

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

Health Management Organizations (HMO)		2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Alabama Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Alabama Aetna HealthFund CDHP & Value Plan												
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan
Alaska Aetna HealthFund												
	CDHP Self	221	257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222	585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Arizona Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Arizona Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan
Arizona Aetna Open Access												
	High Self	WQ1	293.00	294.67	190.84	103.83	-3.42	634.83	638.45	413.49	224.96	-7.41
	High Family	WQ2	708.51	712.56	424.95	287.61	-6.55	1535.11	1543.88	920.73	623.15	-14.20
Arizona Health Net of Arizona, Inc.												
	High Self	A71	255.53	289.70	190.84	98.86	29.08	553.65	627.68	413.49	214.19	63.00
	High Family	A72	646.88	733.40	424.95	308.45	75.92	1401.57	1589.03	920.73	668.30	164.49
	Standard Self	A74	228.37	242.02	181.52	60.50	3.41	494.80	524.38	393.29	131.09	7.39
	Standard Family	A75	578.12	612.67	424.95	187.72	23.95	1252.59	1327.45	920.73	406.72	51.89
Arkansas Aetna HealthFund												

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Plan - Option - Enrollment Code													
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64	
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09	
Arkansas Aetna HealthFund CDHP and Value Plan													
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan	
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan	
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan	
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan	
Arkansas QualChoice													
	High Self	DH1		263.55	273.95	190.84	83.11	5.31	571.03	593.56	413.49	180.07	11.50
	High Family	DH2		617.18	641.52	424.95	216.57	13.74	1337.22	1389.96	920.73	469.23	29.77
	Standard Self	DH4		205.55	213.66	160.25	53.41	2.02	445.36	462.93	347.20	115.73	4.39
	Standard Family	DH5		481.35	500.34	375.26	125.08	4.74	1042.93	1084.07	813.05	271.02	10.29
California Aetna HealthFund													
	CDHP Self	221		257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222		585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
California Aetna Open Access													
	High Self	2X1		227.20	259.29	190.84	68.45	11.65	492.27	561.80	413.49	148.31	25.24
	High Family	2X2		559.67	604.82	424.95	179.87	34.55	1212.62	1310.44	920.73	389.71	74.85
California Anthem Blue Cross Select HMO													
	High Self	B31	New Plan	261.07	190.84	70.23	New Plan	New Plan	565.65	413.49	152.16	New Plan	
	High Family	B32	New Plan	595.24	424.95	170.29	New Plan	New Plan	1289.69	920.73	368.96	New Plan	
California Blue Shield of CA Access+HMO													
	High Self	SI1		247.64	255.95	190.84	65.11	3.20	536.55	554.56	413.49	141.07	6.93
	High Family	SI2		559.68	575.91	424.95	150.96	5.63	1212.64	1247.81	920.73	327.08	12.20
California Health Net of California													
	High Self	LB1		429.05	472.38	190.84	281.54	38.24	929.61	1023.49	413.49	610.00	82.85
	High Family	LB2		992.00	1092.17	424.95	667.22	89.57	2149.33	2366.37	920.73	1445.64	194.07
	Standard Self	LB4		409.35	449.88	190.84	259.04	35.44	886.93	974.74	413.49	561.25	76.78

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				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	High Self	651	266.05	281.31	190.84	90.47	10.17	576.44	609.51	413.49	196.02	22.04
	High Family	652	601.30	635.77	424.95	210.82	23.87	1302.82	1377.50	920.73	456.77	51.71
	Standard Self	654	151.11	166.80	125.10	41.70	3.92	327.41	361.40	271.05	90.35	8.50
	Standard Family	655	341.50	376.97	282.73	94.24	8.87	739.92	816.77	612.58	204.19	19.21
Connecticut Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Connecticut Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan
Delaware Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Delaware Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan
Delaware Aetna Open Access												
	High Self	P31	473.69	499.15	190.84	308.31	20.37	1026.33	1081.49	413.49	668.00	44.13
	High Family	P32	1142.94	1204.37	424.95	779.42	50.83	2476.37	2609.47	920.73	1688.74	110.13
	Basic Self	P34	342.65	372.11	190.84	181.27	24.37	742.41	806.24	413.49	392.75	52.80
	Basic Family	P35	791.22	859.25	424.95	434.30	57.43	1714.31	1861.71	920.73	940.98	124.43
District of Columbia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
District of Columbia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan

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	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan	
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan	
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan	
District of Columbia Aetna Open Access													
	High Self	JN1		341.73	392.10	190.84	201.26	45.28	740.42	849.55	413.49	436.06	98.10
	High Family	JN2		765.45	878.26	424.95	453.31	102.21	1658.48	1902.90	920.73	982.17	221.45
	Basic Self	JN4		229.78	246.99	185.24	61.75	4.31	497.86	535.15	401.36	133.79	9.33
	Basic Family	JN5		537.75	561.70	421.28	140.42	5.98	1165.13	1217.02	912.77	304.25	12.97
District of Columbia CareFirst BlueChoice													
	High Self	2G1		250.36	262.88	190.84	72.04	7.43	542.45	569.57	413.49	156.08	16.09
	High Family	2G2		563.22	591.39	424.95	166.44	17.57	1220.31	1281.35	920.73	360.62	38.07
	Standard Self	2G4		237.85	249.74	187.31	62.43	2.97	515.34	541.10	405.83	135.27	6.44
	Standard Family	2G5		535.06	561.82	421.37	140.45	6.69	1159.30	1217.28	912.96	304.32	14.50
District of Columbia CareFirst BlueChoice													
	HDHP Self	B61	New Plan	235.27	176.45	58.82	New Plan	New Plan	509.75	382.31	127.44	New Plan	
	HDHP Family	B62	New Plan	524.78	393.59	131.19	New Plan	New Plan	1137.02	852.77	284.25	New Plan	
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States													
	High Self	E31		254.06	261.37	190.84	70.53	2.22	550.46	566.30	413.49	152.81	4.81
	High Family	E32		584.36	601.15	424.95	176.20	6.19	1266.11	1302.49	920.73	381.76	13.41
	Standard Self	E34		165.58	174.38	130.79	43.59	2.20	358.76	377.82	283.37	94.45	4.76
	Standard Family	E35		380.84	401.06	300.80	100.26	5.05	825.15	868.96	651.72	217.24	10.95
District of Columbia M.D. IPA													
	High Self	JP1		262.27	267.90	190.84	77.06	.54	568.25	580.45	413.49	166.96	1.17
	High Family	JP2		604.78	617.78	424.95	192.83	2.40	1310.36	1338.52	920.73	417.79	5.19
Florida Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Florida Aetna HealthFund CDHP and Value Plan													
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan	
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan	

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Plan - Option - Enrollment Code												
	High Self	LL1	342.80	375.88	190.84	185.04	27.99	742.73	814.41	413.49	400.92	60.65
	High Family	LL2	771.31	836.33	424.95	411.38	54.42	1671.17	1812.05	920.73	891.32	117.91
	Standard Self	LL4	247.86	252.63	189.47	63.16	1.05	537.03	547.37	410.53	136.84	2.27
	Standard Family	LL5	557.70	562.09	421.57	140.52	-2.83	1208.35	1217.86	913.40	304.46	-6.13
Georgia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Georgia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan
Georgia Aetna Open Access												
	High Self	2U1	316.05	365.85	190.84	175.01	44.71	684.78	792.68	413.49	379.19	96.87
	High Family	2U2	725.19	839.50	424.95	414.55	103.71	1571.25	1818.92	920.73	898.19	224.70
Georgia Humana CoverageFirst												
	CDHP Self	AD1	211.89	216.00	162.00	54.00	1.03	459.10	468.00	351.00	117.00	2.23
	CDHP Family	AD2	476.75	480.58	360.44	120.14	.95	1032.96	1041.26	780.95	260.31	2.07
Georgia Humana CoverageFirst												
	CDHP Self	LM1	218.58	227.36	170.52	56.84	2.20	473.59	492.61	369.46	123.15	4.75
	CDHP Family	LM2	491.80	505.89	379.42	126.47	3.52	1065.57	1096.10	822.08	274.02	7.63
Georgia Humana Employers Health of Georgia, Inc.												
	High Self	CB1	247.87	252.63	189.47	63.16	1.04	537.05	547.37	410.53	136.84	2.25
	High Family	CB2	557.71	562.09	421.57	140.52	-2.84	1208.37	1217.86	913.40	304.46	-6.15
	Standard Self	CB4	235.47	238.73	179.05	59.68	.81	510.19	517.25	387.94	129.31	1.76
	Standard Family	CB5	529.81	531.17	398.38	132.79	.34	1147.92	1150.87	863.15	287.72	.74
Georgia Humana Employers Health of Georgia, Inc.												
	High Self	DG1	238.43	252.63	189.47	63.16	3.55	516.60	547.37	410.53	136.84	7.69
	High Family	DG2	536.46	562.08	421.56	140.52	6.41	1162.33	1217.84	913.38	304.46	13.88
	Standard Self	DG4	229.28	240.55	180.41	60.14	2.82	496.77	521.19	390.89	130.30	6.11

