

## 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
<b>Alabama Aetna HealthFund</b>												
	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
<b>Alabama Aetna HealthFund CDHP &amp; Value Plan</b>												
	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
<b>Alaska Aetna HealthFund</b>												
	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
<b>Arizona Aetna HealthFund</b>												
	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
<b>Arizona Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Arizona Aetna Open Access</b>												
	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
<b>Arizona Health Net of Arizona, Inc.</b>												
	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
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>												
	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
<b>District of Columbia M.D. IPA</b>												
	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
<b>Florida Aetna HealthFund</b>												
	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
<b>Florida Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Florida AvMed Health Plans</b>												
	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
<b>Florida Capital Health Plan</b>												
	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
<b>Florida Coventry Health Plan of Florida</b>												
	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

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
<b>Georgia Aetna Open Access</b>												
	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
<b>Georgia Humana CoverageFirst</b>												
	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
<b>Georgia Humana CoverageFirst</b>												
	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
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	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
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	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
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	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
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>												
	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
<b>Illinois Humana Health Plan, Inc.</b>												
	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
<b>Illinois Union Health Service</b>												
	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
<b>Illinois United Healthcare of the Midwest, Inc.</b>												
	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
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>												
	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
<b>Indiana Aetna HealthFund</b>												
	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
<b>Indiana Health Alliance HMO</b>												
	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
<b>Indiana Humana CoverageFirst</b>												
	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
<b>Indiana Humana Health Plan of Ohio</b>												
	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
<b>Indiana Humana Health Plan, Inc.</b>												
	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
<b>Indiana Humana Health Plan, Inc.</b>												
	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
<b>Indiana Physicians Health Plan of Northern Indiana</b>												
	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
<b>Iowa Aetna HealthFund</b>												
	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
<b>Iowa Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Iowa Coventry Health Care of Iowa</b>												
	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
<b>Iowa Coventry Health Care of Iowa</b>												
	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

