

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Alabama Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Alabama Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
Alabama Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Alaska Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Alaska Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
Alaska Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Arizona Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Arizona Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
Arizona Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Arizona Aetna Open Access	High Self	WQ1	351.21	376.27	202.01	174.26	19.73	760.96	815.25	437.69	377.56	42.74
	High Family	WQ2	849.26	909.88	448.57	461.31	49.67	1840.06	1971.41	971.90	999.51	107.63
Arizona Health Net of Arizona, Inc.	High Self	A71	319.21	331.53	202.01	129.52	6.99	691.62	718.32	437.69	280.63	15.15
	High Family	A72	808.25	839.45	448.57	390.88	20.25	1751.21	1818.81	971.90	846.91	43.88
	Standard Self	A74	286.72	302.58	202.01	100.57	10.53	621.23	655.59	437.69	217.90	22.81
	Standard Family	A75	725.97	766.16	448.57	317.59	29.24	1572.94	1660.01	971.90	688.11	63.35

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Arizona Humana Health Plan, Inc.	High Self	BF1	256.24	275.35	202.01	73.34	9.28	555.19	596.59	437.69	158.90	20.10
	High Family	BF2	570.13	612.64	448.57	164.07	21.54	1235.28	1327.39	971.90	355.49	46.67
	Standard Self	BF4	230.61	261.58	196.19	65.39	7.74	499.66	566.76	425.07	141.69	16.78
	Standard Family	BF5	513.12	582.02	436.52	145.50	17.22	1111.76	1261.04	945.78	315.26	37.32
Arizona Humana Health Plan, Inc.	High Self	C71	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	High Family	C72	600.13	612.64	448.57	164.07	1.56	1300.28	1327.39	971.90	355.49	3.39
	Standard Self	C74	242.75	261.58	196.19	65.39	4.70	525.96	566.76	425.07	141.69	10.20
	Standard Family	C75	540.12	582.02	436.52	145.50	10.47	1170.26	1261.04	945.78	315.26	22.70
Arkansas Aetna Direct	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
Arkansas Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
Arkansas Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Arkansas QualChoice	High Self	DH1	336.77	271.99	202.01	69.98	-70.11	729.67	589.31	437.69	151.62	-151.91
	High Family	DH2	788.65	636.95	448.57	188.38	-162.65	1708.74	1380.06	971.90	408.16	-352.40
	Standard Self	DH4	262.66	231.48	173.61	57.87	-8.11	569.10	501.54	376.16	125.38	-17.58
	Standard Family	DH5	615.09	542.08	406.56	135.52	-41.95	1332.70	1174.51	880.88	293.63	-90.89
California Aetna Direct	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
California Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
California Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
California Aetna Open Access	High Self	2X1	270.25	279.15	202.01	77.14	3.57	585.54	604.83	437.69	167.14	7.74
	High Family	2X2	630.40	651.14	448.57	202.57	9.79	1365.87	1410.80	971.90	438.90	21.21
California Anthem Blue Cross Select HMO	High Self	B31	280.65	322.76	202.01	120.75	36.78	608.08	699.31	437.69	261.62	79.68
	High Family	B32	639.89	693.93	448.57	245.36	43.09	1386.43	1503.52	971.90	531.62	93.37
California Blue Shield of CA Access+HMO	High Self	S11	281.81	309.25	202.01	107.24	22.11	610.59	670.04	437.69	232.35	47.90
	High Family	S12	634.08	695.83	448.57	247.26	50.80	1373.84	1507.63	971.90	535.73	110.07
California Health Net of California	High Self	LB1	554.25	585.00	202.01	382.99	25.42	1200.88	1267.50	437.69	829.81	55.07
	High Family	LB2	1281.47	1352.56	448.57	903.99	60.14	2776.52	2930.55	971.90	1958.65	130.31
	Standard Self	LB4	526.24	557.14	202.01	355.13	25.57	1140.19	1207.14	437.69	769.45	55.40
	Standard Family	LB5	1216.73	1288.14	448.57	839.57	60.46	2636.25	2790.97	971.90	1819.07	131.00
California Health Net of California	High Self	LP1	338.31	344.22	202.01	142.21	.58	733.01	745.81	437.69	308.12	1.25
	High Family	LP2	782.22	795.88	448.57	347.31	2.71	1694.81	1724.41	971.90	752.51	5.88
	Standard Self	LP4	321.42	327.38	202.01	125.37	.63	696.41	709.32	437.69	271.63	1.36
	Standard Family	LP5	743.15	756.94	448.57	308.37	2.84	1610.16	1640.04	971.90	668.14	6.16
California Kaiser Foundation Health Plan	High Self	591	359.81	359.81	202.01	157.80	-5.33	779.59	779.59	437.69	341.90	-11.55
	High Family	592	858.89	858.89	448.57	410.32	-10.95	1860.93	1860.93	971.90	889.03	-23.72
	Standard Self	594	301.78	301.78	202.01	99.77	-5.33	653.86	653.86	437.69	216.17	-11.55
	Standard Family	595	706.16	706.16	448.57	257.59	-10.95	1530.01	1530.01	971.90	558.11	-23.72
California Kaiser Foundation Health Plan	High Self	621	259.82	266.38	199.79	66.59	1.64	562.94	577.16	432.87	144.29	3.56
	High Family	622	600.51	615.65	448.57	167.08	4.19	1301.11	1333.91	971.90	362.01	9.08
	Standard Self	624	166.50	172.81	129.61	43.20	1.58	360.75	374.42	280.82	93.60	3.41
	Standard Family	625	384.83	399.39	299.54	99.85	3.64	833.80	865.35	649.01	216.34	7.89
California Kaiser Foundation Health Plan	Basic Self	KC1	281.11	281.11	202.01	79.10	-5.33	609.07	609.07	437.69	171.38	-11.55
	Basic Family	KC2	657.80	657.80	448.57	209.23	-10.95	1425.23	1425.23	971.90	453.33	-23.72
California Kaiser Foundation Health Plan	High Self	NZ1	<b>New Plan</b>	266.38	199.79	66.59	<b>New Plan</b>	<b>New Plan</b>	577.16	432.87	144.29	<b>New Plan</b>
	High Family	NZ2	<b>New Plan</b>	615.65	448.57	167.08	<b>New Plan</b>	<b>New Plan</b>	1333.91	971.90	362.01	<b>New Plan</b>
	Standard Self	NZ4	<b>New Plan</b>	172.81	129.61	43.20	<b>New Plan</b>	<b>New Plan</b>	374.42	280.82	93.60	<b>New Plan</b>
	Standard Family	NZ5	<b>New Plan</b>	399.39	299.54	99.85	<b>New Plan</b>	<b>New Plan</b>	865.35	649.01	216.34	<b>New Plan</b>

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
California UnitedHealthcare of California	High Self	CY1	302.00	297.25	202.01	95.24	-10.08	654.33	644.04	437.69	206.35	-21.84