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Plan - Option - Enrollment Code												
	Standard Family	DG5	515.86	535.23	401.42	133.81	4.85	1117.70	1159.67	869.75	289.92	10.50
Georgia Humana Employers Health of Georgia, Inc.												
	High Self	DN1	247.87	252.63	189.47	63.16	1.04	537.05	547.37	410.53	136.84	2.25
	High Family	DN2	557.71	562.09	421.57	140.52	-2.84	1208.37	1217.86	913.40	304.46	-6.15
	Standard Self	DN4	235.47	238.73	179.05	59.68	.81	510.19	517.25	387.94	129.31	1.76
	Standard Family	DN5	529.81	531.17	398.38	132.79	.34	1147.92	1150.87	863.15	287.72	.74
Georgia Kaiser Foundation Health Plan of Georgia												
	High Self	F81	259.77	254.57	190.84	63.73	-10.29	562.84	551.57	413.49	138.08	-22.30
	High Family	F82	593.59	581.69	424.95	156.74	-22.50	1286.11	1260.33	920.73	339.60	-48.75
	Standard Self	F84	179.93	178.29	133.72	44.57	-.41	389.85	386.30	289.73	96.57	-.89
	Standard Family	F85	411.14	407.39	305.54	101.85	-.93	890.80	882.68	662.01	220.67	-2.03
Guam Calvo's Selectcare												
	High Self	B41	New Plan	246.06	184.55	61.51	New Plan	New Plan	533.13	399.85	133.28	New Plan
	High Family	B42	New Plan	646.60	424.95	221.65	New Plan	New Plan	1400.97	920.73	480.24	New Plan
Guam TakeCare												
	High Self	JK1	229.80	229.80	172.35	57.45	.00	497.90	497.90	373.43	124.47	.00
	High Family	JK2	603.86	603.86	424.95	178.91	-10.60	1308.36	1308.36	920.73	387.63	-22.97
	Standard Self	JK4	203.87	202.27	151.70	50.57	-.40	441.72	438.25	328.69	109.56	-.87
	Standard Family	JK5	538.38	534.13	400.60	133.53	-1.06	1166.49	1157.28	867.96	289.32	-2.30
Guam TakeCare												
	HDHP Self	KX1	150.24	138.27	103.70	34.57	-2.99	325.52	299.59	224.69	74.90	-6.48
	HDHP Family	KX2	395.86	363.22	272.42	90.80	-8.16	857.70	786.98	590.24	196.74	-17.68
Hawaii Aetna HealthFund												
	CDHP Self	221	257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222	585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Hawaii HMSA												
	High Self	871	218.72	212.16	159.12	53.04	-1.64	473.89	459.68	344.76	114.92	-3.55
	High Family	872	486.87	472.26	354.20	118.06	-3.66	1054.89	1023.23	767.42	255.81	-7.91

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Plan - Option - Enrollment Code												
Hawaii Kaiser Foundation Health Plan of Hawaii												
	High Self	631	248.91	250.17	187.63	62.54	-.62	539.31	542.04	406.53	135.51	-1.34
	High Family	632	535.14	557.91	418.43	139.48	5.70	1159.47	1208.81	906.61	302.20	12.33
	Standard Self	634	113.77	128.50	96.38	32.12	3.68	246.50	278.42	208.82	69.60	7.98
	Standard Family	635	244.61	286.56	214.92	71.64	10.49	529.99	620.88	465.66	155.22	22.72
Idaho Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Idaho Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan
Idaho Altius Health Plans												
	High Self	9K1	277.07	288.15	190.84	97.31	5.99	600.32	624.33	413.49	210.84	12.98
	High Family	9K2	609.59	633.97	424.95	209.02	13.78	1320.78	1373.60	920.73	452.87	29.85
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Idaho Altius Health Plans												
	Standard Self	DK4	196.63	208.43	156.32	52.11	2.95	426.03	451.60	338.70	112.90	6.39
	Standard Family	DK5	432.57	458.53	343.90	114.63	6.49	937.24	993.48	745.11	248.37	14.06
Idaho Group Health Cooperative												
	High Self	541	276.67	302.54	190.84	111.70	20.78	599.45	655.50	413.49	242.01	45.02
	High Family	542	594.86	650.48	424.95	225.53	45.02	1288.86	1409.37	920.73	488.64	97.54
	Standard Self	544	176.47	194.54	145.91	48.63	4.51	382.35	421.50	316.13	105.37	9.78
	Standard Family	545	398.38	439.21	329.41	109.80	10.21	863.16	951.62	713.72	237.90	22.11
Idaho SelectHealth												
	High Self	SF1	287.13	285.34	190.84	94.50	-6.88	622.12	618.24	413.49	204.75	-14.91
	High Family	SF2	631.87	636.52	424.95	211.57	-5.95	1369.05	1379.13	920.73	458.40	-12.89
	Standard Self	SF4	New Plan	255.09	190.84	64.25	New Plan	New Plan	552.70	413.49	139.21	New Plan

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Standard Family	SF5	New Plan	569.04	424.95	144.09	New Plan	New Plan	1232.92	920.73	312.19	New Plan	
Illinois Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	4.45	376.48	415.03	311.27	103.76	9.64	
	HDHP Family	225		380.55	419.48	314.61	104.87	824.53	908.87	681.65	227.22	21.09	
Illinois Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan	
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan	
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan	
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan	
Illinois Blue Cross and Blue Shield of Illinois													
	High Self	A21	New Plan	320.00	190.84	129.16	New Plan	New Plan	693.33	413.49	279.84	New Plan	
	High Family	A22	New Plan	726.44	424.95	301.49	New Plan	New Plan	1573.95	920.73	653.22	New Plan	
Illinois Blue Preferred Plus POS													
	High Self	9G1		306.71	322.05	190.84	131.21	10.25	664.54	697.78	413.49	284.29	22.21
	High Family	9G2		664.05	697.26	424.95	272.31	22.61	1438.78	1510.73	920.73	590.00	48.98
Illinois Health Alliance HMO													
	High Self	FX1		286.58	320.98	190.84	130.14	29.31	620.92	695.46	413.49	281.97	63.51
	High Family	FX2		668.04	748.21	424.95	323.26	69.57	1447.42	1621.12	920.73	700.39	150.73
Illinois Humana Benefit Plan of Illinois, Inc.													
	High Self	9F1		368.44	385.96	190.84	195.12	12.43	798.29	836.25	413.49	422.76	26.93
	High Family	9F2		828.99	858.77	424.95	433.82	19.18	1796.15	1860.67	920.73	939.94	41.55
Illinois Humana Benefit Plan of Illinois, Inc.													
	Standard Self	AB4		247.87	252.63	189.47	63.16	1.04	537.05	547.37	410.53	136.84	2.25
	Standard Family	AB5		557.71	562.09	421.57	140.52	-2.84	1208.37	1217.86	913.40	304.46	-6.15
Illinois Humana CoverageFirst													
	CDHP Self	GB1		234.19	238.73	179.05	59.68	1.13	507.41	517.25	387.94	129.31	2.46
	CDHP Family	GB2		526.94	531.17	398.38	132.79	1.06	1141.70	1150.87	863.15	287.72	2.30
Illinois Humana CoverageFirst													
	CDHP Self	MW1		223.04	227.36	170.52	56.84	1.08	483.25	492.61	369.46	123.15	2.34
	CDHP Family	MW2		501.83	505.89	379.42	126.47	1.01	1087.30	1096.10	822.08	274.02	2.20

