 200.74  | 167.62    | 33.12      | -.19                    | 214.90                      | 200.74  | 169.63    | 31.11      | -2.20                   |
|  | CDHP Family     | QP2 | 483.52                      | 451.66  | 377.14    | 74.52      | -.43                    | 483.52                      | 451.66  | 381.65    | 70.01      | -4.94                   |
| <b>Florida Humana Medical Plan, Inc.</b>       |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | EE1 | 256.90                      | 261.86  | 206.38    | 55.48      | 1.82                    | 256.90                      | 261.86  | 208.96    | 52.90      | -.76                    |
|  | High Family     | EE2 | 578.04                      | 589.19  | 460.39    | 128.80     | 5.24                    | 578.04                      | 589.19  | 466.15    | 123.04     | -.52                    |
|  | Standard Self   | EE4 | 224.98                      | 223.08  | 186.27    | 36.81      | 1.94                    | 224.98                      | 223.08  | 188.50    | 34.58      | -.29                    |
|  | Standard Family | EE5 | 506.21                      | 501.92  | 419.10    | 82.82      | 4.36                    | 506.21                      | 501.92  | 424.12    | 77.80      | -.66                    |
| <b>Florida Humana Medical Plan, Inc.</b>       |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | LL1 | 290.65                      | 342.80  | 206.38    | 136.42     | 49.01                   | 290.65                      | 342.80  | 208.96    | 133.84     | 46.43                   |
|  | High Family     | LL2 | 653.95                      | 771.31  | 460.39    | 310.92     | 111.45                  | 653.95                      | 771.31  | 466.15    | 305.16     | 105.69                  |
|  | Standard Self   | LL4 | 236.24                      | 247.86  | 206.38    | 41.48      | 4.86                    | 236.24                      | 247.86  | 208.96    | 38.90      | 2.28                    |
|  | Standard Family | LL5 | 531.52                      | 557.70  | 460.39    | 97.31      | 14.92                   | 531.52                      | 557.70  | 466.15    | 91.55      | 9.16                    |
| <b>Georgia Aetna HealthFund</b>                |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | 221 | 230.99                      | 257.77  | 206.38    | 51.39      | 15.59                   | 230.99                      | 257.77  | 208.96    | 48.81      | 13.01                   |
|  | CDHP Family     | 222 | 542.50                      | 585.38  | 460.39    | 124.99     | 36.97                   | 542.50                      | 585.38  | 466.15    | 119.23     | 31.21                   |
|  | HDHP Self       | 224 | 157.56                      | 173.76  | 145.09    | 28.67      | 4.25                    | 157.56                      | 173.76  | 146.83    | 26.93      | 2.51                    |
|  | HDHP Family     | 225 | 345.06                      | 380.55  | 317.76    | 62.79      | 9.31                    | 345.06                      | 380.55  | 321.56    | 58.99      | 5.51                    |
| <b>Georgia Aetna Open Access</b>               |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | 2U1 | 287.47                      | 316.05  | 206.38    | 109.67     | 25.44                   | 287.47                      | 316.05  | 208.96    | 107.09     | 22.86                   |
|  | High Family     | 2U2 | 659.62                      | 725.19  | 460.39    | 264.80     | 59.66                   | 659.62                      | 725.19  | 466.15    | 259.04     | 53.90                   |
| <b>Georgia Humana CoverageFirst</b>            |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | AD1 | 211.89                      | 211.89  | 176.93    | 34.96      | 2.12                    | 211.89                      | 211.89  | 179.05    | 32.84      | .00                     |
|  | CDHP Family     | AD2 | 476.76                      | 476.75  | 398.09    | 78.66      | 4.76                    | 476.76                      | 476.75  | 402.85    | 73.90      | .00                     |
| <b>Georgia Humana CoverageFirst</b>            |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | LM1 | 215.68                      | 218.58  | 182.51    | 36.07      | 2.64                    | 215.68                      | 218.58  | 184.70    | 33.88      | .45                     |

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

| Health Management Organizations (HMO)                   |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code                         |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Family     | LM2                         | 485.28  | 491.80    | 410.65     | 81.15                   | 5.93                        | 485.28  | 491.80    | 415.57     | 76.23                   | 1.01   |
| <b>Georgia Humana Employers Health of Georgia, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | CB1                         | 238.88  | 247.87    | 206.38     | 41.49                   | 4.46                        | 238.88  | 247.87    | 208.96     | 38.91                   | 1.88   |
|   | High Family     | CB2                         | 537.47  | 557.71    | 460.39     | 97.32                   | 14.01                       | 537.47  | 557.71    | 466.15     | 91.56                   | 8.25   |
|   | Standard Self   | CB4                         | 214.99  | 235.47    | 196.62     | 38.85                   | 5.53                        | 214.99  | 235.47    | 198.97     | 36.50                   | 3.18   |
|   | Standard Family | CB5                         | 483.72  | 529.81    | 442.39     | 87.42                   | 12.44                       | 483.72  | 529.81    | 447.69     | 82.12                   | 7.14   |
| <b>Georgia Humana Employers Health of Georgia, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | DG1                         | 249.31  | 238.43    | 199.09     | 39.34                   | -6.73                       | 249.31  | 238.43    | 201.47     | 36.96                   | -9.11  |
|   | High Family     | DG2                         | 560.94  | 536.46    | 447.94     | 88.52                   | -17.94                      | 560.94  | 536.46    | 453.31     | 83.15                   | -23.31 |
|   | Standard Self   | DG4                         | 238.88  | 229.28    | 191.45     | 37.83                   | .80                         | 238.88  | 229.28    | 193.74     | 35.54                   | -1.49  |
|   | Standard Family | DG5                         | 537.48  | 515.86    | 430.74     | 85.12                   | 1.81                        | 537.48  | 515.86    | 435.90     | 79.96                   | -3.35  |
| <b>Georgia Humana Employers Health of Georgia, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | DN1                         | 236.83  | 247.87    | 206.38     | 41.49                   | 4.78                        | 236.83  | 247.87    | 208.96     | 38.91                   | 2.20   |
|   | High Family     | DN2                         | 532.85  | 557.71    | 460.39     | 97.32                   | 14.73                       | 532.85  | 557.71    | 466.15     | 91.56                   | 8.97   |
|   | Standard Self   | DN4                         | 224.98  | 235.47    | 196.62     | 38.85                   | 3.98                        | 224.98  | 235.47    | 198.97     | 36.50                   | 1.63   |
|   | Standard Family | DN5                         | 506.21  | 529.81    | 442.39     | 87.42                   | 8.96                        | 506.21  | 529.81    | 447.69     | 82.12                   | 3.66   |
| <b>Georgia Kaiser Foundation Health Plan of Georgia</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | F81                         | 241.56  | 259.77    | 206.38     | 53.39                   | 15.07                       | 241.56  | 259.77    | 208.96     | 50.81                   | 12.49  |
|   | High Family     | F82                         | 551.98  | 593.59    | 460.39     | 133.20                  | 35.70                       | 551.98  | 593.59    | 466.15     | 127.44                  | 29.94  |
|   | Standard Self   | F84                         | 165.14  | 179.93    | 150.24     | 29.69                   | 4.09                        | 165.14  | 179.93    | 152.04     | 27.89                   | 2.29   |
|   | Standard Family | F85                         | 377.34  | 411.14    | 343.30     | 67.84                   | 9.35                        | 377.34  | 411.14    | 347.41     | 63.73                   | 5.24   |
| <b>Guam TakeCare</b>                                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | JK1                         | 229.79  | 229.80    | 191.88     | 37.92                   | 2.30                        | 229.79  | 229.80    | 194.18     | 35.62                   | .00    |
|   | High Family     | JK2                         | 603.86  | 603.86    | 460.39     | 143.47                  | -5.91                       | 603.86  | 603.86    | 466.15     | 137.71                  | -11.67 |
|   | Standard Self   | JK4                         | 203.87  | 203.87    | 170.23     | 33.64                   | 2.04                        | 203.87  | 203.87    | 172.27     | 31.60                   | .00    |
|   | Standard Family | JK5                         | 538.37  | 538.38    | 449.55     | 88.83                   | 4.94                        | 538.37  | 538.38    | 454.93     | 83.45                   | -.44   |
| <b>Guam TakeCare</b>                                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | HDHP Self       | KX1                         | 150.24  | 150.24    | 125.45     | 24.79                   | 1.50                        | 150.24  | 150.24    | 126.95     | 23.29                   | .00    |
|   | HDHP Family     | KX2                         | 395.42  | 395.86    | 330.54     | 65.32                   | 4.03                        | 395.42  | 395.86    | 334.50     | 61.36                   | .07    |
| <b>Hawaii Aetna HealthFund</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |



