Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Alabama Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Alaska Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Arizona Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Arizona Aetna Open Access							
	High Self	WQ1	197.12	224.29	190.89	33.40	6.79
	High Family	WQ2	492.84	542.32	428.27	114.05	27.63
Arizona Health Net of Arizona, Inc.							
	High Self	A71	194.78	210.30	179.81	30.49	4.19
	High Family	A72	492.99	532.36	428.27	104.09	17.52
	Standard Self	A74	176.29	192.20	164.33	27.87	4.07
	Standard Family	A75	446.63	486.44	415.91	70.53	10.23
Arizona Humana CoverageFirst							
	CDHP Self	DB1	140.25	169.32	144.77	24.55	5.62
	CDHP Family	DB2	322.60	380.96	325.72	55.24	11.69
Arizona UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Arizona UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Arkansas Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Arkansas QualChoice							
	High Self	DH1	New Plan	221.02	188.97	32.05	New Plan
	High Family	DH2	New Plan	517.59	428.27	89.32	New Plan
	Standard Self	DH4	New Plan	174.91	149.55	25.36	New Plan
	Standard Family	DH5	New Plan	409.61	350.22	59.39	New Plan
Arkansas UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Arkansas UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
California Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
California Aetna Open Access							
	High Self	2X1	156.18	186.90	159.80	27.10	6.02
	High Family	2X2	384.75	460.42	393.66	66.76	14.82
California Anthem Blue Cross - HMO							
	High Self	M51	240.26	240.26	190.89	49.37	-11.44
	High Family	M52	599.55	599.55	428.27	171.28	-21.85
California Blue Shield of CA Access+HMO							
	High Self	SI1	204.44	215.79	184.50	31.29	3.69
	High Family	SI2	472.26	498.47	426.19	72.28	6.44
California Health Net of California							
	High Self	LB1	274.78	305.60	190.89	114.71	19.38
	High Family	LB2	635.29	706.59	428.27	278.32	49.45
	Standard Self	LB4	261.91	290.96	190.89	100.07	17.61
	Standard Family	LB5	605.58	672.71	428.27	244.44	45.28
California Health Net of California							
	High Self	LP1	210.72	212.62	181.79	30.83	-.44
	High Family	LP2	487.23	491.58	420.30	71.28	-9.53
	Standard Self	LP4	199.85	202.29	172.96	29.33	2.35
	Standard Family	LP5	462.05	467.69	399.87	67.82	5.44
California Kaiser Foundation Health Plan of California							
	High Self	591	243.50	264.13	190.89	73.24	9.19
	High Family	592	581.27	630.50	428.27	202.23	27.38
	Standard Self	594	183.58	213.93	182.91	31.02	6.24
	Standard Family	595	438.21	510.67	428.27	82.40	23.24
California Kaiser Foundation Health Plan of California							
	High Self	621	204.59	211.38	180.73	30.65	3.03
	High Family	622	472.86	488.54	417.70	70.84	4.40
	Standard Self	624	129.30	135.29	115.67	19.62	2.16
	Standard Family	625	298.84	312.70	267.36	45.34	5.00

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
California PacifiCare of California							
	High Self	CY1	202.84	207.78	177.65	30.13	2.75
	High Family	CY2	463.10	474.34	405.56	68.78	6.26
California UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
California UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Colorado Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Colorado Kaiser Foundation Health Plan of Colorado							
	High Self	651	212.06	227.78	190.89	36.89	4.28
	High Family	652	485.61	521.62	428.27	93.35	14.16
	Standard Self	654	138.65	138.65	118.55	20.10	1.38
	Standard Family	655	317.51	317.51	271.47	46.04	3.18
Colorado UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Colorado UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Connecticut Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Delaware Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Delaware Aetna Open Access							
	High Self	P31	288.60	321.47	190.89	130.58	21.43
	High Family	P32	696.35	775.68	428.27	347.41	57.48
	Basic Self	P34	197.39	236.89	190.89	46.00	19.35
	Basic Family	P35	455.81	547.02	428.27	118.75	57.22
District of Columbia Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
District of Columbia Aetna Open Access							
	High Self	JN1	261.84	296.33	190.89	105.44	23.05
	High Family	JN2	586.49	663.75	428.27	235.48	55.41
	Basic Self	JN4	171.86	194.16	166.01	28.15	4.95
	Basic Family	JN5	402.18	454.38	388.49	65.89	11.60
District of Columbia CareFirst BlueChoice							
	High Self	2G1	207.73	224.34	190.89	33.45	5.17

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Family	2G2	467.32	504.68	428.27	76.41	13.32
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States							
	High Self	E31	214.16	229.00	190.89	38.11	3.40
	High Family	E32	501.70	526.21	428.27	97.94	2.66
	Standard Self	E34	122.08	133.98	114.55	19.43	2.95
	Standard Family	E35	290.52	308.17	263.49	44.68	5.46
District of Columbia M.D. IPA							
	High Self	JP1	205.29	223.56	190.89	32.67	4.96
	High Family	JP2	473.40	515.54	428.27	87.27	20.29
District of Columbia UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
District of Columbia UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Florida Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Florida Av-Med Health Plan							
	High Self	ML1	199.14	217.44	185.91	31.53	4.65
	High Family	ML2	477.96	521.93	428.27	93.66	22.12
	Standard Self	ML4	153.64	173.01	147.92	25.09	4.35
	Standard Family	ML5	368.77	415.26	355.05	60.21	10.43
Florida Capital Health Plan							

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Self	EA1	177.22	189.27	161.83	27.44	3.52
	High Family	EA2	469.59	501.59	428.27	73.32	9.93
Florida Humana CoverageFirst							
	CDHP Self	MJ1	171.42	209.52	179.14	30.38	7.24
	CDHP Family	MJ2	394.28	471.39	403.04	68.35	15.12
Florida Humana CoverageFirst							
	CDHP Self	MQ1	179.22	200.78	171.67	29.11	4.92
	CDHP Family	MQ2	412.21	451.76	386.25	65.51	9.86
Florida Humana CoverageFirst							
	CDHP Self	QP1	140.25	178.22	152.38	25.84	6.91
	CDHP Family	QP2	322.60	401.01	342.86	58.15	14.60
Florida Humana CoverageFirst							
	CDHP Self	YG1	162.33	178.22	152.38	25.84	3.93
	CDHP Family	YG2	373.37	401.01	342.86	58.15	7.75
Florida Humana, Inc.							
	High Self	EE1	199.37	225.41	190.89	34.52	7.61
	High Family	EE2	458.55	507.16	428.27	78.89	16.99
	Standard Self	EE4	157.48	180.36	154.21	26.15	4.89
	Standard Family	EE5	362.22	405.80	346.96	58.84	9.94
Florida Humana, Inc.							
	High Self	LL1	203.05	240.71	190.89	49.82	22.41
	High Family	LL2	467.01	541.60	428.27	113.33	50.28
	Standard Self	LL4	183.09	223.51	190.89	32.62	7.90
	Standard Family	LL5	421.12	502.90	428.27	74.63	17.78
Florida UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Florida UnitedHealthcare Insurance Company, Inc.							