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

Health Management Organizations (HMO)		2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Illinois Humana Health Plan, Inc.												
	High Self	751	324.08	346.33	190.84	155.49	17.16	702.17	750.38	413.49	336.89	37.18
	High Family	752	729.19	770.59	424.95	345.64	30.80	1579.91	1669.61	920.73	748.88	66.73
	Standard Self	754	247.86	252.62	189.47	63.15	1.04	537.03	547.34	410.51	136.83	2.26
	Standard Family	755	557.70	562.08	421.56	140.52	-2.83	1208.35	1217.84	913.38	304.46	-6.13
Illinois Union Health Service												
	High Self	761	236.80	238.66	179.00	59.66	.46	513.07	517.10	387.83	129.27	1.00
	High Family	762	550.05	548.88	411.66	137.22	-.29	1191.78	1189.24	891.93	297.31	-.63
Illinois United Healthcare of the Midwest, Inc.												
	High Self	B91	275.07	289.62	190.84	98.78	9.46	595.99	627.51	413.49	214.02	20.49
	High Family	B92	614.54	647.03	424.95	222.08	21.89	1331.50	1401.90	920.73	481.17	47.43
Illinois UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	245.10	256.46	190.84	65.62	4.35	531.05	555.66	413.49	142.17	9.41
	High Family	YH2	585.51	605.84	424.95	180.89	9.73	1268.61	1312.65	920.73	391.92	21.07
Indiana Aetna HealthFund												
	CDHP Self	221	257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222	585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Indiana Health Alliance HMO												
	High Self	FX1	286.58	320.98	190.84	130.14	29.31	620.92	695.46	413.49	281.97	63.51
	High Family	FX2	668.04	748.21	424.95	323.26	69.57	1447.42	1621.12	920.73	700.39	150.73
Indiana Humana CoverageFirst												
	CDHP Self	MW1	223.04	227.36	170.52	56.84	1.08	483.25	492.61	369.46	123.15	2.34
	CDHP Family	MW2	501.83	505.89	379.42	126.47	1.01	1087.30	1096.10	822.08	274.02	2.20
Indiana Humana Health Plan of Ohio												
	High Self	A61	New Plan	239.99	179.99	60.00	New Plan	New Plan	519.98	389.99	129.99	New Plan
	High Family	A62	New Plan	533.98	400.49	133.49	New Plan	New Plan	1156.96	867.72	289.24	New Plan
	Standard Self	A64	New Plan	215.99	161.99	54.00	New Plan	New Plan	467.98	350.99	116.99	New Plan
	Standard Family	A65	New Plan	480.57	360.43	120.14	New Plan	New Plan	1041.24	780.93	260.31	New Plan

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	High Self	FX1	286.58	320.98	190.84	130.14	29.31	620.92	695.46	413.49	281.97	63.51
	High Family	FX2	668.04	748.21	424.95	323.26	69.57	1447.42	1621.12	920.73	700.39	150.73
Iowa HealthPartners High and Standard Option												
	High Self	V31	337.53	337.53	190.84	146.69	-5.09	731.32	731.32	413.49	317.83	-11.03
	High Family	V32	776.32	776.32	424.95	351.37	-10.60	1682.03	1682.03	920.73	761.30	-22.97
	Standard Self	V34	165.92	165.92	124.44	41.48	.00	359.49	359.49	269.62	89.87	.00
	Standard Family	V35	381.62	381.62	286.22	95.40	.00	826.84	826.84	620.13	206.71	.00
Iowa Sanford Health Plan												
	High Self	AU1	303.08	303.08	190.84	112.24	-5.09	656.67	656.67	413.49	243.18	-11.03
	High Family	AU2	697.32	697.32	424.95	272.37	-10.60	1510.86	1510.86	920.73	590.13	-22.97
	Standard Self	AU4	291.47	291.47	190.84	100.63	-5.09	631.52	631.52	413.49	218.03	-11.03
	Standard Family	AU5	670.40	670.40	424.95	245.45	-10.60	1452.53	1452.53	920.73	531.80	-22.97
Iowa UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	245.10	256.46	190.84	65.62	4.35	531.05	555.66	413.49	142.17	9.41
	High Family	YH2	585.51	605.84	424.95	180.89	9.73	1268.61	1312.65	920.73	391.92	21.07
Kansas Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Kansas Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan
Kansas Aetna Open Access												
	High Self	HY1	218.16	229.02	171.77	57.25	2.71	472.68	496.21	372.16	124.05	5.88
	High Family	HY2	581.77	610.84	424.95	185.89	18.47	1260.50	1323.49	920.73	402.76	40.02
Kansas Coventry Health Care of Kansas												
	High Self	HA1	225.16	239.92	179.94	59.98	3.69	487.85	519.83	389.87	129.96	8.00
	High Family	HA2	565.38	563.84	422.88	140.96	-10.07	1224.99	1221.65	916.24	305.41	-21.82
	Standard Self	HA4	186.39	202.69	152.02	50.67	4.07	403.85	439.16	329.37	109.79	8.83

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Standard Family	HA5	437.94	476.31	357.23	119.08	9.60	948.87	1032.01	774.01	258.00	20.78
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP												
	HDHP Self	9H1	179.46	195.77	146.83	48.94	4.08	388.83	424.17	318.13	106.04	8.83
	HDHP Family	9H2	421.76	460.05	345.04	115.01	9.57	913.81	996.78	747.59	249.19	20.74
Kansas Humana CoverageFirst												
	CDHP Self	PH1	200.73	204.63	153.47	51.16	.98	434.92	443.37	332.53	110.84	2.11
	CDHP Family	PH2	451.65	455.30	341.48	113.82	.91	978.58	986.48	739.86	246.62	1.98
Kansas Humana Health Plan, Inc.												
	High Self	MS1	396.74	429.74	190.84	238.90	27.91	859.60	931.10	413.49	517.61	60.47
	High Family	MS2	892.67	956.17	424.95	531.22	52.90	1934.12	2071.70	920.73	1150.97	114.61
	Standard Self	MS4	247.86	252.58	189.44	63.14	1.03	537.03	547.26	410.45	136.81	2.24
	Standard Family	MS5	557.70	562.00	421.50	140.50	-2.85	1208.35	1217.67	913.25	304.42	-6.17
Kentucky Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Kentucky Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan
Kentucky Humana CoverageFirst												
	CDHP Self	6N1	185.79	204.96	153.72	51.24	4.79	402.55	444.08	333.06	111.02	10.38
	CDHP Family	6N2	418.04	456.05	342.04	114.01	9.50	905.75	988.11	741.08	247.03	20.59
Kentucky Humana Health Plan of Ohio												
	High Self	A61	New Plan	239.99	179.99	60.00	New Plan	New Plan	519.98	389.99	129.99	New Plan
	High Family	A62	New Plan	533.98	400.49	133.49	New Plan	New Plan	1156.96	867.72	289.24	New Plan
	Standard Self	A64	New Plan	215.99	161.99	54.00	New Plan	New Plan	467.98	350.99	116.99	New Plan
	Standard Family	A65	New Plan	480.57	360.43	120.14	New Plan	New Plan	1041.24	780.93	260.31	New Plan
Kentucky Humana Health Plan, Inc.												
	High Self	MH1	266.33	252.63	189.47	63.16	-17.42	577.05	547.37	410.53	136.84	-37.75