	High Family	CY2	690.08	679.23	448.57	230.66	-21.80	1495.17	1471.67	971.90	499.77	-47.22
	Standard Self	CY4	242.01	251.45	188.59	62.86	2.36	524.36	544.81	408.61	136.20	5.11
	Standard Family	CY5	554.52	576.15	432.11	144.04	5.41	1201.46	1248.33	936.25	312.08	11.72
Colorado Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Colorado Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
Colorado Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Colorado Humana Health Plan, Inc.	High Self	NR1	New Plan	209.27	156.95	52.32	New Plan	New Plan	453.42	340.07	113.35	New Plan
	High Family	NR2	New Plan	465.62	349.22	116.40	New Plan	New Plan	1008.84	756.63	252.21	New Plan
	Standard Self	NR4	New Plan	188.34	141.26	47.08	New Plan	New Plan	408.07	306.05	102.02	New Plan
	Standard Family	NR5	New Plan	419.06	314.30	104.76	New Plan	New Plan	907.96	680.97	226.99	New Plan
Colorado Humana Health Plan, Inc.	High Self	NT1	New Plan	220.28	165.21	55.07	New Plan	New Plan	477.27	357.95	119.32	New Plan
	High Family	NT2	New Plan	490.13	367.60	122.53	New Plan	New Plan	1061.95	796.46	265.49	New Plan
	Standard Self	NT4	New Plan	198.26	148.70	49.56	New Plan	New Plan	429.56	322.17	107.39	New Plan
	Standard Family	NT5	New Plan	441.12	330.84	110.28	New Plan	New Plan	955.76	716.82	238.94	New Plan
Colorado Kaiser Foundation Health Plan of Colorado	High Self	651	307.14	315.92	202.01	113.91	3.45	665.47	684.49	437.69	246.80	7.47
	High Family	652	694.15	713.98	448.57	265.41	8.88	1503.99	1546.96	971.90	575.06	19.25
	Standard Self	654	182.53	201.14	150.86	50.28	4.65	395.48	435.80	326.85	108.95	10.08
	Standard Family	655	412.53	454.58	340.94	113.64	10.51	893.82	984.92	738.69	246.23	22.78
Colorado Kaiser Foundation Health Plan of Colorado	Basic Self	N41	New Plan	143.68	107.76	35.92	New Plan	New Plan	311.31	233.48	77.83	New Plan
	Basic Family	N42	New Plan	324.71	243.53	81.18	New Plan	New Plan	703.54	527.66	175.88	New Plan
Connecticut Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Connecticut Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
Connecticut Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Delaware Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Delaware Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
Delaware Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Delaware Aetna Open Access	High Self	P31	495.76	557.69	202.01	355.68	56.60	1074.15	1208.33	437.69	770.64	122.63
	High Family	P32	1196.20	1345.62	448.57	897.05	138.47	2591.77	2915.51	971.90	1943.61	300.02
	Basic Self	P34	425.42	483.10	202.01	281.09	52.35	921.74	1046.72	437.69	609.03	113.43
	Basic Family	P35	982.36	1115.54	448.57	666.97	122.23	2128.45	2417.00	971.90	1445.10	264.83
District of Columbia Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
District of Columbia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
District of Columbia Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
District of Columbia Aetna Open Access	High Self	JN1	412.99	426.78	202.01	224.77	8.46	894.81	924.69	437.69	487.00	18.33
	High Family	JN2	925.05	955.97	448.57	507.40	19.97	2004.28	2071.27	971.90	1099.37	43.27
	Basic Self	JN4	258.86	265.88	199.41	66.47	1.76	560.86	576.07	432.05	144.02	3.81
	Basic Family	JN5	578.79	594.52	445.89	148.63	3.93	1254.05	1288.13	966.10	322.03	8.52
District of Columbia CareFirst BlueChoice	High Self	2G1	294.42	309.39	202.01	107.38	9.64	637.91	670.35	437.69	232.66	20.89
	High Family	2G2	662.36	696.01	448.57	247.44	22.70	1435.11	1508.02	971.90	536.12	49.19
	Standard Self	2G4	267.22	276.57	202.01	74.56	4.02	578.98	599.24	437.69	161.55	8.71
	Standard Family	2G5	601.14	622.18	448.57	173.61	10.09	1302.47	1348.06	971.90	376.16	21.87
District of Columbia CareFirst BlueChoice	HDHP Self	B61	258.79	267.85	200.89	66.96	2.26	560.71	580.34	435.26	145.08	4.90
	HDHP Family	B62	577.26	597.46	448.10	149.36	5.05	1250.73	1294.50	970.88	323.62	10.94
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	274.80	279.94	202.01	77.93	-.19	595.40	606.54	437.69	168.85	-.41
	High Family	E32	632.04	643.87	448.57	195.30	.88	1369.42	1395.05	971.90	423.15	1.91
	Standard Self	E34	178.09	181.53	136.15	45.38	.86	385.86	393.32	294.99	98.33	1.87
	Standard Family	E35	409.59	417.50	313.13	104.37	1.97	887.45	904.58	678.44	226.14	4.28
District of Columbia M.D. IPA	High Self	JP1	290.12	314.55	202.01	112.54	19.10	628.59	681.53	437.69	243.84	41.39
	High Family	JP2	668.96	725.30	448.57	276.73	45.39	1449.41	1571.48	971.90	599.58	98.35
District of Columbia UnitedHealthcare Insurance Company	Value Self	L91	<b>New Plan</b>	244.32	183.24	61.08	<b>New Plan</b>	<b>New Plan</b>	529.36	397.02	132.34	<b>New Plan</b>
	Value Family	L92	<b>New Plan</b>	543.61	407.71	135.90	<b>New Plan</b>	<b>New Plan</b>	1177.82	883.37	294.45	<b>New Plan</b>
Florida Aetna Direct	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
Florida Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
Florida Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Florida AvMed Health Plans	High Self	ML1	290.54	299.98	202.01	97.97	4.11	629.50	649.96	437.69	212.27	8.91
	High Family	ML2	697.37	719.99	448.57	271.42	11.67	1510.97	1559.98	971.90	588.08	25.29
	Standard Self	ML4	232.69	241.87	181.40	60.47	2.30	504.16	524.05	393.04	131.01	4.97
	Standard Family	ML5	558.51	580.55	435.41	145.14	5.51	1210.11	1257.86	943.40	314.46	11.93
Florida Capital Health Plan	High Self	EA1	215.61	237.30	177.98	59.32	5.42	467.16	514.15	385.61	128.54	11.75
	High Family	EA2	571.37	628.85	448.57	180.28	37.44	1237.97	1362.51	971.90	390.61	81.12
Florida Coventry Health Plan of Florida	High Self	5E1	273.59	320.26	202.01	118.25	41.34	592.78	693.90	437.69	256.21	89.57
	High Family	5E2	656.62	768.64	448.57	320.07	101.07	1422.68	1665.39	971.90	693.49	218.99
	Standard Self	5E4	230.79	314.31	202.01	112.30	54.60	500.05	681.01	437.69	243.32	118.31
