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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Alabama Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Alaska Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Arizona Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Arizona Aetna Open Access												
	High Self	WQ1	224.29	248.11	180.66	67.45	10.77	485.96	537.57	391.43	146.14	23.34
	High Family	WQ2	542.32	599.97	403.98	195.99	29.71	1175.03	1299.94	875.29	424.65	64.37
Arizona Health Net of Arizona, Inc.												
	High Self	A71	210.30	234.67	176.00	58.67	6.10	455.65	508.45	381.34	127.11	13.20
	High Family	A72	532.36	593.81	403.98	189.83	33.51	1153.45	1286.59	875.29	411.30	72.60
	Standard Self	A74	192.20	210.88	158.16	52.72	4.67	416.43	456.91	342.68	114.23	10.12
	Standard Family	A75	486.44	533.63	400.22	133.41	11.80	1053.95	1156.20	867.15	289.05	25.56
Arkansas Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Arkansas QualChoice												
	High Self	DH1	221.02	248.28	180.66	67.62	12.37	478.88	537.94	391.43	146.51	26.79
	High Family	DH2	517.59	581.43	403.98	177.45	35.90	1121.45	1259.77	875.29	384.48	77.78
	Standard Self	DH4	174.91	193.65	145.24	48.41	4.68	378.97	419.58	314.69	104.89	10.15
	Standard Family	DH5	409.61	453.48	340.11	113.37	10.97	887.49	982.54	736.91	245.63	23.76
California Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
California Aetna Open Access												
	High Self	2X1	186.90	202.28	151.71	50.57	3.85	404.95	438.27	328.70	109.57	8.33
	High Family	2X2	460.42	498.28	373.71	124.57	9.47	997.58	1079.61	809.71	269.90	20.51
California Anthem Blue Cross - HMO												
	High Self	M51	240.26	271.49	180.66	90.83	18.18	520.56	588.23	391.43	196.80	39.40
	High Family	M52	599.55	662.50	403.98	258.52	35.01	1299.03	1435.42	875.29	560.13	75.85
California Blue Shield of CA Access+HMO												
	High Self	SI1	215.79	241.60	180.66	60.94	6.99	467.55	523.47	391.43	132.04	15.15
	High Family	SI2	498.47	546.02	403.98	142.04	17.42	1080.02	1183.04	875.29	307.75	37.75
California Health Net of California												
	High Self	LB1	305.60	375.71	180.66	195.05	57.06	662.13	814.04	391.43	422.61	123.64
	High Family	LB2	706.59	868.69	403.98	464.71	134.16	1530.95	1882.16	875.29	1006.87	290.67
	Standard Self	LB4	290.96	357.82	180.66	177.16	53.81	630.41	775.28	391.43	383.85	116.60
	Standard Family	LB5	672.71	827.32	403.98	423.34	126.67	1457.54	1792.53	875.29	917.24	274.45
California Health Net of California												
	High Self	LP1	212.62	254.77	180.66	74.11	20.96	460.68	552.00	391.43	160.57	45.40
	High Family	LP2	491.58	589.04	403.98	185.06	62.17	1065.09	1276.25	875.29	400.96	134.69
	Standard Self	LP4	202.29	239.22	179.42	59.80	9.23	438.30	518.31	388.73	129.58	20.01
	Standard Family	LP5	467.69	553.08	403.98	149.10	32.18	1013.33	1198.34	875.29	323.05	69.72

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
California Kaiser Foundation Health Plan of California												
	High Self	591	264.13	287.00	180.66	106.34	9.82	572.28	621.83	391.43	230.40	21.28
	High Family	592	630.50	685.10	403.98	281.12	26.66	1366.08	1484.38	875.29	609.09	57.76
	Standard Self	594	213.93	240.24	180.18	60.06	6.58	463.52	520.52	390.39	130.13	14.25
	Standard Family	595	510.67	562.16	403.98	158.18	23.55	1106.45	1218.01	875.29	342.72	51.02
California Kaiser Foundation Health Plan of California												
	High Self	621	211.38	221.05	165.79	55.26	2.42	457.99	478.94	359.21	119.73	5.23
	High Family	622	488.54	510.87	383.15	127.72	5.59	1058.50	1106.89	830.17	276.72	12.10
	Standard Self	624	135.29	141.63	106.22	35.41	1.59	293.13	306.87	230.15	76.72	3.44
	Standard Family	625	312.70	327.35	245.51	81.84	3.67	677.52	709.26	531.95	177.31	7.93
California PacifiCare of California												
	High Self	CY1	207.78	218.78	164.09	54.69	2.75	450.19	474.02	355.52	118.50	5.95
	High Family	CY2	474.34	499.40	374.55	124.85	6.27	1027.74	1082.03	811.52	270.51	13.58
Colorado Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Colorado Kaiser Foundation Health Plan of Colorado												
	High Self	651	227.78	250.50	180.66	69.84	9.67	493.52	542.75	391.43	151.32	20.96
	High Family	652	521.62	566.14	403.98	162.16	16.58	1130.18	1226.64	875.29	351.35	35.92
	Standard Self	654	138.65	148.03	111.02	37.01	2.35	300.41	320.73	240.55	80.18	5.08
	Standard Family	655	317.51	334.57	250.93	83.64	4.26	687.94	724.90	543.68	181.22	9.24
Connecticut Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Delaware Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Delaware Aetna Open Access												
	High Self	P31	321.47	384.05	180.66	203.39	49.53	696.52	832.11	391.43	440.68	107.32
	High Family	P32	775.68	926.65	403.98	522.67	123.03	1680.64	2007.74	875.29	1132.45	266.56
	Basic Self	P34	236.89	287.87	180.66	107.21	37.93	513.26	623.72	391.43	232.29	82.19
	Basic Family	P35	547.02	664.74	403.98	260.76	89.78	1185.21	1440.27	875.29	564.98	194.52
District of Columbia Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
District of Columbia Aetna Open Access												
	High Self	JN1	296.33	341.35	180.66	160.69	31.97	642.05	739.59	391.43	348.16	69.27
	High Family	JN2	663.75	764.59	403.98	360.61	72.90	1438.13	1656.61	875.29	781.32	157.94
	Basic Self	JN4	194.16	218.28	163.71	54.57	6.03	420.68	472.94	354.71	118.23	13.06
	Basic Family	JN5	454.38	510.85	383.14	127.71	14.12	984.49	1106.84	830.13	276.71	30.59
District of Columbia CareFirst BlueChoice												
	High Self	2G1	224.34	250.36	180.66	69.70	12.97	486.07	542.45	391.43	151.02	28.11
	High Family	2G2	504.68	563.22	403.98	159.24	30.60	1093.47	1220.31	875.29	345.02	66.30
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	229.00	243.01	180.66	62.35	.96	496.17	526.52	391.43	135.09	2.08
	High Family	E32	526.21	558.93	403.98	154.95	4.78	1140.12	1211.02	875.29	335.73	10.36
	Standard Self	E34	133.98	152.56	114.42	38.14	4.65	290.29	330.55	247.91	82.64	10.07
	Standard Family	E35	308.17	350.86	263.15	87.71	10.67	667.70	760.20	570.15	190.05	23.13

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
District of Columbia M.D. IPA												
	High Self	JP1	223.56	241.68	180.66	61.02	5.07	484.38	523.64	391.43	132.21	10.99
	High Family	JP2	515.54	557.30	403.98	153.32	13.82	1117.00	1207.48	875.29	332.19	29.94
Florida Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Florida Av-Med Health Plan												
	High Self	ML1	217.44	237.88	178.41	59.47	5.11	471.12	515.41	386.56	128.85	11.07
	High Family	ML2	521.93	570.98	403.98	167.00	21.11	1130.85	1237.12	875.29	361.83	45.73
	Standard Self	ML4	173.01	220.31	165.23	55.08	11.83	374.86	477.34	358.01	119.33	25.62
	Standard Family	ML5	415.26	528.77	396.58	132.19	28.38	899.73	1145.67	859.25	286.42	61.49
Florida Capital Health Plan												
	High Self	EA1	189.27	188.80	141.60	47.20	-.12	410.09	409.07	306.80	102.27	-.25
	High Family	EA2	501.59	500.31	375.23	125.08	-.47	1086.78	1084.01	813.01	271.00	-1.03
Florida Coventry Health Care of Florida												
	High Self	5E1	172.61	221.25	165.94	55.31	12.16	373.99	479.38	359.54	119.84	26.34
	High Family	5E2	472.77	573.56	403.98	169.58	51.39	1024.34	1242.71	875.29	367.42	111.34
	Standard Self	5E4	151.21	190.92	143.19	47.73	9.93	327.62	413.66	310.25	103.41	21.51
	Standard Family	5E5	413.88	494.74	371.06	123.68	20.21	896.74	1071.94	803.96	267.98	43.80
Florida Humana CoverageFirst												
	CDHP Self	MJ1	209.52	224.83	168.62	56.21	3.83	453.96	487.13	365.35	121.78	8.29
	CDHP Family	MJ2	471.39	505.86	379.40	126.46	8.61	1021.35	1096.03	822.02	274.01	18.67
Florida Humana CoverageFirst												
	CDHP Self	QP1	178.22	214.90	161.18	53.72	9.17	386.14	465.62	349.22	116.40	19.87
	CDHP Family	QP2	401.01	483.52	362.64	120.88	20.63	868.86	1047.63	785.72	261.91	44.70