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Florida Vista Healthplan of South Florida							
	High Self	5E1	163.68	172.61	147.58	25.03	2.93
	High Family	5E2	450.18	472.77	404.22	68.55	7.78
	Standard Self	5E4	143.17	151.21	129.28	21.93	2.60
	Standard Family	5E5	393.75	413.88	353.87	60.01	6.85
Georgia Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Georgia Aetna Open Access							
	High Self	2U1	230.39	246.70	190.89	55.81	4.87
	High Family	2U2	528.65	566.07	428.27	137.80	15.57
Georgia Humana CoverageFirst							
	CDHP Self	AD1	138.01	154.59	132.17	22.42	3.79
	CDHP Family	AD2	317.42	347.82	297.39	50.43	7.58
Georgia Humana CoverageFirst							
	CDHP Self	LM1	170.47	181.86	155.49	26.37	3.36
	CDHP Family	LM2	392.10	409.20	349.87	59.33	6.40
Georgia Humana Employers Health of Georgia, Inc.							
	High Self	CB1	New Plan	224.15	190.89	33.26	New Plan
	High Family	CB2	New Plan	504.34	428.27	76.07	New Plan
	Standard Self	CB4	New Plan	201.74	172.49	29.25	New Plan
	Standard Family	CB5	New Plan	453.90	388.08	65.82	New Plan
Georgia Humana Employers Health of Georgia, Inc.							
	High Self	DG1	189.76	199.14	170.26	28.88	3.26

Postal Premium Rates for the Federal Employees Health Benefits Program

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Family	DG2	436.46	448.05	383.08	64.97	6.05
	Standard Self	DG4	172.50	181.13	154.87	26.26	2.97
	Standard Family	DG5	396.77	407.53	348.44	59.09	5.53
Georgia Humana Employers Health of Georgia, Inc.							
	High Self	DN1	New Plan	212.94	182.06	30.88	New Plan
	High Family	DN2	New Plan	479.12	409.65	69.47	New Plan
	Standard Self	DN4	New Plan	191.65	163.86	27.79	New Plan
	Standard Family	DN5	New Plan	431.20	368.68	62.52	New Plan
Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP							
	HDHP Self	GW1	151.84	151.84	129.82	22.02	1.52
	HDHP Family	GW2	341.35	341.35	291.85	49.50	3.42
Georgia Kaiser Foundation Health Plan of Georgia, Inc.							
	High Self	F81	197.92	219.12	187.35	31.77	5.05
	High Family	F82	453.24	501.80	428.27	73.53	12.34
	Standard Self	F84	135.31	149.80	128.08	21.72	3.45
	Standard Family	F85	309.87	343.05	293.31	49.74	7.91
Georgia UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Georgia UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Guam TakeCare							
	High Self	JK1	247.51	229.79	190.89	38.90	-29.16
	High Family	JK2	650.45	603.86	428.27	175.59	-68.44
	Standard Self	JK4	195.24	207.89	177.75	30.14	3.78

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	Standard Family	JK5	515.59	548.97	428.27	120.70	11.53
Guam TakeCare							
	HDHP Self	KX1	175.57	159.11	136.04	23.07	-.63
	HDHP Family	KX2	442.92	411.25	351.62	59.63	-.16
Hawaii Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Hawaii HMSA							
	High Self	871	173.38	195.05	166.77	28.28	4.87
	High Family	872	385.93	434.18	371.22	62.96	10.86
Hawaii Kaiser Foundation Health Plan of Hawaii							
	High Self	631	186.20	199.65	170.70	28.95	3.81
	High Family	632	400.34	429.26	367.02	62.24	8.19
	Standard Self	634	86.68	88.47	75.64	12.83	1.13
	Standard Family	635	186.36	190.22	162.64	27.58	2.42
Idaho Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Idaho Altius Health Plans							
	High Self	9K1	228.98	251.88	190.89	60.99	11.46
	High Family	9K2	503.79	554.16	428.27	125.89	28.52
	HDHP Self	9K4	184.08	178.56	152.67	25.89	1.04
	HDHP Family	9K5	381.36	369.92	316.28	53.64	2.16
Idaho Altius Health Plans							
	Standard Self	DK4	195.30	189.45	161.98	27.47	1.10
	Standard Family	DK5	429.66	416.77	356.34	60.43	2.43

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Idaho Group Health Cooperative							
	High Self	541	248.71	254.78	190.89	63.89	-5.37
	High Family	542	534.72	547.78	428.27	119.51	-8.79
	Standard Self	544	157.36	165.61	141.60	24.01	2.77
	Standard Family	545	355.28	373.88	319.67	54.21	6.25
Illinois Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Illinois Aetna Open Access							
	High Self	IK1	168.03	228.79	190.89	37.90	15.22
	High Family	IK2	426.54	550.92	428.27	122.65	65.07
Illinois Blue Preferred Plus POS							
	High Self	9G1	224.54	242.73	190.89	51.84	6.75
	High Family	9G2	486.15	525.52	428.27	97.25	17.52
Illinois Health Alliance HMO							
	High Self	FX1	233.32	249.64	190.89	58.75	4.88
	High Family	FX2	544.58	581.93	428.27	153.66	15.50
Illinois Humana Benefit Plan of Illinois, Inc. formerly OSF							
	High Self	9F1	222.01	266.76	190.89	75.87	33.31
	High Family	9F2	555.05	600.20	428.27	171.93	23.30
Illinois Humana Benefit Plan of Illinois, Inc.,formerly OSF							
	Standard Self	AB4	172.27	224.15	190.89	33.26	10.00
	Standard Family	AB5	430.70	504.35	428.27	76.08	17.94
Illinois Humana CoverageFirst							
	CDHP Self	MW1	132.61	165.85	141.80	24.05	6.15
	CDHP Family	MW2	304.99	373.19	319.08	54.11	12.94
Illinois Humana Health Plan Inc.							
	High Self	751	228.37	259.26	190.89	68.37	19.45