	Standard Family	5E5	553.91	754.37	448.57	305.80	167.32	1200.14	1634.47	971.90	662.57	362.54
Florida Coventry Health Plan of Florida	HDHP Self	J41	258.07	197.12	147.84	49.28	-15.24	559.15	427.09	320.32	106.77	-33.02
	HDHP Family	J42	640.37	489.12	366.84	122.28	-80.47	1387.47	1059.76	794.82	264.94	-174.35
Florida Humana CoverageFirst and Value Plan	CDHP Self	MJ1	236.64	272.07	202.01	70.06	10.90	512.72	589.49	437.69	151.80	23.62
	CDHP Family	MJ2	526.54	605.37	448.57	156.80	25.17	1140.84	1311.64	971.90	339.74	54.53
	Value Self	MJ4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	MJ5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Florida Humana CoverageFirst and Value Plan	CDHP Self	QP1	202.84	233.21	174.91	58.30	7.59	439.49	505.29	378.97	126.32	16.45
	CDHP Family	QP2	451.33	518.89	389.17	129.72	16.89	977.88	1124.26	843.20	281.06	36.59
	Value Self	QP4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	QP5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Florida Humana Medical Plan, Inc.	High Self	E21	242.75	244.75	183.56	61.19	.50	525.96	530.29	397.72	132.57	1.08
	High Family	E22	540.12	544.58	408.44	136.14	1.11	1170.26	1179.92	884.94	294.98	2.42
	Standard Self	E24	218.47	220.28	165.21	55.07	.45	473.35	477.27	357.95	119.32	.98
	Standard Family	E25	486.11	490.12	367.59	122.53	1.00	1053.24	1061.93	796.45	265.48	2.17
Florida Humana Medical Plan, Inc.	High Self	EE1	303.54	321.70	202.01	119.69	12.83	657.67	697.02	437.69	259.33	27.80
	High Family	EE2	675.38	715.78	448.57	267.21	29.45	1463.32	1550.86	971.90	578.96	63.82
	Standard Self	EE4	269.72	275.32	202.01	73.31	.27	584.39	596.53	437.69	158.84	.59
	Standard Family	EE5	600.13	612.59	448.57	164.02	1.51	1300.28	1327.28	971.90	355.38	3.28

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Florida Humana Medical Plan, Inc.	High Self	EX1	256.24	260.05	195.04	65.01	.95	555.19	563.44	422.58	140.86	2.06
	High Family	EX2	570.13	578.61	433.96	144.65	2.12	1235.28	1253.66	940.25	313.41	4.59
	Standard Self	EX4	230.61	234.05	175.54	58.51	.86	499.66	507.11	380.33	126.78	1.87
	Standard Family	EX5	513.12	520.76	390.57	130.19	1.91	1111.76	1128.31	846.23	282.08	4.14
Florida Humana Medical Plan, Inc.	High Self	LL1	421.54	472.12	202.01	270.11	45.25	913.34	1022.93	437.69	585.24	98.04
	High Family	LL2	937.92	1050.46	448.57	601.89	101.59	2032.16	2276.00	971.90	1304.10	220.12
	Standard Self	LL4	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	Standard Family	LL5	600.12	612.65	448.57	164.08	1.58	1300.26	1327.41	971.90	355.51	3.43
Florida UnitedHealthcare Insurance Company	Value Self	LV1	New Plan	254.82	191.12	63.70	New Plan	New Plan	552.11	414.08	138.03	New Plan
	Value Family	LV2	New Plan	566.98	425.24	141.74	New Plan	New Plan	1228.46	921.35	307.11	New Plan
Georgia Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Georgia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
Georgia Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Georgia Aetna Open Access	High Self	2U1	400.37	446.24	202.01	244.23	40.54	867.47	966.85	437.69	529.16	87.83
	High Family	2U2	918.69	1023.98	448.57	575.41	94.34	1990.50	2218.62	971.90	1246.72	204.40
Georgia Humana CoverageFirst and Value Plan	CDHP Self	AD1	214.12	259.13	194.35	64.78	11.25	463.93	561.45	421.09	140.36	24.38
	CDHP Family	AD2	476.39	576.54	432.41	144.13	25.03	1032.18	1249.17	936.88	312.29	54.25
	Value Self	AD4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	AD5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Georgia Humana CoverageFirst and Value Plan	CDHP Self	LM1	225.38	259.13	194.35	64.78	8.44	488.32	561.45	421.09	140.36	18.28
	CDHP Family	LM2	501.48	576.54	432.41	144.13	18.76	1086.54	1249.17	936.88	312.29	40.66
	Value Self	LM4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	LM5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71



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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Georgia Humana Employers Health of Georgia, Inc.	High Self	CB1	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	High Family	CB2	600.13	612.64	448.57	164.07	1.56	1300.28	1327.39	971.90	355.49	3.39
	Standard Self	CB4	256.24	261.58	196.19	65.39	1.33	555.19	566.76	425.07	141.69	2.89
	Standard Family	CB5	570.13	582.02	436.52	145.50	2.97	1235.28	1261.04	945.78	315.26	6.44
Georgia Humana Employers Health of Georgia, Inc.	High Self	DG1	269.72	298.01	202.01	96.00	22.96	584.39	645.69	437.69	208.00	49.75
	High Family	DG2	600.13	663.07	448.57	214.50	51.99	1300.28	1436.65	971.90	464.75	112.65
	Standard Self	DG4	242.75	275.35	202.01	73.34	12.65	525.96	596.59	437.69	158.90	27.41
	Standard Family	DG5	540.12	612.65	448.57	164.08	29.05	1170.26	1327.41	971.90	355.51	62.95
Georgia Humana Employers Health of Georgia, Inc.	High Self	DN1	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	High Family	DN2	600.13	612.64	448.57	164.07	1.56	1300.28	1327.39	971.90	355.49	3.39
	Standard Self	DN4	256.24	261.58	196.19	65.39	1.33	555.19	566.76	425.07	141.69	2.89
	Standard Family	DN5	570.13	582.02	436.52	145.50	2.97	1235.28	1261.04	945.78	315.26	6.44
Georgia Kaiser Foundation Health Plan of Georgia	High Self	F81	265.98	271.66	202.01	69.65	.35	576.29	588.60	437.69	150.91	.76
	High Family	F82	607.76	620.76	448.57	172.19	2.05	1316.81	1344.98	971.90	373.08	4.45
	Standard Self	F84	185.48	200.69	150.52	50.17	3.80	401.87	434.83	326.12	108.71	8.24
	Standard Family	F85	423.83	458.58	343.94	114.64	8.68	918.30	993.59	745.19	248.40	18.83
Georgia UnitedHealthcare Insurance Company	Value Self	LV1	New Plan	254.82	191.12	63.70	New Plan	New Plan	552.11	414.08	138.03	New Plan
	Vlaue Family	LV2	New Plan	566.98	425.24	141.74	New Plan	New Plan	1228.46	921.35	307.11	New Plan
Guam Calvos Selectcare	High Self	B41	220.59	195.03	146.27	48.76	-6.39	477.95	422.57	316.93	105.64	-13.85
	High Family	B42	579.68	532.08	399.06	133.02	-11.90	1255.97	1152.84	864.63	288.21	-25.78