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

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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
Florida Humana, Inc.												
	High Self	EE1	225.41	256.90	180.66	76.24	18.44	488.39	556.62	391.43	165.19	39.96
	High Family	EE2	507.16	578.04	403.98	174.06	42.94	1098.85	1252.42	875.29	377.13	93.03
	Standard Self	EE4	180.36	224.98	168.74	56.24	11.15	390.78	487.46	365.60	121.86	24.17
	Standard Family	EE5	405.80	506.21	379.66	126.55	25.10	879.23	1096.79	822.59	274.20	54.39
Florida Humana, Inc.												
	High Self	LL1	240.71	290.65	180.66	109.99	36.89	521.54	629.74	391.43	238.31	79.93
	High Family	LL2	541.60	653.95	403.98	249.97	84.41	1173.47	1416.89	875.29	541.60	182.88
	Standard Self	LL4	223.51	236.24	177.18	59.06	3.16	484.27	511.85	383.89	127.96	6.85
	Standard Family	LL5	502.90	531.52	398.64	132.88	6.02	1089.62	1151.63	863.72	287.91	13.04
Georgia Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Georgia Aetna Open Access												
	High Self	2U1	246.70	287.47	180.66	106.81	27.72	534.52	622.85	391.43	231.42	60.06
	High Family	2U2	566.07	659.62	403.98	255.64	65.61	1226.49	1429.18	875.29	553.89	142.15
Georgia Humana CoverageFirst												
	CDHP Self	AD1	154.59	211.89	158.92	52.97	14.32	334.95	459.10	344.33	114.77	31.03
	CDHP Family	AD2	347.82	476.76	357.57	119.19	32.24	753.61	1032.98	774.74	258.24	69.84
Georgia Humana CoverageFirst												
	CDHP Self	LM1	181.86	215.68	161.76	53.92	8.46	394.03	467.31	350.48	116.83	18.32
	CDHP Family	LM2	409.20	485.28	363.96	121.32	19.02	886.60	1051.44	788.58	262.86	41.21
Georgia Humana Employers Health of Georgia, Inc.												
	High Self	CB1	224.15	238.88	179.16	59.72	3.18	485.66	517.57	388.18	129.39	6.89
	High Family	CB2	504.34	537.47	403.10	134.37	6.07	1092.74	1164.52	873.39	291.13	13.14
	Standard Self	CB4	201.74	214.99	161.24	53.75	3.32	437.10	465.81	349.36	116.45	7.18
	Standard Family	CB5	453.90	483.72	362.79	120.93	7.46	983.45	1048.06	786.05	262.01	16.15

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

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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
Georgia Humana Employers Health of Georgia, Inc.												
	High Self	DG1	199.14	249.31	180.66	68.65	18.87	431.47	540.17	391.43	148.74	40.87
	High Family	DG2	448.05	560.94	403.98	156.96	44.95	970.78	1215.37	875.29	340.08	97.39
	Standard Self	DG4	181.13	238.88	179.16	59.72	14.44	392.45	517.57	388.18	129.39	31.28
	Standard Family	DG5	407.53	537.48	403.11	134.37	32.49	882.98	1164.54	873.41	291.13	70.39
Georgia Humana Employers Health of Georgia, Inc.												
	High Self	DN1	212.94	236.83	177.62	59.21	5.98	461.37	513.13	384.85	128.28	12.94
	High Family	DN2	479.12	532.85	399.64	133.21	13.43	1038.09	1154.51	865.88	288.63	29.11
	Standard Self	DN4	191.65	224.98	168.74	56.24	8.33	415.24	487.46	365.60	121.86	18.05
	Standard Family	DN5	431.20	506.21	379.66	126.55	18.75	934.27	1096.79	822.59	274.20	40.63
Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP												
	HDHP Self	GW1	151.84	152.11	114.08	38.03	.07	328.99	329.57	247.18	82.39	.14
	HDHP Family	GW2	341.35	341.97	256.48	85.49	.15	739.59	740.94	555.71	185.23	.33
Georgia Kaiser Foundation Health Plan of Georgia, Inc.												
	High Self	F81	219.12	241.56	180.66	60.90	6.12	474.76	523.38	391.43	131.95	13.26
	High Family	F82	501.80	551.98	403.98	148.00	22.24	1087.23	1195.96	875.29	320.67	48.19
	Standard Self	F84	149.80	165.14	123.86	41.28	3.83	324.57	357.80	268.35	89.45	8.31
	Standard Family	F85	343.05	377.34	283.01	94.33	8.57	743.28	817.57	613.18	204.39	18.57
Guam TakeCare												
	High Self	JK1	229.79	229.79	172.34	57.45	-4.73	497.88	497.88	373.41	124.47	-10.25
	High Family	JK2	603.86	603.86	403.98	199.88	-27.94	1308.36	1308.36	875.29	433.07	-60.54
	Standard Self	JK4	207.89	203.87	152.90	50.97	-1.00	450.43	441.72	331.29	110.43	-2.18
	Standard Family	JK5	548.97	538.37	403.78	134.59	-38.34	1189.44	1166.47	874.85	291.62	-83.07
Guam TakeCare												
	HDHP Self	KX1	159.11	150.24	112.68	37.56	-2.22	344.74	325.52	244.14	81.38	-4.80
	HDHP Family	KX2	411.25	395.42	296.57	98.85	-3.96	891.04	856.74	642.56	214.18	-8.58

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Hawaii Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Hawaii HMSA												
	High Self	871	195.05	208.71	156.53	52.18	3.42	422.61	452.21	339.16	113.05	7.40
	High Family	872	434.18	464.57	348.43	116.14	7.60	940.72	1006.57	754.93	251.64	16.46
Hawaii Kaiser Foundation Health Plan of Hawaii												
	High Self	631	199.65	234.89	176.17	58.72	8.81	432.58	508.93	381.70	127.23	19.09
	High Family	632	429.26	505.01	378.76	126.25	18.94	930.06	1094.19	820.64	273.55	41.04
	Standard Self	634	88.47	104.11	78.08	26.03	3.91	191.69	225.57	169.18	56.39	8.47
	Standard Family	635	190.22	223.83	167.87	55.96	8.41	412.14	484.97	363.73	121.24	18.21
Idaho Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Idaho Altius Health Plans												
	High Self	9K1	251.88	277.07	180.66	96.41	12.14	545.74	600.32	391.43	208.89	26.31
	High Family	9K2	554.16	609.59	403.98	205.61	27.49	1200.68	1320.78	875.29	445.49	59.56
	HDHP Self	9K4	178.56	160.70	120.53	40.17	-4.47	386.88	348.18	261.14	87.04	-9.68
	HDHP Family	9K5	369.92	332.92	249.69	83.23	-9.25	801.49	721.33	541.00	180.33	-20.04
Idaho Altius Health Plans												
	Standard Self	DK4	189.45	183.77	137.83	45.94	-1.42	410.48	398.17	298.63	99.54	-3.08
	Standard Family	DK5	416.77	404.27	303.20	101.07	-3.12	903.00	875.92	656.94	218.98	-6.77

