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
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

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
Arkansas 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
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

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
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
	Standard Family	LB5	946.45	1040.16	424.95	615.21	83.11	2050.64	2253.68	920.73	1332.95	180.07
California Health Net of California												
	High Self	LP1	274.72	315.46	190.84	124.62	35.65	595.23	683.50	413.49	270.01	77.24
	High Family	LP2	635.17	729.37	424.95	304.42	83.60	1376.20	1580.30	920.73	659.57	181.13
	Standard Self	LP4	258.03	300.44	190.84	109.60	37.32	559.07	650.95	413.49	237.46	80.85
	Standard Family	LP5	596.60	694.64	424.95	269.69	87.44	1292.63	1505.05	920.73	584.32	189.45
California Kaiser Foundation Health Plan of California												
	High Self	591	305.49	336.92	190.84	146.08	26.34	661.90	729.99	413.49	316.50	57.06
	High Family	592	729.21	804.26	424.95	379.31	64.45	1579.96	1742.56	920.73	821.83	139.63
	Standard Self	594	255.88	283.13	190.84	92.29	22.16	554.41	613.45	413.49	199.96	48.01
	Standard Family	595	598.75	662.53	424.95	237.58	53.18	1297.29	1435.48	920.73	514.75	115.22
California Kaiser Foundation Health Plan of California												
	High Self	621	232.76	239.17	179.38	59.79	1.60	504.31	518.20	388.65	129.55	3.47
	High Family	622	537.96	552.78	414.59	138.19	3.70	1165.58	1197.69	898.27	299.42	8.03
	Standard Self	624	149.09	153.26	114.95	38.31	1.04	323.03	332.06	249.05	83.01	2.25
	Standard Family	625	344.58	354.23	265.67	88.56	2.42	746.59	767.50	575.63	191.87	5.22
California UnitedHealthcare of California												
	High Self	CY1	236.50	257.31	190.84	66.47	7.35	512.42	557.51	413.49	144.02	15.92
	High Family	CY2	540.64	588.00	424.95	163.05	27.89	1171.39	1274.00	920.73	353.27	60.42
	Standard Self	CY4	New Plan	219.37	164.53	54.84	New Plan	New Plan	475.30	356.48	118.82	New Plan
	Standard Family	CY5	New Plan	501.53	376.15	125.38	New Plan	New Plan	1086.65	814.99	271.66	New Plan
Colorado 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

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
Colorado 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
Colorado Kaiser Foundation Health Plan of Colorado												
	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

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
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
	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

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
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
	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
Florida AvMed Health Plans												
	High Self	ML1	270.09	294.72	190.84	103.88	19.54	585.20	638.56	413.49	225.07	42.33
	High Family	ML2	648.26	707.37	424.95	282.42	48.51	1404.56	1532.64	920.73	611.91	105.11
	Standard Self	ML4	226.43	232.80	174.60	58.20	1.59	490.60	504.40	378.30	126.10	3.45
	Standard Family	ML5	543.48	558.75	419.06	139.69	3.82	1177.54	1210.63	907.97	302.66	8.28
Florida Capital Health Plan												
	High Self	EA1	188.80	201.02	150.77	50.25	3.05	409.07	435.54	326.66	108.88	6.61
	High Family	EA2	500.32	532.72	399.54	133.18	8.10	1084.03	1154.23	865.67	288.56	17.55
Florida Coventry Health Plan of Florida												
	High Self	5E1	224.95	262.64	190.84	71.80	15.56	487.39	569.05	413.49	155.56	33.71
	High Family	5E2	581.55	630.36	424.95	205.41	38.21	1260.03	1365.78	920.73	445.05	82.78
	Standard Self	5E4	203.59	240.74	180.56	60.18	9.28	441.11	521.60	391.20	130.40	20.12
	Standard Family	5E5	526.04	622.01	424.95	197.06	65.55	1139.75	1347.69	920.73	426.96	142.02