	Standard Self	B44	New Plan	168.73	126.55	42.18	New Plan	New Plan	365.58	274.19	91.39	New Plan
	Standard Family	B45	New Plan	460.00	345.00	115.00	New Plan	New Plan	996.67	747.50	249.17	New Plan
Guam TakeCare	High Self	JK1	229.80	205.73	154.30	51.43	-6.02	497.90	445.75	334.31	111.44	-13.03
	High Family	JK2	603.86	540.62	405.47	135.15	-31.09	1308.36	1171.34	878.51	292.83	-67.35
	Standard Self	JK4	188.48	171.92	128.94	42.98	-4.14	408.37	372.49	279.37	93.12	-8.97
	Standard Family	JK5	497.72	454.01	340.51	113.50	-10.93	1078.39	983.69	737.77	245.92	-23.68
Guam TakeCare	HDHP Self	KX1	125.94	89.04	66.78	22.26	-9.22	272.87	192.92	144.69	48.23	-19.99
	HDHP Family	KX2	330.46	233.54	175.16	58.38	-24.23	716.00	506.00	379.50	126.50	-52.50
Hawaii Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Hawaii Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
Hawaii Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Hawaii HMSA	High Self	871	210.04	230.00	172.50	57.50	4.99	455.09	498.33	373.75	124.58	10.81
	High Family	872	467.54	511.96	383.97	127.99	11.11	1013.00	1109.25	831.94	277.31	24.06
Hawaii Kaiser Foundation Health Plan of Hawaii	High Self	631	263.67	243.84	182.88	60.96	-6.03	571.29	528.32	396.24	132.08	-13.07
	High Family	632	587.98	543.75	407.81	135.94	-14.42	1273.96	1178.13	883.60	294.53	-31.25
	Standard Self	634	139.45	168.28	126.21	42.07	7.21	302.14	364.61	273.46	91.15	15.62
	Standard Family	635	311.00	375.26	281.45	93.81	16.06	673.83	813.06	609.80	203.26	34.80
Idaho Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Idaho Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Idaho Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Idaho Altius Health Plans	High Self	9K1	288.15	299.68	202.01	97.67	6.20	624.33	649.31	437.69	211.62	13.43
	High Family	9K2	633.97	659.33	448.57	210.76	14.41	1373.60	1428.55	971.90	456.65	31.23
	HDHP Self	9K4	160.70	168.74	126.56	42.18	2.01	348.18	365.60	274.20	91.40	4.36
	HDHP Family	9K5	332.92	349.58	262.19	87.39	4.16	721.33	757.42	568.07	189.35	9.02
Idaho Altius Health Plans	Standard Self	DK4	217.81	225.43	169.07	56.36	1.91	471.92	488.43	366.32	122.11	4.13
	Standard Family	DK5	479.16	495.93	371.95	123.98	4.19	1038.18	1074.52	805.89	268.63	9.09
Idaho Group Health Cooperative	High Self	541	321.62	324.42	202.01	122.41	-2.53	696.84	702.91	437.69	265.22	-5.48
	High Family	542	691.51	697.50	448.57	248.93	-4.96	1498.27	1511.25	971.90	539.35	-10.74
	Standard Self	544	216.78	222.70	167.03	55.67	1.48	469.69	482.52	361.89	120.63	3.21
	Standard Family	545	489.39	502.76	377.07	125.69	3.34	1060.35	1089.31	816.98	272.33	7.24
Idaho SelectHealth Utah, Idaho	High Self	SF1	285.34	293.90	202.01	91.89	3.23	618.24	636.78	437.69	199.09	6.99
	High Family	SF2	636.52	655.62	448.57	207.05	8.15	1379.13	1420.51	971.90	448.61	17.66
	Standard Self	SF4	229.58	229.58	172.19	57.39	.00	497.42	497.42	373.07	124.35	.00
	Standard Family	SF5	512.14	512.14	384.11	128.03	.00	1109.64	1109.64	832.23	277.41	.00

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Illinois Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Illinois Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Illinois Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Illinois Blue Cross and Blue Shield of Illinois	High Self	A21	337.37	355.07	202.01	153.06	12.37	730.97	769.32	437.69	331.63	26.80
	High Family	A22	765.87	806.05	448.57	357.48	29.23	1659.39	1746.44	971.90	774.54	63.33
Illinois Blue Preferred Plus POS	High Self	9G1	345.10	401.19	202.01	199.18	50.76	747.72	869.25	437.69	431.56	109.98
	High Family	9G2	747.17	802.39	448.57	353.82	44.27	1618.87	1738.51	971.90	766.61	95.92
Illinois Health Alliance HMO	High Self	FX1	320.98	341.84	202.01	139.83	15.53	695.46	740.65	437.69	302.96	33.64
	High Family	FX2	748.21	796.84	448.57	348.27	37.68	1621.12	1726.49	971.90	754.59	81.65
Illinois Health Alliance HMO	Standard Self	K84	290.48	290.48	202.01	88.47	-5.33	629.37	629.37	437.69	191.68	-11.55
	Standard Family	K85	677.12	677.12	448.57	228.55	-10.95	1467.09	1467.09	971.90	495.19	-23.72
Illinois Humana Benefit Plan of Illinois, Inc.	High Self	9F1	435.78	541.68	202.01	339.67	100.57	944.19	1173.64	437.69	735.95	217.90
	High Family	9F2	969.61	1205.24	448.57	756.67	224.68	2100.82	2611.35	971.90	1639.45	486.81
Illinois Humana Benefit Plan of Illinois, Inc.	Standard Self	AB4	269.72	281.14	202.01	79.13	6.09	584.39	609.14	437.69	171.45	13.20
	Standard Family	AB5	600.13	625.55	448.57	176.98	14.47	1300.28	1355.36	971.90	383.46	31.36
Illinois Humana CoverageFirst and Value Plan	CDHP Self	GB1	225.38	259.13	194.35	64.78	8.44	488.32	561.45	421.09	140.36	18.28
	CDHP Family	GB2	501.48	576.54	432.41	144.13	18.76	1086.54	1249.17	936.88	312.29	40.66
	Value Self	GB4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	GB5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Illinois Humana CoverageFirst and Value Plan	CDHP Self	MW1	225.38	259.13	194.35	64.78	8.44	488.32	561.45	421.09	140.36	18.28
	CDHP Family	MW2	501.46	576.54	432.41	144.13	18.77	1086.50	1249.17	936.88	312.29	40.67
	Value Self	MW4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	MW5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Illinois Humana Health Plan, Inc.	High Self	751	384.24	449.90	202.01	247.89	60.33	832.52	974.78	437.69	537.09	130.71
	High Family	752	854.91	1001.04	448.57	552.47	135.18	1852.31	2168.92	971.90	1197.02	292.89
	Standard Self	754	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	Standard Family	755	600.13	612.65	448.57	164.08	1.57	1300.28	1327.41	971.90	355.51	3.41
Illinois Union Health Service	High Self	761	260.48	257.46	193.10	64.36	-.76	564.37	557.83	418.37	139.46	-1.63
	High Family	762	593.56	597.92	448.44	149.48	-6.46	1286.05	1295.49	971.62	323.87	-14.00
Illinois UnitedHealthcare Insurance Company	Value Self	L91	New Plan	244.32	183.24	61.08	New Plan	New Plan	529.36	397.02	132.34	New Plan