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Idaho Group Health Cooperative												
	High Self	541	254.78	265.22	180.66	84.56	-2.61	552.02	574.64	391.43	183.21	-5.65
	High Family	542	547.78	570.23	403.98	166.25	-5.49	1186.86	1235.50	875.29	360.21	-11.90
	Standard Self	544	165.61	171.53	128.65	42.88	1.48	358.82	371.65	278.74	92.91	3.21
	Standard Family	545	373.88	387.25	290.44	96.81	3.34	810.07	839.04	629.28	209.76	7.24
Illinois Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Illinois Aetna Open Access												
	High Self	IK1	228.79	278.98	180.66	98.32	37.14	495.71	604.46	391.43	213.03	80.48
	High Family	IK2	550.92	671.77	403.98	267.79	92.91	1193.66	1455.50	875.29	580.21	201.30
Illinois Blue Preferred Plus POS												
	High Self	9G1	242.73	262.14	180.66	81.48	6.36	525.92	567.97	391.43	176.54	13.78
	High Family	9G2	525.52	567.56	403.98	163.58	14.10	1138.63	1229.71	875.29	354.42	30.54
Illinois Health Alliance HMO												
	High Self	FX1	249.64	255.88	180.66	75.22	-6.81	540.89	554.41	391.43	162.98	-14.75
	High Family	FX2	581.93	596.47	403.98	192.49	-13.40	1260.85	1292.35	875.29	417.06	-29.04
Illinois Humana Benefit Plan of Illinois, Inc. formerly OSF												
	High Self	9F1	266.76	314.19	180.66	133.53	34.38	577.98	680.75	391.43	289.32	74.50
	High Family	9F2	600.20	706.95	403.98	302.97	78.81	1300.43	1531.73	875.29	656.44	170.76
Illinois Humana Benefit Plan of Illinois, Inc.,formerly OSF												
	Standard Self	AB4	224.15	238.88	179.16	59.72	3.18	485.66	517.57	388.18	129.39	6.89
	Standard Family	AB5	504.35	537.48	403.11	134.37	6.06	1092.76	1164.54	873.41	291.13	13.12
Illinois Humana CoverageFirst												
	CDHP Self	MW1	165.85	218.41	163.81	54.60	13.14	359.34	473.22	354.92	118.30	28.47
	CDHP Family	MW2	373.19	491.42	368.57	122.85	29.55	808.58	1064.74	798.56	266.18	64.04

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Illinois Humana Health Plan Inc.												
	High Self	751	259.26	295.57	180.66	114.91	23.26	561.73	640.40	391.43	248.97	50.40
	High Family	752	583.37	665.03	403.98	261.05	53.72	1263.97	1440.90	875.29	565.61	116.39
	Standard Self	754	187.26	224.98	168.74	56.24	9.43	405.73	487.46	365.60	121.86	20.43
	Standard Family	755	421.31	506.21	379.66	126.55	21.22	912.84	1096.79	822.59	274.20	45.99
Illinois Union Health Service												
	High Self	761	172.45	218.58	163.94	54.64	11.53	373.64	473.59	355.19	118.40	24.99
	High Family	762	396.61	507.42	380.57	126.85	27.70	859.32	1099.41	824.56	274.85	60.02
Illinois United Healthcare of the Midwest, Inc.												
	High Self	B91	230.45	250.49	180.66	69.83	6.99	499.31	542.73	391.43	151.30	15.15
	High Family	B92	514.87	559.61	403.98	155.63	16.80	1115.55	1212.49	875.29	337.20	36.40
Illinois UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	179.43	211.33	158.50	52.83	7.97	388.77	457.88	343.41	114.47	17.28
	High Family	YH2	439.60	517.74	388.31	129.43	19.53	952.47	1121.77	841.33	280.44	42.32
Indiana Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Indiana Aetna Open Access												
	High Self	IK1	228.79	278.98	180.66	98.32	37.14	495.71	604.46	391.43	213.03	80.48
	High Family	IK2	550.92	671.77	403.98	267.79	92.91	1193.66	1455.50	875.29	580.21	201.30
Indiana Bluegrass Family Health												
	HDHP Self	KV1	200.00	218.02	163.52	54.50	4.50	433.33	472.38	354.29	118.09	9.76
	HDHP Family	KV2	399.99	436.01	327.01	109.00	9.00	866.65	944.69	708.52	236.17	19.51
Indiana Health Alliance HMO												
	High Self	FX1	249.64	255.88	180.66	75.22	-6.81	540.89	554.41	391.43	162.98	-14.75
	High Family	FX2	581.93	596.47	403.98	192.49	-13.40	1260.85	1292.35	875.29	417.06	-29.04

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Indiana Humana CoverageFirst												
	CDHP Self	MW1	165.85	218.41	163.81	54.60	13.14	359.34	473.22	354.92	118.30	28.47
	CDHP Family	MW2	373.19	491.42	368.57	122.85	29.55	808.58	1064.74	798.56	266.18	64.04
Indiana Humana Health Plan Inc.												
	High Self	751	259.26	295.57	180.66	114.91	23.26	561.73	640.40	391.43	248.97	50.40
	High Family	752	583.37	665.03	403.98	261.05	53.72	1263.97	1440.90	875.29	565.61	116.39
	Standard Self	754	187.26	224.98	168.74	56.24	9.43	405.73	487.46	365.60	121.86	20.43
	Standard Family	755	421.31	506.21	379.66	126.55	21.22	912.84	1096.79	822.59	274.20	45.99
Indiana Humana Health Plan, Inc.												
	High Self	MH1	224.15	238.88	179.16	59.72	3.18	485.66	517.57	388.18	129.39	6.89
	High Family	MH2	504.34	537.47	403.10	134.37	6.07	1092.74	1164.52	873.39	291.13	13.14
	Standard Self	MH4	201.74	214.99	161.24	53.75	3.32	437.10	465.81	349.36	116.45	7.18
	Standard Family	MH5	453.90	483.72	362.79	120.93	7.46	983.45	1048.06	786.05	262.01	16.15
Indiana Physicians Health Plan of Northern Indiana												
	High Self	DQ1	230.04	258.69	180.66	78.03	15.60	498.42	560.50	391.43	169.07	33.81
	High Family	DQ2	512.09	575.78	403.98	171.80	35.75	1109.53	1247.52	875.29	372.23	77.45
Indiana Welborn Health Plans												
	High Self	W11	230.43	247.11	180.66	66.45	3.63	499.27	535.41	391.43	143.98	7.87
	High Family	W12	539.22	578.27	403.98	174.29	11.11	1168.31	1252.92	875.29	377.63	24.07
Iowa Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Iowa Coventry Health Care of Iowa												
	High Self	SV1	218.23	231.69	173.77	57.92	3.36	472.83	502.00	376.50	125.50	7.29
	High Family	SV2	589.16	606.84	403.98	202.86	-10.26	1276.51	1314.82	875.29	439.53	-22.23
	HDHP Self	SV4	151.54	151.54	113.66	37.88	.00	328.34	328.34	246.26	82.08	.00
	HDHP Family	SV5	361.65	361.65	271.24	90.41	.00	783.58	783.58	587.69	195.89	.00

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

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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
Iowa Coventry Health Care of Iowa												
	Standard Self	SY4	158.79	166.69	125.02	41.67	1.97	344.05	361.16	270.87	90.29	4.28
	Standard Family	SY5	373.15	391.74	293.81	97.93	4.64	808.49	848.77	636.58	212.19	10.07
Iowa Health Alliance HMO												
	High Self	FX1	249.64	255.88	180.66	75.22	-6.81	540.89	554.41	391.43	162.98	-14.75
	High Family	FX2	581.93	596.47	403.98	192.49	-13.40	1260.85	1292.35	875.29	417.06	-29.04
Iowa HealthPartners Open Access Copay/3 for Free												
	High Self	V31	295.42	314.75	180.66	134.09	6.28	640.08	681.96	391.43	290.53	13.61
	High Family	V32	679.46	723.91	403.98	319.93	16.51	1472.16	1568.47	875.29	693.18	35.77
	Standard Self	V34	140.81	147.85	110.89	36.96	1.76	305.09	320.34	240.26	80.08	3.81
	Standard Family	V35	323.86	340.04	255.03	85.01	4.05	701.70	736.75	552.56	184.19	8.77
Iowa Sanford Health Plan												
	High Self	AU1	244.08	279.88	180.66	99.22	22.75	528.84	606.41	391.43	214.98	49.30
	High Family	AU2	561.62	644.00	403.98	240.02	54.44	1216.84	1395.33	875.29	520.04	117.95
	Standard Self	AU4	238.69	269.89	180.66	89.23	18.15	517.16	584.76	391.43	193.33	39.33
	Standard Family	AU5	549.00	620.78	403.98	216.80	43.84	1189.50	1345.02	875.29	469.73	94.98
Iowa UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	179.43	211.33	158.50	52.83	7.97	388.77	457.88	343.41	114.47	17.28
	High Family	YH2	439.60	517.74	388.31	129.43	19.53	952.47	1121.77	841.33	280.44	42.32
Kansas Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Kansas Coventry Health Care of Kansas												
	High Self	HA1	192.68	210.09	157.57	52.52	4.35	417.47	455.20	341.40	113.80	9.43
	High Family	HA2	483.82	527.54	395.66	131.88	10.93	1048.28	1143.00	857.25	285.75	23.68
	Standard Self	HA4	161.72	179.02	134.27	44.75	4.32	350.39	387.88	290.91	96.97	9.37
	Standard Family	HA5	379.97	420.62	315.47	105.15	10.16	823.27	911.34	683.51	227.83	22.01