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Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Family	752	525.25	583.37	428.27	155.10	36.27
	Standard Self	754	146.99	187.26	160.11	27.15	7.31
	Standard Family	755	338.08	421.31	360.22	61.09	15.45
Illinois Unicare HMO							
	High Self	171	230.79	248.09	190.89	57.20	5.86
	High Family	172	511.84	550.22	428.27	121.95	16.53
	Standard Self	174	160.65	172.70	147.66	25.04	3.35
	Standard Family	175	356.28	383.00	327.47	55.53	7.43
Illinois Unicare HMO							
	HDHP Self	721	134.48	144.57	123.61	20.96	2.81
	HDHP Family	722	294.06	316.12	270.28	45.84	6.14
Illinois Union Health Service							
	High Self	761	160.79	172.45	147.44	25.01	3.30
	High Family	762	398.76	396.61	339.10	57.51	3.68
Illinois United Healthcare of the Midwest, Inc.							
	High Self	B91	208.03	230.45	190.89	39.56	10.98
	High Family	B92	464.77	514.87	428.27	86.60	23.86
Illinois UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Illinois UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Illinois UnitedHealthcare Plan of the River Valley Inc.							
	High Self	YH1	164.72	179.43	153.41	26.02	3.78
	High Family	YH2	403.55	439.60	375.86	63.74	9.26

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Indiana Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Indiana Aetna Open Access							
	High Self	IK1	168.03	228.79	190.89	37.90	15.22
	High Family	IK2	426.54	550.92	428.27	122.65	65.07
Indiana Bluegrass Family Health							
	HDHP Self	KV1	200.00	200.00	171.00	29.00	2.00
	HDHP Family	KV2	399.99	399.99	341.99	58.00	4.00
Indiana Health Alliance HMO							
	High Self	FX1	233.32	249.64	190.89	58.75	4.88
	High Family	FX2	544.58	581.93	428.27	153.66	15.50
Indiana Humana CoverageFirst							
	CDHP Self	MW1	132.61	165.85	141.80	24.05	6.15
	CDHP Family	MW2	304.99	373.19	319.08	54.11	12.94
Indiana Humana Health Plan Inc.							
	High Self	751	228.37	259.26	190.89	68.37	19.45
	High Family	752	525.25	583.37	428.27	155.10	36.27
	Standard Self	754	146.99	187.26	160.11	27.15	7.31
	Standard Family	755	338.08	421.31	360.22	61.09	15.45
Indiana Humana Health Plan, Inc.							
	High Self	MH1	New Plan	224.15	190.89	33.26	New Plan
	High Family	MH2	New Plan	504.34	428.27	76.07	New Plan
	Standard Self	MH4	New Plan	201.74	172.49	29.25	New Plan
	Standard Family	MH5	New Plan	453.90	388.08	65.82	New Plan
Indiana Physicians Health Plan of Northern Indiana							
	High Self	DQ1	225.94	230.04	190.89	39.15	-7.34
	High Family	DQ2	503.71	512.09	428.27	83.82	-13.47

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Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Indiana Unicare HMO							
	High Self	171	230.79	248.09	190.89	57.20	5.86
	High Family	172	511.84	550.22	428.27	121.95	16.53
	Standard Self	174	160.65	172.70	147.66	25.04	3.35
	Standard Family	175	356.28	383.00	327.47	55.53	7.43
Indiana Unicare HMO							
	HDHP Self	721	134.48	144.57	123.61	20.96	2.81
	HDHP Family	722	294.06	316.12	270.28	45.84	6.14
Indiana Welborn Health Plans							
	High Self	W11	241.58	230.43	190.89	39.54	-22.59
	High Family	W12	565.30	539.22	428.27	110.95	-47.93
Iowa Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Iowa Coventry Health Care of Iowa							
	High Self	SV1	200.37	218.23	186.59	31.64	4.59
	High Family	SV2	540.94	589.16	428.27	160.89	26.37
	HDHP Self	SV4	151.54	151.54	129.57	21.97	1.51
	HDHP Family	SV5	361.65	361.65	309.21	52.44	3.62
Iowa Coventry Health Care of Iowa							
	Standard Self	SY4	158.79	158.79	135.77	23.02	1.58
	Standard Family	SY5	373.15	373.15	319.04	54.11	3.73
Iowa Health Alliance HMO							
	High Self	FX1	233.32	249.64	190.89	58.75	4.88
	High Family	FX2	544.58	581.93	428.27	153.66	15.50
Iowa HealthPartners Open Access Copay/3 for Free							
	OAC Self	V31	245.79	295.42	190.89	104.53	38.19
	OAC Family	V32	565.32	679.46	428.27	251.19	92.29

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	3 for Free Self	V34	129.53	140.81	120.39	20.42	2.93
	3 for Free Family	V35	297.91	323.86	276.90	46.96	6.74
Iowa Sanford Health Plan							
	High Self	AU1	236.96	244.08	190.89	53.19	-4.32
	High Family	AU2	545.26	561.62	428.27	133.35	-5.49
	Standard Self	AU4	225.66	238.69	190.89	47.80	1.59
	Standard Family	AU5	518.96	549.00	428.27	120.73	8.19
Iowa UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Iowa UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Iowa UnitedHealthcare Plan of the River Valley Inc.							
	High Self	YH1	164.72	179.43	153.41	26.02	3.78
	High Family	YH2	403.55	439.60	375.86	63.74	9.26
Kansas Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Kansas Coventry Health Care of Kansas							
	High Self	HA1	186.02	192.68	164.74	27.94	2.83
	High Family	HA2	469.58	483.82	413.67	70.15	6.76
	Standard Self	HA4	146.69	161.72	138.27	23.45	3.65
	Standard Family	HA5	344.64	379.97	324.87	55.10	8.57

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP							
	HDHP Self	9H1	134.56	138.20	118.16	20.04	1.87
	HDHP Family	9H2	316.21	324.76	277.67	47.09	4.40
Kansas Humana CoverageFirst							
	CDHP Self	PH1	125.18	160.41	137.15	23.26	6.36
	CDHP Family	PH2	287.94	360.91	308.58	52.33	13.46
Kansas Humana Health Plan, Inc.							
	High Self	MS1	289.44	317.08	190.89	126.19	16.20
	High Family	MS2	665.71	713.42	428.27	285.15	25.86
	Standard Self	MS4	168.49	197.72	169.05	28.67	5.92
	Standard Family	MS5	387.51	444.89	380.38	64.51	12.20
Kansas UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Kansas UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Kentucky Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Kentucky Bluegrass Family Health							
	HDHP Self	KV1	200.00	200.00	171.00	29.00	2.00
	HDHP Family	KV2	399.99	399.99	341.99	58.00	4.00
Kentucky Humana CoverageFirst							

