

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
Alabama Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Alabama Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
Alaska Aetna HealthFund												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Arizona Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Arizona Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
Arizona Aetna Open Access												
	High Self	WQ1	293.00	294.67	212.04	82.63	-3.99	293.00	294.67	206.74	87.93	1.31
	High Family	WQ2	708.51	712.56	472.17	240.39	-7.73	708.51	712.56	460.36	252.20	4.08
Arizona Health Net of Arizona, Inc.												
	High Self	A71	255.53	289.70	212.04	77.66	28.51	255.53	289.70	206.74	82.96	33.81
	High Family	A72	646.88	733.40	472.17	261.23	74.74	646.88	733.40	460.36	273.04	86.55
	Standard Self	A74	228.37	242.02	202.09	39.93	2.25	228.37	242.02	196.64	45.38	7.70
	Standard Family	A75	578.12	612.67	472.17	140.50	22.77	578.12	612.67	460.36	152.31	34.58

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Arkansas Aetna HealthFund													
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25	
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86	
Arkansas Aetna HealthFund CDHP and Value Plan													
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan	
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
Arkansas QualChoice													
	High Self	DH1		263.55	273.95	212.04	61.91	4.74	263.55	273.95	206.74	67.21	10.04
	High Family	DH2		617.18	641.52	472.17	169.35	12.56	617.18	641.52	460.36	181.16	24.37
	Standard Self	DH4		205.55	213.66	178.41	35.25	1.33	205.55	213.66	173.60	40.06	6.14
	Standard Family	DH5		481.35	500.34	417.78	82.56	3.14	481.35	500.34	406.53	93.81	14.39
California Aetna HealthFund													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
California Aetna Open Access													
	High Self	2X1		227.20	259.29	212.04	47.25	9.76	227.20	259.29	206.74	52.55	15.06
	High Family	2X2		559.67	604.82	472.17	132.65	33.37	559.67	604.82	460.36	144.46	45.18
California Anthem Blue Cross Select HMO													
	High Self	B31	New Plan	261.07	212.04	49.03	New Plan	New Plan	261.07	206.74	54.33	New Plan	
	High Family	B32	New Plan	595.24	472.17	123.07	New Plan	New Plan	595.24	460.36	134.88	New Plan	
California Blue Shield of CA Access+HMO													
	High Self	SI1		247.64	255.95	212.04	43.91	2.65	247.64	255.95	206.74	49.21	7.95
	High Family	SI2		559.68	575.91	472.17	103.74	4.45	559.68	575.91	460.36	115.55	16.26

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				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
Colorado Aetna HealthFund CDHP and Value Plan													
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan	
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan	
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan	
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan	
Colorado Kaiser Foundation Health Plan of Colorado													
	High Self	651		266.05	281.31	212.04	69.27	9.60	266.05	281.31	206.74	74.57	14.90
	High Family	652		601.30	635.77	472.17	163.60	22.69	601.30	635.77	460.36	175.41	34.50
	Standard Self	654		151.11	166.80	139.28	27.52	2.59	151.11	166.80	135.53	31.27	6.34
	Standard Family	655		341.50	376.97	314.77	62.20	5.85	341.50	376.97	306.29	70.68	14.33
Connecticut Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Connecticut Aetna HealthFund CDHP and Value Plan													
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan	
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan	
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan	
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan	
Delaware Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Delaware Aetna HealthFund CDHP and Value Plan													
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan	
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan	
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan	
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan	
Delaware Aetna Open Access													

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	High Self	P31	473.69	499.15	212.04	287.11	19.80	473.69	499.15	206.74	292.41	25.10
	High Family	P32	1142.94	1204.37	472.17	732.20	49.65	1142.94	1204.37	460.36	744.01	61.46
	Basic Self	P34	342.65	372.11	212.04	160.07	23.80	342.65	372.11	206.74	165.37	29.10
	Basic Family	P35	791.22	859.25	472.17	387.08	56.25	791.22	859.25	460.36	398.89	68.06
District of Columbia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
District of Columbia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
District of Columbia Aetna Open Access												
	High Self	JN1	341.73	392.10	212.04	180.06	44.71	341.73	392.10	206.74	185.36	50.01
	High Family	JN2	765.45	878.26	472.17	406.09	101.03	765.45	878.26	460.36	417.90	112.84
	Basic Self	JN4	229.78	246.99	206.24	40.75	2.84	229.78	246.99	200.68	46.31	8.40
	Basic Family	JN5	537.75	561.70	469.02	92.68	3.95	537.75	561.70	456.38	105.32	16.59
District of Columbia CareFirst BlueChoice												
	High Self	2G1	250.36	262.88	212.04	50.84	6.86	250.36	262.88	206.74	56.14	12.16
	High Family	2G2	563.22	591.39	472.17	119.22	16.39	563.22	591.39	460.36	131.03	28.20
	Standard Self	2G4	237.85	249.74	208.53	41.21	1.96	237.85	249.74	202.91	46.83	7.58
	Standard Family	2G5	535.06	561.82	469.12	92.70	4.42	535.06	561.82	456.48	105.34	17.06
District of Columbia CareFirst BlueChoice												
	HDHP Self	B61	New Plan	235.27	196.45	38.82	New Plan	New Plan	235.27	191.16	44.11	New Plan
	HDHP Family	B62	New Plan	524.78	438.19	86.59	New Plan	New Plan	524.78	426.38	98.40	New Plan
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	254.06	261.37	212.04	49.33	1.65	254.06	261.37	206.74	54.63	6.95
	High Family	E32	584.36	601.15	472.17	128.98	5.01	584.36	601.15	460.36	140.79	16.82
	Standard Self	E34	165.58	174.38	145.61	28.77	1.45	165.58	174.38	141.68	32.70	5.38

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	Standard Family	E35	380.84	401.06	334.89	66.17	3.33	380.84	401.06	325.86	75.20	12.36
District of Columbia M.D. IPA												
	High Self	JP1	262.27	267.90	212.04	55.86	-.03	262.27	267.90	206.74	61.16	5.27
	High Family	JP2	604.78	617.78	472.17	145.61	1.22	604.78	617.78	460.36	157.42	13.03
Florida Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Florida Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
Florida AvMed Health Plans												
	High Self	ML1	270.09	294.72	212.04	82.68	18.97	270.09	294.72	206.74	87.98	24.27
	High Family	ML2	648.26	707.37	472.17	235.20	47.33	648.26	707.37	460.36	247.01	59.14
	Standard Self	ML4	226.43	232.80	194.39	38.41	1.05	226.43	232.80	189.15	43.65	6.29
	Standard Family	ML5	543.48	558.75	466.56	92.19	2.52	543.48	558.75	453.98	104.77	15.10
Florida Capital Health Plan												
	High Self	EA1	188.80	201.02	167.85	33.17	2.02	188.80	201.02	163.33	37.69	6.54
	High Family	EA2	500.32	532.72	444.82	87.90	5.35	500.32	532.72	432.84	99.88	17.33
Florida Coventry Health Plan of Florida												
	High Self	5E1	224.95	262.64	212.04	50.60	13.48	224.95	262.64	206.74	55.90	18.78
	High Family	5E2	581.55	630.36	472.17	158.19	37.03	581.55	630.36	460.36	170.00	48.84
	Standard Self	5E4	203.59	240.74	201.02	39.72	6.13	203.59	240.74	195.60	45.14	11.55
	Standard Family	5E5	526.04	622.01	472.17	149.84	63.04	526.04	622.01	460.36	161.65	74.85
Florida Coventry Health Plan of Florida												
	HDHP Self	J41	213.60	239.62	200.08	39.54	4.30	213.60	239.62	194.69	44.93	9.69
	HDHP Family	J42	530.03	594.59	472.17	122.42	34.97	530.03	594.59	460.36	134.23	46.78