	Value Family	L92	New Plan	543.61	407.71	135.90	New Plan	New Plan	1177.82	883.37	294.45	New Plan
Illinois UnitedHealthcare Plan of the River Valley Inc.	High Self	YH1	260.14	269.36	202.01	67.35	2.32	563.64	583.61	437.69	145.92	5.01
	High Family	YH2	614.53	636.34	448.57	187.77	10.86	1331.48	1378.74	971.90	406.84	23.54
Indiana Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Indiana Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
Indiana Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Indiana Health Alliance HMO	High Self	FX1	320.98	341.84	202.01	139.83	15.53	695.46	740.65	437.69	302.96	33.64
	High Family	FX2	748.21	796.84	448.57	348.27	37.68	1621.12	1726.49	971.90	754.59	81.65
Indiana Health Alliance HMO	Standard Self	K84	290.48	290.48	202.01	88.47	-5.33	629.37	629.37	437.69	191.68	-11.55
	Standard Family	K85	677.12	677.12	448.57	228.55	-10.95	1467.09	1467.09	971.90	495.19	-23.72
Indiana Humana CoverageFirst and Value Plan	CDHP Self	MW1	225.38	259.13	194.35	64.78	8.44	488.32	561.45	421.09	140.36	18.28
	CDHP Family	MW2	501.46	576.54	432.41	144.13	18.77	1086.50	1249.17	936.88	312.29	40.67
	Value Self	MW4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	MW5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Indiana Humana Health Plan of Ohio	High Self	A61	256.24	275.35	202.01	73.34	9.28	555.19	596.59	437.69	158.90	20.10
	High Family	A62	570.13	612.64	448.57	164.07	21.54	1235.28	1327.39	971.90	355.49	46.67
	Standard Self	A64	230.61	261.58	196.19	65.39	7.74	499.66	566.76	425.07	141.69	16.78
	Standard Family	A65	513.12	582.02	436.52	145.50	17.22	1111.76	1261.04	945.78	315.26	37.32
Indiana Humana Health Plan, Inc.	High Self	751	384.24	449.90	202.01	247.89	60.33	832.52	974.78	437.69	537.09	130.71
	High Family	752	854.91	1001.04	448.57	552.47	135.18	1852.31	2168.92	971.90	1197.02	292.89
	Standard Self	754	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	Standard Family	755	600.13	612.65	448.57	164.08	1.57	1300.28	1327.41	971.90	355.51	3.41
Indiana Humana Health Plan, Inc.	High Self	MH1	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	High Family	MH2	600.13	612.64	448.57	164.07	1.56	1300.28	1327.39	971.90	355.49	3.39
	Standard Self	MH4	256.24	261.58	196.19	65.39	1.33	555.19	566.76	425.07	141.69	2.89
	Standard Family	MH5	570.13	582.02	436.52	145.50	2.97	1235.28	1261.04	945.78	315.26	6.44
Indiana Physicians Health Plan of Northern Indiana	High Self	DQ1	338.77	356.02	202.01	154.01	11.92	734.00	771.38	437.69	333.69	25.83
	High Family	DQ2	754.04	792.44	448.57	343.87	27.45	1633.75	1716.95	971.90	745.05	59.48
	HDHP Self	DQ4	New Plan	231.44	173.58	57.86	New Plan	New Plan	501.45	376.09	125.36	New Plan
	HDHP Family	DQ5	New Plan	510.68	383.01	127.67	New Plan	New Plan	1106.47	829.85	276.62	New Plan
Iowa Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Iowa Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Iowa Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Iowa Coventry Health Care of Iowa	High Self	SV1	246.49	245.96	184.47	61.49	-.13	534.06	532.91	399.68	133.23	-.28
	High Family	SV2	579.26	578.01	433.51	144.50	-.31	1255.06	1252.36	939.27	313.09	-.67
	HDHP Self	SV4	165.60	164.75	123.56	41.19	-.21	358.80	356.96	267.72	89.24	-.46
	HDHP Family	SV5	395.22	393.18	294.89	98.29	-.51	856.31	851.89	638.92	212.97	-1.11
Iowa Coventry Health Care of Iowa	Standard Self	SY4	180.90	185.69	139.27	46.42	1.20	391.95	402.33	301.75	100.58	2.59
	Standard Family	SY5	425.12	436.38	327.29	109.09	2.81	921.09	945.49	709.12	236.37	6.10
Iowa Health Alliance HMO	High Self	FX1	320.98	341.84	202.01	139.83	15.53	695.46	740.65	437.69	302.96	33.64
	High Family	FX2	748.21	796.84	448.57	348.27	37.68	1621.12	1726.49	971.90	754.59	81.65

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Iowa Health Alliance HMO	Standard Self	K84	290.48	290.48	202.01	88.47	-5.33	629.37	629.37	437.69	191.68	-11.55
	Standard Family	K85	677.12	677.12	448.57	228.55	-10.95	1467.09	1467.09	971.90	495.19	-23.72
Iowa HealthPartners High and Standard Option	High Self	V31	320.67	304.64	202.01	102.63	-21.36	694.79	660.05	437.69	222.36	-46.29
	High Family	V32	737.54	700.68	448.57	252.11	-47.81	1598.00	1518.14	971.90	546.24	-103.58
	Standard Self	V34	164.26	169.19	126.89	42.30	1.24	355.90	366.58	274.94	91.64	2.67
	Standard Family	V35	377.80	389.14	291.86	97.28	2.83	818.57	843.14	632.36	210.78	6.14
Iowa Sanford Health Plan	High Self	AU1	317.48	340.19	202.01	138.18	17.38	687.87	737.08	437.69	299.39	37.66
	High Family	AU2	730.49	782.74	448.57	334.17	41.30	1582.73	1695.94	971.90	724.04	89.49
	Standard Self	AU4	305.82	326.45	202.01	124.44	15.30	662.61	707.31	437.69	269.62	33.15
	Standard Family	AU5	703.44	750.86	448.57	302.29	36.47	1524.12	1626.86	971.90	654.96	79.02
Iowa UnitedHealthcare Plan of the River Valley Inc.	High Self	YH1	260.14	269.36	202.01	67.35	2.32	563.64	583.61	437.69	145.92	5.01
	High Family	YH2	614.53	636.34	448.57	187.77	10.86	1331.48	1378.74	971.90	406.84	23.54
Kansas Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Kansas Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
Kansas Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Kansas Coventry Health Care of Kansas	High Self	HA1	249.59	244.44	183.33	61.11	-1.29	540.78	529.62	397.22	132.40	-2.79
	High Family	HA2	586.56	574.46	430.85	143.61	-5.33	1270.88	1244.66	933.50	311.16	-11.54
	Standard Self	HA4	232.02	261.53	196.15	65.38	7.38	502.71	566.65	424.99	141.66	15.98
	Standard Family	HA5	545.26	614.60	448.57	166.03	29.72	1181.40	1331.63	971.90	359.73	64.38
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP	HDHP Self	9H1	235.33	271.46	202.01	69.45	10.62	509.88	588.16	437.69	150.47	23.00
	HDHP Family	9H2	553.03	637.95	448.57	189.38	51.12	1198.23	1382.23	971.90	410.33	110.77
Kansas Humana CoverageFirst and Value Plan	CDHP Self	PH1	202.84	233.21	174.91	58.30	7.59	439.49	505.29	378.97	126.32	16.45