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

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				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code													
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64	
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09	
Maryland Aetna HealthFund CDHP and Value Plan													
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan	
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan	
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan	
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan	
Maryland Aetna Open Access													
	High Self	JN1		341.73	392.10	190.84	201.26	45.28	740.42	849.55	413.49	436.06	98.10
	High Family	JN2		765.45	878.26	424.95	453.31	102.21	1658.48	1902.90	920.73	982.17	221.45
	Basic Self	JN4		229.78	246.99	185.24	61.75	4.31	497.86	535.15	401.36	133.79	9.33
	Basic Family	JN5		537.75	561.70	421.28	140.42	5.98	1165.13	1217.02	912.77	304.25	12.97
Maryland CareFirst BlueChoice													
	High Self	2G1		250.36	262.88	190.84	72.04	7.43	542.45	569.57	413.49	156.08	16.09
	High Family	2G2		563.22	591.39	424.95	166.44	17.57	1220.31	1281.35	920.73	360.62	38.07
	Standard Self	2G4		237.85	249.74	187.31	62.43	2.97	515.34	541.10	405.83	135.27	6.44
	Standard Family	2G5		535.06	561.82	421.37	140.45	6.69	1159.30	1217.28	912.96	304.32	14.50
Maryland CareFirst BlueChoice													
	HDHP Self	B61	New Plan	235.27	176.45	58.82	New Plan	New Plan	509.75	382.31	127.44	New Plan	
	HDHP Family	B62	New Plan	524.78	393.59	131.19	New Plan	New Plan	1137.02	852.77	284.25	New Plan	
Maryland Coventry Health Care													
	High Self	IG1		199.49	252.90	189.68	63.22	13.35	432.23	547.95	410.96	136.99	28.93
	High Family	IG2		500.66	634.70	424.95	209.75	84.59	1084.76	1375.18	920.73	454.45	183.26
	Standard Self	IG4		185.52	227.61	170.71	56.90	10.52	401.96	493.16	369.87	123.29	22.80
	Standard Family	IG5		463.78	569.03	424.95	144.08	28.14	1004.86	1232.90	920.73	312.17	60.96
Maryland Coventry Health Care HDHP													
	HDHP Self	GZ1		181.55	219.59	164.69	54.90	9.51	393.36	475.78	356.84	118.94	20.60
	HDHP Family	GZ2		415.53	496.98	372.74	124.24	20.36	900.32	1076.79	807.59	269.20	44.12
Maryland Kaiser Foundation Health Plan Mid-Atlantic States													
	High Self	E31		254.06	261.37	190.84	70.53	2.22	550.46	566.30	413.49	152.81	4.81

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	High Family	E32	584.36	601.15	424.95	176.20	6.19	1266.11	1302.49	920.73	381.76	13.41
	Standard Self	E34	165.58	174.38	130.79	43.59	2.20	358.76	377.82	283.37	94.45	4.76
	Standard Family	E35	380.84	401.06	300.80	100.26	5.05	825.15	868.96	651.72	217.24	10.95
Maryland M.D. IPA												
	High Self	JP1	262.27	267.90	190.84	77.06	.54	568.25	580.45	413.49	166.96	1.17
	High Family	JP2	604.78	617.78	424.95	192.83	2.40	1310.36	1338.52	920.73	417.79	5.19
Massachusetts Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Massachusetts Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan
Massachusetts Fallon Community Health Plan												
	Basic Self	JG1	283.47	291.79	190.84	100.95	3.23	614.19	632.21	413.49	218.72	6.99
	Basic Family	JG2	688.92	709.13	424.95	284.18	9.61	1492.66	1536.45	920.73	615.72	20.82
Michigan Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Michigan Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan
Michigan Bluecare Network of MI												
	High Self	H61	266.31	228.38	171.29	57.09	-23.47	577.01	494.82	371.12	123.70	-50.85
	High Family	H62	692.19	593.36	424.95	168.41	-109.43	1499.75	1285.61	920.73	364.88	-237.11
Michigan Bluecare Network of MI												
	High Self	J31	282.09	278.02	190.84	87.18	-9.16	611.20	602.38	413.49	188.89	-19.85

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Family	J32	733.22	722.42	424.95	297.47	-21.40	1588.64	1565.24	920.73	644.51	-46.37
Michigan	Bluecare Network of MI											
	High Self	K51	258.50	283.83	190.84	92.99	20.24	560.08	614.97	413.49	201.48	43.86
	High Family	K52	589.49	647.03	424.95	222.08	46.94	1277.23	1401.90	920.73	481.17	101.70
Michigan	Bluecare Network of MI											
	High Self	LX1	238.71	267.62	190.84	76.78	17.10	517.21	579.84	413.49	166.35	37.05
	High Family	LX2	620.42	642.00	424.95	217.05	10.98	1344.24	1391.00	920.73	470.27	23.79
Michigan	Grand Valley Health Plan											
	High Self	RL1	273.47	301.45	190.84	110.61	22.89	592.52	653.14	413.49	239.65	49.59
	High Family	RL2	711.00	705.39	424.95	280.44	-16.21	1540.50	1528.35	920.73	607.62	-35.12
	Standard Self	RL4	239.50	281.70	190.84	90.86	30.99	518.92	610.35	413.49	196.86	67.13
	Standard Family	RL5	622.71	659.19	424.95	234.24	25.88	1349.21	1428.25	920.73	507.52	56.07
Michigan	Health Alliance Plan											
	High Self	521	257.34	271.61	190.84	80.77	9.18	557.57	588.49	413.49	175.00	19.89
	High Family	522	617.62	651.84	424.95	226.89	23.62	1338.18	1412.32	920.73	491.59	51.17
Michigan	Health Alliance Plan											
	Standard Self	GY4	236.71	259.24	190.84	68.40	9.22	512.87	561.69	413.49	148.20	19.98
	Standard Family	GY5	568.14	622.17	424.95	197.22	43.43	1230.97	1348.04	920.73	427.31	94.10
Michigan	HealthPlus of MI											
	High Self	X51	221.57	245.33	184.00	61.33	5.94	480.07	531.55	398.66	132.89	12.87
	High Family	X52	575.70	637.45	424.95	212.50	51.15	1247.35	1381.14	920.73	460.41	110.82
Michigan	Physicians Health Plan											
	Standard Self	9U4	278.71	222.32	166.74	55.58	-37.38	603.87	481.69	361.27	120.42	-80.99
	Standard Family	9U5	671.70	520.61	390.46	130.15	-127.20	1455.35	1127.99	845.99	282.00	-275.59
Minnesota	Aetna HealthFund											
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Minnesota	Aetna HealthFund CDHP and Value Plan											
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan	
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan	
Minnesota HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	190.84	146.69	-5.09	731.32	731.32	413.49	317.83	-11.03
	High Family	V32		776.32	776.32	424.95	351.37	-10.60	1682.03	1682.03	920.73	761.30	-22.97
	Standard Self	V34		165.92	165.92	124.44	41.48	.00	359.49	359.49	269.62	89.87	.00
	Standard Family	V35		381.62	381.62	286.22	95.40	.00	826.84	826.84	620.13	206.71	.00
Mississippi Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Mississippi Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan	
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan	
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan	
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan	
Missouri Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Missouri Aetna HealthFund CDHP and Value Plan													
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan	
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan	
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan	
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan	
Missouri Aetna Open Access													
	High Self	HY1		218.16	229.02	171.77	57.25	2.71	472.68	496.21	372.16	124.05	5.88
	High Family	HY2		581.77	610.84	424.95	185.89	18.47	1260.50	1323.49	920.73	402.76	40.02
Missouri Blue Preferred Plus POS													
	High Self	9G1		306.71	322.05	190.84	131.21	10.25	664.54	697.78	413.49	284.29	22.21
	High Family	9G2		664.05	697.26	424.95	272.31	22.61	1438.78	1510.73	920.73	590.00	48.98
Missouri Coventry Health Care of Kansas													

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan	
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan	
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan	
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan	
New Jersey Aetna Open Access													
	High Self	JR1		377.88	425.04	190.84	234.20	42.07	818.74	920.92	413.49	507.43	91.15
	High Family	JR2		869.25	977.69	424.95	552.74	97.84	1883.38	2118.33	920.73	1197.60	211.98
	Basic Self	JR4		298.44	312.75	190.84	121.91	9.22	646.62	677.63	413.49	264.14	19.98
	Basic Family	JR5		688.91	721.94	424.95	296.99	22.43	1492.64	1564.20	920.73	643.47	48.59
New Jersey Aetna Open Access													
	High Self	P31		473.69	499.15	190.84	308.31	20.37	1026.33	1081.49	413.49	668.00	44.13
	High Family	P32		1142.94	1204.37	424.95	779.42	50.83	2476.37	2609.47	920.73	1688.74	110.13
	Basic Self	P34		342.65	372.11	190.84	181.27	24.37	742.41	806.24	413.49	392.75	52.80
	Basic Family	P35		791.22	859.25	424.95	434.30	57.43	1714.31	1861.71	920.73	940.98	124.43
New Jersey GHI Health Plan													
	High Self	801		303.17	324.40	190.84	133.56	16.14	656.87	702.87	413.49	289.38	34.97
	High Family	802		757.99	811.05	424.95	386.10	42.46	1642.31	1757.28	920.73	836.55	92.00
	Standard Self	804		215.66	237.23	177.92	59.31	5.40	467.26	514.00	385.50	128.50	11.69
	Standard Family	805		503.45	553.80	415.35	138.45	12.59	1090.81	1199.90	899.93	299.97	27.27
New Mexico Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
New Mexico Aetna HealthFund CDHP and Value Plan													
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan	
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan	
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan	
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan	
New Mexico Lovelace Health Plan													
	High Self	Q11		291.32	219.88	164.91	54.97	-50.60	631.19	476.41	357.31	119.10	-109.63
	High Family	Q12		684.63	516.71	387.53	129.18	-141.10	1483.37	1119.54	839.66	279.88	-305.73