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

| Health Management Organizations (HMO)                 |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code                       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Hawaii HMSA</b>                                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 871                         | 208.71  | 218.72    | 182.63     | 36.09                   | 3.74                        | 208.71  | 218.72    | 184.82     | 33.90                   | 1.55   |
|   | High Family     | 872                         | 464.57  | 486.87    | 406.54     | 80.33                   | 8.32                        | 464.57  | 486.87    | 411.41     | 75.46                   | 3.45   |
| <b>Hawaii Kaiser Foundation Health Plan of Hawaii</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 631                         | 234.89  | 248.91    | 206.38     | 42.53                   | 6.12                        | 234.89  | 248.91    | 208.96     | 39.95                   | 3.54   |
|   | High Family     | 632                         | 505.01  | 535.14    | 446.84     | 88.30                   | 10.02                       | 505.01  | 535.14    | 452.19     | 82.95                   | 4.67   |
|   | Standard Self   | 634                         | 104.11  | 113.77    | 95.00      | 18.77                   | 2.63                        | 104.11  | 113.77    | 96.14      | 17.63                   | 1.49   |
|   | Standard Family | 635                         | 223.83  | 244.61    | 204.25     | 40.36                   | 5.67                        | 223.83  | 244.61    | 206.70     | 37.91                   | 3.22   |
| <b>Idaho Aetna HealthFund</b>                         |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Idaho Altius Health Plans</b>                      |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 9K1                         | 277.07  | 277.07    | 206.38     | 70.69                   | -3.14                       | 277.07  | 277.07    | 208.96     | 68.11                   | -5.72  |
|   | High Family     | 9K2                         | 609.59  | 609.59    | 460.39     | 149.20                  | -5.91                       | 609.59  | 609.59    | 466.15     | 143.44                  | -11.67 |
|   | HDHP Self       | 9K4                         | 160.70  | 160.70    | 134.18     | 26.52                   | 1.61                        | 160.70  | 160.70    | 135.79     | 24.91                   | .00    |
|   | HDHP Family     | 9K5                         | 332.92  | 332.92    | 277.99     | 54.93                   | 3.33                        | 332.92  | 332.92    | 281.32     | 51.60                   | .00    |
| <b>Idaho Altius Health Plans</b>                      |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | Standard Self   | DK4                         | 183.77  | 196.63    | 164.19     | 32.44                   | 3.96                        | 183.77  | 196.63    | 166.15     | 30.48                   | 2.00   |
|   | Standard Family | DK5                         | 404.27  | 432.57    | 361.20     | 71.37                   | 8.71                        | 404.27  | 432.57    | 365.52     | 67.05                   | 4.39   |
| <b>Idaho Group Health Cooperative</b>                 |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 541                         | 265.22  | 276.67    | 206.38     | 70.29                   | 8.31                        | 265.22  | 276.67    | 208.96     | 67.71                   | 5.73   |
|   | High Family     | 542                         | 570.23  | 594.86    | 460.39     | 134.47                  | 18.72                       | 570.23  | 594.86    | 466.15     | 128.71                  | 12.96  |
|   | Standard Self   | 544                         | 171.53  | 176.47    | 147.35     | 29.12                   | 2.53                        | 171.53  | 176.47    | 149.12     | 27.35                   | .76    |
|   | Standard Family | 545                         | 387.25  | 398.38    | 332.65     | 65.73                   | 5.71                        | 387.25  | 398.38    | 336.63     | 61.75                   | 1.73   |
| <b>Illinois Aetna HealthFund</b>                      |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Illinois Aetna Open Access</b>                     |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |

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

| Postal Premium Rates for the Federal Employees Health Benefits Program |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|--|-----------------|-----|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|
| Health Management Organizations (HMO)                                  |                 |     | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |
| Plan - Option - Enrollment Code  |                 |     |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |
|  | High Self       | IK1 | 278.98                      | 343.75  | 206.38    | 137.37     | 61.63                   | 278.98                      | 343.75  | 208.96    | 134.79     | 59.05                   |
|  | High Family     | IK2 | 671.77                      | 827.72  | 460.39    | 367.33     | 150.04                  | 671.77                      | 827.72  | 466.15    | 361.57     | 144.28                  |
| <b>Illinois Blue Preferred Plus POS</b>                                |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | 9G1 | 262.14                      | 306.71  | 206.38    | 100.33     | 41.43                   | 262.14                      | 306.71  | 208.96    | 97.75      | 38.85                   |
|  | High Family     | 9G2 | 567.56                      | 664.05  | 460.39    | 203.66     | 90.58                   | 567.56                      | 664.05  | 466.15    | 197.90     | 84.82                   |
| <b>Illinois Health Alliance HMO</b>                                    |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | FX1 | 255.88                      | 286.58  | 206.38    | 80.20      | 27.56                   | 255.88                      | 286.58  | 208.96    | 77.62      | 24.98                   |
|  | High Family     | FX2 | 596.47                      | 668.04  | 460.39    | 207.65     | 65.66                   | 596.47                      | 668.04  | 466.15    | 201.89     | 59.90                   |
| <b>Illinois Humana Benefit Plan of Illinois, Inc.</b>                  |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | 9F1 | 314.19                      | 368.44  | 206.38    | 162.06     | 51.11                   | 314.19                      | 368.44  | 208.96    | 159.48     | 48.53                   |
|  | High Family     | 9F2 | 706.95                      | 828.99  | 460.39    | 368.60     | 116.13                  | 706.95                      | 828.99  | 466.15    | 362.84     | 110.37                  |
| <b>Illinois Humana Benefit Plan of Illinois, Inc.</b>                  |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | Standard Self   | AB4 | 238.88                      | 247.87  | 206.38    | 41.49      | 4.46                    | 238.88                      | 247.87  | 208.96    | 38.91      | 1.88                    |
|  | Standard Family | AB5 | 537.48                      | 557.71  | 460.39    | 97.32      | 14.01                   | 537.48                      | 557.71  | 466.15    | 91.56      | 8.25                    |
| <b>Illinois Humana CoverageFirst</b>                                   |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | GB1 | New Plan                    | 234.19  | 195.55    | 38.64      | New Plan                | New Plan                    | 234.19  | 197.89    | 36.30      | New Plan                |
|  | CDHP Family     | GB2 | New Plan                    | 526.94  | 439.99    | 86.95      | New Plan                | New Plan                    | 526.94  | 445.26    | 81.68      | New Plan                |
| <b>Illinois Humana CoverageFirst</b>                                   |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | CDHP Self       | MW1 | 218.41                      | 223.04  | 186.24    | 36.80      | 2.95                    | 218.41                      | 223.04  | 188.47    | 34.57      | .72                     |
|  | CDHP Family     | MW2 | 491.42                      | 501.83  | 419.03    | 82.80      | 6.63                    | 491.42                      | 501.83  | 424.05    | 77.78      | 1.61                    |
| <b>Illinois Humana Health Plan Inc.</b>                                |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | 751 | 295.57                      | 324.08  | 206.38    | 117.70     | 25.37                   | 295.57                      | 324.08  | 208.96    | 115.12     | 22.79                   |
|  | High Family     | 752 | 665.03                      | 729.19  | 460.39    | 268.80     | 58.25                   | 665.03                      | 729.19  | 466.15    | 263.04     | 52.49                   |
|  | Standard Self   | 754 | 224.98                      | 247.86  | 206.38    | 41.48      | 6.61                    | 224.98                      | 247.86  | 208.96    | 38.90      | 4.03                    |
|  | Standard Family | 755 | 506.21                      | 557.70  | 460.39    | 97.31      | 18.85                   | 506.21                      | 557.70  | 466.15    | 91.55      | 13.09                   |
| <b>Illinois Union Health Service</b>                                   |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | 761 | 218.58                      | 236.80  | 197.73    | 39.07      | 5.19                    | 218.58                      | 236.80  | 200.10    | 36.70      | 2.82                    |
|  | High Family     | 762 | 507.42                      | 550.05  | 459.29    | 90.76      | 12.11                   | 507.42                      | 550.05  | 464.79    | 85.26      | 6.61                    |
| <b>Illinois United Healthcare of the Midwest, Inc.</b>                 |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | B91 | 250.49                      | 275.07  | 206.38    | 68.69      | 21.44                   | 250.49                      | 275.07  | 208.96    | 66.11      | 18.86                   |
|  | High Family     | B92 | 559.61                      | 614.54  | 460.39    | 154.15     | 49.02                   | 559.61                      | 614.54  | 466.15    | 148.39     | 43.26                   |
| <b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>         |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|  | High Self       | YH1 | 211.33                      | 245.10  | 204.66    | 40.44      | 7.68                    | 211.33                      | 245.10  | 207.11    | 37.99      | 5.23                    |