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Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Self	6N1	162.33	178.22	152.38	25.84	3.93
	CDHP Family	6N2	373.37	401.01	342.86	58.15	7.75
Kentucky Humana Health Plan, Inc.							
	High Self	MH1	New Plan	224.15	190.89	33.26	New Plan
	High Family	MH2	New Plan	504.34	428.27	76.07	New Plan
	Standard Self	MH4	New Plan	201.74	172.49	29.25	New Plan
	Standard Family	MH5	New Plan	453.90	388.08	65.82	New Plan
Kentucky Humana Health Plan, Inc.							
	High Self	MI1	New Plan	212.94	182.06	30.88	New Plan
	High Family	MI2	New Plan	479.12	409.65	69.47	New Plan
	Standard Self	MI4	New Plan	191.65	163.86	27.79	New Plan
	Standard Family	MI5	New Plan	431.20	368.68	62.52	New Plan
Louisiana Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Louisiana Coventry Health Care of Louisiana							
	High Self	BJ1	209.59	235.67	190.89	44.78	14.64
	High Family	BJ2	486.74	547.32	428.27	119.05	38.73
	Standard Self	BJ4	210.83	195.76	167.37	28.39	-2.99
	Standard Family	BJ5	489.63	454.64	388.72	65.92	-17.29
Louisiana Coventry Health Care of Louisiana HDHP							
	HDHP Self	HB1	174.76	164.18	140.37	23.81	.22
	HDHP Family	HB2	405.89	381.31	326.02	55.29	.49
Louisiana Humana CoverageFirst							
	CDHP Self	9J1	154.25	181.86	155.49	26.37	5.55
	CDHP Family	9J2	354.79	409.20	349.87	59.33	11.43
Louisiana Humana CoverageFirst							
	CDHP Self	9L1	170.47	190.96	163.27	27.69	4.68

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family	9L2	392.10	429.67	367.37	62.30	9.37
Louisiana UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Louisiana UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Louisiana Vantage Health Plan, Inc.							
	High Self	MV1	212.54	218.33	186.67	31.66	-1.43
	High Family	MV2	488.84	502.15	428.27	73.88	-8.54
	Standard Self	MV4	186.27	202.47	173.11	29.36	4.21
	Standard Family	MV5	428.50	465.65	398.13	67.52	9.67
Maine Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Maryland Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Maryland Aetna Open Access							
	High Self	JN1	261.84	296.33	190.89	105.44	23.05
	High Family	JN2	586.49	663.75	428.27	235.48	55.41
	Basic Self	JN4	171.86	194.16	166.01	28.15	4.95

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	Basic Family	JN5	402.18	454.38	388.49	65.89	11.60
Maryland CareFirst BlueChoice							
	High Self	2G1	207.73	224.34	190.89	33.45	5.17
	High Family	2G2	467.32	504.68	428.27	76.41	13.32
Maryland Coventry Health Care							
	High Self	IG1	187.00	196.16	167.72	28.44	3.20
	High Family	IG2	469.26	492.25	420.87	71.38	8.03
	Standard Self	IG4	147.14	163.11	139.46	23.65	3.79
	Standard Family	IG5	367.85	407.77	348.64	59.13	9.47
Maryland Coventry Health Care HDHP							
	HDHP Self	GZ1	127.43	158.49	135.51	22.98	5.78
	HDHP Family	GZ2	308.06	374.77	320.43	54.34	12.75
Maryland Kaiser Foundation Health Plan Mid-Atlantic States							
	High Self	E31	214.16	229.00	190.89	38.11	3.40
	High Family	E32	501.70	526.21	428.27	97.94	2.66
	Standard Self	E34	122.08	133.98	114.55	19.43	2.95
	Standard Family	E35	290.52	308.17	263.49	44.68	5.46
Maryland M.D. IPA							
	High Self	JP1	205.29	223.56	190.89	32.67	4.96
	High Family	JP2	473.40	515.54	428.27	87.27	20.29
Maryland UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Maryland UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72

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Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Massachusetts Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Massachusetts Blue CHiP Coordinated Health Plan - BCBS of RI							
	High Self	DA1	272.11	307.54	190.89	116.65	23.99
	High Family	DA2	721.06	815.00	428.27	386.73	72.09
Massachusetts Fallon Community Health Plan							
	Basic Self	JG1	240.68	273.93	190.89	83.04	21.81
	Basic Family	JG2	584.91	665.70	428.27	237.43	58.94
Massachusetts Fallon Community Health Plan							
	Standard Self	JV4	261.68	299.37	190.89	108.48	26.25
	Standard Family	JV5	635.98	727.59	428.27	299.32	69.76
Michigan Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Michigan Bluecare Network of MI							
	High Self	K51	241.25	240.82	190.89	49.93	-11.87
	High Family	K52	550.09	549.16	428.27	120.89	-22.78
Michigan Bluecare Network of MI							
	High Self	LX1	174.49	198.93	170.09	28.84	5.28
	High Family	LX2	453.38	516.98	428.27	88.71	27.50
Michigan Grand Valley Health Plan							
	High Self	RL1	200.31	203.28	173.80	29.48	2.44
	High Family	RL2	524.75	531.13	428.27	102.86	-15.47
	Standard Self	RL4	177.14	185.56	158.65	26.91	3.00
	Standard Family	RL5	460.58	482.45	412.49	69.96	7.78