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Florida Humana CoverageFirst												
	CDHP Self	MJ1	234.19	238.73	199.34	39.39	.75	234.19	238.73	193.97	44.76	6.12
	CDHP Family	MJ2	526.93	531.18	443.54	87.64	.70	526.93	531.18	431.58	99.60	12.66
Florida Humana CoverageFirst												
	CDHP Self	QP1	200.74	204.63	170.87	33.76	.64	200.74	204.63	166.26	38.37	5.25
	CDHP Family	QP2	451.66	455.30	380.18	75.12	.60	451.66	455.30	369.93	85.37	10.85
Florida Humana Medical Plan, Inc.												
	High Self	EE1	261.86	276.13	212.04	64.09	8.61	261.86	276.13	206.74	69.39	13.91
	High Family	EE2	589.19	614.38	472.17	142.21	13.41	589.19	614.38	460.36	154.02	25.22
	Standard Self	EE4	223.08	227.36	189.85	37.51	.70	223.08	227.36	184.73	42.63	5.82
	Standard Family	EE5	501.92	505.89	422.42	83.47	.65	501.92	505.89	411.04	94.85	12.03
Florida Humana Medical Plan, Inc.												
	High Self	LL1	342.80	375.88	212.04	163.84	27.42	342.80	375.88	206.74	169.14	32.72
	High Family	LL2	771.31	836.33	472.17	364.16	53.24	771.31	836.33	460.36	375.97	65.05
	Standard Self	LL4	247.86	252.63	210.95	41.68	.20	247.86	252.63	205.26	47.37	5.89
	Standard Family	LL5	557.70	562.09	469.35	92.74	-4.57	557.70	562.09	456.70	105.39	8.08
Georgia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Georgia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
Georgia Aetna Open Access												
	High Self	2U1	316.05	365.85	212.04	153.81	44.14	316.05	365.85	206.74	159.11	49.44
	High Family	2U2	725.19	839.50	472.17	367.33	102.53	725.19	839.50	460.36	379.14	114.34
Georgia Humana CoverageFirst												
	CDHP Self	AD1	211.89	216.00	180.36	35.64	.68	211.89	216.00	175.50	40.50	5.54

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	High Self	JK1	229.80	229.80	191.88	37.92	.00	229.80	229.80	186.71	43.09	5.17
	High Family	JK2	603.86	603.86	472.17	131.69	-11.78	603.86	603.86	460.36	143.50	.03
	Standard Self	JK4	203.87	202.27	168.90	33.37	-.27	203.87	202.27	164.34	37.93	4.29
	Standard Family	JK5	538.38	534.13	446.00	88.13	-.70	538.38	534.13	433.98	100.15	11.32
Guam TakeCare												
	HDHP Self	KX1	150.24	138.27	115.46	22.81	-1.98	150.24	138.27	112.34	25.93	1.14
	HDHP Family	KX2	395.86	363.22	303.29	59.93	-5.39	395.86	363.22	295.12	68.10	2.78
Hawaii Aetna HealthFund												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Hawaii HMSA												
	High Self	871	218.72	212.16	177.15	35.01	-1.08	218.72	212.16	172.38	39.78	3.69
	High Family	872	486.87	472.26	394.34	77.92	-2.41	486.87	472.26	383.71	88.55	8.22
Hawaii Kaiser Foundation Health Plan of Hawaii												
	High Self	631	248.91	250.17	208.89	41.28	-1.25	248.91	250.17	203.26	46.91	4.38
	High Family	632	535.14	557.91	465.85	92.06	3.76	535.14	557.91	453.30	104.61	16.31
	Standard Self	634	113.77	128.50	107.30	21.20	2.43	113.77	128.50	104.41	24.09	5.32
	Standard Family	635	244.61	286.56	239.28	47.28	6.92	244.61	286.56	232.83	53.73	13.37
Idaho Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Idaho Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
Idaho Altius Health Plans												
	High Self	9K1	277.07	288.15	212.04	76.11	5.42	277.07	288.15	206.74	81.41	10.72
	High Family	9K2	609.59	633.97	472.17	161.80	12.60	609.59	633.97	460.36	173.61	24.41
	HDHP Self	9K4	160.70	160.70	134.18	26.52	.00	160.70	160.70	130.57	30.13	3.61
	HDHP Family	9K5	332.92	332.92	277.99	54.93	.00	332.92	332.92	270.50	62.42	7.49
Idaho Altius Health Plans												
	Standard Self	DK4	196.63	208.43	174.04	34.39	1.95	196.63	208.43	169.35	39.08	6.64
	Standard Family	DK5	432.57	458.53	382.87	75.66	4.29	432.57	458.53	372.56	85.97	14.60
Idaho Group Health Cooperative												
	High Self	541	276.67	302.54	212.04	90.50	20.21	276.67	302.54	206.74	95.80	25.51
	High Family	542	594.86	650.48	472.17	178.31	43.84	594.86	650.48	460.36	190.12	55.65
	Standard Self	544	176.47	194.54	162.44	32.10	2.98	176.47	194.54	158.06	36.48	7.36
	Standard Family	545	398.38	439.21	366.74	72.47	6.74	398.38	439.21	356.86	82.35	16.62
Idaho SelectHealth												
	High Self	SF1	287.13	285.34	212.04	73.30	-7.45	287.13	285.34	206.74	78.60	-2.15
	High Family	SF2	631.87	636.52	472.17	164.35	-7.13	631.87	636.52	460.36	176.16	4.68
	Standard Self	SF4	New Plan	255.09	212.04	43.05	New Plan	New Plan	255.09	206.74	48.35	New Plan
	Standard Family	SF5	New Plan	569.04	472.17	96.87	New Plan	New Plan	569.04	460.36	108.68	New Plan
Illinois Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Illinois Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
Illinois Blue Cross and Blue Shield of Illinois												
	High Self	A21	New Plan	320.00	212.04	107.96	New Plan	New Plan	320.00	206.74	113.26	New Plan
	High Family	A22	New Plan	726.44	472.17	254.27	New Plan	New Plan	726.44	460.36	266.08	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
Illinois Blue Preferred Plus POS												
	High Self	9G1	306.71	322.05	212.04	110.01	9.68	306.71	322.05	206.74	115.31	14.98
	High Family	9G2	664.05	697.26	472.17	225.09	21.43	664.05	697.26	460.36	236.90	33.24
Illinois Health Alliance HMO												
	High Self	FX1	286.58	320.98	212.04	108.94	28.74	286.58	320.98	206.74	114.24	34.04
	High Family	FX2	668.04	748.21	472.17	276.04	68.39	668.04	748.21	460.36	287.85	80.20
Illinois Humana Benefit Plan of Illinois, Inc.												
	High Self	9F1	368.44	385.96	212.04	173.92	11.86	368.44	385.96	206.74	179.22	17.16
	High Family	9F2	828.99	858.77	472.17	386.60	18.00	828.99	858.77	460.36	398.41	29.81
Illinois Humana Benefit Plan of Illinois, Inc.												
	Standard Self	AB4	247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88
	Standard Family	AB5	557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
Illinois Humana CoverageFirst												
	CDHP Self	GB1	234.19	238.73	199.34	39.39	.75	234.19	238.73	193.97	44.76	6.12
	CDHP Family	GB2	526.94	531.17	443.53	87.64	.69	526.94	531.17	431.58	99.59	12.64
Illinois Humana CoverageFirst												
	CDHP Self	MW1	223.04	227.36	189.85	37.51	.71	223.04	227.36	184.73	42.63	5.83
	CDHP Family	MW2	501.83	505.89	422.42	83.47	.67	501.83	505.89	411.04	94.85	12.05
Illinois Humana Health Plan, Inc.												
	High Self	751	324.08	346.33	212.04	134.29	16.59	324.08	346.33	206.74	139.59	21.89
	High Family	752	729.19	770.59	472.17	298.42	29.62	729.19	770.59	460.36	310.23	41.43
	Standard Self	754	247.86	252.62	210.94	41.68	.20	247.86	252.62	205.25	47.37	5.89
	Standard Family	755	557.70	562.08	469.34	92.74	-4.57	557.70	562.08	456.69	105.39	8.08
Illinois Union Health Service												
	High Self	761	236.80	238.66	199.28	39.38	.31	236.80	238.66	193.91	44.75	5.68
	High Family	762	550.05	548.88	458.31	90.57	-.19	550.05	548.88	445.97	102.91	12.15
Illinois United Healthcare of the Midwest, Inc.												
	High Self	B91	275.07	289.62	212.04	77.58	8.89	275.07	289.62	206.74	82.88	14.19