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

| Health Management Organizations (HMO)                     |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan  | Option          | Enrollment Code             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Family     | YH2                         | 517.74  | 585.51    | 460.39     | 125.12                  | 44.87                       | 517.74  | 585.51    | 466.15     | 119.36                  | 39.11  |
| <b>Indiana Aetna HealthFund</b>                           |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Indiana Aetna Open Access</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | IK1                         | 278.98  | 343.75    | 206.38     | 137.37                  | 61.63                       | 278.98  | 343.75    | 208.96     | 134.79                  | 59.05  |
|   | High Family     | IK2                         | 671.77  | 827.72    | 460.39     | 367.33                  | 150.04                      | 671.77  | 827.72    | 466.15     | 361.57                  | 144.28 |
| <b>Indiana Health Alliance HMO</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | FX1                         | 255.88  | 286.58    | 206.38     | 80.20                   | 27.56                       | 255.88  | 286.58    | 208.96     | 77.62                   | 24.98  |
|   | High Family     | FX2                         | 596.47  | 668.04    | 460.39     | 207.65                  | 65.66                       | 596.47  | 668.04    | 466.15     | 201.89                  | 59.90  |
| <b>Indiana Humana CoverageFirst</b>                       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | MW1                         | 218.41  | 223.04    | 186.24     | 36.80                   | 2.95                        | 218.41  | 223.04    | 188.47     | 34.57                   | .72    |
|   | CDHP Family     | MW2                         | 491.42  | 501.83    | 419.03     | 82.80                   | 6.63                        | 491.42  | 501.83    | 424.05     | 77.78                   | 1.61   |
| <b>Indiana Humana Health Plan Inc.</b>                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 751                         | 295.57  | 324.08    | 206.38     | 117.70                  | 25.37                       | 295.57  | 324.08    | 208.96     | 115.12                  | 22.79  |
|   | High Family     | 752                         | 665.03  | 729.19    | 460.39     | 268.80                  | 58.25                       | 665.03  | 729.19    | 466.15     | 263.04                  | 52.49  |
|   | Standard Self   | 754                         | 224.98  | 247.86    | 206.38     | 41.48                   | 6.61                        | 224.98  | 247.86    | 208.96     | 38.90                   | 4.03   |
|   | Standard Family | 755                         | 506.21  | 557.70    | 460.39     | 97.31                   | 18.85                       | 506.21  | 557.70    | 466.15     | 91.55                   | 13.09  |
| <b>Indiana Humana Health Plan, Inc.</b>                   |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | MH1                         | 238.88  | 266.33    | 206.38     | 59.95                   | 22.92                       | 238.88  | 266.33    | 208.96     | 57.37                   | 20.34  |
|   | High Family     | MH2                         | 537.47  | 599.25    | 460.39     | 138.86                  | 55.55                       | 537.47  | 599.25    | 466.15     | 133.10                  | 49.79  |
|   | Standard Self   | MH4                         | 214.99  | 247.87    | 206.38     | 41.49                   | 8.17                        | 214.99  | 247.87    | 208.96     | 38.91                   | 5.59   |
|   | Standard Family | MH5                         | 483.72  | 557.71    | 460.39     | 97.32                   | 22.34                       | 483.72  | 557.71    | 466.15     | 91.56                   | 16.58  |
| <b>Indiana Physicians Health Plan of Northern Indiana</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | DQ1                         | 258.69  | 273.92    | 206.38     | 67.54                   | 12.09                       | 258.69  | 273.92    | 208.96     | 64.96                   | 9.51   |
|   | High Family     | DQ2                         | 575.78  | 609.70    | 460.39     | 149.31                  | 28.01                       | 575.78  | 609.70    | 466.15     | 143.55                  | 22.25  |
| <b>Iowa Aetna HealthFund</b>                              |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |



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

| Health Management Organizations (HMO)                           |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |       |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|-------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |       |
| Plan - Option - Enrollment Code                                 |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | HA1                         | 210.09  | 225.16    | 188.01     | 37.15                   | 4.59                        | 210.09  | 225.16    | 190.26     | 34.90                   | 2.34  |
|   | High Family     | HA2                         | 527.54  | 565.38    | 460.39     | 104.99                  | 23.22                       | 527.54  | 565.38    | 466.15     | 99.23                   | 17.46 |
|   | Standard Self   | HA4                         | 179.02  | 186.39    | 155.64     | 30.75                   | 3.00                        | 179.02  | 186.39    | 157.50     | 28.89                   | 1.14  |
|   | Standard Family | HA5                         | 420.62  | 437.94    | 365.68     | 72.26                   | 7.06                        | 420.62  | 437.94    | 370.06     | 67.88                   | 2.68  |
| <b>Kansas Coventry Health Care of Kansas (Kansas City)-HDHP</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | HDHP Self       | 9H1                         | 173.13  | 179.46    | 149.85     | 29.61                   | 2.77                        | 173.13  | 179.46    | 151.64     | 27.82                   | .98   |
|   | HDHP Family     | 9H2                         | 406.87  | 421.76    | 352.17     | 69.59                   | 6.53                        | 406.87  | 421.76    | 356.39     | 65.37                   | 2.31  |
| <b>Kansas Humana CoverageFirst</b>                              |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | CDHP Self       | PH1                         | 198.18  | 200.73    | 167.61     | 33.12                   | 2.40                        | 198.18  | 200.73    | 169.62     | 31.11                   | .39   |
|   | CDHP Family     | PH2                         | 445.91  | 451.65    | 377.13     | 74.52                   | 5.40                        | 445.91  | 451.65    | 381.64     | 70.01                   | .89   |
| <b>Kansas Humana Health Plan, Inc.</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | MS1                         | 352.46  | 396.74    | 206.38     | 190.36                  | 41.14                       | 352.46  | 396.74    | 208.96     | 187.78                  | 38.56 |
|   | High Family     | MS2                         | 793.03  | 892.67    | 460.39     | 432.28                  | 93.73                       | 793.03  | 892.67    | 466.15     | 426.52                  | 87.97 |
|   | Standard Self   | MS4                         | 237.48  | 247.86    | 206.38     | 41.48                   | 4.67                        | 237.48  | 247.86    | 208.96     | 38.90                   | 2.09  |
|   | Standard Family | MS5                         | 534.34  | 557.70    | 460.39     | 97.31                   | 14.49                       | 534.34  | 557.70    | 466.15     | 91.55                   | 8.73  |
| <b>Kentucky Aetna HealthFund</b>                                |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>Kentucky Humana CoverageFirst</b>                            |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | CDHP Self       | 6N1                         | 182.76  | 185.79    | 155.13     | 30.66                   | 2.33                        | 182.76  | 185.79    | 156.99     | 28.80                   | .47   |
|   | CDHP Family     | 6N2                         | 411.21  | 418.04    | 349.06     | 68.98                   | 5.24                        | 411.21  | 418.04    | 353.24     | 64.80                   | 1.06  |
| <b>Kentucky Humana Health Plan, Inc.</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | MH1                         | 238.88  | 266.33    | 206.38     | 59.95                   | 22.92                       | 238.88  | 266.33    | 208.96     | 57.37                   | 20.34 |
|   | High Family     | MH2                         | 537.47  | 599.25    | 460.39     | 138.86                  | 55.55                       | 537.47  | 599.25    | 466.15     | 133.10                  | 49.79 |
|   | Standard Self   | MH4                         | 214.99  | 247.87    | 206.38     | 41.49                   | 8.17                        | 214.99  | 247.87    | 208.96     | 38.91                   | 5.59  |
|   | Standard Family | MH5                         | 483.72  | 557.71    | 460.39     | 97.32                   | 22.34                       | 483.72  | 557.71    | 466.15     | 91.56                   | 16.58 |
| <b>Kentucky Humana Health Plan, Inc.</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | MI1                         | 230.01  | 247.35    | 206.38     | 40.97                   | 5.32                        | 230.01  | 247.35    | 208.96     | 38.39                   | 2.74  |
|   | High Family     | MI2                         | 517.51  | 556.56    | 460.39     | 96.17                   | 15.96                       | 517.51  | 556.56    | 466.15     | 90.41                   | 10.20 |
|   | Standard Self   | MI4                         | 201.86  | 210.68    | 175.92     | 34.76                   | 3.47                        | 201.86  | 210.68    | 178.02     | 32.66                   | 1.37  |
|   | Standard Family | MI5                         | 454.19  | 474.03    | 395.82     | 78.21                   | 7.81                        | 454.19  | 474.03    | 400.56     | 73.47                   | 3.07  |

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

| Health Management Organizations (HMO)              |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |          |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|----------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |          |
| Plan - Option - Enrollment Code                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
| <b>Louisiana Aetna HealthFund</b>                  |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01    |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21    |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51     |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51     |
| <b>Louisiana Coventry Health Care of Louisiana</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | High Self       | BJ1                         | 260.71  | 273.52    | 206.38     | 67.14                   | 9.67                        | 260.71  | 273.52    | 208.96     | 64.56                   | 7.09     |
|  | High Family     | BJ2                         | 605.45  | 635.22    | 460.39     | 174.83                  | 23.86                       | 605.45  | 635.22    | 466.15     | 169.07                  | 18.10    |
|  | Standard Self   | BJ4                         | 232.71  | 240.64    | 200.93     | 39.71                   | 3.64                        | 232.71  | 240.64    | 203.34     | 37.30                   | 1.23     |
|  | Standard Family | BJ5                         | 540.46  | 558.85    | 460.39     | 98.46                   | 12.48                       | 540.46  | 558.85    | 466.15     | 92.70                   | 6.72     |
| <b>Maine Aetna HealthFund</b>                      |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01    |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21    |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51     |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51     |
| <b>Maryland Aetna HealthFund</b>                   |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01    |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21    |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51     |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51     |
| <b>Maryland Aetna Open Access</b>                  |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | High Self       | JN1                         | 341.35  | 341.73    | 206.38     | 135.35                  | -2.76                       | 341.35  | 341.73    | 208.96     | 132.77                  | -5.34    |
|  | High Family     | JN2                         | 764.59  | 765.45    | 460.39     | 305.06                  | -5.05                       | 764.59  | 765.45    | 466.15     | 299.30                  | -10.81   |
|  | Basic Self      | JN4                         | 218.28  | 229.78    | 191.87     | 37.91                   | 4.08                        | 218.28  | 229.78    | 194.16     | 35.62                   | 1.79     |
|  | Basic Family    | JN5                         | 510.85  | 537.75    | 449.02     | 88.73                   | 9.55                        | 510.85  | 537.75    | 454.40     | 83.35                   | 4.17     |
| <b>Maryland CareFirst BlueChoice</b>               |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | High Self       | 2G1                         | 250.36  | 250.36    | 206.38     | 43.98                   | -3.14                       | 250.36  | 250.36    | 208.96     | 41.40                   | -5.72    |
|  | High Family     | 2G2                         | 563.22  | 563.22    | 460.39     | 102.83                  | -5.91                       | 563.22  | 563.22    | 466.15     | 97.07                   | -11.67   |
|  | Standard Self   | 2G4                         | New Plan                                      | 237.85    | 198.60     | 39.25                   | New Plan                    | New Plan                                      | 237.85    | 200.98     | 36.87                   | New Plan |
|  | Standard Family | 2G5                         | New Plan                                      | 535.06    | 446.78     | 88.28                   | New Plan                    | New Plan                                      | 535.06    | 452.13     | 82.93                   | New Plan |
| <b>Maryland Coventry Health Care</b>               |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|  | High Self       | IG1                         | 196.14  | 199.49    | 166.57     | 32.92                   | 2.52                        | 196.14  | 199.49    | 168.57     | 30.92                   | .52      |
|  | High Family     | IG2                         | 492.24  | 500.66    | 418.05     | 82.61                   | 6.31                        | 492.24  | 500.66    | 423.06     | 77.60                   | 1.30     |