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

Health Management Organizations (HMO)		2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
New Mexico Presbyterian Health Plan												
	High Self	P21	265.92	281.32	190.84	90.48	10.31	576.16	609.53	413.49	196.04	22.34
	High Family	P22	603.93	638.91	424.95	213.96	24.38	1308.52	1384.31	920.73	463.58	52.82
New York Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
New York Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan
New York Aetna Open Access												
	High Self	JC1	334.60	377.58	190.84	186.74	37.89	724.97	818.09	413.49	404.60	82.09
	High Family	JC2	823.62	929.43	424.95	504.48	95.21	1784.51	2013.77	920.73	1093.04	206.29
	Basic Self	JC4	271.23	322.08	190.84	131.24	45.76	587.67	697.84	413.49	284.35	99.14
	Basic Family	JC5	659.07	782.61	424.95	357.66	112.94	1427.99	1695.66	920.73	774.93	244.70
New York Blue Choice												
	High Self	MK1	287.52	325.82	190.84	134.98	33.21	622.96	705.94	413.49	292.45	71.95
	High Family	MK2	666.53	755.31	424.95	330.36	78.18	1444.15	1636.51	920.73	715.78	169.39
	Standard Self	MK4	246.13	271.10	190.84	80.26	18.73	533.28	587.38	413.49	173.89	40.57
	Standard Family	MK5	615.78	676.62	424.95	251.67	50.24	1334.19	1466.01	920.73	545.28	108.85
New York CDPHP Universal Benefits, Inc.												
	High Self	SG1	265.46	284.40	190.84	93.56	13.85	575.16	616.20	413.49	202.71	30.01
	High Family	SG2	672.32	720.26	424.95	295.31	37.34	1456.69	1560.56	920.73	639.83	80.90
	Standard Self	SG4	198.66	212.85	159.64	53.21	3.55	430.43	461.18	345.89	115.29	7.68
	Standard Family	SG5	512.51	549.12	411.84	137.28	9.15	1110.44	1189.76	892.32	297.44	19.83
New York GHI HMO Select												
	High Self	6V1	360.37	234.95	176.21	58.74	-115.88	780.80	509.06	381.80	127.26	-251.08
	High Family	6V2	917.89	600.04	424.95	175.09	-328.45	1988.76	1300.09	920.73	379.36	-711.64
New York GHI HMO Select												

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	X41	311.05	261.54	190.84	70.70	-54.60	673.94	566.67	413.49	153.18	-118.30
	High Family	X42	787.98	671.67	424.95	246.72	-126.91	1707.29	1455.29	920.73	534.56	-274.97
New York GHI Health Plan												
	High Self	801	303.17	324.40	190.84	133.56	16.14	656.87	702.87	413.49	289.38	34.97
	High Family	802	757.99	811.05	424.95	386.10	42.46	1642.31	1757.28	920.73	836.55	92.00
	Standard Self	804	215.66	237.23	177.92	59.31	5.40	467.26	514.00	385.50	128.50	11.69
	Standard Family	805	503.45	553.80	415.35	138.45	12.59	1090.81	1199.90	899.93	299.97	27.27
New York HIP Health of Greater New York												
	High Self	511	279.97	294.42	190.84	103.58	9.36	606.60	637.91	413.49	224.42	20.28
	High Family	512	741.92	780.23	424.95	355.28	27.71	1607.49	1690.50	920.73	769.77	60.04
	Standard Self	514	249.09	262.92	190.84	72.08	8.74	539.70	569.66	413.49	156.17	18.93
	Standard Family	515	660.09	696.74	424.95	271.79	26.05	1430.20	1509.60	920.73	588.87	56.43
New York Independent Health Assoc												
	High Self	QA1	254.65	279.84	190.84	89.00	20.10	551.74	606.32	413.49	192.83	43.55
	High Family	QA2	636.67	699.61	424.95	274.66	52.34	1379.45	1515.82	920.73	595.09	113.40
	HDHP Self	QA4	177.85	182.99	137.24	45.75	1.29	385.34	396.48	297.36	99.12	2.79
	HDHP Family	QA5	456.32	476.55	357.41	119.14	5.06	988.69	1032.53	774.40	258.13	10.96
New York Independent Health Association												
	Standard Self	C54	New Plan	271.48	190.84	80.64	New Plan	New Plan	588.21	413.49	174.72	New Plan
	Standard Family	C55	New Plan	678.69	424.95	253.74	New Plan	New Plan	1470.50	920.73	549.77	New Plan
New York MVP Health Care												
	High Self	GA1	246.69	258.30	190.84	67.46	5.79	534.50	559.65	413.49	146.16	12.54
	High Family	GA2	617.25	646.58	424.95	221.63	18.73	1337.38	1400.92	920.73	480.19	40.57
	Standard Self	GA4	220.25	236.01	177.01	59.00	3.94	477.21	511.36	383.52	127.84	8.54
	Standard Family	GA5	551.06	586.03	424.95	161.08	23.32	1193.96	1269.73	920.73	349.00	50.51
New York MVP Health Care												
	High Self	GV1	241.78	220.83	165.62	55.21	-5.23	523.86	478.47	358.85	119.62	-11.34
	High Family	GV2	604.98	552.59	414.44	138.15	-52.48	1310.79	1197.28	897.96	299.32	-113.71
	Standard Self	GV4	210.91	197.07	147.80	49.27	-3.46	456.97	426.99	320.24	106.75	-7.49
	Standard Family	GV5	527.70	493.10	369.83	123.27	-8.65	1143.35	1068.38	801.29	267.09	-18.75