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Family	B92	614.54	647.03	472.17	174.86	20.71	614.54	647.03	460.36	186.67	32.52
Illinois UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	245.10	256.46	212.04	44.42	3.98	245.10	256.46	206.74	49.72	9.28
	High Family	YH2	585.51	605.84	472.17	133.67	8.55	585.51	605.84	460.36	145.48	20.36
Indiana Aetna HealthFund												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Indiana Health Alliance HMO												
	High Self	FX1	286.58	320.98	212.04	108.94	28.74	286.58	320.98	206.74	114.24	34.04
	High Family	FX2	668.04	748.21	472.17	276.04	68.39	668.04	748.21	460.36	287.85	80.20
Indiana Humana CoverageFirst												
	CDHP Self	MW1	223.04	227.36	189.85	37.51	.71	223.04	227.36	184.73	42.63	5.83
	CDHP Family	MW2	501.83	505.89	422.42	83.47	.67	501.83	505.89	411.04	94.85	12.05
Indiana Humana Health Plan of Ohio												
	High Self	A61	New Plan	239.99	200.39	39.60	New Plan	New Plan	239.99	194.99	45.00	New Plan
	High Family	A62	New Plan	533.98	445.87	88.11	New Plan	New Plan	533.98	433.86	100.12	New Plan
	Standard Self	A64	New Plan	215.99	180.35	35.64	New Plan	New Plan	215.99	175.49	40.50	New Plan
	Standard Family	A65	New Plan	480.57	401.28	79.29	New Plan	New Plan	480.57	390.46	90.11	New Plan
Indiana Humana Health Plan, Inc.												
	High Self	751	324.08	346.33	212.04	134.29	16.59	324.08	346.33	206.74	139.59	21.89
	High Family	752	729.19	770.59	472.17	298.42	29.62	729.19	770.59	460.36	310.23	41.43
	Standard Self	754	247.86	252.62	210.94	41.68	.20	247.86	252.62	205.25	47.37	5.89
	Standard Family	755	557.70	562.08	469.34	92.74	-4.57	557.70	562.08	456.69	105.39	8.08
Indiana Humana Health Plan, Inc.												
	High Self	MH1	266.33	252.63	210.95	41.68	-18.27	266.33	252.63	205.26	47.37	-12.58
	High Family	MH2	599.25	562.09	469.35	92.74	-46.12	599.25	562.09	456.70	105.39	-33.47
	Standard Self	MH4	247.87	239.98	200.38	39.60	-1.89	247.87	239.98	194.98	45.00	3.51

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	Standard Family	MH5	557.71	533.96	445.86	88.10	-9.22	557.71	533.96	433.84	100.12	2.80
Indiana Physicians Health Plan of Northern Indiana												
	High Self	DQ1	273.92	308.00	212.04	95.96	28.42	273.92	308.00	206.74	101.26	33.72
	High Family	DQ2	609.70	685.56	472.17	213.39	64.08	609.70	685.56	460.36	225.20	75.89
Iowa Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Iowa Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
Iowa Coventry Health Care of Iowa												
	High Self	SV1	219.03	240.19	200.56	39.63	3.49	219.03	240.19	195.15	45.04	8.90
	High Family	SV2	561.92	584.85	472.17	112.68	11.15	561.92	584.85	460.36	124.49	22.96
	HDHP Self	SV4	158.92	165.56	138.24	27.32	1.10	158.92	165.56	134.52	31.04	4.82
	HDHP Family	SV5	379.27	395.12	329.93	65.19	2.61	379.27	395.12	321.04	74.08	11.50
Iowa Coventry Health Care of Iowa												
	Standard Self	SY4	170.65	177.14	147.91	29.23	1.07	170.65	177.14	143.93	33.21	5.05
	Standard Family	SY5	401.03	416.29	347.60	68.69	2.52	401.03	416.29	338.24	78.05	11.88
Iowa Health Alliance HMO												
	High Self	FX1	286.58	320.98	212.04	108.94	28.74	286.58	320.98	206.74	114.24	34.04
	High Family	FX2	668.04	748.21	472.17	276.04	68.39	668.04	748.21	460.36	287.85	80.20
Iowa HealthPartners High and Standard Option												
	High Self	V31	337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32	776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34	165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35	381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
Iowa Sanford Health Plan												

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
Plan -	Option -	Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Self	AU1	303.08	303.08	212.04	91.04	-5.66	303.08	303.08	206.74	96.34	-.36
	High Family	AU2	697.32	697.32	472.17	225.15	-11.78	697.32	697.32	460.36	236.96	.03
	Standard Self	AU4	291.47	291.47	212.04	79.43	-5.66	291.47	291.47	206.74	84.73	-.36
	Standard Family	AU5	670.40	670.40	472.17	198.23	-11.78	670.40	670.40	460.36	210.04	.03
Iowa UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	245.10	256.46	212.04	44.42	3.98	245.10	256.46	206.74	49.72	9.28
	High Family	YH2	585.51	605.84	472.17	133.67	8.55	585.51	605.84	460.36	145.48	20.36
Kansas Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Kansas Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
Kansas Aetna Open Access												
	High Self	HY1	218.16	229.02	191.23	37.79	1.79	218.16	229.02	186.08	42.94	6.94
	High Family	HY2	581.77	610.84	472.17	138.67	17.29	581.77	610.84	460.36	150.48	29.10
Kansas Coventry Health Care of Kansas												
	High Self	HA1	225.16	239.92	200.33	39.59	2.44	225.16	239.92	194.94	44.98	7.83
	High Family	HA2	565.38	563.84	470.81	93.03	-11.96	565.38	563.84	458.12	105.72	.73
	Standard Self	HA4	186.39	202.69	169.25	33.44	2.69	186.39	202.69	164.69	38.00	7.25
	Standard Family	HA5	437.94	476.31	397.72	78.59	6.33	437.94	476.31	387.00	89.31	17.05
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP												
	HDHP Self	9H1	179.46	195.77	163.47	32.30	2.69	179.46	195.77	159.06	36.71	7.10
	HDHP Family	9H2	421.76	460.05	384.14	75.91	6.32	421.76	460.05	373.79	86.26	16.67
Kansas Humana CoverageFirst												
	CDHP Self	PH1	200.73	204.63	170.87	33.76	.64	200.73	204.63	166.26	38.37	5.25