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

| Health Management Organizations (HMO)                             |                 |     | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |
|---|-----------------|-----|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|
|   |                 |     |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |
| Plan - Option - Enrollment Code                                   |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | CDHP Self       | 221 | 230.99                      | 257.77  | 206.38    | 51.39      | 15.59                   | 230.99                      | 257.77  | 208.96    | 48.81      | 13.01                   |
|   | CDHP Family     | 222 | 542.50                      | 585.38  | 460.39    | 124.99     | 36.97                   | 542.50                      | 585.38  | 466.15    | 119.23     | 31.21                   |
|   | HDHP Self       | 224 | 157.56                      | 173.76  | 145.09    | 28.67      | 4.25                    | 157.56                      | 173.76  | 146.83    | 26.93      | 2.51                    |
|   | HDHP Family     | 225 | 345.06                      | 380.55  | 317.76    | 62.79      | 9.31                    | 345.06                      | 380.55  | 321.56    | 58.99      | 5.51                    |
| <b>Missouri Aetna HealthFund</b>                                  |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | CDHP Self       | 221 | 230.99                      | 257.77  | 206.38    | 51.39      | 15.59                   | 230.99                      | 257.77  | 208.96    | 48.81      | 13.01                   |
|   | CDHP Family     | 222 | 542.50                      | 585.38  | 460.39    | 124.99     | 36.97                   | 542.50                      | 585.38  | 466.15    | 119.23     | 31.21                   |
|   | HDHP Self       | 224 | 157.56                      | 173.76  | 145.09    | 28.67      | 4.25                    | 157.56                      | 173.76  | 146.83    | 26.93      | 2.51                    |
|   | HDHP Family     | 225 | 345.06                      | 380.55  | 317.76    | 62.79      | 9.31                    | 345.06                      | 380.55  | 321.56    | 58.99      | 5.51                    |
| <b>Missouri Aetna Open Access</b>                                 |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | HY1 | New Plan                    | 218.16  | 182.16    | 36.00      | New Plan                | New Plan                    | 218.16  | 184.35    | 33.81      | New Plan                |
|   | High Family     | HY2 | New Plan                    | 581.77  | 460.39    | 121.38     | New Plan                | New Plan                    | 581.77  | 466.15    | 115.62     | New Plan                |
| <b>Missouri Blue Preferred Plus POS</b>                           |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | 9G1 | 262.14                      | 306.71  | 206.38    | 100.33     | 41.43                   | 262.14                      | 306.71  | 208.96    | 97.75      | 38.85                   |
|   | High Family     | 9G2 | 567.56                      | 664.05  | 460.39    | 203.66     | 90.58                   | 567.56                      | 664.05  | 466.15    | 197.90     | 84.82                   |
| <b>Missouri Coventry Health Care of Kansas</b>                    |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | HA1 | 210.09                      | 225.16  | 188.01    | 37.15      | 4.59                    | 210.09                      | 225.16  | 190.26    | 34.90      | 2.34                    |
|   | High Family     | HA2 | 527.54                      | 565.38  | 460.39    | 104.99     | 23.22                   | 527.54                      | 565.38  | 466.15    | 99.23      | 17.46                   |
|   | Standard Self   | HA4 | 179.02                      | 186.39  | 155.64    | 30.75      | 3.00                    | 179.02                      | 186.39  | 157.50    | 28.89      | 1.14                    |
|   | Standard Family | HA5 | 420.62                      | 437.94  | 365.68    | 72.26      | 7.06                    | 420.62                      | 437.94  | 370.06    | 67.88      | 2.68                    |
| <b>Missouri Coventry Health Care of Kansas (Kansas City)-HDHP</b> |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | HDHP Self       | 9H1 | 173.13                      | 179.46  | 149.85    | 29.61      | 2.77                    | 173.13                      | 179.46  | 151.64    | 27.82      | .98                     |
|   | HDHP Family     | 9H2 | 406.87                      | 421.76  | 352.17    | 69.59      | 6.53                    | 406.87                      | 421.76  | 356.39    | 65.37      | 2.31                    |
| <b>Missouri Humana CoverageFirst</b>                              |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | CDHP Self       | PH1 | 198.18                      | 200.73  | 167.61    | 33.12      | 2.40                    | 198.18                      | 200.73  | 169.62    | 31.11      | .39                     |
|   | CDHP Family     | PH2 | 445.91                      | 451.65  | 377.13    | 74.52      | 5.40                    | 445.91                      | 451.65  | 381.64    | 70.01      | .89                     |
| <b>Missouri Humana Health Plan, Inc.</b>                          |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | MS1 | 352.46                      | 396.74  | 206.38    | 190.36     | 41.14                   | 352.46                      | 396.74  | 208.96    | 187.78     | 38.56                   |
|   | High Family     | MS2 | 793.03                      | 892.67  | 460.39    | 432.28     | 93.73                   | 793.03                      | 892.67  | 466.15    | 426.52     | 87.97                   |
|   | Standard Self   | MS4 | 237.48                      | 247.86  | 206.38    | 41.48      | 4.67                    | 237.48                      | 247.86  | 208.96    | 38.90      | 2.09                    |
|   | Standard Family | MS5 | 534.34                      | 557.70  | 460.39    | 97.31      | 14.49                   | 534.34                      | 557.70  | 466.15    | 91.55      | 8.73                    |
| <b>Missouri United Healthcare of the Midwest, Inc.</b>            |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | B91 | 250.49                      | 275.07  | 206.38    | 68.69      | 21.44                   | 250.49                      | 275.07  | 208.96    | 66.11      | 18.86                   |



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

| Health Management Organizations (HMO)      |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | JR1                         | 324.08  | 377.88    | 206.38     | 171.50                  | 50.66                       | 324.08  | 377.88    | 208.96     | 168.92                  | 48.08  |
|  | High Family     | JR2                         | 745.50  | 869.25    | 460.39     | 408.86                  | 117.84                      | 745.50  | 869.25    | 466.15     | 403.10                  | 112.08 |
|  | Basic Self      | JR4                         | 255.26  | 298.44    | 206.38     | 92.06                   | 40.04                       | 255.26  | 298.44    | 208.96     | 89.48                   | 37.46  |
|  | Basic Family    | JR5                         | 589.23  | 688.91    | 460.39     | 228.52                  | 93.77                       | 589.23  | 688.91    | 466.15     | 222.76                  | 88.01  |
| <b>New Jersey Aetna Open Access</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | P31                         | 384.05  | 473.69    | 206.38     | 267.31                  | 86.50                       | 384.05  | 473.69    | 208.96     | 264.73                  | 83.92  |
|  | High Family     | P32                         | 926.65  | 1142.94   | 460.39     | 682.55                  | 210.38                      | 926.65  | 1142.94   | 466.15     | 676.79                  | 204.62 |
|  | Basic Self      | P34                         | 287.87  | 342.65    | 206.38     | 136.27                  | 51.64                       | 287.87  | 342.65    | 208.96     | 133.69                  | 49.06  |
|  | Basic Family    | P35                         | 664.74  | 791.22    | 460.39     | 330.83                  | 120.57                      | 664.74  | 791.22    | 466.15     | 325.07                  | 114.81 |
| <b>New Jersey GHI Health Plan</b>          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 801                         | 280.72  | 303.17    | 206.38     | 96.79                   | 19.31                       | 280.72  | 303.17    | 208.96     | 94.21                   | 16.73  |
|  | High Family     | 802                         | 701.84  | 757.99    | 460.39     | 297.60                  | 50.24                       | 701.84  | 757.99    | 466.15     | 291.84                  | 44.48  |
|  | Standard Self   | 804                         | 196.06  | 215.66    | 180.08     | 35.58                   | 5.19                        | 196.06  | 215.66    | 182.23     | 33.43                   | 3.04   |
|  | Standard Family | 805                         | 457.68  | 503.45    | 420.38     | 83.07                   | 12.13                       | 457.68  | 503.45    | 425.42     | 78.03                   | 7.09   |
| <b>New Mexico Aetna HealthFund</b>         |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>New Mexico Lovelace Health Plan</b>     |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | Q11                         | 238.33  | 291.32    | 206.38     | 84.94                   | 48.00                       | 238.33  | 291.32    | 208.96     | 82.36                   | 45.42  |
|  | High Family     | Q12                         | 583.90  | 684.63    | 460.39     | 224.24                  | 94.82                       | 583.90  | 684.63    | 466.15     | 218.48                  | 89.06  |
| <b>New Mexico Presbyterian Health Plan</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | P21                         | 265.92  | 265.92    | 206.38     | 59.54                   | -3.14                       | 265.92  | 265.92    | 208.96     | 56.96                   | -5.72  |
|  | High Family     | P22                         | 603.93  | 603.93    | 460.39     | 143.54                  | -5.91                       | 603.93  | 603.93    | 466.15     | 137.78                  | -11.67 |
| <b>New York Aetna HealthFund</b>           |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>New York Aetna Open Access</b>          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | JC1                         | 311.97  | 334.60    | 206.38     | 128.22                  | 19.49                       | 311.97  | 334.60    | 208.96     | 125.64                  | 16.91  |
|  | High Family     | JC2                         | 767.93  | 823.62    | 460.39     | 363.23                  | 49.78                       | 767.93  | 823.62    | 466.15     | 357.47                  | 44.02  |