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

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			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
New York MVP Health Care												
	High Self	M91	259.82	275.31	190.84	84.47	10.40	562.94	596.51	413.49	183.02	22.54
	High Family	M92	650.10	690.09	424.95	265.14	29.39	1408.55	1495.20	920.73	574.47	63.68
	Standard Self	M94	231.26	250.21	187.66	62.55	4.74	501.06	542.12	406.59	135.53	10.27
	Standard Family	M95	578.64	625.87	424.95	200.92	36.63	1253.72	1356.05	920.73	435.32	79.36
New York MVP Health Care												
	High Self	MF1	296.24	296.90	190.84	106.06	-4.43	641.85	643.28	413.49	229.79	-9.60
	High Family	MF2	741.25	731.73	424.95	306.78	-20.12	1606.04	1585.42	920.73	664.69	-43.59
	Standard Self	MF4	262.83	238.45	178.84	59.61	-17.47	569.47	516.64	387.48	129.16	-37.85
	Standard Family	MF5	657.58	596.67	424.95	171.72	-71.51	1424.76	1292.79	920.73	372.06	-154.94
New York MVP Health Care												
	High Self	MX1	263.76	270.15	190.84	79.31	1.30	571.48	585.33	413.49	171.84	2.82
	High Family	MX2	659.77	676.16	424.95	251.21	5.79	1429.50	1465.01	920.73	544.28	12.54
	Standard Self	MX4	233.31	244.15	183.11	61.04	2.71	505.51	528.99	396.74	132.25	5.87
	Standard Family	MX5	583.13	613.30	424.95	188.35	19.57	1263.45	1328.82	920.73	408.09	42.40
North Carolina Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
North Carolina Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan
North Dakota Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
North Dakota Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan	
North Dakota HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	190.84	146.69	-5.09	731.32	731.32	413.49	317.83	-11.03
	High Family	V32		776.32	776.32	424.95	351.37	-10.60	1682.03	1682.03	920.73	761.30	-22.97
	Standard Self	V34		165.92	165.92	124.44	41.48	.00	359.49	359.49	269.62	89.87	.00
	Standard Family	V35		381.62	381.62	286.22	95.40	.00	826.84	826.84	620.13	206.71	.00
North Dakota Heart of America Health Plan													
	High Self	RU1		207.43	227.97	170.98	56.99	5.13	449.43	493.94	370.46	123.48	11.12
	High Family	RU2		533.10	585.89	424.95	160.94	27.67	1155.05	1269.43	920.73	348.70	59.94
North Dakota Sanford Health Plan													
	High Self	C91	New Plan	293.49	190.84	102.65	New Plan	New Plan	635.90	413.49	222.41	New Plan	
	High Family	C92	New Plan	675.04	424.95	250.09	New Plan	New Plan	1462.59	920.73	541.86	New Plan	
	Standard Self	C94	New Plan	261.11	190.84	70.27	New Plan	New Plan	565.74	413.49	152.25	New Plan	
	Standard Family	C95	New Plan	649.17	424.95	224.22	New Plan	New Plan	1406.54	920.73	485.81	New Plan	
Ohio Aetna HealthFund													
	CDHP Self	221		257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222		585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Ohio AultCare HMO													
	High Self	3A1		267.57	249.67	187.25	62.42	-19.40	579.74	540.95	405.71	135.24	-42.04
	High Family	3A2		656.92	613.00	424.95	188.05	-54.52	1423.33	1328.17	920.73	407.44	-118.13
	HDHP Self	3A4		143.26	151.84	113.88	37.96	2.15	310.40	328.99	246.74	82.25	4.65
	HDHP Family	3A5		287.04	304.25	228.19	76.06	4.30	621.92	659.21	494.41	164.80	9.32
Ohio Humana Health Plan of Ohio													
	High Self	A61	New Plan	239.99	179.99	60.00	New Plan	New Plan	519.98	389.99	129.99	New Plan	
	High Family	A62	New Plan	533.98	400.49	133.49	New Plan	New Plan	1156.96	867.72	289.24	New Plan	
	Standard Self	A64	New Plan	215.99	161.99	54.00	New Plan	New Plan	467.98	350.99	116.99	New Plan	
	Standard Family	A65	New Plan	480.57	360.43	120.14	New Plan	New Plan	1041.24	780.93	260.31	New Plan	
Ohio Kaiser Foundation Health Plan of Ohio													

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Self	641	301.24	310.09	190.84	119.25	3.76	652.69	671.86	413.49	258.37	8.14
	High Family	642	692.86	713.19	424.95	288.24	9.73	1501.20	1545.25	920.73	624.52	21.08
	Standard Self	644	199.46	213.72	160.29	53.43	3.57	432.16	463.06	347.30	115.76	7.72
	Standard Family	645	458.76	491.57	368.68	122.89	8.20	993.98	1065.07	798.80	266.27	17.78
Ohio The Health Plan of the Upper Ohio Valley												
	High Self	U41	255.88	306.68	190.84	115.84	45.71	554.41	664.47	413.49	250.98	99.03
	High Family	U42	578.33	693.09	424.95	268.14	104.16	1253.05	1501.70	920.73	580.97	225.68
Oklahoma Aetna HealthFund												
	CDHP Self	221	257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222	585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Oklahoma Globalhealth, Inc.												
	High Self	IM1	180.53	195.17	146.38	48.79	3.66	391.15	422.87	317.15	105.72	7.93
	High Family	IM2	435.07	470.35	352.76	117.59	8.82	942.65	1019.09	764.32	254.77	19.11
Oregon Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Oregon Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan
Oregon Kaiser Foundation Health Plan of Northwest												
	High Self	571	282.31	288.87	190.84	98.03	1.47	611.67	625.89	413.49	212.40	3.19
	High Family	572	637.64	652.45	424.95	227.50	4.21	1381.55	1413.64	920.73	492.91	9.12
	Standard Self	574	215.57	233.01	174.76	58.25	4.36	467.07	504.86	378.65	126.21	9.44
	Standard Family	575	495.21	535.29	401.47	133.82	10.02	1072.96	1159.80	869.85	289.95	21.71
Oregon Kaiser Foundation Health Plan of the Northwest												
	Basic Self	B51	New Plan	214.17	160.63	53.54	New Plan	New Plan	464.04	348.03	116.01	New Plan

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Basic Family	B52	New Plan	492.01	369.01	123.00	New Plan	New Plan	1066.02	799.52	266.50	New Plan	
Pennsylvania Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Pennsylvania Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan	
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan	
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan	
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan	
Pennsylvania Aetna Open Access													
	High Self	P31		473.69	499.15	190.84	308.31	20.37	1026.33	1081.49	413.49	668.00	44.13
	High Family	P32		1142.94	1204.37	424.95	779.42	50.83	2476.37	2609.47	920.73	1688.74	110.13
	Basic Self	P34		342.65	372.11	190.84	181.27	24.37	742.41	806.24	413.49	392.75	52.80
	Basic Family	P35		791.22	859.25	424.95	434.30	57.43	1714.31	1861.71	920.73	940.98	124.43
Pennsylvania Aetna Open Access													
	High Self	YE1		225.51	239.49	179.62	59.87	3.49	488.61	518.90	389.18	129.72	7.57
	High Family	YE2		589.04	599.04	424.95	174.09	-.60	1276.25	1297.92	920.73	377.19	-1.30
Pennsylvania Geisinger Health Plan													
	Standard Self	GG4		297.53	297.50	190.84	106.66	-5.12	644.65	644.58	413.49	231.09	-11.10
	Standard Family	GG5		684.34	684.27	424.95	259.32	-10.67	1482.74	1482.59	920.73	561.86	-23.12
Pennsylvania HealthAmerica Pennsylvania													
	High Self	261		264.01	275.44	190.84	84.60	6.34	572.02	596.79	413.49	183.30	13.74
	High Family	262		620.44	647.29	424.95	222.34	16.25	1344.29	1402.46	920.73	481.73	35.20
Pennsylvania HealthAmerica Pennsylvania - HDHP													
	HDHP Self	Y61		219.96	219.96	164.97	54.99	.00	476.58	476.58	357.44	119.14	.00
	HDHP Family	Y62		506.41	506.41	379.81	126.60	.00	1097.22	1097.22	822.92	274.30	.00
Pennsylvania UPMC Health Plan													
	High Self	8W1		275.45	291.51	190.84	100.67	10.97	596.81	631.61	413.49	218.12	23.77
	High Family	8W2		633.55	670.47	424.95	245.52	26.32	1372.69	1452.69	920.73	531.96	57.03
	HDHP Self	8W4		219.39	228.80	171.60	57.20	2.35	475.35	495.73	371.80	123.93	5.09