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	CDHP Family	PH2	451.65	455.30	380.18	75.12	.60	451.65	455.30	369.93	85.37	10.85
Kansas Humana Health Plan, Inc.												
	High Self	MS1	396.74	429.74	212.04	217.70	27.34	396.74	429.74	206.74	223.00	32.64
	High Family	MS2	892.67	956.17	472.17	484.00	51.72	892.67	956.17	460.36	495.81	63.53
	Standard Self	MS4	247.86	252.58	210.90	41.68	.20	247.86	252.58	205.22	47.36	5.88
	Standard Family	MS5	557.70	562.00	469.27	92.73	-4.58	557.70	562.00	456.63	105.37	8.06
Kentucky Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Kentucky Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
Kentucky Humana CoverageFirst												
	CDHP Self	6N1	185.79	204.96	171.14	33.82	3.16	185.79	204.96	166.53	38.43	7.77
	CDHP Family	6N2	418.04	456.05	380.80	75.25	6.27	418.04	456.05	370.54	85.51	16.53
Kentucky Humana Health Plan of Ohio												
	High Self	A61	New Plan	239.99	200.39	39.60	New Plan	New Plan	239.99	194.99	45.00	New Plan
	High Family	A62	New Plan	533.98	445.87	88.11	New Plan	New Plan	533.98	433.86	100.12	New Plan
	Standard Self	A64	New Plan	215.99	180.35	35.64	New Plan	New Plan	215.99	175.49	40.50	New Plan
	Standard Family	A65	New Plan	480.57	401.28	79.29	New Plan	New Plan	480.57	390.46	90.11	New Plan
Kentucky Humana Health Plan, Inc.												
	High Self	MH1	266.33	252.63	210.95	41.68	-18.27	266.33	252.63	205.26	47.37	-12.58
	High Family	MH2	599.25	562.09	469.35	92.74	-46.12	599.25	562.09	456.70	105.39	-33.47
	Standard Self	MH4	247.87	239.98	200.38	39.60	-1.89	247.87	239.98	194.98	45.00	3.51
	Standard Family	MH5	557.71	533.96	445.86	88.10	-9.22	557.71	533.96	433.84	100.12	2.80
Kentucky Humana Health Plan, Inc.												
	High Self	MI1	247.35	262.65	212.04	50.61	9.64	247.35	262.65	206.74	55.91	14.94

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Family	MI2	556.56	584.41	472.17	112.24	16.07	556.56	584.41	460.36	124.05	27.88
	Standard Self	MI4	210.68	239.98	200.38	39.60	4.84	210.68	239.98	194.98	45.00	10.24
	Standard Family	MI5	474.03	533.96	445.86	88.10	9.89	474.03	533.96	433.84	100.12	21.91
Louisiana Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Louisiana Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
Louisiana Coventry Health Care of Louisiana												
	High Self	BJ1	273.52	285.33	212.04	73.29	6.15	273.52	285.33	206.74	78.59	11.45
	High Family	BJ2	635.22	662.65	472.17	190.48	15.65	635.22	662.65	460.36	202.29	27.46
	Standard Self	BJ4	240.64	240.64	200.93	39.71	.00	240.64	240.64	195.52	45.12	5.41
	Standard Family	BJ5	558.85	558.85	466.64	92.21	-6.25	558.85	558.85	454.07	104.78	6.32
Maine Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Maine Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
Maryland Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Maryland Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2				
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
Maryland Aetna Open Access													
	High Self	JN1		341.73	392.10	212.04	180.06	44.71	341.73	392.10	206.74	185.36	50.01
	High Family	JN2		765.45	878.26	472.17	406.09	101.03	765.45	878.26	460.36	417.90	112.84
	Basic Self	JN4		229.78	246.99	206.24	40.75	2.84	229.78	246.99	200.68	46.31	8.40
	Basic Family	JN5		537.75	561.70	469.02	92.68	3.95	537.75	561.70	456.38	105.32	16.59
Maryland CareFirst BlueChoice													
	High Self	2G1		250.36	262.88	212.04	50.84	6.86	250.36	262.88	206.74	56.14	12.16
	High Family	2G2		563.22	591.39	472.17	119.22	16.39	563.22	591.39	460.36	131.03	28.20
	Standard Self	2G4		237.85	249.74	208.53	41.21	1.96	237.85	249.74	202.91	46.83	7.58
	Standard Family	2G5		535.06	561.82	469.12	92.70	4.42	535.06	561.82	456.48	105.34	17.06
Maryland CareFirst BlueChoice													
	HDHP Self	B61	New Plan	235.27	196.45	38.82	New Plan	New Plan	235.27	191.16	44.11	New Plan	
	HDHP Family	B62	New Plan	524.78	438.19	86.59	New Plan	New Plan	524.78	426.38	98.40	New Plan	
Maryland Coventry Health Care													
	High Self	IG1		199.49	252.90	211.17	41.73	8.81	199.49	252.90	205.48	47.42	14.50
	High Family	IG2		500.66	634.70	472.17	162.53	79.92	500.66	634.70	460.36	174.34	91.73
	Standard Self	IG4		185.52	227.61	190.05	37.56	6.95	185.52	227.61	184.93	42.68	12.07
	Standard Family	IG5		463.78	569.03	472.17	96.86	20.34	463.78	569.03	460.36	108.67	32.15
Maryland Coventry Health Care HDHP													
	HDHP Self	GZ1		181.55	219.59	183.36	36.23	6.27	181.55	219.59	178.42	41.17	11.21
	HDHP Family	GZ2		415.53	496.98	414.98	82.00	13.44	415.53	496.98	403.80	93.18	24.62
Maryland Kaiser Foundation Health Plan Mid-Atlantic States													
	High Self	E31		254.06	261.37	212.04	49.33	1.65	254.06	261.37	206.74	54.63	6.95
	High Family	E32		584.36	601.15	472.17	128.98	5.01	584.36	601.15	460.36	140.79	16.82
	Standard Self	E34		165.58	174.38	145.61	28.77	1.45	165.58	174.38	141.68	32.70	5.38
	Standard Family	E35		380.84	401.06	334.89	66.17	3.33	380.84	401.06	325.86	75.20	12.36