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
<b>Maine Aetna HealthFund</b>												
	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
<b>Maine Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Maryland Aetna HealthFund</b>												
	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
<b>Maryland Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Maryland Aetna Open Access</b>												
	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
<b>Maryland CareFirst BlueChoice</b>												
	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
<b>Maryland CareFirst BlueChoice</b>												
	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
<b>Maryland Coventry Health Care</b>												
	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
<b>Maryland Coventry Health Care HDHP</b>												
	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
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>												
	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
<b>Maryland M.D. IPA</b>												
	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
<b>Massachusetts Aetna HealthFund</b>												
	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
<b>Massachusetts Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Massachusetts Fallon Community Health Plan</b>												
	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
<b>Michigan Aetna HealthFund</b>												
	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) Plan - Option - Enrollment Code			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Michigan HealthPlus of MI</b>												
	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
<b>Michigan Physicians Health Plan</b>												
	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
<b>Minnesota Aetna HealthFund</b>												
	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
<b>Minnesota Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Minnesota HealthPartners High and Standard Option</b>												
	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
<b>Mississippi Aetna HealthFund</b>												
	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
<b>Mississippi Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Missouri Aetna HealthFund</b>												
	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
<b>Missouri Aetna HealthFund CDHP and Value Plan</b>													
	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	
<b>Missouri Aetna Open Access</b>													
	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
<b>Missouri Blue Preferred Plus POS</b>													
	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
<b>Missouri Coventry Health Care of Kansas</b>													
	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
<b>Missouri Coventry Health Care of Kansas (Kansas City)-HDHP</b>													
	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
<b>Missouri Humana CoverageFirst</b>													
	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
<b>Missouri Humana Health Plan, Inc.</b>													
	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
<b>Missouri United Healthcare of the Midwest, Inc.</b>													
	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
<b>Montana Aetna HealthFund</b>												
	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
<b>Montana Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Nebraska Aetna HealthFund</b>												
	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
<b>Nebraska Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Nevada Aetna HealthFund</b>												
	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
<b>Nevada Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Nevada Aetna Open Access</b>												
	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
<b>Nevada Health Plan of Nevada</b>												
	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
<b>Ohio Kaiser Foundation Health Plan of Ohio</b>												
	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
<b>Ohio The Health Plan of the Upper Ohio Valley</b>												
	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
<b>Oklahoma Aetna HealthFund</b>												
	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
<b>Oklahoma Globalhealth, Inc.</b>												
	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
<b>Oregon Aetna HealthFund</b>												
	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
<b>Oregon Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>												
	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
<b>Pennsylvania UPMC Health Plan</b>												
	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
<b>Pennsylvania UPMC Health Plan</b>												
	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
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>												
	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
<b>Puerto Rico Triple-S Salud, Inc.</b>												
	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
<b>Rhode Island Aetna HealthFund</b>												
	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
<b>Rhode Island Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>South Carolina Aetna HealthFund</b>												
	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
<b>South Dakota Aetna HealthFund</b>												
	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
<b>Vermont Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Virgin Islands Triple-S Salud, Inc.</b>												
	High Self	851		190.24	190.24	47.56	.00	412.19	412.19	309.14	103.05	.00
	High Family	852		432.04	432.04	108.01	.00	936.09	936.09	702.07	234.02	.00
<b>Virginia Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	47.89	4.45	376.48	415.03	311.27	103.76	9.64
	HDHP Family	225		380.55	419.48	104.87	9.73	824.53	908.87	681.65	227.22	21.09
<b>Virginia Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Virginia Aetna Open Access</b>												
	High Self	JN1		341.73	392.10	190.84	45.28	740.42	849.55	413.49	436.06	98.10
	High Family	JN2		765.45	878.26	424.95	102.21	1658.48	1902.90	920.73	982.17	221.45
	Basic Self	JN4		229.78	246.99	185.24	4.31	497.86	535.15	401.36	133.79	9.33
	Basic Family	JN5		537.75	561.70	140.42	5.98	1165.13	1217.02	912.77	304.25	12.97
<b>Virginia Aetna Whole Health</b>												
	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
<b>Virginia CareFirst BlueChoice</b>												
	High Self	2G1		250.36	262.88	190.84	7.43	542.45	569.57	413.49	156.08	16.09
	High Family	2G2		563.22	591.39	166.44	17.57	1220.31	1281.35	920.73	360.62	38.07
	Standard Self	2G4		237.85	249.74	187.31	2.97	515.34	541.10	405.83	135.27	6.44
	Standard Family	2G5		535.06	561.82	140.45	6.69	1159.30	1217.28	912.96	304.32	14.50

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

Health Management Organizations (HMO) Plan - Option - Enrollment Code			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates				
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Virginia CareFirst BlueChoice</b>													
	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	
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>													
	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
<b>Virginia M.D. IPA</b>													
	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
<b>Virginia Optima Health Plan</b>													
	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
<b>Virginia Piedmont Community Healthcare</b>													
	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
<b>Washington Aetna HealthFund</b>													
	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
<b>Washington Aetna HealthFund CDHP and Value Plan</b>													
	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	
<b>Washington Aetna Open Access</b>													
	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	

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

Health Management Organizations (HMO) Plan - Option - Enrollment Code			2012 Total Biweekly Premium	2013 Biweekly premium rates				2012 Total Monthly Premium	2013 Monthly premium rates			
				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Washington Group Health Cooperative</b>												
	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
<b>Washington KPS Health Plans</b>												
	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
<b>Washington KPS Health Plans</b>												
	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
<b>Washington Kaiser Foundation Health Plan of Northwest</b>												
	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
<b>West Virginia Aetna HealthFund</b>												
	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
<b>West Virginia Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>West Virginia The Health Plan of the Upper Ohio Valley</b>												
	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



## 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
<b>Wyoming Aetna HealthFund CDHP and Value Plan</b>												
	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
<b>Wyoming Altius Health Plans</b>												
	High Self	9K1		277.07	190.84	97.31	5.99	600.32	624.33	413.49	210.84	12.98
	High Family	9K2		609.59	424.95	209.02	13.78	1320.78	1373.60	920.73	452.87	29.85
	HDHP Self	9K4		160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5		332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
<b>Wyoming Altius Health Plans</b>												
	Standard Self	DK4		196.63	156.32	52.11	2.95	426.03	451.60	338.70	112.90	6.39
	Standard Family	DK5		432.57	343.90	114.63	6.49	937.24	993.48	745.11	248.37	14.06