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

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Kansas Coventry Health Care of Kansas (Kansas City)-HDHP												
	HDHP Self	9H1	138.20	173.13	129.85	43.28	8.73	299.43	375.12	281.34	93.78	18.92
	HDHP Family	9H2	324.76	406.87	305.15	101.72	20.53	703.65	881.55	661.16	220.39	44.48
Kansas Humana CoverageFirst												
	CDHP Self	PH1	160.41	198.18	148.64	49.54	9.44	347.56	429.39	322.04	107.35	20.46
	CDHP Family	PH2	360.91	445.91	334.43	111.48	21.25	781.97	966.14	724.61	241.53	46.04
Kansas Humana Health Plan, Inc.												
	High Self	MS1	317.08	352.46	180.66	171.80	22.33	687.01	763.66	391.43	372.23	48.38
	High Family	MS2	713.42	793.03	403.98	389.05	51.67	1545.74	1718.23	875.29	842.94	111.95
	Standard Self	MS4	197.72	237.48	178.11	59.37	9.94	428.39	514.54	385.91	128.63	21.53
	Standard Family	MS5	444.89	534.34	400.76	133.58	22.36	963.93	1157.74	868.31	289.43	48.45
Kentucky Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Kentucky Bluegrass Family Health												
	HDHP Self	KV1	200.00	218.02	163.52	54.50	4.50	433.33	472.38	354.29	118.09	9.76
	HDHP Family	KV2	399.99	436.01	327.01	109.00	9.00	866.65	944.69	708.52	236.17	19.51
Kentucky Humana CoverageFirst												
	CDHP Self	6N1	178.22	182.76	137.07	45.69	1.14	386.14	395.98	296.99	98.99	2.46
	CDHP Family	6N2	401.01	411.21	308.41	102.80	2.55	868.86	890.96	668.22	222.74	5.53
Kentucky Humana Health Plan, Inc.												
	High Self	MH1	224.15	238.88	179.16	59.72	3.18	485.66	517.57	388.18	129.39	6.89
	High Family	MH2	504.34	537.47	403.10	134.37	6.07	1092.74	1164.52	873.39	291.13	13.14
	Standard Self	MH4	201.74	214.99	161.24	53.75	3.32	437.10	465.81	349.36	116.45	7.18
	Standard Family	MH5	453.90	483.72	362.79	120.93	7.46	983.45	1048.06	786.05	262.01	16.15

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

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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
Kentucky Humana Health Plan, Inc.												
	High Self	MI1	212.94	230.01	172.51	57.50	4.27	461.37	498.36	373.77	124.59	9.25
	High Family	MI2	479.12	517.51	388.13	129.38	9.60	1038.09	1121.27	840.95	280.32	20.80
	Standard Self	MI4	191.65	201.86	151.40	50.46	2.55	415.24	437.36	328.02	109.34	5.53
	Standard Family	MI5	431.20	454.19	340.64	113.55	5.75	934.27	984.08	738.06	246.02	12.45
Louisiana Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Louisiana Coventry Health Care of Louisiana												
	High Self	BJ1	235.67	260.71	180.66	80.05	11.99	510.62	564.87	391.43	173.44	25.98
	High Family	BJ2	547.32	605.45	403.98	201.47	30.19	1185.86	1311.81	875.29	436.52	65.41
	Standard Self	BJ4	195.76	232.71	174.53	58.18	9.24	424.15	504.21	378.16	126.05	20.01
	Standard Family	BJ5	454.64	540.46	403.98	136.48	22.82	985.05	1171.00	875.29	295.71	49.45
Maine Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Maryland Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Maryland Aetna Open Access												
	High Self	JN1	296.33	341.35	180.66	160.69	31.97	642.05	739.59	391.43	348.16	69.27
	High Family	JN2	663.75	764.59	403.98	360.61	72.90	1438.13	1656.61	875.29	781.32	157.94
	Basic Self	JN4	194.16	218.28	163.71	54.57	6.03	420.68	472.94	354.71	118.23	13.06
	Basic Family	JN5	454.38	510.85	383.14	127.71	14.12	984.49	1106.84	830.13	276.71	30.59

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Maryland CareFirst BlueChoice												
	High Self	2G1	224.34	250.36	180.66	69.70	12.97	486.07	542.45	391.43	151.02	28.11
	High Family	2G2	504.68	563.22	403.98	159.24	30.60	1093.47	1220.31	875.29	345.02	66.30
Maryland Coventry Health Care												
	High Self	IG1	196.16	196.14	147.11	49.03	-.01	425.01	424.97	318.73	106.24	-.01
	High Family	IG2	492.25	492.24	369.18	123.06	.00	1066.54	1066.52	799.89	266.63	.00
	Standard Self	IG4	163.11	173.27	129.95	43.32	2.54	353.41	375.42	281.57	93.85	5.50
	Standard Family	IG5	407.77	433.17	324.88	108.29	6.35	883.50	938.54	703.91	234.63	13.76
Maryland Coventry Health Care HDHP												
	HDHP Self	GZ1	158.49	170.64	127.98	42.66	3.04	343.40	369.72	277.29	92.43	6.58
	HDHP Family	GZ2	374.77	396.45	297.34	99.11	5.42	812.00	858.98	644.24	214.74	11.74
Maryland Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	229.00	243.01	180.66	62.35	.96	496.17	526.52	391.43	135.09	2.08
	High Family	E32	526.21	558.93	403.98	154.95	4.78	1140.12	1211.02	875.29	335.73	10.36
	Standard Self	E34	133.98	152.56	114.42	38.14	4.65	290.29	330.55	247.91	82.64	10.07
	Standard Family	E35	308.17	350.86	263.15	87.71	10.67	667.70	760.20	570.15	190.05	23.13
Maryland M.D. IPA												
	High Self	JP1	223.56	241.68	180.66	61.02	5.07	484.38	523.64	391.43	132.21	10.99
	High Family	JP2	515.54	557.30	403.98	153.32	13.82	1117.00	1207.48	875.29	332.19	29.94
Massachusetts Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Massachusetts Fallon Community Health Plan												
	Basic Self	JG1	273.93	283.47	180.66	102.81	-3.51	593.52	614.19	391.43	222.76	-7.60
	Basic Family	JG2	665.70	688.92	403.98	284.94	-4.72	1442.35	1492.66	875.29	617.37	-10.23

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

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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
Michigan Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Michigan Bluecare Network of MI												
	High Self	H61	New Plan	246.85	180.66	66.19	New Plan	New Plan	534.84	391.43	143.41	New Plan
	High Family	H62	New Plan	641.62	403.98	237.64	New Plan	New Plan	1390.18	875.29	514.89	New Plan
Michigan Bluecare Network of MI												
	High Self	J31	New Plan	260.41	180.66	79.75	New Plan	New Plan	564.22	391.43	172.79	New Plan
	High Family	J32	New Plan	676.82	403.98	272.84	New Plan	New Plan	1466.44	875.29	591.15	New Plan
Michigan Bluecare Network of MI												
	High Self	K51	240.82	249.80	180.66	69.14	-4.07	521.78	541.23	391.43	149.80	-8.82
	High Family	K52	549.16	569.56	403.98	165.58	-7.54	1189.85	1234.05	875.29	358.76	-16.34
Michigan Bluecare Network of MI												
	High Self	LX1	198.93	219.09	164.32	54.77	5.04	431.02	474.70	356.03	118.67	10.92
	High Family	LX2	516.98	569.42	403.98	165.44	24.50	1120.12	1233.74	875.29	358.45	53.08
Michigan Grand Valley Health Plan												
	High Self	RL1	203.28	217.33	163.00	54.33	3.51	440.44	470.88	353.16	117.72	7.61
	High Family	RL2	531.13	565.06	403.98	161.08	5.99	1150.78	1224.30	875.29	349.01	12.98
	Standard Self	RL4	185.56	203.79	152.84	50.95	4.56	402.05	441.55	331.16	110.39	9.88
	Standard Family	RL5	482.45	529.82	397.37	132.45	11.84	1045.31	1147.94	860.96	286.98	25.65
Michigan Health Alliance Plan												
	High Self	521	198.33	240.73	180.55	60.18	10.60	429.72	521.58	391.19	130.39	22.96
	High Family	522	515.65	625.87	403.98	221.89	82.28	1117.24	1356.05	875.29	480.76	178.27
	HDHP Self	524	198.31	178.63	133.97	44.66	-4.92	429.67	387.03	290.27	96.76	-10.66
	HDHP Family	525	497.52	447.04	335.28	111.76	-12.62	1077.96	968.59	726.44	242.15	-27.34
Michigan HealthPlus MI												
	High Self	X51	196.85	205.56	154.17	51.39	2.18	426.51	445.38	334.04	111.34	4.71
	High Family	X52	511.51	534.10	400.58	133.52	-1.95	1108.27	1157.22	867.92	289.30	-4.22