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Self	K51	258.50	283.83	212.04	71.79	19.67	258.50	283.83	206.74	77.09	24.97
	High Family	K52	589.49	647.03	472.17	174.86	45.76	589.49	647.03	460.36	186.67	57.57
Michigan Bluecare Network of MI												
	High Self	LX1	238.71	267.62	212.04	55.58	16.19	238.71	267.62	206.74	60.88	21.49
	High Family	LX2	620.42	642.00	472.17	169.83	9.80	620.42	642.00	460.36	181.64	21.61
Michigan Grand Valley Health Plan												
	High Self	RL1	273.47	301.45	212.04	89.41	22.32	273.47	301.45	206.74	94.71	27.62
	High Family	RL2	711.00	705.39	472.17	233.22	-17.39	711.00	705.39	460.36	245.03	-5.58
	Standard Self	RL4	239.50	281.70	212.04	69.66	30.14	239.50	281.70	206.74	74.96	35.44
	Standard Family	RL5	622.71	659.19	472.17	187.02	24.70	622.71	659.19	460.36	198.83	36.51
Michigan Health Alliance Plan												
	High Self	521	257.34	271.61	212.04	59.57	8.61	257.34	271.61	206.74	64.87	13.91
	High Family	522	617.62	651.84	472.17	179.67	22.44	617.62	651.84	460.36	191.48	34.25
Michigan Health Alliance Plan												
	Standard Self	GY4	236.71	259.24	212.04	47.20	8.14	236.71	259.24	206.74	52.50	13.44
	Standard Family	GY5	568.14	622.17	472.17	150.00	42.25	568.14	622.17	460.36	161.81	54.06
Michigan HealthPlus of MI												
	High Self	X51	221.57	245.33	204.85	40.48	3.92	221.57	245.33	199.33	46.00	9.44
	High Family	X52	575.70	637.45	472.17	165.28	49.97	575.70	637.45	460.36	177.09	61.78
Michigan Physicians Health Plan												
	Standard Self	9U4	278.71	222.32	185.64	36.68	-35.65	278.71	222.32	180.64	41.68	-30.65
	Standard Family	9U5	671.70	520.61	434.71	85.90	-125.41	671.70	520.61	423.00	97.61	-113.70
Minnesota Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Minnesota Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2				
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
Minnesota HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32		776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34		165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35		381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
Mississippi Aetna HealthFund													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Mississippi Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
Missouri Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Missouri Aetna HealthFund CDHP and Value Plan													
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan	
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan	
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan	
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan	
Missouri Aetna Open Access													
	High Self	HY1		218.16	229.02	191.23	37.79	1.79	218.16	229.02	186.08	42.94	6.94
	High Family	HY2		581.77	610.84	472.17	138.67	17.29	581.77	610.84	460.36	150.48	29.10
Missouri Blue Preferred Plus POS													

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Self	9G1	306.71	322.05	212.04	110.01	9.68	306.71	322.05	206.74	115.31	14.98
	High Family	9G2	664.05	697.26	472.17	225.09	21.43	664.05	697.26	460.36	236.90	33.24
Missouri Coventry Health Care of Kansas												
	High Self	HA1	225.16	239.92	200.33	39.59	2.44	225.16	239.92	194.94	44.98	7.83
	High Family	HA2	565.38	563.84	470.81	93.03	-11.96	565.38	563.84	458.12	105.72	.73
	Standard Self	HA4	186.39	202.69	169.25	33.44	2.69	186.39	202.69	164.69	38.00	7.25
	Standard Family	HA5	437.94	476.31	397.72	78.59	6.33	437.94	476.31	387.00	89.31	17.05
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP												
	HDHP Self	9H1	179.46	195.77	163.47	32.30	2.69	179.46	195.77	159.06	36.71	7.10
	HDHP Family	9H2	421.76	460.05	384.14	75.91	6.32	421.76	460.05	373.79	86.26	16.67
Missouri Humana CoverageFirst												
	CDHP Self	PH1	200.73	204.63	170.87	33.76	.64	200.73	204.63	166.26	38.37	5.25
	CDHP Family	PH2	451.65	455.30	380.18	75.12	.60	451.65	455.30	369.93	85.37	10.85
Missouri Humana Health Plan, Inc.												
	High Self	MS1	396.74	429.74	212.04	217.70	27.34	396.74	429.74	206.74	223.00	32.64
	High Family	MS2	892.67	956.17	472.17	484.00	51.72	892.67	956.17	460.36	495.81	63.53
	Standard Self	MS4	247.86	252.58	210.90	41.68	.20	247.86	252.58	205.22	47.36	5.88
	Standard Family	MS5	557.70	562.00	469.27	92.73	-4.58	557.70	562.00	456.63	105.37	8.06
Missouri United Healthcare of the Midwest, Inc.												
	High Self	B91	275.07	289.62	212.04	77.58	8.89	275.07	289.62	206.74	82.88	14.19
	High Family	B92	614.54	647.03	472.17	174.86	20.71	614.54	647.03	460.36	186.67	32.52
Montana Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Montana Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2				
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
Nebraska Aetna HealthFund													
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25	
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86	
Nebraska Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
Nevada Aetna HealthFund													
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25	
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86	
Nevada Aetna HealthFund CDHP and Value Plan													
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan	
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan	
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan	
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan	
Nevada Aetna Open Access													
	High Self	HF1		195.37	205.29	171.42	33.87	1.63	195.37	205.29	166.80	38.49	6.25
	High Family	HF2		569.64	598.12	472.17	125.95	16.70	569.64	598.12	460.36	137.76	28.51
Nevada Health Plan of Nevada													
	High Self	NM1		192.88	182.47	152.36	30.11	-1.72	192.88	182.47	148.26	34.21	2.38
	High Family	NM2		454.81	430.27	359.28	70.99	-4.05	454.81	430.27	349.59	80.68	5.64
New Hampshire Aetna HealthFund													
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25	
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86	
New Hampshire Aetna HealthFund CDHP and Value Plan													
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan	
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan	
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan	

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2				
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan	
New Jersey Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
New Jersey Aetna HealthFund CDHP and Value Plan													
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan	
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan	
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan	
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan	
New Jersey Aetna Open Access													
	High Self	JR1		377.88	425.04	212.04	213.00	41.50	377.88	425.04	206.74	218.30	46.80
	High Family	JR2		869.25	977.69	472.17	505.52	96.66	869.25	977.69	460.36	517.33	108.47
	Basic Self	JR4		298.44	312.75	212.04	100.71	8.65	298.44	312.75	206.74	106.01	13.95
	Basic Family	JR5		688.91	721.94	472.17	249.77	21.25	688.91	721.94	460.36	261.58	33.06
New Jersey Aetna Open Access													
	High Self	P31		473.69	499.15	212.04	287.11	19.80	473.69	499.15	206.74	292.41	25.10
	High Family	P32		1142.94	1204.37	472.17	732.20	49.65	1142.94	1204.37	460.36	744.01	61.46
	Basic Self	P34		342.65	372.11	212.04	160.07	23.80	342.65	372.11	206.74	165.37	29.10
	Basic Family	P35		791.22	859.25	472.17	387.08	56.25	791.22	859.25	460.36	398.89	68.06
New Jersey GHI Health Plan													
	High Self	801		303.17	324.40	212.04	112.36	15.57	303.17	324.40	206.74	117.66	20.87
	High Family	802		757.99	811.05	472.17	338.88	41.28	757.99	811.05	460.36	350.69	53.09
	Standard Self	804		215.66	237.23	198.09	39.14	3.56	215.66	237.23	192.75	44.48	8.90
	Standard Family	805		503.45	553.80	462.42	91.38	8.31	503.45	553.80	449.96	103.84	20.77
New Mexico Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
New Mexico Aetna HealthFund CDHP and Value Plan													