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Michigan Health Alliance Plan							
	High Self	521	181.16	198.33	169.57	28.76	4.30
	High Family	522	470.94	515.65	428.27	87.38	22.86
	HDHP Self	524	187.27	198.31	169.56	28.75	3.47
	HDHP Family	525	468.92	497.52	425.38	72.14	8.84
Michigan HealthPlus MI							
	High Self	X51	219.94	196.85	168.31	28.54	-11.95
	High Family	X52	501.56	511.51	428.27	83.24	-11.90
Michigan Physicians Health Plan of Mid-Michigan							
	High Self	9U1	233.99	292.51	190.89	101.62	47.08
	High Family	9U2	563.91	704.94	428.27	276.67	119.18
	Standard Self	9U4	195.67	232.84	190.89	41.95	15.53
	Standard Family	9U5	471.54	561.13	428.27	132.86	67.74
Minnesota Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Minnesota HealthPartners Open Access Copay/3 for Free							
	OAC Self	V31	245.79	295.42	190.89	104.53	38.19
	OAC Family	V32	565.32	679.46	428.27	251.19	92.29
	3 for Free Self	V34	129.53	140.81	120.39	20.42	2.93
	3 for Free Family	V35	297.91	323.86	276.90	46.96	6.74
Minnesota Medica Health Plan							
	High Self	M21	224.81	245.01	190.89	54.12	8.76
	High Family	M22	514.80	561.07	428.27	132.80	24.42
Mississippi Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Mississippi UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Mississippi UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Missouri Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Missouri Blue Preferred Plus POS							
	High Self	9G1	224.54	242.73	190.89	51.84	6.75
	High Family	9G2	486.15	525.52	428.27	97.25	17.52
Missouri Coventry Health Care of Kansas							
	High Self	HA1	186.02	192.68	164.74	27.94	2.83
	High Family	HA2	469.58	483.82	413.67	70.15	6.76
	Standard Self	HA4	146.69	161.72	138.27	23.45	3.65
	Standard Family	HA5	344.64	379.97	324.87	55.10	8.57
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP							
	HDHP Self	9H1	134.56	138.20	118.16	20.04	1.87
	HDHP Family	9H2	316.21	324.76	277.67	47.09	4.40
Missouri Humana CoverageFirst							
	CDHP Self	PH1	125.18	160.41	137.15	23.26	6.36
	CDHP Family	PH2	287.94	360.91	308.58	52.33	13.46

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Missouri Humana Health Plan, Inc.							
	High Self	MS1	289.44	317.08	190.89	126.19	16.20
	High Family	MS2	665.71	713.42	428.27	285.15	25.86
	Standard Self	MS4	168.49	197.72	169.05	28.67	5.92
	Standard Family	MS5	387.51	444.89	380.38	64.51	12.20
Missouri United Healthcare of the Midwest, Inc.							
	High Self	B91	208.03	230.45	190.89	39.56	10.98
	High Family	B92	464.77	514.87	428.27	86.60	23.86
Missouri UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Missouri UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Montana Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Montana New West Health Services							
	High Self	NV1	229.50	210.71	180.16	30.55	-19.50
	High Family	NV2	490.24	552.38	428.27	124.11	40.29
Nebraska Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Nevada Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Nevada Health Plan of Nevada							
	High Self	NM1	130.40	157.74	134.87	22.87	5.27
	High Family	NM2	333.91	403.97	345.39	58.58	13.50
Nevada PacifiCare of Nevada							
	High Self	K91	192.64	180.44	154.28	26.16	.15
	High Family	K92	437.30	409.59	350.20	59.39	.35
Nevada UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Nevada UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
New Hampshire Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
New Jersey Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
New Jersey Aetna Open Access							
	High Self	JR1	258.38	309.82	190.89	118.93	40.00
	High Family	JR2	594.35	712.67	428.27	284.40	96.47
	Basic Self	JR4	202.87	237.36	190.89	46.47	19.08
	Basic Family	JR5	468.31	547.92	428.27	119.65	56.43
New Jersey Aetna Open Access							
	High Self	P31	288.60	321.47	190.89	130.58	21.43
	High Family	P32	696.35	775.68	428.27	347.41	57.48
	Basic Self	P34	197.39	236.89	190.89	46.00	19.35
	Basic Family	P35	455.81	547.02	428.27	118.75	57.22
New Jersey AmeriHealth HMO							
	High Self	FK1	245.66	286.82	190.89	95.93	29.72
	High Family	FK2	581.14	678.45	428.27	250.18	75.46
	Standard Self	FK4	232.72	261.81	190.89	70.92	17.65
	Standard Family	FK5	550.73	619.57	428.27	191.30	46.99
New Jersey GHI Health Plan							
	High Self	801	249.93	259.93	190.89	69.04	-1.44
	High Family	802	624.86	649.85	428.27	221.58	3.14
	Standard Self	804	178.24	178.24	152.40	25.84	1.78
	Standard Family	805	416.07	416.07	355.74	60.33	4.16
New Mexico Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
New Mexico Lovelace Health Plan							
	High Self	Q11	209.87	213.79	182.79	31.00	.58
	High Family	Q12	514.20	523.80	428.27	95.53	-12.25

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New Mexico Presbyterian Health Plan							
	High Self	P21	263.43	245.13	190.89	54.24	-29.74
	High Family	P22	598.29	556.71	428.27	128.44	-63.43
New Mexico UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
New Mexico UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
New York Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
New York Aetna Open Access							
	High Self	JC1	229.88	266.86	190.89	75.97	25.54
	High Family	JC2	565.84	656.90	428.27	228.63	69.21
	Basic Self	JC4	206.68	227.34	190.89	36.45	8.55
	Basic Family	JC5	502.20	552.42	428.27	124.15	28.37
New York Blue Choice							
	High Self	MK1	209.38	238.18	190.89	47.29	17.36
	High Family	MK2	526.01	598.55	428.27	170.28	50.69
	Standard Self	MK4	161.37	196.38	167.90	28.48	6.70
	Standard Family	MK5	399.47	486.55	416.00	70.55	16.62
New York CDPHP Universal Benefits, Inc.							
	High Self	SG1	223.04	239.76	190.89	48.87	5.28

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Family	SG2	564.89	607.25	428.27	178.98	20.51
	Standard Self	SG4	174.20	179.43	153.41	26.02	2.50
	Standard Family	SG5	449.43	462.90	395.78	67.12	6.45
New York Community Blue							
	High Self	BS1	297.01	355.67	190.89	164.78	47.22
	High Family	BS2	796.96	924.72	428.27	496.45	105.91
New York Community Blue							
	High Self	BX1	219.03	233.25	190.89	42.36	2.78
	High Family	BX2	606.22	650.33	428.27	222.06	22.26
New York Community Blue							
	High Self	BZ1	277.77	287.34	190.89	96.45	-1.87
	High Family	BZ2	745.35	747.08	428.27	318.81	-20.12
New York GHI HMO Select							
	High Self	6V1	215.59	232.14	190.89	41.25	5.11
	High Family	6V2	547.86	587.93	428.27	159.66	18.22
New York GHI HMO Select							
	High Self	X41	206.01	228.63	190.89	37.74	9.93
	High Family	X42	526.80	584.47	428.27	156.20	35.82
New York GHI Health Plan							
	High Self	801	249.93	259.93	190.89	69.04	-1.44
	High Family	802	624.86	649.85	428.27	221.58	3.14
	Standard Self	804	178.24	178.24	152.40	25.84	1.78
	Standard Family	805	416.07	416.07	355.74	60.33	4.16
New York HIP of Greater New York							
	High Self	511	213.16	236.60	190.89	45.71	12.00
	High Family	512	596.84	626.98	428.27	198.71	8.29
	Standard Self	514	195.08	185.08	158.24	26.84	.50
	Standard Family	515	546.22	490.44	419.33	71.11	-68.69
New York Independent Health Assoc							
	High Self	QA1	207.10	217.98	186.37	31.61	3.65