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

| Health Management Organizations (HMO)          |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code                |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | Basic Self      | JC4                         | 251.13  | 271.23    | 206.38     | 64.85                   | 16.96                       | 251.13  | 271.23    | 208.96     | 62.27                   | 14.38  |
|  | Basic Family    | JC5                         | 610.23  | 659.07    | 460.39     | 198.68                  | 42.93                       | 610.23  | 659.07    | 466.15     | 192.92                  | 37.17  |
| <b>New York Blue Choice</b>                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | MK1                         | 287.25  | 287.52    | 206.38     | 81.14                   | -2.87                       | 287.25  | 287.52    | 208.96     | 78.56                   | -5.45  |
|  | High Family     | MK2                         | 665.88  | 666.53    | 460.39     | 206.14                  | -5.26                       | 665.88  | 666.53    | 466.15     | 200.38                  | -11.02 |
|  | Standard Self   | MK4                         | 242.20  | 246.13    | 205.52     | 40.61                   | 1.65                        | 242.20  | 246.13    | 207.98     | 38.15                   | -.81   |
|  | Standard Family | MK5                         | 615.31  | 615.78    | 460.39     | 155.39                  | -5.44                       | 615.31  | 615.78    | 466.15     | 149.63                  | -11.20 |
| <b>New York CDPHP Universal Benefits, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | SG1                         | 265.46  | 265.46    | 206.38     | 59.08                   | -3.14                       | 265.46  | 265.46    | 208.96     | 56.50                   | -5.72  |
|  | High Family     | SG2                         | 672.32  | 672.32    | 460.39     | 211.93                  | -5.91                       | 672.32  | 672.32    | 466.15     | 206.17                  | -11.67 |
|  | Standard Self   | SG4                         | 198.66  | 198.66    | 165.88     | 32.78                   | 1.99                        | 198.66  | 198.66    | 167.87     | 30.79                   | .00    |
|  | Standard Family | SG5                         | 512.51  | 512.51    | 427.95     | 84.56                   | 5.12                        | 512.51  | 512.51    | 433.07     | 79.44                   | .00    |
| <b>New York GHI HMO Select</b>                 |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 6V1                         | 309.32  | 360.37    | 206.38     | 153.99                  | 47.91                       | 309.32  | 360.37    | 208.96     | 151.41                  | 45.33  |
|  | High Family     | 6V2                         | 786.84  | 917.89    | 460.39     | 457.50                  | 125.14                      | 786.84  | 917.89    | 466.15     | 451.74                  | 119.38 |
| <b>New York GHI HMO Select</b>                 |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | X41                         | 327.61  | 311.05    | 206.38     | 104.67                  | -19.70                      | 327.61  | 311.05    | 208.96     | 102.09                  | -22.28 |
|  | High Family     | X42                         | 836.71  | 787.98    | 460.39     | 327.59                  | -54.64                      | 836.71  | 787.98    | 466.15     | 321.83                  | -60.40 |
| <b>New York GHI Health Plan</b>                |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 801                         | 280.72  | 303.17    | 206.38     | 96.79                   | 19.31                       | 280.72  | 303.17    | 208.96     | 94.21                   | 16.73  |
|  | High Family     | 802                         | 701.84  | 757.99    | 460.39     | 297.60                  | 50.24                       | 701.84  | 757.99    | 466.15     | 291.84                  | 44.48  |
|  | Standard Self   | 804                         | 196.06  | 215.66    | 180.08     | 35.58                   | 5.19                        | 196.06  | 215.66    | 182.23     | 33.43                   | 3.04   |
|  | Standard Family | 805                         | 457.68  | 503.45    | 420.38     | 83.07                   | 12.13                       | 457.68  | 503.45    | 425.42     | 78.03                   | 7.09   |
| <b>New York HIP of Greater New York</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 511                         | 268.96  | 279.97    | 206.38     | 73.59                   | 7.87                        | 268.96  | 279.97    | 208.96     | 71.01                   | 5.29   |
|  | High Family     | 512                         | 712.75  | 741.92    | 460.39     | 281.53                  | 23.26                       | 712.75  | 741.92    | 466.15     | 275.77                  | 17.50  |
|  | Standard Self   | 514                         | 247.24  | 249.09    | 206.38     | 42.71                   | -1.29                       | 247.24  | 249.09    | 208.96     | 40.13                   | -3.87  |
|  | Standard Family | 515                         | 655.18  | 660.09    | 460.39     | 199.70                  | -1.00                       | 655.18  | 660.09    | 466.15     | 193.94                  | -6.76  |
| <b>New York Independent Health Assoc</b>       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | QA1                         | 239.12  | 254.65    | 206.38     | 48.27                   | 11.21                       | 239.12  | 254.65    | 208.96     | 45.69                   | 8.63   |
|  | High Family     | QA2                         | 597.80  | 636.67    | 460.39     | 176.28                  | 32.96                       | 597.80  | 636.67    | 466.15     | 170.52                  | 27.20  |
|  | HDHP Self       | QA4                         | 190.29  | 177.85    | 148.50     | 29.35                   | -.14                        | 190.29  | 177.85    | 150.28     | 27.57                   | -1.92  |
|  | HDHP Family     | QA5                         | 485.23  | 456.32    | 381.03     | 75.29                   | .08                         | 485.23  | 456.32    | 385.59     | 70.73                   | -4.48  |

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

| Health Management Organizations (HMO)  |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
| <b>New York MVP Health Care</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | GA1                         | 243.91  | 246.69    | 205.99     | 40.70                   | .03                         | 243.91  | 246.69    | 208.45     | 38.24                   | -2.43  |
|  | High Family     | GA2                         | 610.84  | 617.25    | 460.39     | 156.86                  | .50                         | 610.84  | 617.25    | 466.15     | 151.10                  | -5.26  |
|  | Standard Self   | GA4                         | 223.29  | 220.25    | 183.91     | 36.34                   | 1.73                        | 223.29  | 220.25    | 186.11     | 34.14                   | -.47   |
|  | Standard Family | GA5                         | 559.10  | 551.06    | 460.14     | 90.92                   | -13.70                      | 559.10  | 551.06    | 465.65     | 85.41                   | -19.21 |
| <b>New York MVP Health Care</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | GV1                         | 220.43  | 241.78    | 201.89     | 39.89                   | 5.72                        | 220.43  | 241.78    | 204.30     | 37.48                   | 3.31   |
|  | High Family     | GV2                         | 551.62  | 604.98    | 460.39     | 144.59                  | 47.45                       | 551.62  | 604.98    | 466.15     | 138.83                  | 41.69  |
|  | Standard Self   | GV4                         | 207.39  | 210.91    | 176.11     | 34.80                   | 2.65                        | 207.39  | 210.91    | 178.22     | 32.69                   | .54    |
|  | Standard Family | GV5                         | 518.95  | 527.70    | 440.63     | 87.07                   | 6.63                        | 518.95  | 527.70    | 445.91     | 81.79                   | 1.35   |
| <b>New York MVP Health Care</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | M91                         | 256.44  | 259.82    | 206.38     | 53.44                   | .24                         | 256.44  | 259.82    | 208.96     | 50.86                   | -2.34  |
|  | High Family     | M92                         | 642.00  | 650.10    | 460.39     | 189.71                  | 2.19                        | 642.00  | 650.10    | 466.15     | 183.95                  | -3.57  |
|  | Standard Self   | M94                         | 240.28  | 231.26    | 193.10     | 38.16                   | .92                         | 240.28  | 231.26    | 195.41     | 35.85                   | -1.39  |
|  | Standard Family | M95                         | 601.80  | 578.64    | 460.39     | 118.25                  | -29.07                      | 601.80  | 578.64    | 466.15     | 112.49                  | -34.83 |
| <b>New York MVP Health Care</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | MF1                         | 269.63  | 296.24    | 206.38     | 89.86                   | 23.47                       | 269.63  | 296.24    | 208.96     | 87.28                   | 20.89  |
|  | High Family     | MF2                         | 674.75  | 741.25    | 460.39     | 280.86                  | 60.59                       | 674.75  | 741.25    | 466.15     | 275.10                  | 54.83  |
|  | Standard Self   | MF4                         | 249.20  | 262.83    | 206.38     | 56.45                   | 10.49                       | 249.20  | 262.83    | 208.96     | 53.87                   | 7.91   |
|  | Standard Family | MF5                         | 623.64  | 657.58    | 460.39     | 197.19                  | 28.03                       | 623.64  | 657.58    | 466.15     | 191.43                  | 22.27  |
| <b>New York MVP Health Care</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | MX1                         | 260.30  | 263.76    | 206.38     | 57.38                   | .32                         | 260.30  | 263.76    | 208.96     | 54.80                   | -2.26  |
|  | High Family     | MX2                         | 651.23  | 659.77    | 460.39     | 199.38                  | 2.63                        | 651.23  | 659.77    | 466.15     | 193.62                  | -3.13  |
|  | Standard Self   | MX4                         | 242.18  | 233.31    | 194.81     | 38.50                   | -.44                        | 242.18  | 233.31    | 197.15     | 36.16                   | -2.78  |
|  | Standard Family | MX5                         | 608.54  | 583.13    | 460.39     | 122.74                  | -31.32                      | 608.54  | 583.13    | 466.15     | 116.98                  | -37.08 |
| <b>North Carolina Aetna HealthFund</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>North Dakota Aetna HealthFund</b>   |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |