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Michigan Physicians Health Plan of Mid-Michigan												
	Standard Self	9U4	232.84	278.71	180.66	98.05	32.82	504.49	603.87	391.43	212.44	71.11
	Standard Family	9U5	561.13	671.69	403.98	267.71	82.62	1215.78	1455.33	875.29	580.04	179.01
Minnesota Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Minnesota HealthPartners Open Access Copay/3 for Free												
	High Self	V31	295.42	314.75	180.66	134.09	6.28	640.08	681.96	391.43	290.53	13.61
	High Family	V32	679.46	723.91	403.98	319.93	16.51	1472.16	1568.47	875.29	693.18	35.77
	Standard Self	V34	140.81	147.85	110.89	36.96	1.76	305.09	320.34	240.26	80.08	3.81
	Standard Family	V35	323.86	340.04	255.03	85.01	4.05	701.70	736.75	552.56	184.19	8.77
Minnesota Medica Health Plan												
	High Self	M21	245.01	302.11	180.66	121.45	44.05	530.86	654.57	391.43	263.14	95.44
	High Family	M22	561.07	691.82	403.98	287.84	102.81	1215.65	1498.94	875.29	623.65	222.75
Mississippi Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Missouri Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Missouri Blue Preferred Plus POS												
	High Self	9G1	242.73	262.14	180.66	81.48	6.36	525.92	567.97	391.43	176.54	13.78
	High Family	9G2	525.52	567.56	403.98	163.58	14.10	1138.63	1229.71	875.29	354.42	30.54

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Missouri Coventry Health Care of Kansas												
	High Self	HA1	192.68	210.09	157.57	52.52	4.35	417.47	455.20	341.40	113.80	9.43
	High Family	HA2	483.82	527.54	395.66	131.88	10.93	1048.28	1143.00	857.25	285.75	23.68
	Standard Self	HA4	161.72	179.02	134.27	44.75	4.32	350.39	387.88	290.91	96.97	9.37
	Standard Family	HA5	379.97	420.62	315.47	105.15	10.16	823.27	911.34	683.51	227.83	22.01
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP												
	HDHP Self	9H1	138.20	173.13	129.85	43.28	8.73	299.43	375.12	281.34	93.78	18.92
	HDHP Family	9H2	324.76	406.87	305.15	101.72	20.53	703.65	881.55	661.16	220.39	44.48
Missouri Humana CoverageFirst												
	CDHP Self	PH1	160.41	198.18	148.64	49.54	9.44	347.56	429.39	322.04	107.35	20.46
	CDHP Family	PH2	360.91	445.91	334.43	111.48	21.25	781.97	966.14	724.61	241.53	46.04
Missouri Humana Health Plan, Inc.												
	High Self	MS1	317.08	352.46	180.66	171.80	22.33	687.01	763.66	391.43	372.23	48.38
	High Family	MS2	713.42	793.03	403.98	389.05	51.67	1545.74	1718.23	875.29	842.94	111.95
	Standard Self	MS4	197.72	237.48	178.11	59.37	9.94	428.39	514.54	385.91	128.63	21.53
	Standard Family	MS5	444.89	534.34	400.76	133.58	22.36	963.93	1157.74	868.31	289.43	48.45
Missouri United Healthcare of the Midwest, Inc.												
	High Self	B91	230.45	250.49	180.66	69.83	6.99	499.31	542.73	391.43	151.30	15.15
	High Family	B92	514.87	559.61	403.98	155.63	16.80	1115.55	1212.49	875.29	337.20	36.40
Montana Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Montana New West Health Services												
	High Self	NV1	210.71	265.16	180.66	84.50	31.82	456.54	574.51	391.43	183.08	68.95
	High Family	NV2	552.38	601.16	403.98	197.18	20.84	1196.82	1302.51	875.29	427.22	45.15
	Standard Self	NV4	New Plan	209.54	157.16	52.38	New Plan	New Plan	454.00	340.50	113.50	New Plan
	Standard Family	NV5	New Plan	494.09	370.57	123.52	New Plan	New Plan	1070.53	802.90	267.63	New Plan

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

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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
Nebraska Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Nevada Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Nevada Health Plan of Nevada												
	High Self	NM1	157.74	145.24	108.93	36.31	-3.12	341.77	314.69	236.02	78.67	-6.77
	High Family	NM2	403.97	371.95	278.96	92.99	-8.00	875.27	805.89	604.42	201.47	-17.35
New Hampshire Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
New Jersey Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
New Jersey Aetna Open Access												
	High Self	JR1	309.82	324.08	180.66	143.42	1.21	671.28	702.17	391.43	310.74	2.62
	High Family	JR2	712.67	745.50	403.98	341.52	4.89	1544.12	1615.25	875.29	739.96	10.59
	Basic Self	JR4	237.36	255.26	180.66	74.60	4.85	514.28	553.06	391.43	161.63	10.51
	Basic Family	JR5	547.92	589.23	403.98	185.25	13.37	1187.16	1276.67	875.29	401.38	28.97

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

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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
New Jersey Aetna Open Access												
	High Self	P31	321.47	384.05	180.66	203.39	49.53	696.52	832.11	391.43	440.68	107.32
	High Family	P32	775.68	926.65	403.98	522.67	123.03	1680.64	2007.74	875.29	1132.45	266.56
	Basic Self	P34	236.89	287.87	180.66	107.21	37.93	513.26	623.72	391.43	232.29	82.19
	Basic Family	P35	547.02	664.74	403.98	260.76	89.78	1185.21	1440.27	875.29	564.98	194.52
New Jersey GHI Health Plan												
	High Self	801	259.93	280.72	180.66	100.06	7.74	563.18	608.23	391.43	216.80	16.78
	High Family	802	649.85	701.84	403.98	297.86	24.05	1408.01	1520.65	875.29	645.36	52.10
	Standard Self	804	178.24	196.06	147.05	49.01	4.45	386.19	424.80	318.60	106.20	9.65
	Standard Family	805	416.07	457.68	343.26	114.42	10.40	901.49	991.64	743.73	247.91	22.54
New Mexico Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
New Mexico Lovelace Health Plan												
	High Self	Q11	213.79	238.33	178.75	59.58	6.13	463.21	516.38	387.29	129.09	13.29
	High Family	Q12	523.80	583.90	403.98	179.92	32.16	1134.90	1265.12	875.29	389.83	69.68
New Mexico Presbyterian Health Plan												
	High Self	P21	245.13	265.92	180.66	85.26	7.74	531.12	576.16	391.43	184.73	16.77
	High Family	P22	556.71	603.93	403.98	199.95	19.28	1206.21	1308.52	875.29	433.23	41.77
New York Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
New York Aetna Open Access												
	High Self	JC1	266.86	311.97	180.66	131.31	32.06	578.20	675.94	391.43	284.51	69.47
	High Family	JC2	656.90	767.93	403.98	363.95	83.09	1423.28	1663.85	875.29	788.56	180.03
	Basic Self	JC4	227.34	251.13	180.66	70.47	10.74	492.57	544.12	391.43	152.69	23.28
	Basic Family	JC5	552.42	610.23	403.98	206.25	29.87	1196.91	1322.17	875.29	446.88	64.72
New York Blue Choice												
	High Self	MK1	238.18	287.25	180.66	106.59	36.02	516.06	622.38	391.43	230.95	78.05
	High Family	MK2	598.55	665.88	403.98	261.90	39.39	1296.86	1442.74	875.29	567.45	85.34
	Standard Self	MK4	196.38	242.20	180.66	61.54	12.45	425.49	524.77	391.43	133.34	26.97
	Standard Family	MK5	486.55	615.31	403.98	211.33	89.69	1054.19	1333.17	875.29	457.88	194.33
New York CDPHP Universal Benefits, Inc.												
	High Self	SG1	239.76	265.46	180.66	84.80	12.65	519.48	575.16	391.43	183.73	27.41
	High Family	SG2	607.25	672.32	403.98	268.34	37.13	1315.71	1456.69	875.29	581.40	80.44
	Standard Self	SG4	179.43	198.66	149.00	49.66	4.80	388.77	430.43	322.82	107.61	10.42
	Standard Family	SG5	462.90	512.51	384.38	128.13	12.41	1002.95	1110.44	832.83	277.61	26.87
New York GHI HMO Select												
	High Self	6V1	232.14	309.32	180.66	128.66	64.13	502.97	670.19	391.43	278.76	138.95
	High Family	6V2	587.93	786.84	403.98	382.86	170.97	1273.85	1704.82	875.29	829.53	370.43
New York GHI HMO Select												
	High Self	X41	228.63	327.61	180.66	146.95	85.93	495.37	709.82	391.43	318.39	186.18
	High Family	X42	584.47	836.71	403.98	432.73	224.30	1266.35	1812.87	875.29	937.58	485.98
New York GHI Health Plan												
	High Self	801	259.93	280.72	180.66	100.06	7.74	563.18	608.23	391.43	216.80	16.78
	High Family	802	649.85	701.84	403.98	297.86	24.05	1408.01	1520.65	875.29	645.36	52.10
	Standard Self	804	178.24	196.06	147.05	49.01	4.45	386.19	424.80	318.60	106.20	9.65
	Standard Family	805	416.07	457.68	343.26	114.42	10.40	901.49	991.64	743.73	247.91	22.54