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Family	QA2	546.62	575.29	428.27	147.02	6.82
	HDHP Self	QA4	171.51	175.82	150.33	25.49	2.34
	HDHP Family	QA5	429.45	443.74	379.40	64.34	6.36
New York MVP Health Care							
	High Self	GA1	198.31	231.07	190.89	40.18	13.41
	High Family	GA2	512.36	596.95	428.27	168.68	62.74
	Standard Self	GA4	186.87	218.51	186.83	31.68	6.45
	Standard Family	GA5	482.77	564.57	428.27	136.30	59.95
New York MVP Health Care							
	High Self	M91	211.29	232.33	190.89	41.44	9.60
	High Family	M92	545.86	600.29	428.27	172.02	32.58
	Standard Self	M94	200.60	216.23	184.88	31.35	4.27
	Standard Family	M95	518.22	558.70	428.27	130.43	18.63
New York MVP Health Care							
	High Self	MF1	234.07	256.37	190.89	65.48	10.86
	High Family	MF2	604.74	662.41	428.27	234.14	35.82
	Standard Self	MF4	212.15	238.26	190.89	47.37	14.67
	Standard Family	MF5	548.08	615.66	428.27	187.39	45.73
New York MVP Health Care							
	High Self	MX1	213.96	244.54	190.89	53.65	19.14
	High Family	MX2	551.53	633.12	428.27	204.85	59.74
	Standard Self	MX4	205.63	228.99	190.89	38.10	10.34
	Standard Family	MX5	531.56	593.08	428.27	164.81	39.67
New York Preferred Care							
	High Self	GV1	174.00	213.71	182.72	30.99	7.50
	High Family	GV2	465.08	571.22	428.27	142.95	80.16
	Standard Self	GV4	145.26	164.06	140.27	23.79	4.18
	Standard Family	GV5	388.28	438.55	374.96	63.59	11.17
New York Univera Healthcare							
	High Self	KQ1	303.36	341.56	190.89	150.67	26.76

Postal Premium Rates for the Federal Employees Health Benefits Program

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Family	KQ2	801.89	892.86	428.27	464.59	69.12
New York Univera Healthcare							
	High Self	Q81	248.60	298.25	190.89	107.36	38.21
	High Family	Q82	704.82	779.69	428.27	351.42	53.02
North Carolina Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
North Carolina UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
North Carolina UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
North Dakota Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
North Dakota HealthPartners Open Access Copay/3 for Free							
	OAC Self	V31	245.79	295.42	190.89	104.53	38.19
	OAC Family	V32	565.32	679.46	428.27	251.19	92.29
	3 for Free Self	V34	129.53	140.81	120.39	20.42	2.93
	3 for Free Family	V35	297.91	323.86	276.90	46.96	6.74
North Dakota Heart of America Health Plan							

Postal Premium Rates for the Federal Employees Health Benefits Program

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Self	RU1	169.87	176.44	150.86	25.58	2.65
	High Family	RU2	436.58	453.44	387.69	65.75	6.81
Ohio Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Ohio Aetna Open Access							
	High Self	7D1	209.65	269.02	190.89	78.13	47.93
	High Family	7D2	499.01	640.32	428.27	212.05	119.46
Ohio AultCare HMO							
	High Self	3A1	235.24	253.51	190.89	62.62	6.83
	High Family	3A2	577.50	622.40	428.27	194.13	23.05
	HDHP Self	3A4	168.53	168.53	144.09	24.44	1.69
	HDHP Family	3A5	337.69	337.69	288.72	48.97	3.38
Ohio HMO Health Ohio							
	High Self	L41	245.64	273.29	190.89	82.40	16.21
	High Family	L42	628.34	642.24	428.27	213.97	-7.95
Ohio Kaiser Foundation Health Plan of Ohio							
	High Self	641	240.03	262.07	190.89	71.18	10.60
	High Family	642	552.07	602.75	428.27	174.48	28.83
	Standard Self	644	156.90	169.29	144.74	24.55	3.37
	Standard Family	645	360.89	389.38	332.92	56.46	7.74
Ohio The Health Plan of the Upper Ohio Valley							
	High Self	U41	193.15	213.68	182.70	30.98	4.90
	High Family	U42	444.24	491.45	420.19	71.26	11.29
Ohio UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94

Postal Premium Rates for the Federal Employees Health Benefits Program

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Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Ohio UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Oklahoma Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Oklahoma Globalhealth, Inc.							
	High Self	IM1	164.68	168.75	144.28	24.47	2.24
	High Family	IM2	396.90	406.68	347.71	58.97	5.39
Oklahoma UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Oklahoma UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Oregon Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Oregon Kaiser Foundation Health Plan of Northwest							

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Self	571	231.08	250.88	190.89	59.99	8.36
	High Family	572	530.86	576.34	428.27	148.07	23.63
	Standard Self	574	191.29	206.11	176.22	29.89	4.07
	Standard Family	575	439.44	473.48	404.83	68.65	9.33
Oregon UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Oregon UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Pennsylvania Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Pennsylvania Aetna Open Access							
	High Self	P31	288.60	321.47	190.89	130.58	21.43
	High Family	P32	696.35	775.68	428.27	347.41	57.48
	Basic Self	P34	197.39	236.89	190.89	46.00	19.35
	Basic Family	P35	455.81	547.02	428.27	118.75	57.22
Pennsylvania Aetna Open Access							
	High Self	YE1	141.78	155.01	132.53	22.48	3.34
	High Family	YE2	390.94	427.42	365.44	61.98	9.20
Pennsylvania Geisinger Health Plan							
	High Self	GG1	233.12	268.63	190.89	77.74	24.07
	High Family	GG2	536.17	617.85	428.27	189.58	59.83