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

| Health Management Organizations (HMO)                       |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan  | Option          | Enrollment Code             |   |           |            |                         |                             |   |           |            |                         |        |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>North Dakota HealthPartners High and Standard Option</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | V31                         | 314.75  | 337.53    | 206.38     | 131.15                  | 19.64                       | 314.75  | 337.53    | 208.96     | 128.57                  | 17.06  |
|   | High Family     | V32                         | 723.91  | 776.32    | 460.39     | 315.93                  | 46.50                       | 723.91  | 776.32    | 466.15     | 310.17                  | 40.74  |
|   | Standard Self   | V34                         | 147.85  | 165.92    | 138.54     | 27.38                   | 4.46                        | 147.85  | 165.92    | 140.20     | 25.72                   | 2.80   |
|   | Standard Family | V35                         | 340.04  | 381.62    | 318.65     | 62.97                   | 10.26                       | 340.04  | 381.62    | 322.47     | 59.15                   | 6.44   |
| <b>North Dakota Heart of America Health Plan</b>            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | RU1                         | 191.15  | 207.43    | 173.20     | 34.23                   | 4.60                        | 191.15  | 207.43    | 175.28     | 32.15                   | 2.52   |
|   | High Family     | RU2                         | 491.29  | 533.10    | 445.14     | 87.96                   | 11.81                       | 491.29  | 533.10    | 450.47     | 82.63                   | 6.48   |
| <b>Ohio Aetna HealthFund</b>                                |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Ohio AultCare HMO</b>                                    |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 3A1                         | 287.40  | 267.57    | 206.38     | 61.19                   | -22.97                      | 287.40  | 267.57    | 208.96     | 58.61                   | -25.55 |
|   | High Family     | 3A2                         | 705.62  | 656.92    | 460.39     | 196.53                  | -54.61                      | 705.62  | 656.92    | 466.15     | 190.77                  | -60.37 |
|   | HDHP Self       | 3A4                         | 143.26  | 143.26    | 119.62     | 23.64                   | 1.43                        | 143.26  | 143.26    | 121.05     | 22.21                   | .00    |
|   | HDHP Family     | 3A5                         | 287.04  | 287.04    | 239.68     | 47.36                   | 2.87                        | 287.04  | 287.04    | 242.55     | 44.49                   | .00    |
| <b>Ohio HMO Health Ohio</b>                                 |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | L41                         | 323.17  | 352.94    | 206.38     | 146.56                  | 26.63                       | 323.17  | 352.94    | 208.96     | 143.98                  | 24.05  |
|   | High Family     | L42                         | 759.44  | 829.41    | 460.39     | 369.02                  | 64.06                       | 759.44  | 829.41    | 466.15     | 363.26                  | 58.30  |
| <b>Ohio Kaiser Foundation Health Plan of Ohio</b>           |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 641                         | 287.68  | 301.24    | 206.38     | 94.86                   | 10.42                       | 287.68  | 301.24    | 208.96     | 92.28                   | 7.84   |
|   | High Family     | 642                         | 661.67  | 692.86    | 460.39     | 232.47                  | 25.28                       | 661.67  | 692.86    | 466.15     | 226.71                  | 19.52  |
|   | Standard Self   | 644                         | 186.85  | 199.46    | 166.55     | 32.91                   | 3.95                        | 186.85  | 199.46    | 168.54     | 30.92                   | 1.96   |
|   | Standard Family | 645                         | 429.74  | 458.76    | 383.06     | 75.70                   | 9.09                        | 429.74  | 458.76    | 387.65     | 71.11                   | 4.50   |
| <b>Ohio The Health Plan of the Upper Ohio Valley</b>        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | U41                         | 231.56  | 255.88    | 206.38     | 49.50                   | 13.61                       | 231.56  | 255.88    | 208.96     | 46.92                   | 11.03  |
|   | High Family     | U42                         | 532.55  | 578.33    | 460.39     | 117.94                  | 35.39                       | 532.55  | 578.33    | 466.15     | 112.18                  | 29.63  |
| <b>Oklahoma Aetna HealthFund</b>                            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |





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

| Health Management Organizations (HMO)                       |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code                             |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 261                         | 259.34  | 264.01    | 206.38     | 57.63                   | 1.53                        | 259.34  | 264.01    | 208.96     | 55.05                   | -1.05  |
|   | High Family     | 262                         | 609.44  | 620.44    | 460.39     | 160.05                  | 5.09                        | 609.44  | 620.44    | 466.15     | 154.29                  | -.67   |
| <b>Pennsylvania HealthAmerica Pennsylvania</b>              |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | Standard Self   | SW4                         | 229.99  | 257.96    | 206.38     | 51.58                   | 15.93                       | 229.99  | 257.96    | 208.96     | 49.00                   | 13.35  |
|   | Standard Family | SW5                         | 517.47  | 580.40    | 460.39     | 120.01                  | 39.80                       | 517.47  | 580.40    | 466.15     | 114.25                  | 34.04  |
| <b>Pennsylvania HealthAmerica Pennsylvania - HDHP</b>       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | HDHP Self       | Y61                         | 218.14  | 219.96    | 183.67     | 36.29                   | 2.48                        | 218.14  | 219.96    | 185.87     | 34.09                   | .28    |
|   | HDHP Family     | Y62                         | 503.88  | 506.41    | 422.85     | 83.56                   | 5.46                        | 503.88  | 506.41    | 427.92     | 78.49                   | .39    |
| <b>Pennsylvania HealthAmerica Pennsylvania-HDHP</b>         |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | HDHP Self       | YW1                         | 245.22  | 250.58    | 206.38     | 44.20                   | 2.22                        | 245.22  | 250.58    | 208.96     | 41.62                   | -.36   |
|   | HDHP Family     | YW2                         | 551.75  | 556.30    | 460.39     | 95.91                   | -1.36                       | 551.75  | 556.30    | 466.15     | 90.15                   | -7.12  |
| <b>Pennsylvania UPMC Health Plan</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 8W1                         | 275.45  | 275.45    | 206.38     | 69.07                   | -3.14                       | 275.45  | 275.45    | 208.96     | 66.49                   | -5.72  |
|   | High Family     | 8W2                         | 633.56  | 633.55    | 460.39     | 173.16                  | -5.92                       | 633.56  | 633.55    | 466.15     | 167.40                  | -11.68 |
|   | HDHP Self       | 8W4                         | 216.28  | 219.39    | 183.19     | 36.20                   | 2.68                        | 216.28  | 219.39    | 185.38     | 34.01                   | .49    |
|   | HDHP Family     | 8W5                         | 480.44  | 491.45    | 410.36     | 81.09                   | 6.62                        | 480.44  | 491.45    | 415.28     | 76.17                   | 1.70   |
| <b>Pennsylvania UPMC Health Plan</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | Standard Self   | UW4                         | 251.12  | 256.14    | 206.38     | 49.76                   | 1.88                        | 251.12  | 256.14    | 208.96     | 47.18                   | -.70   |
|   | Standard Family | UW5                         | 577.60  | 589.14    | 460.39     | 128.75                  | 5.63                        | 577.60  | 589.14    | 466.15     | 122.99                  | -.13   |
| <b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | ZJ1                         | 150.68  | 150.97    | 126.06     | 24.91                   | 1.55                        | 150.68  | 150.97    | 127.57     | 23.40                   | .04    |
|   | High Family     | ZJ2                         | 339.04  | 339.67    | 283.62     | 56.05                   | 3.50                        | 339.04  | 339.67    | 287.02     | 52.65                   | .10    |
| <b>Puerto Rico Triple-S Salud, Inc.</b>                     |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | High Self       | 891                         | 148.92  | 154.88    | 129.32     | 25.56                   | 2.48                        | 148.92  | 154.88    | 130.87     | 24.01                   | .93    |
|   | High Family     | 892                         | 335.07  | 348.47    | 290.97     | 57.50                   | 5.56                        | 335.07  | 348.47    | 294.46     | 54.01                   | 2.07   |
| <b>Rhode Island Aetna HealthFund</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>South Carolina Aetna HealthFund</b>                      |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |