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
Plan -	Option -	Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Self	GA1	246.69	258.30	212.04	46.26	5.56	246.69	258.30	206.74	51.56	10.86
	High Family	GA2	617.25	646.58	472.17	174.41	17.55	617.25	646.58	460.36	186.22	29.36
	Standard Self	GA4	220.25	236.01	197.07	38.94	2.60	220.25	236.01	191.76	44.25	7.91
	Standard Family	GA5	551.06	586.03	472.17	113.86	22.94	551.06	586.03	460.36	125.67	34.75
New York MVP Health Care												
	High Self	GV1	241.78	220.83	184.39	36.44	-3.45	241.78	220.83	179.42	41.41	1.52
	High Family	GV2	604.98	552.59	461.41	91.18	-53.41	604.98	552.59	448.98	103.61	-40.98
	Standard Self	GV4	210.91	197.07	164.55	32.52	-2.28	210.91	197.07	160.12	36.95	2.15
	Standard Family	GV5	527.70	493.10	411.74	81.36	-5.71	527.70	493.10	400.64	92.46	5.39
New York MVP Health Care												
	High Self	M91	259.82	275.31	212.04	63.27	9.83	259.82	275.31	206.74	68.57	15.13
	High Family	M92	650.10	690.09	472.17	217.92	28.21	650.10	690.09	460.36	229.73	40.02
	Standard Self	M94	231.26	250.21	208.93	41.28	3.12	231.26	250.21	203.30	46.91	8.75
	Standard Family	M95	578.64	625.87	472.17	153.70	35.45	578.64	625.87	460.36	165.51	47.26
New York MVP Health Care												
	High Self	MF1	296.24	296.90	212.04	84.86	-5.00	296.24	296.90	206.74	90.16	.30
	High Family	MF2	741.25	731.73	472.17	259.56	-21.30	741.25	731.73	460.36	271.37	-9.49
	Standard Self	MF4	262.83	238.45	199.11	39.34	-17.11	262.83	238.45	193.74	44.71	-11.74
	Standard Family	MF5	657.58	596.67	472.17	124.50	-72.69	657.58	596.67	460.36	136.31	-60.88
New York MVP Health Care												
	High Self	MX1	263.76	270.15	212.04	58.11	.73	263.76	270.15	206.74	63.41	6.03
	High Family	MX2	659.77	676.16	472.17	203.99	4.61	659.77	676.16	460.36	215.80	16.42
	Standard Self	MX4	233.31	244.15	203.87	40.28	1.78	233.31	244.15	198.37	45.78	7.28
	Standard Family	MX5	583.13	613.30	472.17	141.13	18.39	583.13	613.30	460.36	152.94	30.20
North Carolina Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
North Carolina Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2				
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
North Dakota Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
North Dakota Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
North Dakota HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32		776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34		165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35		381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
North Dakota Heart of America Health Plan													
	High Self	RU1		207.43	227.97	190.35	37.62	3.39	207.43	227.97	185.23	42.74	8.51
	High Family	RU2		533.10	585.89	472.17	113.72	25.76	533.10	585.89	460.36	125.53	37.57
North Dakota Sanford Health Plan													
	High Self	C91	New Plan	293.49	212.04	81.45	New Plan	New Plan	293.49	206.74	86.75	New Plan	
	High Family	C92	New Plan	675.04	472.17	202.87	New Plan	New Plan	675.04	460.36	214.68	New Plan	
	Standard Self	C94	New Plan	261.11	212.04	49.07	New Plan	New Plan	261.11	206.74	54.37	New Plan	
	Standard Family	C95	New Plan	649.17	472.17	177.00	New Plan	New Plan	649.17	460.36	188.81	New Plan	
Ohio Aetna HealthFund													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
Ohio AultCare HMO												
	High Self	3A1	267.57	249.67	208.47	41.20	-19.99	267.57	249.67	202.86	46.81	-14.38
	High Family	3A2	656.92	613.00	472.17	140.83	-55.70	656.92	613.00	460.36	152.64	-43.89
	HDHP Self	3A4	143.26	151.84	126.79	25.05	1.41	143.26	151.84	123.37	28.47	4.83
	HDHP Family	3A5	287.04	304.25	254.05	50.20	2.84	287.04	304.25	247.20	57.05	9.69
Ohio Humana Health Plan of Ohio												
	High Self	A61	New Plan	239.99	200.39	39.60	New Plan	New Plan	239.99	194.99	45.00	New Plan
	High Family	A62	New Plan	533.98	445.87	88.11	New Plan	New Plan	533.98	433.86	100.12	New Plan
	Standard Self	A64	New Plan	215.99	180.35	35.64	New Plan	New Plan	215.99	175.49	40.50	New Plan
	Standard Family	A65	New Plan	480.57	401.28	79.29	New Plan	New Plan	480.57	390.46	90.11	New Plan
Ohio Kaiser Foundation Health Plan of Ohio												
	High Self	641	301.24	310.09	212.04	98.05	3.19	301.24	310.09	206.74	103.35	8.49
	High Family	642	692.86	713.19	472.17	241.02	8.55	692.86	713.19	460.36	252.83	20.36
	Standard Self	644	199.46	213.72	178.46	35.26	2.35	199.46	213.72	173.65	40.07	7.16
	Standard Family	645	458.76	491.57	410.46	81.11	5.41	458.76	491.57	399.40	92.17	16.47
Ohio The Health Plan of the Upper Ohio Valley												
	High Self	U41	255.88	306.68	212.04	94.64	45.14	255.88	306.68	206.74	99.94	50.44
	High Family	U42	578.33	693.09	472.17	220.92	102.98	578.33	693.09	460.36	232.73	114.79
Oklahoma Aetna HealthFund												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Oklahoma Globalhealth, Inc.												
	High Self	IM1	180.53	195.17	162.97	32.20	2.41	180.53	195.17	158.58	36.59	6.80
	High Family	IM2	435.07	470.35	392.74	77.61	5.82	435.07	470.35	382.16	88.19	16.40
Oregon Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2				
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
Oregon Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
Oregon Kaiser Foundation Health Plan of Northwest													
	High Self	571		282.31	288.87	212.04	76.83	.90	282.31	288.87	206.74	82.13	6.20
	High Family	572		637.64	652.45	472.17	180.28	3.03	637.64	652.45	460.36	192.09	14.84
	Standard Self	574		215.57	233.01	194.56	38.45	2.88	215.57	233.01	189.32	43.69	8.12
	Standard Family	575		495.21	535.29	446.97	88.32	6.61	495.21	535.29	434.92	100.37	18.66
Oregon Kaiser Foundation Health Plan of the Northwest													
	Basic Self	B51	New Plan	214.17	178.83	35.34	New Plan	New Plan	214.17	174.01	40.16	New Plan	
	Basic Family	B52	New Plan	492.01	410.83	81.18	New Plan	New Plan	492.01	399.76	92.25	New Plan	
Pennsylvania Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Pennsylvania Aetna HealthFund CDHP and Value Plan													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
Pennsylvania Aetna Open Access													
	High Self	P31		473.69	499.15	212.04	287.11	19.80	473.69	499.15	206.74	292.41	25.10
	High Family	P32		1142.94	1204.37	472.17	732.20	49.65	1142.94	1204.37	460.36	744.01	61.46
	Basic Self	P34		342.65	372.11	212.04	160.07	23.80	342.65	372.11	206.74	165.37	29.10
	Basic Family	P35		791.22	859.25	472.17	387.08	56.25	791.22	859.25	460.36	398.89	68.06
Pennsylvania Aetna Open Access													
	High Self	YE1		225.51	239.49	199.97	39.52	2.31	225.51	239.49	194.59	44.90	7.69