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	**Coventry Health Plan of Florida**											
	HDHP Self	J41	213.60	239.62	179.72	59.90	6.50	462.80	519.18	389.39	129.79	14.09
	HDHP Family	J42	530.03	594.59	424.95	169.64	37.13	1148.40	1288.28	920.73	367.55	80.45
Florida	**Humana CoverageFirst**											
	CDHP Self	MJ1	234.19	238.73	179.05	59.68	1.13	507.41	517.25	387.94	129.31	2.46
	CDHP Family	MJ2	526.93	531.18	398.39	132.79	1.06	1141.68	1150.89	863.17	287.72	2.30
Florida	**Humana CoverageFirst**											
	CDHP Self	QP1	200.74	204.63	153.47	51.16	.98	434.94	443.37	332.53	110.84	2.11
	CDHP Family	QP2	451.66	455.30	341.48	113.82	.91	978.60	986.48	739.86	246.62	1.97
Florida	**Humana Medical Plan, Inc.**											
	High Self	EE1	261.86	276.13	190.84	85.29	9.18	567.36	598.28	413.49	184.79	19.89
	High Family	EE2	589.19	614.38	424.95	189.43	14.59	1276.58	1331.16	920.73	410.43	31.61
	Standard Self	EE4	223.08	227.36	170.52	56.84	1.07	483.34	492.61	369.46	123.15	2.32
	Standard Family	EE5	501.92	505.89	379.42	126.47	.99	1087.49	1096.10	822.08	274.02	2.15
Florida	**Humana Medical Plan, Inc.**											
	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

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
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
	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

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
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
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

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
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
	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	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

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
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

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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
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

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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
Indiana 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
Indiana 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
	High Family	MH2	599.25	562.09	421.57	140.52	-44.38	1298.38	1217.86	913.40	304.46	-96.16
	Standard Self	MH4	247.87	239.98	179.99	59.99	-2.13	537.05	519.96	389.97	129.99	-4.60
	Standard Family	MH5	557.71	533.96	400.47	133.49	-9.87	1208.37	1156.91	867.68	289.23	-21.38
Indiana Physicians Health Plan of Northern Indiana												
	High Self	DQ1	273.92	308.00	190.84	117.16	28.99	593.49	667.33	413.49	253.84	62.81
	High Family	DQ2	609.70	685.56	424.95	260.61	65.26	1321.02	1485.38	920.73	564.65	141.39
Iowa 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
Iowa 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
Iowa Coventry Health Care of Iowa												
	High Self	SV1	219.03	240.19	180.14	60.05	5.29	474.57	520.41	390.31	130.10	11.46
	High Family	SV2	561.92	584.85	424.95	159.90	12.33	1217.49	1267.18	920.73	346.45	26.72
	HDHP Self	SV4	158.92	165.56	124.17	41.39	1.66	344.33	358.71	269.03	89.68	3.60
	HDHP Family	SV5	379.27	395.12	296.34	98.78	3.96	821.75	856.09	642.07	214.02	8.58
Iowa Coventry Health Care of Iowa												
	Standard Self	SY4	170.65	177.14	132.86	44.28	1.62	369.74	383.80	287.85	95.95	3.52
	Standard Family	SY5	401.03	416.29	312.22	104.07	3.81	868.90	901.96	676.47	225.49	8.27

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 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
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

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
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
	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

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
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
	High Family	MH2	599.25	562.09	421.57	140.52	-44.38	1298.38	1217.86	913.40	304.46	-96.16
	Standard Self	MH4	247.87	239.98	179.99	59.99	-2.13	537.05	519.96	389.97	129.99	-4.60
	Standard Family	MH5	557.71	533.96	400.47	133.49	-9.87	1208.37	1156.91	867.68	289.23	-21.38
Kentucky Humana Health Plan, Inc.												
	High Self	MI1	247.35	262.65	190.84	71.81	9.97	535.93	569.08	413.49	155.59	21.61
	High Family	MI2	556.56	584.41	424.95	159.46	17.25	1205.88	1266.22	920.73	345.49	37.37
	Standard Self	MI4	210.68	239.98	179.99	59.99	7.32	456.47	519.96	389.97	129.99	15.87
	Standard Family	MI5	474.03	533.96	400.47	133.49	14.98	1027.07	1156.91	867.68	289.23	32.46
Louisiana 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
Louisiana 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
Louisiana Coventry Health Care of Louisiana												
	High Self	BJ1	273.52	285.33	190.84	94.49	6.72	592.63	618.22	413.49	204.73	14.56
	High Family	BJ2	635.22	662.65	424.95	237.70	16.83	1376.31	1435.74	920.73	515.01	36.46
	Standard Self	BJ4	240.64	240.64	180.48	60.16	.00	521.39	521.39	391.04	130.35	.00
	Standard Family	BJ5	558.85	558.85	419.14	139.71	-4.79	1210.84	1210.84	908.13	302.71	-10.37