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

| Health Management Organizations (HMO)                       |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |          |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|----------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |          |
| Plan  | Option          | Enrollment Code             |   |           |            |                         |                             |   |           |            |                         |          |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51     |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51     |
| <b>South Dakota Aetna HealthFund</b>                        |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01    |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21    |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51     |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51     |
| <b>South Dakota HealthPartners High and Standard Option</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | High Self       | V31                         | 314.75  | 337.53    | 206.38     | 131.15                  | 19.64                       | 314.75  | 337.53    | 208.96     | 128.57                  | 17.06    |
|   | High Family     | V32                         | 723.91  | 776.32    | 460.39     | 315.93                  | 46.50                       | 723.91  | 776.32    | 466.15     | 310.17                  | 40.74    |
|   | Standard Self   | V34                         | 147.85  | 165.92    | 138.54     | 27.38                   | 4.46                        | 147.85  | 165.92    | 140.20     | 25.72                   | 2.80     |
|   | Standard Family | V35                         | 340.04  | 381.62    | 318.65     | 62.97                   | 10.26                       | 340.04  | 381.62    | 322.47     | 59.15                   | 6.44     |
| <b>South Dakota Sanford Health Plan</b>                     |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | High Self       | AU1                         | 279.88  | 303.08    | 206.38     | 96.70                   | 20.06                       | 279.88  | 303.08    | 208.96     | 94.12                   | 17.48    |
|   | High Family     | AU2                         | 644.00  | 697.32    | 460.39     | 236.93                  | 47.41                       | 644.00  | 697.32    | 466.15     | 231.17                  | 41.65    |
|   | Standard Self   | AU4                         | 269.89  | 291.47    | 206.38     | 85.09                   | 18.44                       | 269.89  | 291.47    | 208.96     | 82.51                   | 15.86    |
|   | Standard Family | AU5                         | 620.78  | 670.40    | 460.39     | 210.01                  | 43.71                       | 620.78  | 670.40    | 466.15     | 204.25                  | 37.95    |
| <b>Tennessee Aetna HealthFund</b>                           |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01    |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21    |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51     |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51     |
| <b>Tennessee Aetna Open Access</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | High Self       | UB1                         | 234.75  | 258.88    | 206.38     | 52.50                   | 16.11                       | 234.75  | 258.88    | 208.96     | 49.92                   | 13.53    |
|   | High Family     | UB2                         | 598.57  | 660.09    | 460.39     | 199.70                  | 55.61                       | 598.57  | 660.09    | 466.15     | 193.94                  | 49.85    |
| <b>Tennessee Humana Health Plan, Inc.</b>                   |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | High Self       | GJ1                         | New Plan                                      | 247.87    | 206.38     | 41.49                   | New Plan                    | New Plan                                      | 247.87    | 208.96     | 38.91                   | New Plan |
|   | High Family     | GJ2                         | New Plan                                      | 557.71    | 460.39     | 97.32                   | New Plan                    | New Plan                                      | 557.71    | 466.15     | 91.56                   | New Plan |
|   | Standard Self   | GJ4                         | New Plan                                      | 211.93    | 176.96     | 34.97                   | New Plan                    | New Plan                                      | 211.93    | 179.08     | 32.85                   | New Plan |
|   | Standard Family | GJ5                         | New Plan                                      | 476.83    | 398.15     | 78.68                   | New Plan                    | New Plan                                      | 476.83    | 402.92     | 73.91                   | New Plan |
| <b>Texas Aetna HealthFund</b>                               |                 |                             |   |           |            |                         |                             |   |           |            |                         |          |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01    |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21    |



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

| Health Management Organizations (HMO)      |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |        |
| Plan - Option - Enrollment Code            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | GF1                         | 250.73  | 275.63    | 206.38     | 69.25                   | 21.76                       | 250.73  | 275.63    | 208.96     | 66.67                   | 19.18  |
|  | High Family     | GF2                         | 576.90  | 634.22    | 460.39     | 173.83                  | 51.41                       | 576.90  | 634.22    | 466.15     | 168.07                  | 45.65  |
| <b>Utah Aetna HealthFund</b>               |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Utah Altius Health Plans</b>            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 9K1                         | 277.07  | 277.07    | 206.38     | 70.69                   | -3.14                       | 277.07  | 277.07    | 208.96     | 68.11                   | -5.72  |
|  | High Family     | 9K2                         | 609.59  | 609.59    | 460.39     | 149.20                  | -5.91                       | 609.59  | 609.59    | 466.15     | 143.44                  | -11.67 |
|  | HDHP Self       | 9K4                         | 160.70  | 160.70    | 134.18     | 26.52                   | 1.61                        | 160.70  | 160.70    | 135.79     | 24.91                   | .00    |
|  | HDHP Family     | 9K5                         | 332.92  | 332.92    | 277.99     | 54.93                   | 3.33                        | 332.92  | 332.92    | 281.32     | 51.60                   | .00    |
| <b>Utah Altius Health Plans</b>            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | Standard Self   | DK4                         | 183.77  | 196.63    | 164.19     | 32.44                   | 3.96                        | 183.77  | 196.63    | 166.15     | 30.48                   | 2.00   |
|  | Standard Family | DK5                         | 404.27  | 432.57    | 361.20     | 71.37                   | 8.71                        | 404.27  | 432.57    | 365.52     | 67.05                   | 4.39   |
| <b>Utah SelectHealth</b>                   |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | SF1                         | 259.64  | 287.13    | 206.38     | 80.75                   | 24.35                       | 259.64  | 287.13    | 208.96     | 78.17                   | 21.77  |
|  | High Family     | SF2                         | 571.29  | 631.87    | 460.39     | 171.48                  | 54.67                       | 571.29  | 631.87    | 466.15     | 165.72                  | 48.91  |
| <b>Vermont Aetna HealthFund</b>            |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Virgin Islands Triple-S Salud, Inc.</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 851                         | 190.24  | 190.24    | 158.85     | 31.39                   | 1.90                        | 190.24  | 190.24    | 160.75     | 29.49                   | .00    |
|  | High Family     | 852                         | 432.04  | 432.04    | 360.75     | 71.29                   | 4.32                        | 432.04  | 432.04    | 365.07     | 66.97                   | .00    |
| <b>Virginia Aetna HealthFund</b>           |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Virginia Aetna Open Access</b>          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | JN1                         | 341.35  | 341.73    | 206.38     | 135.35                  | -2.76                       | 341.35  | 341.73    | 208.96     | 132.77                  | -5.34  |

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

| Health Management Organizations (HMO)                             |                 |     | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |
|---|-----------------|-----|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|
|   |                 |     |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |
| Plan - Option - Enrollment Code                                   |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Family     | JN2 | 764.59                      | 765.45  | 460.39    | 305.06     | -5.05                   | 764.59                      | 765.45  | 466.15    | 299.30     | -10.81                  |
|   | Basic Self      | JN4 | 218.28                      | 229.78  | 191.87    | 37.91      | 4.08                    | 218.28                      | 229.78  | 194.16    | 35.62      | 1.79                    |
|   | Basic Family    | JN5 | 510.85                      | 537.75  | 449.02    | 88.73      | 9.55                    | 510.85                      | 537.75  | 454.40    | 83.35      | 4.17                    |
| <b>Virginia CareFirst BlueChoice</b>                              |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | 2G1 | 250.36                      | 250.36  | 206.38    | 43.98      | -3.14                   | 250.36                      | 250.36  | 208.96    | 41.40      | -5.72                   |
|   | High Family     | 2G2 | 563.22                      | 563.22  | 460.39    | 102.83     | -5.91                   | 563.22                      | 563.22  | 466.15    | 97.07      | -11.67                  |
|   | Standard Self   | 2G4 | New Plan                    | 237.85  | 198.60    | 39.25      | New Plan                | New Plan                    | 237.85  | 200.98    | 36.87      | New Plan                |
|   | Standard Family | 2G5 | New Plan                    | 535.06  | 446.78    | 88.28      | New Plan                | New Plan                    | 535.06  | 452.13    | 82.93      | New Plan                |
| <b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b> |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | E31 | 243.01                      | 254.06  | 206.38    | 47.68      | 7.91                    | 243.01                      | 254.06  | 208.96    | 45.10      | 5.33                    |
|   | High Family     | E32 | 558.93                      | 584.36  | 460.39    | 123.97     | 19.52                   | 558.93                      | 584.36  | 466.15    | 118.21     | 13.76                   |
|   | Standard Self   | E34 | 152.56                      | 165.58  | 138.26    | 27.32      | 3.67                    | 152.56                      | 165.58  | 139.92    | 25.66      | 2.01                    |
|   | Standard Family | E35 | 350.86                      | 380.84  | 318.00    | 62.84      | 8.46                    | 350.86                      | 380.84  | 321.81    | 59.03      | 4.65                    |
| <b>Virginia M.D. IPA</b>  |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | JP1 | 241.68                      | 262.27  | 206.38    | 55.89      | 17.45                   | 241.68                      | 262.27  | 208.96    | 53.31      | 14.87                   |
|   | High Family     | JP2 | 557.30                      | 604.78  | 460.39    | 144.39     | 41.57                   | 557.30                      | 604.78  | 466.15    | 138.63     | 35.81                   |
| <b>Virginia Optima Health Plan</b>                                |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | 9R1 | 249.04                      | 262.74  | 206.38    | 56.36      | 10.56                   | 249.04                      | 262.74  | 208.96    | 53.78      | 7.98                    |
|   | High Family     | 9R2 | 589.25                      | 621.67  | 460.39    | 161.28     | 26.51                   | 589.25                      | 621.67  | 466.15    | 155.52     | 20.75                   |
|   | Standard Self   | 9R4 | 172.30                      | 172.30  | 143.87    | 28.43      | 1.72                    | 172.30                      | 172.30  | 145.59    | 26.71      | .00                     |
|   | Standard Family | 9R5 | 407.69                      | 407.69  | 340.42    | 67.27      | 4.08                    | 407.69                      | 407.69  | 344.50    | 63.19      | .00                     |
| <b>Virginia Piedmont Community Healthcare</b>                     |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | 2C1 | 235.27                      | 235.77  | 196.87    | 38.90      | 2.43                    | 235.27                      | 235.77  | 199.23    | 36.54      | .07                     |
|   | High Family     | 2C2 | 538.74                      | 539.87  | 450.79    | 89.08      | 4.82                    | 538.74                      | 539.87  | 456.19    | 83.68      | -.58                    |
| <b>Washington Aetna HealthFund</b>                                |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | CDHP Self       | 221 | 230.99                      | 257.77  | 206.38    | 51.39      | 15.59                   | 230.99                      | 257.77  | 208.96    | 48.81      | 13.01                   |
|   | CDHP Family     | 222 | 542.50                      | 585.38  | 460.39    | 124.99     | 36.97                   | 542.50                      | 585.38  | 466.15    | 119.23     | 31.21                   |
|   | HDHP Self       | 224 | 157.56                      | 173.76  | 145.09    | 28.67      | 4.25                    | 157.56                      | 173.76  | 146.83    | 26.93      | 2.51                    |
|   | HDHP Family     | 225 | 345.06                      | 380.55  | 317.76    | 62.79      | 9.31                    | 345.06                      | 380.55  | 321.56    | 58.99      | 5.51                    |
| <b>Washington Group Health Cooperative</b>                        |                 |     |                             |   |           |            |                         |                             |   |           |            |                         |
|   | High Self       | 541 | 265.22                      | 276.67  | 206.38    | 70.29      | 8.31                    | 265.22                      | 276.67  | 208.96    | 67.71      | 5.73                    |
|   | High Family     | 542 | 570.23                      | 594.86  | 460.39    | 134.47     | 18.72                   | 570.23                      | 594.86  | 466.15    | 128.71     | 12.96                   |
|   | Standard Self   | 544 | 171.53                      | 176.47  | 147.35    | 29.12      | 2.53                    | 171.53                      | 176.47  | 149.12    | 27.35      | .76                     |