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	HDHP Family	8W5	491.45	515.02	386.27	128.75	5.89	1064.81	1115.88	836.91	278.97	12.77
Pennsylvania UPMC Health Plan												
	Standard Self	UW4	256.14	245.80	184.35	61.45	-8.94	554.97	532.57	399.43	133.14	-19.37
	Standard Family	UW5	589.14	565.33	424.00	141.33	-33.46	1276.47	1224.88	918.66	306.22	-72.49
Puerto Rico Humana Health Plans of Puerto Rico, Inc.												
	High Self	ZJ1	150.97	151.99	113.99	38.00	.26	327.10	329.31	246.98	82.33	.56
	High Family	ZJ2	339.67	338.16	253.62	84.54	-.38	735.95	732.68	549.51	183.17	-.82
Puerto Rico Triple-S Salud, Inc.												
	High Self	891	154.88	154.88	116.16	38.72	.00	335.57	335.57	251.68	83.89	.00
	High Family	892	348.47	348.47	261.35	87.12	.00	755.02	755.02	566.27	188.75	.00
Rhode Island Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Rhode Island Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan
South Carolina Aetna HealthFund												
	CDHP Self	221	257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222	585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
South Dakota Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
South Dakota Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan	
South Dakota HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	190.84	146.69	-5.09	731.32	731.32	413.49	317.83	-11.03
	High Family	V32		776.32	776.32	424.95	351.37	-10.60	1682.03	1682.03	920.73	761.30	-22.97
	Standard Self	V34		165.92	165.92	124.44	41.48	.00	359.49	359.49	269.62	89.87	.00
	Standard Family	V35		381.62	381.62	286.22	95.40	.00	826.84	826.84	620.13	206.71	.00
South Dakota Sanford Health Plan													
	High Self	AU1		303.08	303.08	190.84	112.24	-5.09	656.67	656.67	413.49	243.18	-11.03
	High Family	AU2		697.32	697.32	424.95	272.37	-10.60	1510.86	1510.86	920.73	590.13	-22.97
	Standard Self	AU4		291.47	291.47	190.84	100.63	-5.09	631.52	631.52	413.49	218.03	-11.03
	Standard Family	AU5		670.40	670.40	424.95	245.45	-10.60	1452.53	1452.53	920.73	531.80	-22.97
Tennessee Aetna HealthFund													
	HDHP Self	224		173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Tennessee Aetna HealthFund CDHP and Value Plan													
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan	
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan	
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan	
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan	
Tennessee Aetna Open Access													
	High Self	UB1		258.88	307.78	190.84	116.94	43.81	560.91	666.86	413.49	253.37	94.92
	High Family	UB2		660.09	784.77	424.95	359.82	114.08	1430.20	1700.34	920.73	779.61	247.17
Tennessee Humana Health Plan, Inc.													
	High Self	GJ1		247.87	252.63	189.47	63.16	1.04	537.05	547.37	410.53	136.84	2.25
	High Family	GJ2		557.71	562.09	421.57	140.52	-2.84	1208.37	1217.86	913.40	304.46	-6.15
	Standard Self	GJ4		211.93	215.99	161.99	54.00	1.02	459.18	467.98	350.99	116.99	2.20
	Standard Family	GJ5		476.83	480.58	360.44	120.14	.93	1033.13	1041.26	780.95	260.31	2.03
Texas Aetna HealthFund													
	CDHP Self	221		257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222		585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	CDHP Self	TV1	226.78	238.73	179.05	59.68	2.99	491.36	517.25	387.94	129.31	6.47
	CDHP Family	TV2	510.26	531.17	398.38	132.79	5.23	1105.56	1150.87	863.15	287.72	11.33
Texas Humana Health Plan of Texas												
	High Self	UC1	270.42	295.08	190.84	104.24	19.57	585.91	639.34	413.49	225.85	42.40
	High Family	UC2	608.45	656.54	424.95	231.59	37.49	1318.31	1422.50	920.73	501.77	81.22
	Standard Self	UC4	247.87	252.63	189.47	63.16	1.04	537.05	547.37	410.53	136.84	2.25
	Standard Family	UC5	557.70	562.09	421.57	140.52	-2.83	1208.35	1217.86	913.40	304.46	-6.13
Texas Humana Health Plan of Texas												
	High Self	UR1	392.04	412.87	190.84	222.03	15.74	849.42	894.55	413.49	481.06	34.10
	High Family	UR2	882.10	918.63	424.95	493.68	25.93	1911.22	1990.37	920.73	1069.64	56.18
	Standard Self	UR4	247.86	252.62	189.47	63.15	1.04	537.03	547.34	410.51	136.83	2.26
	Standard Family	UR5	557.70	562.08	421.56	140.52	-2.83	1208.35	1217.84	913.38	304.46	-6.13
Texas Humana Health Plan of Texas												
	High Self	UU1	276.02	290.82	190.84	99.98	9.71	598.04	630.11	413.49	216.62	21.04
	High Family	UU2	621.04	647.05	424.95	222.10	15.41	1345.59	1401.94	920.73	481.21	33.38
	Standard Self	UU4	247.87	252.63	189.47	63.16	1.04	537.05	547.37	410.53	136.84	2.25
	Standard Family	UU5	557.71	562.09	421.57	140.52	-2.84	1208.37	1217.86	913.40	304.46	-6.15
Texas UnitedHealthcare Benefits of Texas, Inc.												
	High Self	GF1	275.63	286.22	190.84	95.38	5.50	597.20	620.14	413.49	206.65	11.91
	High Family	GF2	634.22	658.55	424.95	233.60	13.73	1374.14	1426.86	920.73	506.13	29.75
Utah Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Utah Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan
Utah Altius Health Plans												
	High Self	9K1	277.07	288.15	190.84	97.31	5.99	600.32	624.33	413.49	210.84	12.98

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	High Family	9K2	609.59	633.97	424.95	209.02	13.78	1320.78	1373.60	920.73	452.87	29.85
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Utah Altius Health Plans												
	Standard Self	DK4	196.63	208.43	156.32	52.11	2.95	426.03	451.60	338.70	112.90	6.39
	Standard Family	DK5	432.57	458.53	343.90	114.63	6.49	937.24	993.48	745.11	248.37	14.06
Utah SelectHealth												
	High Self	SF1	287.13	285.34	190.84	94.50	-6.88	622.12	618.24	413.49	204.75	-14.91
	High Family	SF2	631.87	636.52	424.95	211.57	-5.95	1369.05	1379.13	920.73	458.40	-12.89
	Standard Self	SF4	New Plan	255.09	190.84	64.25	New Plan	New Plan	552.70	413.49	139.21	New Plan
	Standard Family	SF5	New Plan	569.04	424.95	144.09	New Plan	New Plan	1232.92	920.73	312.19	New Plan
Vermont Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Vermont Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	190.84	84.98	New Plan	New Plan	597.61	413.49	184.12	New Plan
	CDHP Family	EP2	New Plan	626.36	424.95	201.41	New Plan	New Plan	1357.11	920.73	436.38	New Plan
	Basic Self	EP4	New Plan	223.19	167.39	55.80	New Plan	New Plan	483.58	362.69	120.89	New Plan
	Basic Family	EP5	New Plan	506.85	380.14	126.71	New Plan	New Plan	1098.18	823.64	274.54	New Plan
Virgin Islands Triple-S Salud, Inc.												
	High Self	851	190.24	190.24	142.68	47.56	.00	412.19	412.19	309.14	103.05	.00
	High Family	852	432.04	432.04	324.03	108.01	.00	936.09	936.09	702.07	234.02	.00
Virginia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Virginia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan

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Health Management Organizations (HMO)		2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Virginia Aetna Open Access												
	High Self	JN1	341.73	392.10	190.84	201.26	45.28	740.42	849.55	413.49	436.06	98.10
	High Family	JN2	765.45	878.26	424.95	453.31	102.21	1658.48	1902.90	920.73	982.17	221.45
	Basic Self	JN4	229.78	246.99	185.24	61.75	4.31	497.86	535.15	401.36	133.79	9.33
	Basic Family	JN5	537.75	561.70	421.28	140.42	5.98	1165.13	1217.02	912.77	304.25	12.97
Virginia Aetna Whole Health												
	Basic Self	D91	New Plan	211.40	158.55	52.85	New Plan	New Plan	458.03	343.52	114.51	New Plan
	Basic Family	D92	New Plan	588.46	424.95	163.51	New Plan	New Plan	1275.00	920.73	354.27	New Plan
Virginia CareFirst BlueChoice												
	High Self	2G1	250.36	262.88	190.84	72.04	7.43	542.45	569.57	413.49	156.08	16.09
	High Family	2G2	563.22	591.39	424.95	166.44	17.57	1220.31	1281.35	920.73	360.62	38.07
	Standard Self	2G4	237.85	249.74	187.31	62.43	2.97	515.34	541.10	405.83	135.27	6.44
	Standard Family	2G5	535.06	561.82	421.37	140.45	6.69	1159.30	1217.28	912.96	304.32	14.50
Virginia CareFirst BlueChoice												
	HDHP Self	B61	New Plan	235.27	176.45	58.82	New Plan	New Plan	509.75	382.31	127.44	New Plan
	HDHP Family	B62	New Plan	524.78	393.59	131.19	New Plan	New Plan	1137.02	852.77	284.25	New Plan
Virginia Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	254.06	261.37	190.84	70.53	2.22	550.46	566.30	413.49	152.81	4.81
	High Family	E32	584.36	601.15	424.95	176.20	6.19	1266.11	1302.49	920.73	381.76	13.41
	Standard Self	E34	165.58	174.38	130.79	43.59	2.20	358.76	377.82	283.37	94.45	4.76
	Standard Family	E35	380.84	401.06	300.80	100.26	5.05	825.15	868.96	651.72	217.24	10.95
Virginia M.D. IPA												
	High Self	JP1	262.27	267.90	190.84	77.06	.54	568.25	580.45	413.49	166.96	1.17
	High Family	JP2	604.78	617.78	424.95	192.83	2.40	1310.36	1338.52	920.73	417.79	5.19
Virginia Optima Health Plan												
	High Self	9R1	262.74	283.75	190.84	92.91	15.92	569.27	614.79	413.49	201.30	34.49
	High Family	9R2	621.67	671.40	424.95	246.45	39.13	1346.95	1454.70	920.73	533.97	84.78
	Standard Self	9R4	172.30	180.91	135.68	45.23	2.16	373.32	391.97	293.98	97.99	4.66
	Standard Family	9R5	407.69	428.07	321.05	107.02	5.10	883.33	927.49	695.62	231.87	11.04
Virginia Piedmont Community Healthcare												