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

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New York HIP of Greater New York												
	High Self	511	236.60	268.96	180.66	88.30	19.31	512.63	582.75	391.43	191.32	41.85
	High Family	512	626.98	712.75	403.98	308.77	57.83	1358.46	1544.29	875.29	669.00	125.29
	Standard Self	514	185.08	247.24	180.66	66.58	20.31	401.01	535.69	391.43	144.26	44.01
	Standard Family	515	490.44	655.18	403.98	251.20	128.59	1062.62	1419.56	875.29	544.27	278.62
New York Independent Health Assoc												
	High Self	QA1	217.98	239.12	179.34	59.78	5.29	472.29	518.09	388.57	129.52	11.45
	High Family	QA2	575.29	597.80	403.98	193.82	-5.43	1246.46	1295.23	875.29	419.94	-11.77
	HDHP Self	QA4	175.82	190.29	142.72	47.57	3.62	380.94	412.30	309.23	103.07	7.84
	HDHP Family	QA5	443.74	485.23	363.92	121.31	10.38	961.44	1051.33	788.50	262.83	22.47
New York MVP Health Care												
	High Self	GA1	231.07	243.91	180.66	63.25	-.21	500.65	528.47	391.43	137.04	-.45
	High Family	GA2	596.95	610.84	403.98	206.86	-14.05	1293.39	1323.49	875.29	448.20	-30.44
	Standard Self	GA4	218.51	223.29	167.47	55.82	1.19	473.44	483.80	362.85	120.95	2.59
	Standard Family	GA5	564.57	559.10	403.98	155.12	-33.41	1223.24	1211.38	875.29	336.09	-72.40
New York MVP Health Care												
	High Self	GV1	213.71	220.43	165.32	55.11	1.68	463.04	477.60	358.20	119.40	3.64
	High Family	GV2	571.22	551.62	403.98	147.64	-47.54	1237.64	1195.18	875.29	319.89	-103.00
	Standard Self	GV4	164.06	207.39	155.54	51.85	10.84	355.46	449.35	337.01	112.34	23.48
	Standard Family	GV5	438.55	518.95	389.21	129.74	20.10	950.19	1124.39	843.29	281.10	43.55
New York MVP Health Care												
	High Self	M91	232.33	256.44	180.66	75.78	11.06	503.38	555.62	391.43	164.19	23.97
	High Family	M92	600.29	642.00	403.98	238.02	13.77	1300.63	1391.00	875.29	515.71	29.83
	Standard Self	M94	216.23	240.28	180.21	60.07	6.01	468.50	520.61	390.46	130.15	13.03
	Standard Family	M95	558.70	601.80	403.98	197.82	15.16	1210.52	1303.90	875.29	428.61	32.84
New York MVP Health Care												
	High Self	MF1	256.37	269.63	180.66	88.97	.21	555.47	584.20	391.43	192.77	.46
	High Family	MF2	662.41	674.75	403.98	270.77	-15.60	1435.22	1461.96	875.29	586.67	-33.80
	Standard Self	MF4	238.26	249.20	180.66	68.54	-2.11	516.23	539.93	391.43	148.50	-4.57
	Standard Family	MF5	615.66	623.64	403.98	219.66	-19.96	1333.93	1351.22	875.29	475.93	-43.25

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
New York MVP Health Care												
	High Self	MX1	244.54	260.30	180.66	79.64	2.71	529.84	563.98	391.43	172.55	5.87
	High Family	MX2	633.12	651.23	403.98	247.25	-9.83	1371.76	1411.00	875.29	535.71	-21.30
	Standard Self	MX4	228.99	242.18	180.66	61.52	.14	496.15	524.72	391.43	133.29	.30
	Standard Family	MX5	593.08	608.54	403.98	204.56	-12.48	1285.01	1318.50	875.29	443.21	-27.05
New York Univera Healthcare												
	High Self	Q81	298.25	302.13	180.66	121.47	-9.17	646.21	654.62	391.43	263.19	-19.86
	High Family	Q82	779.69	801.25	403.98	397.27	-6.38	1689.33	1736.04	875.29	860.75	-13.83
North Carolina Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
North Dakota Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
North Dakota HealthPartners Open Access Copay/3 for Free												
	High Self	V31	295.42	314.75	180.66	134.09	6.28	640.08	681.96	391.43	290.53	13.61
	High Family	V32	679.46	723.91	403.98	319.93	16.51	1472.16	1568.47	875.29	693.18	35.77
	Standard Self	V34	140.81	147.85	110.89	36.96	1.76	305.09	320.34	240.26	80.08	3.81
	Standard Family	V35	323.86	340.04	255.03	85.01	4.05	701.70	736.75	552.56	184.19	8.77
North Dakota Heart of America Health Plan												
	High Self	RU1	176.44	191.15	143.36	47.79	3.68	382.29	414.16	310.62	103.54	7.97
	High Family	RU2	453.44	491.29	368.47	122.82	9.46	982.45	1064.46	798.35	266.11	20.50

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Ohio Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Ohio AultCare HMO												
	High Self	3A1	253.51	287.40	180.66	106.74	20.84	549.27	622.70	391.43	231.27	45.16
	High Family	3A2	622.40	705.62	403.98	301.64	55.28	1348.53	1528.84	875.29	653.55	119.77
	HDHP Self	3A4	168.53	143.26	107.45	35.81	-6.32	365.15	310.40	232.80	77.60	-13.69
	HDHP Family	3A5	337.69	287.04	215.28	71.76	-12.66	731.66	621.92	466.44	155.48	-27.43
Ohio HMO Health Ohio												
	High Self	L41	273.29	323.17	180.66	142.51	36.83	592.13	700.20	391.43	308.77	79.80
	High Family	L42	642.24	759.44	403.98	355.46	89.26	1391.52	1645.45	875.29	770.16	193.39
Ohio Kaiser Foundation Health Plan of Ohio												
	High Self	641	262.07	287.68	180.66	107.02	12.56	567.82	623.31	391.43	231.88	27.22
	High Family	642	602.75	661.67	403.98	257.69	30.98	1305.96	1433.62	875.29	558.33	67.12
	Standard Self	644	169.29	186.85	140.14	46.71	4.39	366.80	404.84	303.63	101.21	9.51
	Standard Family	645	389.38	429.74	322.31	107.43	10.09	843.66	931.10	698.33	232.77	21.86
Ohio The Health Plan of the Upper Ohio Valley												
	High Self	U41	213.68	231.56	173.67	57.89	4.47	462.97	501.71	376.28	125.43	9.69
	High Family	U42	491.45	532.55	399.41	133.14	10.28	1064.81	1153.86	865.40	288.46	22.26
Oklahoma Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Oklahoma Globalhealth, Inc.												
	High Self	IM1	168.75	169.26	126.95	42.31	.12	365.63	366.73	275.05	91.68	.27
	High Family	IM2	406.68	407.85	305.89	101.96	.29	881.14	883.68	662.76	220.92	.64

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

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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
Oregon Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Oregon Kaiser Foundation Health Plan of Northwest												
	High Self	571	250.88	271.53	180.66	90.87	7.60	543.57	588.32	391.43	196.89	16.48
	High Family	572	576.34	613.31	403.98	209.33	9.03	1248.74	1328.84	875.29	453.55	19.56
	Standard Self	574	206.11	211.53	158.65	52.88	1.35	446.57	458.32	343.74	114.58	2.94
	Standard Family	575	473.48	485.94	364.46	121.48	3.11	1025.87	1052.87	789.65	263.22	6.75
Pennsylvania Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Pennsylvania Aetna Open Access												
	High Self	P31	321.47	384.05	180.66	203.39	49.53	696.52	832.11	391.43	440.68	107.32
	High Family	P32	775.68	926.65	403.98	522.67	123.03	1680.64	2007.74	875.29	1132.45	266.56
	Basic Self	P34	236.89	287.87	180.66	107.21	37.93	513.26	623.72	391.43	232.29	82.19
	Basic Family	P35	547.02	664.74	403.98	260.76	89.78	1185.21	1440.27	875.29	564.98	194.52
Pennsylvania Aetna Open Access												
	High Self	YE1	155.01	173.89	130.42	43.47	4.72	335.86	376.76	282.57	94.19	10.23
	High Family	YE2	427.42	479.47	359.60	119.87	13.02	926.08	1038.85	779.14	259.71	28.19
Pennsylvania Geisinger Health Plan												
	Standard Self	GG4	209.13	266.73	180.66	86.07	33.79	453.12	577.92	391.43	186.49	73.21
	Standard Family	GG5	481.00	613.46	403.98	209.48	89.23	1042.17	1329.16	875.29	453.87	193.33
Pennsylvania HealthAmerica Pennsylvania												
	High Self	261	245.21	259.34	180.66	78.68	1.08	531.29	561.90	391.43	170.47	2.34
	High Family	262	576.24	609.44	403.98	205.46	5.26	1248.52	1320.45	875.29	445.16	11.39