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

| Health Management Organizations (HMO)                         |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |       |
|---|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|-------|
|   |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |       |
| Plan - Option - Enrollment Code                               |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | Standard Family | 545                         | 387.25  | 398.38    | 332.65     | 65.73                   | 5.71                        | 387.25  | 398.38    | 336.63     | 61.75                   | 1.73  |
| <b>Washington KPS Health Plans</b>                            |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | Standard Self   | L11                         | 172.47  | 196.62    | 164.18     | 32.44                   | 5.71                        | 172.47  | 196.62    | 166.14     | 30.48                   | 3.75  |
|   | Standard Family | L12                         | 372.28  | 424.40    | 354.37     | 70.03                   | 12.33                       | 372.28  | 424.40    | 358.62     | 65.78                   | 8.08  |
|   | HDHP Self       | L14                         | 163.16  | 176.22    | 147.14     | 29.08                   | 3.79                        | 163.16  | 176.22    | 148.91     | 27.31                   | 2.02  |
|   | HDHP Family     | L15                         | 356.52  | 385.06    | 321.53     | 63.53                   | 8.27                        | 356.52  | 385.06    | 325.38     | 59.68                   | 4.42  |
| <b>Washington KPS Health Plans</b>                            |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | VT1                         | 287.20  | 307.31    | 206.38     | 100.93                  | 16.97                       | 287.20  | 307.31    | 208.96     | 98.35                   | 14.39 |
|   | High Family     | VT2                         | 627.57  | 671.51    | 460.39     | 211.12                  | 38.03                       | 627.57  | 671.51    | 466.15     | 205.36                  | 32.27 |
| <b>Washington Kaiser Foundation Health Plan of Northwest</b>  |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | 571                         | 271.53  | 282.31    | 206.38     | 75.93                   | 7.64                        | 271.53  | 282.31    | 208.96     | 73.35                   | 5.06  |
|   | High Family     | 572                         | 613.31  | 637.64    | 460.39     | 177.25                  | 18.42                       | 613.31  | 637.64    | 466.15     | 171.49                  | 12.66 |
|   | Standard Self   | 574                         | 211.53  | 215.57    | 180.00     | 35.57                   | 2.78                        | 211.53  | 215.57    | 182.16     | 33.41                   | .62   |
|   | Standard Family | 575                         | 485.94  | 495.21    | 413.50     | 81.71                   | 6.39                        | 485.94  | 495.21    | 418.45     | 76.76                   | 1.44  |
| <b>West Virginia Aetna HealthFund</b>                         |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>West Virginia The Health Plan of the Upper Ohio Valley</b> |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | U41                         | 231.56  | 255.88    | 206.38     | 49.50                   | 13.61                       | 231.56  | 255.88    | 208.96     | 46.92                   | 11.03 |
|   | High Family     | U42                         | 532.55  | 578.33    | 460.39     | 117.94                  | 35.39                       | 532.55  | 578.33    | 466.15     | 112.18                  | 29.63 |
| <b>Wisconsin Aetna HealthFund</b>                             |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01 |
|   | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21 |
|   | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51  |
|   | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51  |
| <b>Wisconsin Dean Health Plan</b>                             |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | WD1                         | 235.59  | 255.11    | 206.38     | 48.73                   | 12.21                       | 235.59  | 255.11    | 208.96     | 46.15                   | 9.63  |
|   | High Family     | WD2                         | 588.98  | 637.78    | 460.39     | 177.39                  | 42.89                       | 588.98  | 637.78    | 466.15     | 171.63                  | 37.13 |
| <b>Wisconsin Group Health Cooperative</b>                     |                 |                             |   |           |            |                         |                             |   |           |            |                         |       |
|   | High Self       | WJ1                         | 218.93  | 230.85    | 192.76     | 38.09                   | 4.16                        | 218.93  | 230.85    | 195.07     | 35.78                   | 1.85  |
|   | High Family     | WJ2                         | 547.49  | 577.29    | 460.39     | 116.90                  | 23.89                       | 547.49  | 577.29    | 466.15     | 111.14                  | 18.13 |

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

| Health Management Organizations (HMO)                    |                 | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 1 |           |            |                         | 2011 Total Biweekly Premium | 2012 Biweekly Postal Premium Rates Category 2 |           |            |                         |        |
|--|-----------------|-----------------------------|---|-----------|------------|-------------------------|-----------------------------|---|-----------|------------|-------------------------|--------|
|  |                 |                             | Total Premium                                 | Govt Pays | Empl. Pays | Change in empl. payment |                             | Total Premium                                 | Govt 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    | 206.38     | 131.15                  | 19.64                       | 314.75  | 337.53    | 208.96     | 128.57                  | 17.06  |
|  | High Family     | V32                         | 723.91  | 776.32    | 460.39     | 315.93                  | 46.50                       | 723.91  | 776.32    | 466.15     | 310.17                  | 40.74  |
|  | Standard Self   | V34                         | 147.85  | 165.92    | 138.54     | 27.38                   | 4.46                        | 147.85  | 165.92    | 140.20     | 25.72                   | 2.80   |
|  | Standard Family | V35                         | 340.04  | 381.62    | 318.65     | 62.97                   | 10.26                       | 340.04  | 381.62    | 322.47     | 59.15                   | 6.44   |
| <b>Wisconsin MercyCare HMO</b>                           |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | EY1                         | 235.66  | 235.66    | 196.78     | 38.88                   | 2.35                        | 235.66  | 235.66    | 199.13     | 36.53                   | .00    |
|  | High Family     | EY2                         | 589.16  | 589.16    | 460.39     | 128.77                  | -5.91                       | 589.16  | 589.16    | 466.15     | 123.01                  | -11.67 |
| <b>Wisconsin Physicians Plus</b>                         |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | LW1                         | 224.37  | 231.49    | 193.29     | 38.20                   | 3.42                        | 224.37  | 231.49    | 195.61     | 35.88                   | 1.10   |
|  | High Family     | LW2                         | 572.15  | 590.39    | 460.39     | 130.00                  | 12.33                       | 572.15  | 590.39    | 466.15     | 124.24                  | 6.57   |
| <b>Wyoming Aetna HealthFund</b>                          |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | CDHP Self       | 221                         | 230.99  | 257.77    | 206.38     | 51.39                   | 15.59                       | 230.99  | 257.77    | 208.96     | 48.81                   | 13.01  |
|  | CDHP Family     | 222                         | 542.50  | 585.38    | 460.39     | 124.99                  | 36.97                       | 542.50  | 585.38    | 466.15     | 119.23                  | 31.21  |
|  | HDHP Self       | 224                         | 157.56  | 173.76    | 145.09     | 28.67                   | 4.25                        | 157.56  | 173.76    | 146.83     | 26.93                   | 2.51   |
|  | HDHP Family     | 225                         | 345.06  | 380.55    | 317.76     | 62.79                   | 9.31                        | 345.06  | 380.55    | 321.56     | 58.99                   | 5.51   |
| <b>Wyoming Altius Health Plans</b>                       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | High Self       | 9K1                         | 277.07  | 277.07    | 206.38     | 70.69                   | -3.14                       | 277.07  | 277.07    | 208.96     | 68.11                   | -5.72  |
|  | High Family     | 9K2                         | 609.59  | 609.59    | 460.39     | 149.20                  | -5.91                       | 609.59  | 609.59    | 466.15     | 143.44                  | -11.67 |
|  | HDHP Self       | 9K4                         | 160.70  | 160.70    | 134.18     | 26.52                   | 1.61                        | 160.70  | 160.70    | 135.79     | 24.91                   | .00    |
|  | HDHP Family     | 9K5                         | 332.92  | 332.92    | 277.99     | 54.93                   | 3.33                        | 332.92  | 332.92    | 281.32     | 51.60                   | .00    |
| <b>Wyoming Altius Health Plans</b>                       |                 |                             |   |           |            |                         |                             |   |           |            |                         |        |
|  | Standard Self   | DK4                         | 183.77  | 196.63    | 164.19     | 32.44                   | 3.96                        | 183.77  | 196.63    | 166.15     | 30.48                   | 2.00   |
|  | Standard Family | DK5                         | 404.27  | 432.57    | 361.20     | 71.37                   | 8.71                        | 404.27  | 432.57    | 365.52     | 67.05                   | 4.39   |