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	Standard Self	GG4	204.56	209.13	178.81	30.32	2.70
	Standard Family	GG5	470.50	481.00	411.26	69.74	5.66
Pennsylvania HealthAmerica Pennsylvania							
	High Self	261	240.73	245.21	190.89	54.32	-6.96
	High Family	262	613.90	576.24	428.27	147.97	-59.51
	Standard Self	264	197.08	210.90	180.32	30.58	3.97
	Standard Family	265	502.58	495.63	423.76	71.87	-24.29
Pennsylvania HealthAmerica Pennsylvania							
	Standard Self	PN4	228.96	240.96	190.89	50.07	.56
	Standard Family	PN5	525.70	542.14	428.27	113.87	-5.41
Pennsylvania HealthAmerica Pennsylvania							
	Standard Self	SW4	210.27	219.02	187.26	31.76	.94
	Standard Family	SW5	483.60	492.82	421.36	71.46	-5.72
Pennsylvania HealthAmerica Pennsylvania - HDHP							
	HDHP Self	Y61	173.02	214.84	183.69	31.15	7.79
	HDHP Family	Y62	427.29	496.13	424.19	71.94	14.26
Pennsylvania HealthAmerica Pennsylvania-HDHP							
	HDHP Self	9N1	200.80	224.94	190.89	34.05	6.94
	HDHP Family	9N2	453.62	506.11	428.27	77.84	16.60
Pennsylvania HealthAmerica Pennsylvania-HDHP							
	HDHP Self	YW1	206.23	241.13	190.89	50.24	22.40
	HDHP Family	YW2	466.88	536.38	428.27	108.11	45.08
Pennsylvania UPMC Health Plan							
	High Self	8W1	241.87	258.68	190.89	67.79	5.37
	High Family	8W2	556.30	594.97	428.27	166.70	16.82
	HDHP Self	8W4	209.93	201.68	172.44	29.24	-1.24
	HDHP Family	8W5	466.04	447.41	382.54	64.87	1.95
Pennsylvania UPMC Health Plan							
	Standard Self	UW4	226.93	236.16	190.89	45.27	-2.21
	Standard Family	UW5	521.91	543.16	428.27	114.89	-.60

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Puerto Rico Humana Health Plans of Puerto Rico, Inc.							
	High Self	ZJ1	128.36	138.03	118.02	20.01	2.68
	High Family	ZJ2	295.21	310.56	265.53	45.03	5.18
Puerto Rico Triple-S Salud, Inc.							
	High Self	891	131.14	137.04	117.17	19.87	2.17
	High Family	892	301.62	315.19	269.49	45.70	4.98
Rhode Island Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Rhode Island Blue CHiP Coordinated Health Plan - BCBS of RI							
	High Self	DA1	272.11	307.54	190.89	116.65	23.99
	High Family	DA2	721.06	815.00	428.27	386.73	72.09
Rhode Island UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Rhode Island UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
South Carolina Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
South Dakota Aetna HealthFund							

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
South Dakota HealthPartners Open Access Copay/3 for Free							
	OAC Self	V31	245.79	295.42	190.89	104.53	38.19
	OAC Family	V32	565.32	679.46	428.27	251.19	92.29
	3 for Free Self	V34	129.53	140.81	120.39	20.42	2.93
	3 for Free Family	V35	297.91	323.86	276.90	46.96	6.74
South Dakota Sanford Health Plan							
	High Self	AU1	236.96	244.08	190.89	53.19	-4.32
	High Family	AU2	545.26	561.62	428.27	133.35	-5.49
	Standard Self	AU4	225.66	238.69	190.89	47.80	1.59
	Standard Family	AU5	518.96	549.00	428.27	120.73	8.19
Tennessee Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Tennessee Aetna Open Access							
	High Self	UB1	174.21	195.10	166.81	28.29	4.77
	High Family	UB2	444.22	497.49	425.35	72.14	12.17
Tennessee Bluegrass Family Health							
	HDHP Self	KV1	200.00	200.00	171.00	29.00	2.00
	HDHP Family	KV2	399.99	399.99	341.99	58.00	4.00
Tennessee Humana CoverageFirst							
	CDHP Self	BT1	162.33	181.86	155.49	26.37	4.46
	CDHP Family	BT2	373.37	409.20	349.87	59.33	8.93
Tennessee Humana CoverageFirst							
	CDHP Self	L61	163.62	183.33	156.75	26.58	4.49

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family	L62	376.37	412.47	352.66	59.81	9.00
Tennessee UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Tennessee UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Texas Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Texas Aetna Open Access							
	High Self	P11	223.39	258.33	190.89	67.44	23.50
	High Family	P12	562.75	650.75	428.27	222.48	66.15
Texas Firstcare							
	High Self	CK1	244.58	162.74	139.14	23.60	-41.53
	High Family	CK2	525.83	488.22	417.43	70.79	-48.62
Texas Humana CoverageFirst							
	CDHP Self	T21	163.46	183.33	156.75	26.58	4.51
	CDHP Family	T22	375.97	412.47	352.66	59.81	9.05
Texas Humana CoverageFirst							
	CDHP Self	T81	202.58	218.24	186.60	31.64	4.29
	CDHP Family	T82	465.99	491.05	419.85	71.20	8.29
Texas Humana CoverageFirst							
	CDHP Self	TP1	163.48	174.60	149.28	25.32	3.25

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Family	TP2	376.02	392.83	335.87	56.96	6.20
Texas Humana CoverageFirst							
	CDHP Self	TU1	155.51	178.22	152.38	25.84	4.85
	CDHP Family	TU2	357.69	401.02	342.87	58.15	9.86
Texas Humana CoverageFirst							
	CDHP Self	TV1	163.62	183.33	156.75	26.58	4.49
	CDHP Family	TV2	376.36	412.47	352.66	59.81	9.00
Texas Humana Health Plan of Texas							
	High Self	UC1	New Plan	224.15	190.89	33.26	New Plan
	High Family	UC2	New Plan	504.34	428.27	76.07	New Plan
	Standard Self	UC4	New Plan	201.74	172.49	29.25	New Plan
	Standard Family	UC5	New Plan	453.90	388.08	65.82	New Plan
Texas Humana Health Plan of Texas							
	High Self	UR1	314.71	336.65	190.89	145.76	10.50
	High Family	UR2	723.84	757.47	428.27	329.20	11.78
	Standard Self	UR4	171.82	201.04	171.89	29.15	5.95
	Standard Family	UR5	395.19	452.35	386.76	65.59	12.24
Texas Humana Health Plan of Texas							
	High Self	UU1	203.80	230.74	190.89	39.85	12.34
	High Family	UU2	468.74	519.18	428.27	90.91	27.63
	Standard Self	UU4	185.27	223.58	190.89	32.69	7.68
	Standard Family	UU5	426.12	503.06	428.27	74.79	17.26
Texas Pacificare of Texas							
	High Self	GF1	247.60	249.24	190.89	58.35	-9.80
	High Family	GF2	569.30	572.99	428.27	144.72	-18.16
Texas UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Texas UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Utah Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Utah Altius Health Plans							
	High Self	9K1	228.98	251.88	190.89	60.99	11.46
	High Family	9K2	503.79	554.16	428.27	125.89	28.52
	HDHP Self	9K4	184.08	178.56	152.67	25.89	1.04
	HDHP Family	9K5	381.36	369.92	316.28	53.64	2.16
Utah Altius Health Plans							
	Standard Self	DK4	195.30	189.45	161.98	27.47	1.10
	Standard Family	DK5	429.66	416.77	356.34	60.43	2.43
Utah Humana CoverageFirst							
	CDHP Self	IA1	162.33	181.86	155.49	26.37	4.46
	CDHP Family	IA2	373.37	409.20	349.87	59.33	8.93
Vermont Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Virgin Islands Triple-S Salud, Inc.							
	High Self	851	190.24	190.24	162.66	27.58	1.90
	High Family	852	432.04	432.04	369.39	62.65	4.32
Virginia Aetna HealthFund							