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

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Pennsylvania HealthAmerica Pennsylvania												
	Standard Self	SW4	219.02	229.99	172.49	57.50	2.75	474.54	498.31	373.73	124.58	5.95
	Standard Family	SW5	492.82	517.47	388.10	129.37	6.17	1067.78	1121.19	840.89	280.30	13.36
Pennsylvania HealthAmerica Pennsylvania - HDHP												
	HDHP Self	Y61	214.84	218.14	163.61	54.53	.82	465.49	472.64	354.48	118.16	1.79
	HDHP Family	Y62	496.13	503.88	377.91	125.97	1.94	1074.95	1091.74	818.81	272.93	4.19
Pennsylvania HealthAmerica Pennsylvania-HDHP												
	HDHP Self	YW1	241.13	245.22	180.66	64.56	-8.96	522.45	531.31	391.43	139.88	-19.41
	HDHP Family	YW2	536.38	551.75	403.98	147.77	-12.57	1162.16	1195.46	875.29	320.17	-27.24
Pennsylvania UPMC Health Plan												
	High Self	8W1	258.68	275.45	180.66	94.79	3.72	560.47	596.81	391.43	205.38	8.07
	High Family	8W2	594.97	633.56	403.98	229.58	10.65	1289.10	1372.71	875.29	497.42	23.07
	HDHP Self	8W4	201.68	216.28	162.21	54.07	3.65	436.97	468.61	351.46	117.15	7.91
	HDHP Family	8W5	447.41	480.44	360.33	120.11	8.26	969.39	1040.95	780.71	260.24	17.89
Pennsylvania UPMC Health Plan												
	Standard Self	UW4	236.16	251.12	180.66	70.46	1.91	511.68	544.09	391.43	152.66	4.14
	Standard Family	UW5	543.16	577.60	403.98	173.62	6.50	1176.85	1251.47	875.29	376.18	14.08
Puerto Rico Humana Health Plans of Puerto Rico, Inc.												
	High Self	ZJ1	138.03	150.68	113.01	37.67	3.16	299.07	326.47	244.85	81.62	6.85
	High Family	ZJ2	310.56	339.04	254.28	84.76	7.12	672.88	734.59	550.94	183.65	15.43
Puerto Rico Triple-S Salud, Inc.												
	High Self	891	137.04	148.92	111.69	37.23	2.97	296.92	322.66	242.00	80.66	6.43
	High Family	892	315.19	335.07	251.30	83.77	4.97	682.91	725.99	544.49	181.50	10.77
Rhode Island Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20

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Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 Monthly premium rates			
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South Carolina Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
South Dakota Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
South Dakota HealthPartners Open Access Copay/3 for Free												
	High Self	V31	295.42	314.75	180.66	134.09	6.28	640.08	681.96	391.43	290.53	13.61
	High Family	V32	679.46	723.91	403.98	319.93	16.51	1472.16	1568.47	875.29	693.18	35.77
	Standard Self	V34	140.81	147.85	110.89	36.96	1.76	305.09	320.34	240.26	80.08	3.81
	Standard Family	V35	323.86	340.04	255.03	85.01	4.05	701.70	736.75	552.56	184.19	8.77
South Dakota Sanford Health Plan												
	High Self	AU1	244.08	279.88	180.66	99.22	22.75	528.84	606.41	391.43	214.98	49.30
	High Family	AU2	561.62	644.00	403.98	240.02	54.44	1216.84	1395.33	875.29	520.04	117.95
	Standard Self	AU4	238.69	269.89	180.66	89.23	18.15	517.16	584.76	391.43	193.33	39.33
	Standard Family	AU5	549.00	620.78	403.98	216.80	43.84	1189.50	1345.02	875.29	469.73	94.98
Tennessee Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Tennessee Aetna Open Access												
	High Self	UB1	195.10	234.75	176.06	58.69	9.92	422.72	508.63	381.47	127.16	21.48
	High Family	UB2	497.49	598.57	403.98	194.59	70.22	1077.90	1296.90	875.29	421.61	152.14

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Texas Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Texas Aetna Open Access												
	High Self	P11	258.33	281.56	180.66	100.90	10.18	559.72	610.05	391.43	218.62	22.06
	High Family	P12	650.75	709.29	403.98	305.31	30.60	1409.96	1536.80	875.29	661.51	66.30
Texas Firstcare												
	High Self	CK1	162.74	225.73	169.30	56.43	15.75	352.60	489.08	366.81	122.27	34.12
	High Family	CK2	488.22	677.21	403.98	273.23	151.18	1057.81	1467.29	875.29	592.00	327.55
Texas Humana CoverageFirst												
	CDHP Self	TP1	174.60	192.71	144.53	48.18	4.53	378.30	417.54	313.16	104.38	9.81
	CDHP Family	TP2	392.83	433.60	325.20	108.40	10.19	851.13	939.47	704.60	234.87	22.09
Texas Humana CoverageFirst												
	CDHP Self	TU1	178.22	217.31	162.98	54.33	9.78	386.14	470.84	353.13	117.71	21.18
	CDHP Family	TU2	401.02	488.95	366.71	122.24	21.99	868.88	1059.39	794.54	264.85	47.63
Texas Humana CoverageFirst												
	CDHP Self	TV1	183.33	227.64	170.73	56.91	11.08	397.22	493.22	369.92	123.30	24.00
	CDHP Family	TV2	412.47	512.18	384.14	128.04	24.92	893.69	1109.72	832.29	277.43	54.01
Texas Humana Health Plan of Texas												
	High Self	UC1	224.15	242.03	180.66	61.37	4.83	485.66	524.40	391.43	132.97	10.47
	High Family	UC2	504.34	544.58	403.98	140.60	12.30	1092.74	1179.92	875.29	304.63	26.64
	Standard Self	UC4	201.74	213.73	160.30	53.43	3.00	437.10	463.08	347.31	115.77	6.50
	Standard Family	UC5	453.90	480.90	360.68	120.22	6.75	983.45	1041.95	781.46	260.49	14.63
Texas Humana Health Plan of Texas												
	High Self	UR1	336.65	354.71	180.66	174.05	5.01	729.41	768.54	391.43	377.11	10.86
	High Family	UR2	757.47	798.11	403.98	394.13	12.70	1641.19	1729.24	875.29	853.95	27.51
	Standard Self	UR4	201.04	224.98	168.74	56.24	5.98	435.59	487.46	365.60	121.86	12.96
	Standard Family	UR5	452.35	506.21	379.66	126.55	13.46	980.09	1096.79	822.59	274.20	29.18