	CDHP Family	PH2	451.33	518.89	389.17	129.72	16.89	977.88	1124.26	843.20	281.06	36.59
	Value Self	PH4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	PH5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Kansas Humana Health Plan, Inc.	High Self	MS1	485.24	587.03	202.01	385.02	96.46	1051.35	1271.90	437.69	834.21	209.00
	High Family	MS2	1079.67	1306.13	448.57	857.56	215.51	2339.29	2829.95	971.90	1858.05	466.94
	Standard Self	MS4	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	Standard Family	MS5	600.13	612.65	448.57	164.08	1.57	1300.28	1327.41	971.90	355.51	3.41
Kentucky Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Kentucky Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Kentucky Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Kentucky Humana CoverageFirst and Value Plan	CDHP Self	6N1	202.84	233.21	174.91	58.30	7.59	439.49	505.29	378.97	126.32	16.45
	CDHP Family	6N2	451.33	518.89	389.17	129.72	16.89	977.88	1124.26	843.20	281.06	36.59
Kentucky Humana Health Plan of Ohio	High Self	A61	256.24	275.35	202.01	73.34	9.28	555.19	596.59	437.69	158.90	20.10
	High Family	A62	570.13	612.64	448.57	164.07	21.54	1235.28	1327.39	971.90	355.49	46.67
	Standard Self	A64	230.61	261.58	196.19	65.39	7.74	499.66	566.76	425.07	141.69	16.78
	Standard Family	A65	513.12	582.02	436.52	145.50	17.22	1111.76	1261.04	945.78	315.26	37.32
Kentucky Humana Health Plan, Inc.	High Self	MH1	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	High Family	MH2	600.13	612.64	448.57	164.07	1.56	1300.28	1327.39	971.90	355.49	3.39
	Standard Self	MH4	256.24	261.58	196.19	65.39	1.33	555.19	566.76	425.07	141.69	2.89
	Standard Family	MH5	570.13	582.02	436.52	145.50	2.97	1235.28	1261.04	945.78	315.26	6.44
Kentucky Humana Health Plan, Inc.	High Self	MI1	286.49	275.35	202.01	73.34	-16.47	620.73	596.59	437.69	158.90	-35.69
	High Family	MI2	637.43	612.65	448.57	164.08	-35.73	1381.10	1327.41	971.90	355.51	-77.41
	Standard Self	MI4	256.24	261.58	196.19	65.39	1.33	555.19	566.76	425.07	141.69	2.89
	Standard Family	MI5	570.13	582.02	436.52	145.50	2.97	1235.28	1261.04	945.78	315.26	6.44
Louisiana Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Louisiana Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
<b>Louisiana Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>Louisiana Coventry Health Care of Louisiana</b>	High Self	BJ1	285.33	333.10	202.01	131.09	42.44	618.22	721.72	437.69	284.03	91.95
	High Family	BJ2	662.64	773.56	448.57	324.99	99.97	1435.72	1676.05	971.90	704.15	216.61
	Standard Self	BJ4	240.64	261.73	196.30	65.43	5.27	521.39	567.08	425.31	141.77	11.42
	Standard Family	BJ5	558.85	607.86	448.57	159.29	19.58	1210.84	1317.03	971.90	345.13	42.42
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>	High Self	AE1	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	High Family	AE2	600.13	612.65	448.57	164.08	1.57	1300.28	1327.41	971.90	355.51	3.41
	Standard Self	AE4	242.75	247.81	185.86	61.95	1.26	525.96	536.92	402.69	134.23	2.74
	Standard Family	AE5	540.12	551.39	413.54	137.85	2.82	1170.26	1194.68	896.01	298.67	6.11
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>	High Self	BC1	256.24	260.05	195.04	65.01	.95	555.19	563.44	422.58	140.86	2.06
	High Family	BC2	570.13	578.61	433.96	144.65	2.12	1235.28	1253.66	940.25	313.41	4.59
	Standard Self	BC4	230.61	234.05	175.54	58.51	.86	499.66	507.11	380.33	126.78	1.87
	Standard Family	BC5	513.12	520.76	390.57	130.19	1.91	1111.76	1128.31	846.23	282.08	4.14
<b>Maine Aetna Direct</b>	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
<b>Maine Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
<b>Maine Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>Maryland Aetna Direct</b>	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>



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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Maryland Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
Maryland Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Maryland Aetna Open Access	High Self	JN1	412.99	426.78	202.01	224.77	8.46	894.81	924.69	437.69	487.00	18.33
	High Family	JN2	925.05	955.97	448.57	507.40	19.97	2004.28	2071.27	971.90	1099.37	43.27
	Basic Self	JN4	258.86	265.88	199.41	66.47	1.76	560.86	576.07	432.05	144.02	3.81
	Basic Family	JN5	578.79	594.52	445.89	148.63	3.93	1254.05	1288.13	966.10	322.03	8.52
Maryland CareFirst BlueChoice	High Self	2G1	294.42	309.39	202.01	107.38	9.64	637.91	670.35	437.69	232.66	20.89
	High Family	2G2	662.36	696.01	448.57	247.44	22.70	1435.11	1508.02	971.90	536.12	49.19
	Standard Self	2G4	267.22	276.57	202.01	74.56	4.02	578.98	599.24	437.69	161.55	8.71
	Standard Family	2G5	601.14	622.18	448.57	173.61	10.09	1302.47	1348.06	971.90	376.16	21.87
Maryland CareFirst BlueChoice	HDHP Self	B61	258.79	267.85	200.89	66.96	2.26	560.71	580.34	435.26	145.08	4.90
	HDHP Family	B62	577.26	597.46	448.10	149.36	5.05	1250.73	1294.50	970.88	323.62	10.94
Maryland Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	274.80	279.94	202.01	77.93	-.19	595.40	606.54	437.69	168.85	-.41
	High Family	E32	632.04	643.87	448.57	195.30	.88	1369.42	1395.05	971.90	423.15	1.91
	Standard Self	E34	178.09	181.53	136.15	45.38	.86	385.86	393.32	294.99	98.33	1.87
	Standard Family	E35	409.59	417.50	313.13	104.37	1.97	887.45	904.58	678.44	226.14	4.28
Maryland M.D. IPA	High Self	JP1	290.12	314.55	202.01	112.54	19.10	628.59	681.53	437.69	243.84	41.39
	High Family	JP2	668.96	725.30	448.57	276.73	45.39	1449.41	1571.48	971.90	599.58	98.35
Maryland UnitedHealthcare Insurance Company	Value Self	L91	New Plan	244.32	183.24	61.08	New Plan	New Plan	529.36	397.02	132.34	New Plan
	Vlaue Family	L92	New Plan	543.61	407.71	135.90	New Plan	New Plan	1177.82	883.37	294.45	New Plan
Massachusetts Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Massachusetts Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