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

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	2C1	235.77	237.78	178.34	59.44	.50	510.84	515.19	386.39	128.80	1.09
	High Family	2C2	539.87	544.48	408.36	136.12	1.15	1169.72	1179.71	884.78	294.93	2.50
Washington Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Washington Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	190.84	77.24	New Plan	New Plan	580.84	413.49	167.35	New Plan
	CDHP Family	G52	New Plan	608.80	424.95	183.85	New Plan	New Plan	1319.07	920.73	398.34	New Plan
	Basic Self	G54	New Plan	225.45	169.09	56.36	New Plan	New Plan	488.48	366.36	122.12	New Plan
	Basic Family	G55	New Plan	511.98	383.99	127.99	New Plan	New Plan	1109.29	831.97	277.32	New Plan
Washington Aetna Open Access												
	High Self	C31	New Plan	250.56	187.92	62.64	New Plan	New Plan	542.88	407.16	135.72	New Plan
	High Family	C32	New Plan	684.00	424.95	259.05	New Plan	New Plan	1482.00	920.73	561.27	New Plan
Washington Group Health Cooperative												
	High Self	541	276.67	302.54	190.84	111.70	20.78	599.45	655.50	413.49	242.01	45.02
	High Family	542	594.86	650.48	424.95	225.53	45.02	1288.86	1409.37	920.73	488.64	97.54
	Standard Self	544	176.47	194.54	145.91	48.63	4.51	382.35	421.50	316.13	105.37	9.78
	Standard Family	545	398.38	439.21	329.41	109.80	10.21	863.16	951.62	713.72	237.90	22.11
Washington KPS Health Plans												
	Standard Self	L11	196.62	204.94	153.71	51.23	2.08	426.01	444.04	333.03	111.01	4.51
	Standard Family	L12	424.40	442.37	331.78	110.59	4.49	919.53	958.47	718.85	239.62	9.74
	HDHP Self	L14	176.22	185.02	138.77	46.25	2.20	381.81	400.88	300.66	100.22	4.77
	HDHP Family	L15	385.06	404.30	303.23	101.07	4.81	834.30	875.98	656.99	218.99	10.42
Washington KPS Health Plans												
	High Self	VT1	307.31	316.54	190.84	125.70	4.14	665.84	685.84	413.49	272.35	8.97
	High Family	VT2	671.51	691.67	424.95	266.72	9.56	1454.94	1498.62	920.73	577.89	20.71
Washington Kaiser Foundation Health Plan of Northwest												
	High Self	571	282.31	288.87	190.84	98.03	1.47	611.67	625.89	413.49	212.40	3.19
	High Family	572	637.64	652.45	424.95	227.50	4.21	1381.55	1413.64	920.73	492.91	9.12
	Standard Self	574	215.57	233.01	174.76	58.25	4.36	467.07	504.86	378.65	126.21	9.44

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				Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays
	Standard Family	575	495.21	535.29	401.47	133.82	10.02	1072.96	1159.80	869.85	289.95	21.71
Washington Kaiser Foundation Health Plan of the Northwest												
	Basic Self	B51	New Plan	214.17	160.63	53.54	New Plan	New Plan	464.04	348.03	116.01	New Plan
	Basic Family	B52	New Plan	492.01	369.01	123.00	New Plan	New Plan	1066.02	799.52	266.50	New Plan
West Virginia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
West Virginia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	190.84	73.25	New Plan	New Plan	572.20	413.49	158.71	New Plan
	CDHP Family	F52	New Plan	599.73	424.95	174.78	New Plan	New Plan	1299.42	920.73	378.69	New Plan
	Basic Self	F54	New Plan	229.60	172.20	57.40	New Plan	New Plan	497.47	373.10	124.37	New Plan
	Basic Family	F55	New Plan	521.41	391.06	130.35	New Plan	New Plan	1129.72	847.29	282.43	New Plan
West Virginia The Health Plan of the Upper Ohio Valley												
	High Self	U41	255.88	306.68	190.84	115.84	45.71	554.41	664.47	413.49	250.98	99.03
	High Family	U42	578.33	693.09	424.95	268.14	104.16	1253.05	1501.70	920.73	580.97	225.68
Wisconsin Aetna HealthFund												
	CDHP Self	221	257.77	276.33	190.84	85.49	13.47	558.50	598.72	413.49	185.23	29.19
	CDHP Family	222	585.38	627.52	424.95	202.57	31.54	1268.32	1359.63	920.73	438.90	68.34
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Wisconsin Aetna Whole Health												
	Basic Self	F71	New Plan	184.62	138.47	46.15	New Plan	New Plan	400.01	300.01	100.00	New Plan
	Basic Family	F72	New Plan	508.71	381.53	127.18	New Plan	New Plan	1102.21	826.66	275.55	New Plan
Wisconsin Dean Health Plan												
	High Self	WD1	255.11	287.50	190.84	96.66	27.30	552.74	622.92	413.49	209.43	59.15
	High Family	WD2	637.78	718.73	424.95	293.78	70.35	1381.86	1557.25	920.73	636.52	152.42
Wisconsin Group Health Cooperative												
	High Self	WJ1	230.85	241.65	181.24	60.41	2.70	500.18	523.58	392.69	130.89	5.85
	High Family	WJ2	577.29	604.32	424.95	179.37	16.43	1250.80	1309.36	920.73	388.63	35.59
Wisconsin HealthPartners High and Standard Option												

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				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	High Self	V31	337.53	337.53	190.84	146.69	-5.09	731.32	731.32	413.49	317.83	-11.03
	High Family	V32	776.32	776.32	424.95	351.37	-10.60	1682.03	1682.03	920.73	761.30	-22.97
	Standard Self	V34	165.92	165.92	124.44	41.48	.00	359.49	359.49	269.62	89.87	.00
	Standard Family	V35	381.62	381.62	286.22	95.40	.00	826.84	826.84	620.13	206.71	.00
Wisconsin MercyCare HMO												
	High Self	EY1	235.66	240.28	180.21	60.07	1.16	510.60	520.61	390.46	130.15	2.50
	High Family	EY2	589.16	600.97	424.95	176.02	1.21	1276.51	1302.10	920.73	381.37	2.62
Wisconsin Physicians Plus												
	High Self	LW1	231.49	234.85	176.14	58.71	.84	501.56	508.84	381.63	127.21	1.82
	High Family	LW2	590.39	598.93	424.95	173.98	-2.06	1279.18	1297.68	920.73	376.95	-4.47
Wyoming Aetna HealthFund												
	HDHP Self	224	173.76	191.55	143.66	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225	380.55	419.48	314.61	104.87	9.73	824.53	908.87	681.65	227.22	21.09
Wyoming Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	190.84	72.86	New Plan	New Plan	571.35	413.49	157.86	New Plan
	CDHP Family	H42	New Plan	598.85	424.95	173.90	New Plan	New Plan	1297.51	920.73	376.78	New Plan
	Basic Self	H44	New Plan	230.19	172.64	57.55	New Plan	New Plan	498.75	374.06	124.69	New Plan
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	New Plan
Wyoming Altius Health Plans												
	High Self	9K1	277.07	288.15	190.84	97.31	5.99	600.32	624.33	413.49	210.84	12.98
	High Family	9K2	609.59	633.97	424.95	209.02	13.78	1320.78	1373.60	920.73	452.87	29.85
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Wyoming Altius Health Plans												
	Standard Self	DK4	196.63	208.43	156.32	52.11	2.95	426.03	451.60	338.70	112.90	6.39
	Standard Family	DK5	432.57	458.53	343.90	114.63	6.49	937.24	993.48	745.11	248.37	14.06