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Family	YE2	589.04	599.04	472.17	126.87	-1.78	589.04	599.04	460.36	138.68	10.03
Pennsylvania Geisinger Health Plan												
	Standard Self	GG4	297.53	297.50	212.04	85.46	-5.69	297.53	297.50	206.74	90.76	-.39
	Standard Family	GG5	684.34	684.27	472.17	212.10	-11.85	684.34	684.27	460.36	223.91	-.04
Pennsylvania HealthAmerica Pennsylvania												
	High Self	261	264.01	275.44	212.04	63.40	5.77	264.01	275.44	206.74	68.70	11.07
	High Family	262	620.44	647.29	472.17	175.12	15.07	620.44	647.29	460.36	186.93	26.88
Pennsylvania HealthAmerica Pennsylvania - HDHP												
	HDHP Self	Y61	219.96	219.96	183.67	36.29	.00	219.96	219.96	178.72	41.24	4.95
	HDHP Family	Y62	506.41	506.41	422.85	83.56	.00	506.41	506.41	411.46	94.95	11.39
Pennsylvania UPMC Health Plan												
	High Self	8W1	275.45	291.51	212.04	79.47	10.40	275.45	291.51	206.74	84.77	15.70
	High Family	8W2	633.55	670.47	472.17	198.30	25.14	633.55	670.47	460.36	210.11	36.95
	HDHP Self	8W4	219.39	228.80	191.05	37.75	1.55	219.39	228.80	185.90	42.90	6.70
	HDHP Family	8W5	491.45	515.02	430.04	84.98	3.89	491.45	515.02	418.45	96.57	15.48
Pennsylvania UPMC Health Plan												
	Standard Self	UW4	256.14	245.80	205.24	40.56	-9.20	256.14	245.80	199.71	46.09	-3.67
	Standard Family	UW5	589.14	565.33	472.05	93.28	-35.47	589.14	565.33	459.33	106.00	-22.75
Puerto Rico Humana Health Plans of Puerto Rico, Inc.												
	High Self	ZJ1	150.97	151.99	126.91	25.08	.17	150.97	151.99	123.49	28.50	3.59
	High Family	ZJ2	339.67	338.16	282.36	55.80	-.25	339.67	338.16	274.76	63.40	7.35
Puerto Rico Triple-S Salud, Inc.												
	High Self	891	154.88	154.88	129.32	25.56	.00	154.88	154.88	125.84	29.04	3.48
	High Family	892	348.47	348.47	290.97	57.50	.00	348.47	348.47	283.13	65.34	7.84
Rhode Island Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Rhode Island Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New 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	Total Premium	Govt Pays
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan	
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan	
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan	
South Carolina Aetna HealthFund													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
South Dakota Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
South Dakota Aetna HealthFund CDHP and Value Plan													
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan	
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan	
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan	
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan	
South Dakota HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32		776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34		165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35		381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
South Dakota Sanford Health Plan													
	High Self	AU1		303.08	303.08	212.04	91.04	-5.66	303.08	303.08	206.74	96.34	-.36
	High Family	AU2		697.32	697.32	472.17	225.15	-11.78	697.32	697.32	460.36	236.96	.03
	Standard Self	AU4		291.47	291.47	212.04	79.43	-5.66	291.47	291.47	206.74	84.73	-.36
	Standard Family	AU5		670.40	670.40	472.17	198.23	-11.78	670.40	670.40	460.36	210.04	.03
Tennessee Aetna HealthFund													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86

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				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays
Tennessee Aetna HealthFund CDHP and Value Plan													
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan	
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
Tennessee Aetna Open Access													
	High Self	UB1		258.88	307.78	212.04	95.74	43.24	258.88	307.78	206.74	101.04	48.54
	High Family	UB2		660.09	784.77	472.17	312.60	112.90	660.09	784.77	460.36	324.41	124.71
Tennessee Humana Health Plan, Inc.													
	High Self	GJ1		247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88
	High Family	GJ2		557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
	Standard Self	GJ4		211.93	215.99	180.35	35.64	.67	211.93	215.99	175.49	40.50	5.53
	Standard Family	GJ5		476.83	480.58	401.28	79.30	.62	476.83	480.58	390.47	90.11	11.43
Texas Aetna HealthFund													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Texas Aetna Open Access													
	High Self	P11		346.32	367.33	212.04	155.29	15.35	346.32	367.33	206.74	160.59	20.65
	High Family	P12		872.45	925.38	472.17	453.21	41.15	872.45	925.38	460.36	465.02	52.96
Texas Aetna Whole Health													
	Basic Self	ES1	New Plan	223.24	186.41	36.83	New Plan	New Plan	223.24	181.38	41.86	New Plan	
	Basic Family	ES2	New Plan	588.46	472.17	116.29	New Plan	New Plan	588.46	460.36	128.10	New Plan	
Texas Firstcare													
	High Self	B71	New Plan	181.62	151.65	29.97	New Plan	New Plan	181.62	147.57	34.05	New Plan	
	High Family	B72	New Plan	544.88	454.97	89.91	New Plan	New Plan	544.88	442.72	102.16	New Plan	
Texas Firstcare													
	High Self	CK1		226.53	184.78	154.29	30.49	-6.89	226.53	184.78	150.13	34.65	-2.73

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Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Family	CK2	679.62	554.34	462.87	91.47	-127.76	679.62	554.34	450.40	103.94	-115.29
Texas Firstcare												
	High Self	CN1	New Plan	219.95	183.66	36.29	New Plan	New Plan	219.95	178.71	41.24	New Plan
	High Family	CN2	New Plan	659.88	472.17	187.71	New Plan	New Plan	659.88	460.36	199.52	New Plan
Texas Firstcare												
	High Self	CZ1	New Plan	214.04	178.72	35.32	New Plan	New Plan	214.04	173.91	40.13	New Plan
	High Family	CZ2	New Plan	642.15	472.17	169.98	New Plan	New Plan	642.15	460.36	181.79	New Plan
Texas Firstcare												
	High Self	ET1	New Plan	207.57	173.32	34.25	New Plan	New Plan	207.57	168.65	38.92	New Plan
	High Family	ET2	New Plan	622.72	472.17	150.55	New Plan	New Plan	622.72	460.36	162.36	New Plan
Texas Humana CoverageFirst												
	CDHP Self	TP1		218.58	225.67	37.24	1.17	218.58	225.67	183.36	42.31	6.24
	CDHP Family	TP2		491.81	502.10	82.85	1.70	491.81	502.10	407.96	94.14	12.99
Texas Humana CoverageFirst												
	CDHP Self	TU1		223.04	227.36	37.51	.71	223.04	227.36	184.73	42.63	5.83
	CDHP Family	TU2		501.83	505.89	83.47	.67	501.83	505.89	411.04	94.85	12.05
Texas Humana CoverageFirst												
	CDHP Self	TV1		226.78	238.73	39.39	1.97	226.78	238.73	193.97	44.76	7.34
	CDHP Family	TV2		510.26	531.17	87.64	3.45	510.26	531.17	431.58	99.59	15.40
Texas Humana Health Plan of Texas												
	High Self	UC1		270.42	295.08	83.04	19.00	270.42	295.08	206.74	88.34	24.30
	High Family	UC2		608.45	656.54	184.37	36.31	608.45	656.54	460.36	196.18	48.12
	Standard Self	UC4		247.87	252.63	41.68	.19	247.87	252.63	205.26	47.37	5.88
	Standard Family	UC5		557.70	562.09	92.74	-4.57	557.70	562.09	456.70	105.39	8.08
Texas Humana Health Plan of Texas												
	High Self	UR1		392.04	412.87	200.83	15.17	392.04	412.87	206.74	206.13	20.47
	High Family	UR2		882.10	918.63	446.46	24.75	882.10	918.63	460.36	458.27	36.56
	Standard Self	UR4		247.86	252.62	41.68	.20	247.86	252.62	205.25	47.37	5.89
	Standard Family	UR5		557.70	562.08	92.74	-4.57	557.70	562.08	456.69	105.39	8.08