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Virginia Aetna Open Access							
	High Self	JN1	261.84	296.33	190.89	105.44	23.05
	High Family	JN2	586.49	663.75	428.27	235.48	55.41
	Basic Self	JN4	171.86	194.16	166.01	28.15	4.95
	Basic Family	JN5	402.18	454.38	388.49	65.89	11.60
Virginia CareFirst BlueChoice							
	High Self	2G1	207.73	224.34	190.89	33.45	5.17
	High Family	2G2	467.32	504.68	428.27	76.41	13.32
Virginia Kaiser Foundation Health Plan Mid-Atlantic States							
	High Self	E31	214.16	229.00	190.89	38.11	3.40
	High Family	E32	501.70	526.21	428.27	97.94	2.66
	Standard Self	E34	122.08	133.98	114.55	19.43	2.95
	Standard Family	E35	290.52	308.17	263.49	44.68	5.46
Virginia M.D. IPA							
	High Self	JP1	205.29	223.56	190.89	32.67	4.96
	High Family	JP2	473.40	515.54	428.27	87.27	20.29
Virginia Optima Health Plan							
	High Self	9R1	227.97	227.97	190.89	37.08	-11.44
	High Family	9R2	539.41	539.41	428.27	111.14	-21.85
	Standard Self	9R4	163.72	163.72	139.98	23.74	1.64
	Standard Family	9R5	387.39	387.39	331.22	56.17	3.87
Virginia Piedmont Community Healthcare							
	High Self	2C1	199.88	208.59	178.34	30.25	3.27
	High Family	2C2	457.54	477.66	408.40	69.26	7.49
Virginia UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Virginia UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Washington Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Washington Group Health Cooperative							
	High Self	541	248.71	254.78	190.89	63.89	-5.37
	High Family	542	534.72	547.78	428.27	119.51	-8.79
	Standard Self	544	157.36	165.61	141.60	24.01	2.77
	Standard Family	545	355.28	373.88	319.67	54.21	6.25
Washington KPS Health Plans							
	Standard Self	L11	177.79	164.26	140.44	23.82	-.18
	Standard Family	L12	383.74	354.55	303.14	51.41	-.39
	HDHP Self	L14	147.28	140.42	120.06	20.36	.48
	HDHP Family	L15	321.83	306.84	262.35	44.49	1.04
Washington KPS Health Plans							
	High Self	VT1	238.33	247.86	190.89	56.97	-1.91
	High Family	VT2	520.78	541.61	428.27	113.34	-1.02
Washington Kaiser Foundation Health Plan of Northwest							
	High Self	571	231.08	250.88	190.89	59.99	8.36
	High Family	572	530.86	576.34	428.27	148.07	23.63
	Standard Self	574	191.29	206.11	176.22	29.89	4.07

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	Standard Family	575	439.44	473.48	404.83	68.65	9.33
Washington UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Washington UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
West Virginia Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
West Virginia The Health Plan of the Upper Ohio Valley							
	High Self	U41	193.15	213.68	182.70	30.98	4.90
	High Family	U42	444.24	491.45	420.19	71.26	11.29
Wisconsin Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Wisconsin Dean Health Plan							
	High Self	WD1	196.07	218.83	187.10	31.73	5.26
	High Family	WD2	490.18	547.06	428.27	118.79	35.03
Wisconsin Group Health Cooperative							
	High Self	WJ1	193.70	208.68	178.42	30.26	4.11
	High Family	WJ2	508.96	521.70	428.27	93.43	-9.11

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Wisconsin HealthPartners Open Access Copay/3 for Free							
	OAC Self	V31	245.79	295.42	190.89	104.53	38.19
	OAC Family	V32	565.32	679.46	428.27	251.19	92.29
	3 for Free Self	V34	129.53	140.81	120.39	20.42	2.93
	3 for Free Family	V35	297.91	323.86	276.90	46.96	6.74
Wisconsin Physicians Plus							
	High Self	LW1	New Plan	214.66	183.53	31.13	New Plan
	High Family	LW2	New Plan	547.37	428.27	119.10	New Plan
Wisconsin UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Wisconsin UnitedHealthcare Insurance Company, Inc.							
	HDHP Self	E91	140.91	151.17	129.25	21.92	2.90
	HDHP Family	E92	314.80	337.72	288.75	48.97	6.47
	CDHP Self	E94	164.79	180.60	154.41	26.19	3.94
	CDHP Family	E95	364.78	399.78	341.81	57.97	8.72
Wyoming Aetna HealthFund							
	CDHP Self	221	161.92	194.30	166.13	28.17	6.31
	CDHP Family	222	372.41	463.67	396.44	67.23	16.95
	HDHP Self	224	123.71	138.01	118.00	20.01	3.31
	HDHP Family	225	270.93	302.24	258.42	43.82	7.24
Wyoming Altius Health Plans							
	High Self	9K1	228.98	251.88	190.89	60.99	11.46
	High Family	9K2	503.79	554.16	428.27	125.89	28.52
	HDHP Self	9K4	184.08	178.56	152.67	25.89	1.04
	HDHP Family	9K5	381.36	369.92	316.28	53.64	2.16
Wyoming Altius Health Plans							
	Standard Self	DK4	195.30	189.45	161.98	27.47	1.10

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)			2009 Total Biweekly Premium	2010 Biweekly Postal Premium Rates			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	Standard Family	DK5	429.66	416.77	356.34	60.43	2.43