Massachusetts Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Massachusetts Fallon Community Health Plan	Basic Self	JG1	332.08	393.96	202.01	191.95	56.55	719.51	853.58	437.69	415.89	122.52
	Basic Family	JG2	807.05	957.46	448.57	508.89	139.46	1748.61	2074.50	971.90	1102.60	302.17
Michigan Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Michigan Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
Michigan Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Michigan Bluecare Network of MI	High Self	K51	298.47	316.70	202.01	114.69	12.90	646.69	686.18	437.69	248.49	27.94
	High Family	K52	680.36	722.04	448.57	273.47	30.73	1474.11	1564.42	971.90	592.52	66.59
Michigan Bluecare Network of MI	High Self	LX1	280.01	280.24	202.01	78.23	-5.10	606.69	607.19	437.69	169.50	-11.05
	High Family	LX2	671.84	672.39	448.57	223.82	-10.40	1455.65	1456.85	971.90	484.95	-22.52
Michigan Grand Valley Health Plan	High Self	RL1	308.30	310.23	202.01	108.22	-3.40	667.98	672.17	437.69	234.48	-7.36
	High Family	RL2	721.43	725.93	448.57	277.36	-6.45	1563.10	1572.85	971.90	600.95	-13.97
	Standard Self	RL4	287.40	290.06	202.01	88.05	-2.67	622.70	628.46	437.69	190.77	-5.79
	Standard Family	RL5	672.53	678.70	448.57	230.13	-4.78	1457.15	1470.52	971.90	498.62	-10.35
Michigan Health Alliance Plan	High Self	521	289.50	313.42	202.01	111.41	18.59	627.25	679.08	437.69	241.39	40.28
	High Family	522	694.80	736.55	448.57	287.98	30.80	1505.40	1595.86	971.90	623.96	66.74
Michigan Health Alliance Plan	Standard Self	GY4	275.02	266.53	199.90	66.63	-11.71	595.88	577.48	433.11	144.37	-25.37
	Standard Family	GY5	660.04	626.35	448.57	177.78	-44.64	1430.09	1357.09	971.90	385.19	-96.72

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Michigan HealthPlus of MI	High Self	X51	256.90	295.96	202.01	93.95	29.73	556.62	641.25	437.69	203.56	64.41
	High Family	X52	667.51	710.14	448.57	261.57	31.68	1446.27	1538.64	971.90	566.74	68.65
Michigan Priority Health	High Self	LE1	New Plan	315.06	202.01	113.05	New Plan	New Plan	682.63	437.69	244.94	New Plan
	High Family	LE2	New Plan	756.14	448.57	307.57	New Plan	New Plan	1638.30	971.90	666.40	New Plan
	Standard Self	LE4	New Plan	267.98	200.99	66.99	New Plan	New Plan	580.62	435.47	145.15	New Plan
	Standard Family	LE5	New Plan	643.14	448.57	194.57	New Plan	New Plan	1393.47	971.90	421.57	New Plan
Minnesota Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Minnesota Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Minnesota Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Minnesota HealthPartners High and Standard Option	High Self	V31	320.67	304.64	202.01	102.63	-21.36	694.79	660.05	437.69	222.36	-46.29
	High Family	V32	737.54	700.68	448.57	252.11	-47.81	1598.00	1518.14	971.90	546.24	-103.58
	Standard Self	V34	164.26	169.19	126.89	42.30	1.24	355.90	366.58	274.94	91.64	2.67
	Standard Family	V35	377.80	389.14	291.86	97.28	2.83	818.57	843.14	632.36	210.78	6.14
Mississippi Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Mississippi Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Mississippi Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Missouri Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Missouri Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Missouri Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Missouri Blue Preferred Plus POS	High Self	9G1	345.10	401.19	202.01	199.18	50.76	747.72	869.25	437.69	431.56	109.98
	High Family	9G2	747.17	802.39	448.57	353.82	44.27	1618.87	1738.51	971.90	766.61	95.92
Missouri Coventry Health Care of Kansas	High Self	HA1	249.59	244.44	183.33	61.11	-1.29	540.78	529.62	397.22	132.40	-2.79
	High Family	HA2	586.56	574.46	430.85	143.61	-5.33	1270.88	1244.66	933.50	311.16	-11.54
	Standard Self	HA4	232.02	261.53	196.15	65.38	7.38	502.71	566.65	424.99	141.66	15.98
	Standard Family	HA5	545.26	614.60	448.57	166.03	29.72	1181.40	1331.63	971.90	359.73	64.38
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP	HDHP Self	9H1	235.33	271.46	202.01	69.45	10.62	509.88	588.16	437.69	150.47	23.00
	HDHP Family	9H2	553.03	637.95	448.57	189.38	51.12	1198.23	1382.23	971.90	410.33	110.77
Missouri Humana CoverageFirst and Value Plan	CDHP Self	PH1	202.84	233.21	174.91	58.30	7.59	439.49	505.29	378.97	126.32	16.45
	CDHP Family	PH2	451.33	518.89	389.17	129.72	16.89	977.88	1124.26	843.20	281.06	36.59
	Value Self	PH4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	PH5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Missouri Humana Health Plan, Inc.	High Self	MS1	485.24	587.03	202.01	385.02	96.46	1051.35	1271.90	437.69	834.21	209.00
	High Family	MS2	1079.67	1306.13	448.57	857.56	215.51	2339.29	2829.95	971.90	1858.05	466.94
	Standard Self	MS4	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	Standard Family	MS5	600.13	612.65	448.57	164.08	1.57	1300.28	1327.41	971.90	355.51	3.41
Montana Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Montana Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Montana Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Nebraska Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Nebraska Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
<b>Nebraska Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>Nevada Aetna Direct</b>	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
<b>Nevada Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
<b>Nevada Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>Nevada Aetna Open Access</b>	High Self	HF1	208.01	215.02	161.27	53.75	1.75	450.69	465.88	349.41	116.47	3.80
	High Family	HF2	606.04	626.46	448.57	177.89	9.47	1313.09	1357.33	971.90	385.43	20.52
<b>Nevada Health Plan of Nevada</b>	High Self	NM1	182.45	207.02	155.27	51.75	6.14	395.31	448.54	336.41	112.13	13.30
	High Family	NM2	430.22	488.17	366.13	122.04	14.49	932.14	1057.70	793.28	264.42	31.39
<b>New Hampshire Aetna Direct</b>	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