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
Maine 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
Maine 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
Maryland 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
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

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
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
	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

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
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
	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

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
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
	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

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
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												
	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
	Standard Family	HA5	437.94	476.31	357.23	119.08	9.60	948.87	1032.01	774.01	258.00	20.78
Missouri 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
Missouri 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
Missouri 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
Missouri 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

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
Montana 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
Montana 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
Nebraska 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
Nebraska 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
Nevada 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
Nevada 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
Nevada Aetna Open Access												
	High Self	HF1	195.37	205.29	153.97	51.32	2.48	423.30	444.80	333.60	111.20	5.38
	High Family	HF2	569.64	598.12	424.95	173.17	17.88	1234.22	1295.93	920.73	375.20	38.74
Nevada Health Plan of Nevada												
	High Self	NM1	192.88	182.47	136.85	45.62	-2.60	417.91	395.35	296.51	98.84	-5.64
	High Family	NM2	454.81	430.27	322.70	107.57	-6.13	985.42	932.25	699.19	233.06	-13.29

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
New Hampshire 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 Hampshire 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 Jersey 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 Jersey 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 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

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
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
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

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
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												
	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

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
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
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

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
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
	Basic Family	H45	New Plan	522.77	392.08	130.69	New Plan	New Plan	1132.67	849.50	283.17	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
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

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
Ohio Kaiser Foundation Health Plan of Ohio												
	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

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
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
	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

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
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
	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

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
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
	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

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
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
	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
Texas Aetna Open Access												
	High Self	P11	346.32	367.33	190.84	176.49	15.92	750.36	795.88	413.49	382.39	34.49
	High Family	P12	872.45	925.38	424.95	500.43	42.33	1890.31	2004.99	920.73	1084.26	91.71
Texas Aetna Whole Health												
	Basic Self	ES1	New Plan	223.24	167.43	55.81	New Plan	New Plan	483.69	362.77	120.92	New Plan
	Basic Family	ES2	New Plan	588.46	424.95	163.51	New Plan	New Plan	1275.00	920.73	354.27	New Plan
Texas Firstcare												
	High Self	B71	New Plan	181.62	136.22	45.40	New Plan	New Plan	393.51	295.13	98.38	New Plan
	High Family	B72	New Plan	544.88	408.66	136.22	New Plan	New Plan	1180.57	885.43	295.14	New Plan
Texas Firstcare												
	High Self	CK1	226.53	184.78	138.59	46.19	-10.44	490.82	400.36	300.27	100.09	-22.61
	High Family	CK2	679.62	554.34	415.76	138.58	-126.69	1472.51	1201.07	900.80	300.27	-274.48
Texas Firstcare												
	High Self	CN1	New Plan	219.95	164.96	54.99	New Plan	New Plan	476.56	357.42	119.14	New Plan
	High Family	CN2	New Plan	659.88	424.95	234.93	New Plan	New Plan	1429.74	920.73	509.01	New Plan
Texas Firstcare												
	High Self	CZ1	New Plan	214.04	160.53	53.51	New Plan	New Plan	463.75	347.81	115.94	New Plan
	High Family	CZ2	New Plan	642.15	424.95	217.20	New Plan	New Plan	1391.33	920.73	470.60	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
Texas Firstcare												
	High Self	ET1	New Plan	207.57	155.68	51.89	New Plan	New Plan	449.74	337.31	112.43	New Plan
	High Family	ET2	New Plan	622.72	424.95	197.77	New Plan	New Plan	1349.23	920.73	428.50	New Plan
Texas Humana CoverageFirst												
	CDHP Self	TP1	218.58	225.67	169.25	56.42	1.78	473.59	488.95	366.71	122.24	3.84
	CDHP Family	TP2	491.81	502.10	376.58	125.52	2.57	1065.59	1087.88	815.91	271.97	5.57
Texas Humana CoverageFirst												
	CDHP Self	TU1	223.04	227.36	170.52	56.84	1.08	483.25	492.61	369.46	123.15	2.34
	CDHP Family	TU2	501.83	505.89	379.42	126.47	1.01	1087.30	1096.10	822.08	274.02	2.20
Texas Humana CoverageFirst												
	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

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
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
	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

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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
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

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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**											
	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

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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
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
	Standard Family	575	495.21	535.29	401.47	133.82	10.02	1072.96	1159.80	869.85	289.95	21.71
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

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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												
	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

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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