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Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
Texas Humana Health Plan of Texas												
	High Self	UU1	276.02	290.82	212.04	78.78	9.14	276.02	290.82	206.74	84.08	14.44
	High Family	UU2	621.04	647.05	472.17	174.88	14.23	621.04	647.05	460.36	186.69	26.04
	Standard Self	UU4	247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88
	Standard Family	UU5	557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
Texas UnitedHealthcare Benefits of Texas, Inc.												
	High Self	GF1	275.63	286.22	212.04	74.18	4.93	275.63	286.22	206.74	79.48	10.23
	High Family	GF2	634.22	658.55	472.17	186.38	12.55	634.22	658.55	460.36	198.19	24.36
Utah Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Utah Aetna HealthFund CDHP and Value Plan												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
Utah Altius Health Plans												
	High Self	9K1	277.07	288.15	212.04	76.11	5.42	277.07	288.15	206.74	81.41	10.72
	High Family	9K2	609.59	633.97	472.17	161.80	12.60	609.59	633.97	460.36	173.61	24.41
	HDHP Self	9K4	160.70	160.70	134.18	26.52	.00	160.70	160.70	130.57	30.13	3.61
	HDHP Family	9K5	332.92	332.92	277.99	54.93	.00	332.92	332.92	270.50	62.42	7.49
Utah Altius Health Plans												
	Standard Self	DK4	196.63	208.43	174.04	34.39	1.95	196.63	208.43	169.35	39.08	6.64
	Standard Family	DK5	432.57	458.53	382.87	75.66	4.29	432.57	458.53	372.56	85.97	14.60
Utah SelectHealth												
	High Self	SF1	287.13	285.34	212.04	73.30	-7.45	287.13	285.34	206.74	78.60	-2.15
	High Family	SF2	631.87	636.52	472.17	164.35	-7.13	631.87	636.52	460.36	176.16	4.68
	Standard Self	SF4	New Plan	255.09	212.04	43.05	New Plan	New Plan	255.09	206.74	48.35	New Plan
	Standard Family	SF5	New Plan	569.04	472.17	96.87	New Plan	New Plan	569.04	460.36	108.68	New Plan

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Health Management Organizations (HMO)			2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1				2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
Vermont Aetna HealthFund												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Vermont Aetna HealthFund CDHP and Value Plan												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
Virgin Islands Triple-S Salud, Inc.												
	High Self	851	190.24	190.24	158.85	31.39	.00	190.24	190.24	154.57	35.67	4.28
	High Family	852	432.04	432.04	360.75	71.29	.00	432.04	432.04	351.03	81.01	9.72
Virginia Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Virginia Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
Virginia Aetna Open Access												
	High Self	JN1	341.73	392.10	212.04	180.06	44.71	341.73	392.10	206.74	185.36	50.01
	High Family	JN2	765.45	878.26	472.17	406.09	101.03	765.45	878.26	460.36	417.90	112.84
	Basic Self	JN4	229.78	246.99	206.24	40.75	2.84	229.78	246.99	200.68	46.31	8.40
	Basic Family	JN5	537.75	561.70	469.02	92.68	3.95	537.75	561.70	456.38	105.32	16.59
Virginia Aetna Whole Health												
	Basic Self	D91	New Plan	211.40	176.52	34.88	New Plan	New Plan	211.40	171.76	39.64	New Plan
	Basic Family	D92	New Plan	588.46	472.17	116.29	New Plan	New Plan	588.46	460.36	128.10	New 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	Total Premium	Govt Pays
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan	
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
West Virginia The Health Plan of the Upper Ohio Valley													
	High Self	U41		255.88	306.68	212.04	94.64	45.14	255.88	306.68	206.74	99.94	50.44
	High Family	U42		578.33	693.09	472.17	220.92	102.98	578.33	693.09	460.36	232.73	114.79
Wisconsin Aetna HealthFund													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Wisconsin Aetna Whole Health													
	Basic Self	F71	New Plan	184.62	154.16	30.46	New Plan	New Plan	184.62	150.00	34.62	New Plan	
	Basic Family	F72	New Plan	508.71	424.77	83.94	New Plan	New Plan	508.71	413.33	95.38	New Plan	
Wisconsin Dean Health Plan													
	High Self	WD1		255.11	287.50	212.04	75.46	26.73	255.11	287.50	206.74	80.76	32.03
	High Family	WD2		637.78	718.73	472.17	246.56	69.17	637.78	718.73	460.36	258.37	80.98
Wisconsin Group Health Cooperative													
	High Self	WJ1		230.85	241.65	201.78	39.87	1.78	230.85	241.65	196.34	45.31	7.22
	High Family	WJ2		577.29	604.32	472.17	132.15	15.25	577.29	604.32	460.36	143.96	27.06
Wisconsin HealthPartners High and Standard Option													
	High Self	V31		337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32		776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34		165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35		381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
Wisconsin MercyCare HMO													
	High Self	EY1		235.66	240.28	200.63	39.65	.77	235.66	240.28	195.23	45.05	6.17

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				Plan -	Option -	Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium
	High Family	EY2	589.16	600.97	472.17	128.80	.03	589.16	600.97	460.36	140.61	11.84
Wisconsin Physicians Plus												
	High Self	LW1	231.49	234.85	196.10	38.75	.55	231.49	234.85	190.82	44.03	5.83
	High Family	LW2	590.39	598.93	472.17	126.76	-3.24	590.39	598.93	460.36	138.57	8.57
Wyoming Aetna HealthFund												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
Wyoming Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
Wyoming Altius Health Plans												
	High Self	9K1	277.07	288.15	212.04	76.11	5.42	277.07	288.15	206.74	81.41	10.72
	High Family	9K2	609.59	633.97	472.17	161.80	12.60	609.59	633.97	460.36	173.61	24.41
	HDHP Self	9K4	160.70	160.70	134.18	26.52	.00	160.70	160.70	130.57	30.13	3.61
	HDHP Family	9K5	332.92	332.92	277.99	54.93	.00	332.92	332.92	270.50	62.42	7.49
Wyoming Altius Health Plans												
	Standard Self	DK4	196.63	208.43	174.04	34.39	1.95	196.63	208.43	169.35	39.08	6.64
	Standard Family	DK5	432.57	458.53	382.87	75.66	4.29	432.57	458.53	372.56	85.97	14.60