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Texas Humana Health Plan of Texas												
	High Self	UU1	230.74	272.73	180.66	92.07	28.94	499.94	590.92	391.43	199.49	62.71
	High Family	UU2	519.18	613.64	403.98	209.66	66.52	1124.89	1329.55	875.29	454.26	144.12
	Standard Self	UU4	223.58	236.24	177.18	59.06	3.09	484.42	511.85	383.89	127.96	6.70
	Standard Family	UU5	503.06	531.53	398.65	132.88	5.86	1089.96	1151.65	863.74	287.91	12.70
Texas Pacificare of Texas												
	High Self	GF1	249.24	250.73	180.66	70.07	-11.56	540.02	543.25	391.43	151.82	-25.04
	High Family	GF2	572.99	576.90	403.98	172.92	-24.03	1241.48	1249.95	875.29	374.66	-52.07
Utah Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Utah Altius Health Plans												
	High Self	9K1	251.88	277.07	180.66	96.41	12.14	545.74	600.32	391.43	208.89	26.31
	High Family	9K2	554.16	609.59	403.98	205.61	27.49	1200.68	1320.78	875.29	445.49	59.56
	HDHP Self	9K4	178.56	160.70	120.53	40.17	-4.47	386.88	348.18	261.14	87.04	-9.68
	HDHP Family	9K5	369.92	332.92	249.69	83.23	-9.25	801.49	721.33	541.00	180.33	-20.04
Utah Altius Health Plans												
	Standard Self	DK4	189.45	183.77	137.83	45.94	-1.42	410.48	398.17	298.63	99.54	-3.08
	Standard Family	DK5	416.77	404.27	303.20	101.07	-3.12	903.00	875.92	656.94	218.98	-6.77
Utah Select Health of Utah												
	High Self	SF1	New Plan	259.64	180.66	78.98	New Plan	New Plan	562.55	391.43	171.12	New Plan
	High Family	SF2	New Plan	571.29	403.98	167.31	New Plan	New Plan	1237.80	875.29	362.51	New Plan
Vermont Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
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												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Virginia Aetna Open Access												
	High Self	JN1	296.33	341.35	180.66	160.69	31.97	642.05	739.59	391.43	348.16	69.27
	High Family	JN2	663.75	764.59	403.98	360.61	72.90	1438.13	1656.61	875.29	781.32	157.94
	Basic Self	JN4	194.16	218.28	163.71	54.57	6.03	420.68	472.94	354.71	118.23	13.06
	Basic Family	JN5	454.38	510.85	383.14	127.71	14.12	984.49	1106.84	830.13	276.71	30.59
Virginia CareFirst BlueChoice												
	High Self	2G1	224.34	250.36	180.66	69.70	12.97	486.07	542.45	391.43	151.02	28.11
	High Family	2G2	504.68	563.22	403.98	159.24	30.60	1093.47	1220.31	875.29	345.02	66.30
Virginia Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	229.00	243.01	180.66	62.35	.96	496.17	526.52	391.43	135.09	2.08
	High Family	E32	526.21	558.93	403.98	154.95	4.78	1140.12	1211.02	875.29	335.73	10.36
	Standard Self	E34	133.98	152.56	114.42	38.14	4.65	290.29	330.55	247.91	82.64	10.07
	Standard Family	E35	308.17	350.86	263.15	87.71	10.67	667.70	760.20	570.15	190.05	23.13
Virginia M.D. IPA												
	High Self	JP1	223.56	241.68	180.66	61.02	5.07	484.38	523.64	391.43	132.21	10.99
	High Family	JP2	515.54	557.30	403.98	153.32	13.82	1117.00	1207.48	875.29	332.19	29.94
Virginia Optima Health Plan												
	High Self	9R1	227.97	249.04	180.66	68.38	8.02	493.94	539.59	391.43	148.16	17.38
	High Family	9R2	539.41	589.25	403.98	185.27	21.90	1168.72	1276.71	875.29	401.42	47.45
	Standard Self	9R4	163.72	172.30	129.23	43.07	2.14	354.73	373.32	279.99	93.33	4.65
	Standard Family	9R5	387.39	407.69	305.77	101.92	5.07	839.35	883.33	662.50	220.83	10.99

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

Health Management Organizations (HMO)			2010 Total Biweekly Premium	2011 Biweekly premium rates				2010 Total Monthly Premium	2011 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
Virginia Piedmont Community Healthcare												
	High Self	2C1	208.59	235.27	176.45	58.82	6.67	451.95	509.75	382.31	127.44	14.45
	High Family	2C2	477.66	538.74	403.98	134.76	15.35	1034.93	1167.27	875.29	291.98	33.25
Washington Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Washington Group Health Cooperative												
	High Self	541	254.78	265.22	180.66	84.56	-2.61	552.02	574.64	391.43	183.21	-5.65
	High Family	542	547.78	570.23	403.98	166.25	-5.49	1186.86	1235.50	875.29	360.21	-11.90
	Standard Self	544	165.61	171.53	128.65	42.88	1.48	358.82	371.65	278.74	92.91	3.21
	Standard Family	545	373.88	387.25	290.44	96.81	3.34	810.07	839.04	629.28	209.76	7.24
Washington KPS Health Plans												
	Standard Self	L11	164.26	172.47	129.35	43.12	2.06	355.90	373.69	280.27	93.42	4.45
	Standard Family	L12	354.55	372.28	279.21	93.07	4.43	768.19	806.61	604.96	201.65	9.60
	HDHP Self	L14	140.42	163.16	122.37	40.79	5.69	304.24	353.51	265.13	88.38	12.32
	HDHP Family	L15	306.84	356.52	267.39	89.13	12.42	664.82	772.46	579.35	193.11	26.91
Washington KPS Health Plans												
	High Self	VT1	247.86	287.20	180.66	106.54	26.29	537.03	622.27	391.43	230.84	56.97
	High Family	VT2	541.61	627.57	403.98	223.59	58.02	1173.49	1359.74	875.29	484.45	125.71
Washington Kaiser Foundation Health Plan of Northwest												
	High Self	571	250.88	271.53	180.66	90.87	7.60	543.57	588.32	391.43	196.89	16.48
	High Family	572	576.34	613.31	403.98	209.33	9.03	1248.74	1328.84	875.29	453.55	19.56
	Standard Self	574	206.11	211.53	158.65	52.88	1.35	446.57	458.32	343.74	114.58	2.94
	Standard Family	575	473.48	485.94	364.46	121.48	3.11	1025.87	1052.87	789.65	263.22	6.75

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

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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
West Virginia Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
West Virginia The Health Plan of the Upper Ohio Valley												
	High Self	U41	213.68	231.56	173.67	57.89	4.47	462.97	501.71	376.28	125.43	9.69
	High Family	U42	491.45	532.55	399.41	133.14	10.28	1064.81	1153.86	865.40	288.46	22.26
Wisconsin Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Wisconsin Dean Health Plan												
	High Self	WD1	218.83	235.59	176.69	58.90	4.19	474.13	510.45	382.84	127.61	9.08
	High Family	WD2	547.06	588.98	403.98	185.00	13.98	1185.30	1276.12	875.29	400.83	30.28
Wisconsin Group Health Cooperative												
	High Self	WJ1	208.68	218.93	164.20	54.73	2.56	452.14	474.35	355.76	118.59	5.56
	High Family	WJ2	521.70	547.49	403.98	143.51	-2.15	1130.35	1186.23	875.29	310.94	-4.66
Wisconsin HealthPartners Open Access Copay/3 for Free												
	High Self	V31	295.42	314.75	180.66	134.09	6.28	640.08	681.96	391.43	290.53	13.61
	High Family	V32	679.46	723.91	403.98	319.93	16.51	1472.16	1568.47	875.29	693.18	35.77
	Standard Self	V34	140.81	147.85	110.89	36.96	1.76	305.09	320.34	240.26	80.08	3.81
	Standard Family	V35	323.86	340.04	255.03	85.01	4.05	701.70	736.75	552.56	184.19	8.77
Wisconsin MercyCare HMO												
	High Self	EY1	New Plan	235.66	176.75	58.91	New Plan	New Plan	510.60	382.95	127.65	New Plan
	High Family	EY2	New Plan	589.16	403.98	185.18	New Plan	New Plan	1276.51	875.29	401.22	New Plan
Wisconsin Physicians Plus												
	High Self	LW1	214.66	224.37	168.28	56.09	2.43	465.10	486.14	364.61	121.53	5.26
	High Family	LW2	547.37	572.15	403.98	168.17	-3.16	1185.97	1239.66	875.29	364.37	-6.85

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

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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
Wyoming Aetna HealthFund												
	CDHP Self	221	194.30	230.99	173.24	57.75	9.18	420.98	500.48	375.36	125.12	19.88
	CDHP Family	222	463.67	542.50	403.98	138.52	22.60	1004.62	1175.42	875.29	300.13	48.98
	HDHP Self	224	138.01	157.56	118.17	39.39	4.89	299.02	341.38	256.04	85.34	10.59
	HDHP Family	225	302.24	345.06	258.80	86.26	10.70	654.85	747.63	560.72	186.91	23.20
Wyoming Altius Health Plans												
	High Self	9K1	251.88	277.07	180.66	96.41	12.14	545.74	600.32	391.43	208.89	26.31
	High Family	9K2	554.16	609.59	403.98	205.61	27.49	1200.68	1320.78	875.29	445.49	59.56
	HDHP Self	9K4	178.56	160.70	120.53	40.17	-4.47	386.88	348.18	261.14	87.04	-9.68
	HDHP Family	9K5	369.92	332.92	249.69	83.23	-9.25	801.49	721.33	541.00	180.33	-20.04
Wyoming Altius Health Plans												
	Standard Self	DK4	189.45	183.77	137.83	45.94	-1.42	410.48	398.17	298.63	99.54	-3.08
	Standard Family	DK5	416.77	404.27	303.20	101.07	-3.12	903.00	875.92	656.94	218.98	-6.77