

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

Fee-for-Service Plans (FFS)		2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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												
APWU Health Plan												
	High Self	471	205.78	220.19	165.14	55.05	3.61	445.86	477.08	357.81	119.27	7.81
	High Family	472	465.30	497.87	373.40	124.47	8.15	1008.15	1078.72	809.04	269.68	17.64
	CDHP Self	474	155.40	155.40	116.55	38.85	.00	336.70	336.70	252.53	84.17	.00
	CDHP Family	475	349.60	349.60	262.20	87.40	.00	757.47	757.47	568.10	189.37	.00
Compass Rose Health Plan*												
	High Self	421	225.04	235.61	176.71	58.90	1.47	487.59	510.49	382.87	127.62	3.19
	High Family	422	518.39	546.89	403.98	142.91	.56	1123.18	1184.93	875.29	309.64	1.21
Blue Cross and Blue Shield Service Benefit Plan												
	Standard Self	104	248.42	267.05	180.66	86.39	5.58	538.24	578.61	391.43	187.18	12.10
	Standard Family	105	561.10	603.18	403.98	199.20	14.14	1215.72	1306.89	875.29	431.60	30.63
Blue Cross and Blue Shield Service Benefit Plan												
	Basic self	111	186.02	209.30	156.98	52.32	5.82	403.04	453.48	340.11	113.37	12.61
	Basic Family	112	435.66	490.14	367.61	122.53	13.62	943.93	1061.97	796.48	265.49	29.51
Foreign Service Benefit Plan												
	High Self	401	211.03	227.98	170.99	56.99	4.23	457.23	493.96	370.47	123.49	9.18
	High Family	402	512.01	545.29	403.98	141.31	5.34	1109.36	1181.46	875.29	306.17	11.56
GEHA Benefit Plan												
	High Self	311	247.15	261.98	180.66	81.32	1.78	535.49	567.62	391.43	176.19	3.86
	High Family	312	562.10	595.83	403.98	191.85	5.79	1217.88	1290.97	875.29	415.68	12.55
	Standard Self	314	148.10	159.98	119.99	39.99	2.97	320.88	346.62	259.97	86.65	6.43
	Standard Family	315	336.54	363.82	272.87	90.95	6.82	729.17	788.28	591.21	197.07	14.78
GEHA High Deductible Health Plan												
	HDHP self	341	175.76	175.76	131.82	43.94	.00	380.81	380.81	285.61	95.20	.00
	HDHP Family	342	401.44	401.44	301.08	100.36	.00	869.79	869.79	652.34	217.45	.00
Mail Handlers Benefit Plan												
	Standard Self	454	244.23	282.09	180.66	101.43	24.81	529.17	611.20	391.43	219.77	53.76
	Standard Family	455	558.94	645.58	403.98	241.60	58.70	1211.04	1398.76	875.29	523.47	127.18

*formerly The Association Health Benefit Plan

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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	Change in empl. payment
Mail Handlers Benefit Plan Consumer Option												
	HDHP self	481	143.46	182.20	136.65	45.55	9.69	310.83	394.77	296.08	98.69	20.98
	HDHP Family	482	325.08	412.85	309.64	103.21	21.94	704.34	894.51	670.88	223.63	47.55
Mail Handlers Benefit Plan Value												
	Value Self	414	110.24	131.96	98.97	32.99	5.43	238.85	285.91	214.43	71.48	11.77
	Value Family	415	262.82	314.60	235.95	78.65	12.95	569.44	681.63	511.22	170.41	28.05
NALC												
	High Self	321	235.46	254.80	180.66	74.14	6.29	510.16	552.07	391.43	160.64	13.64
	High Family	322	514.38	555.05	403.98	151.07	12.73	1114.49	1202.61	875.29	327.32	27.58
Panama Canal Area Benefit Plan												
	High Self	431	188.88	188.88	141.66	47.22	.00	409.24	409.24	306.93	102.31	.00
	High Family	432	394.25	394.25	295.69	98.56	.00	854.21	854.21	640.66	213.55	.00
Rural Carrier Benefit Plan												
	High Self	381	248.25	261.15	180.66	80.49	-.15	537.88	565.83	391.43	174.40	-.32
	High Family	382	507.07	533.44	400.08	133.36	2.33	1098.65	1155.79	866.84	288.95	5.05
SAMBA												
	High Self	441	276.37	305.39	180.66	124.73	15.97	598.80	661.68	391.43	270.25	34.61
	High Family	442	650.85	719.19	403.98	315.21	40.40	1410.18	1558.25	875.29	682.96	87.53
	Standard Self	444	200.50	231.59	173.69	57.90	7.78	434.42	501.78	376.34	125.44	16.84
	Standard Family	445	457.92	528.90	396.68	132.22	17.74	992.16	1145.95	859.46	286.49	38.45