<b>New Hampshire Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
<b>New Hampshire Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>New Jersey Aetna Direct</b>	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New Jersey Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
New Jersey Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
New Jersey Aetna Open Access	High Self	JR1	438.32	534.78	202.01	332.77	91.13	949.69	1158.69	437.69	721.00	197.45
	High Family	JR2	1008.27	1230.15	448.57	781.58	210.93	2184.59	2665.33	971.90	1693.43	457.02
	Basic Self	JR4	354.45	394.52	202.01	192.51	34.74	767.98	854.79	437.69	417.10	75.26
	Basic Family	JR5	818.19	910.70	448.57	462.13	81.56	1772.75	1973.18	971.90	1001.28	176.71
New Jersey Aetna Open Access	High Self	P31	495.76	557.69	202.01	355.68	56.60	1074.15	1208.33	437.69	770.64	122.63
	High Family	P32	1196.20	1345.62	448.57	897.05	138.47	2591.77	2915.51	971.90	1943.61	300.02
	Basic Self	P34	425.42	483.10	202.01	281.09	52.35	921.74	1046.72	437.69	609.03	113.43
	Basic Family	P35	982.36	1115.54	448.57	666.97	122.23	2128.45	2417.00	971.90	1445.10	264.83
New Jersey GHI Health Plan	High Self	801	347.10	359.25	202.01	157.24	6.82	752.05	778.38	437.69	340.69	14.78
	High Family	802	867.83	898.21	448.57	449.64	19.43	1880.30	1946.12	971.90	974.22	42.10
	Standard Self	804	260.96	270.09	202.01	68.08	2.84	565.41	585.20	437.69	147.51	6.16
	Standard Family	805	592.57	613.31	448.57	164.74	9.79	1283.90	1328.84	971.90	356.94	21.22
New Mexico Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
New Mexico Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
New Mexico Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
New Mexico Lovelace Health Plan	High Self	Q11	241.83	277.36	202.01	75.35	14.89	523.97	600.95	437.69	163.26	32.27
	High Family	Q12	568.34	651.81	448.57	203.24	61.16	1231.40	1412.26	971.90	440.36	132.51

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New Mexico Presbyterian Health Plan	High Self	P21	307.17	317.02	202.01	115.01	4.52	665.54	686.88	437.69	249.19	9.79
	High Family	P22	697.63	719.98	448.57	271.41	11.40	1511.53	1559.96	971.90	588.06	24.71
New York Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
New York Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
New York Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
New York Aetna Open Access	High Self	JC1	382.21	417.25	202.01	215.24	29.71	828.12	904.04	437.69	466.35	64.37
	High Family	JC2	940.85	1027.10	448.57	578.53	75.30	2038.51	2225.38	971.90	1253.48	163.15
	Basic Self	JC4	316.71	323.42	202.01	121.41	1.38	686.21	700.74	437.69	263.05	2.98
	Basic Family	JC5	769.56	785.86	448.57	337.29	5.35	1667.38	1702.70	971.90	730.80	11.60
New York CDPHP Universal Benefits, Inc.	High Self	SG1	302.61	317.74	202.01	115.73	9.80	655.66	688.44	437.69	250.75	21.23
	High Family	SG2	766.40	804.71	448.57	356.14	27.36	1660.53	1743.54	971.90	771.64	59.29
	Standard Self	SG4	226.97	242.27	181.70	60.57	3.83	491.77	524.92	393.69	131.23	8.29
	Standard Family	SG5	585.56	585.56	439.17	146.39	-1.55	1268.71	1268.71	951.53	317.18	-3.35
New York GHI Health Plan	High Self	801	347.10	359.25	202.01	157.24	6.82	752.05	778.38	437.69	340.69	14.78
	High Family	802	867.83	898.21	448.57	449.64	19.43	1880.30	1946.12	971.90	974.22	42.10
	Standard Self	804	260.96	270.09	202.01	68.08	2.84	565.41	585.20	437.69	147.51	6.16
	Standard Family	805	592.57	613.31	448.57	164.74	9.79	1283.90	1328.84	971.90	356.94	21.22
New York HIP Health of Greater New York	High Self	511	275.14	294.68	202.01	92.67	14.21	596.14	638.47	437.69	200.78	30.78
	High Family	512	729.12	780.92	448.57	332.35	40.85	1579.76	1691.99	971.90	720.09	88.51
New York Independent Health Assoc	High Self	QA1	282.51	297.69	202.01	95.68	9.85	612.11	645.00	437.69	207.31	21.34
	High Family	QA2	706.24	714.44	448.57	265.87	-2.75	1530.19	1547.95	971.90	576.05	-5.96
	HDHP Self	QA4	176.77	212.93	159.70	53.23	9.04	383.00	461.35	346.01	115.34	19.59
	HDHP Family	QA5	460.04	512.09	384.07	128.02	13.01	996.75	1109.53	832.15	277.38	28.19
New York Independent Health Association	Standard Self	C54	263.39	293.11	202.01	91.10	24.39	570.68	635.07	437.69	197.38	52.84
	Standard Family	C55	658.48	703.47	448.57	254.90	34.04	1426.71	1524.19	971.90	552.29	73.76

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New York MVP Health Care	High Self	GA1	273.23	299.86	202.01	97.85	21.30	592.00	649.70	437.69	212.01	46.15
	High Family	GA2	684.02	751.24	448.57	302.67	56.27	1482.04	1627.69	971.90	655.79	121.93
	Standard Self	GA4	246.97	278.81	202.01	76.80	15.06	535.10	604.09	437.69	166.40	32.63
	Standard Family	GA5	620.73	700.50	448.57	251.93	68.82	1344.92	1517.75	971.90	545.85	149.11
New York MVP Health Care	High Self	GV1	240.77	276.62	202.01	74.61	14.42	521.67	599.34	437.69	161.65	31.23
	High Family	GV2	602.41	692.22	448.57	243.65	78.86	1305.22	1499.81	971.90	527.91	170.87
	Standard Self	GV4	206.65	247.83	185.87	61.96	10.30	447.74	536.97	402.73	134.24	22.31
	Standard Family	GV5	517.04	620.16	448.57	171.59	42.33	1120.25	1343.68	971.90	371.78	91.72
New York MVP Health Care	High Self	M91	275.65	297.43	202.01	95.42	16.45	597.24	644.43	437.69	206.74	35.64
	High Family	M92	690.90	745.43	448.57	296.86	43.58	1496.95	1615.10	971.90	643.20	94.43
	Standard Self	M94	254.39	279.45	202.01	77.44	13.84	551.18	605.48	437.69	167.79	30.00
	Standard Family	M95	634.47	698.02	448.57	249.45	52.60	1374.69	1512.38	971.90	540.48	113.97
New York MVP Health Care	High Self	MF1	313.99	338.83	202.01	136.82	19.51	680.31	734.13	437.69	296.44	42.27
	High Family	MF2	785.67	847.90	448.57	399.33	51.28	1702.29	1837.12	971.90	865.22	111.11
	Standard Self	MF4	299.83	322.59	202.01	120.58	17.43	649.63	698.95	437.69	261.26	37.77
	Standard Family	MF5	750.24	807.25	448.57	358.68	46.06	1625.52	1749.04	971.90	777.14	99.80
New York MVP Health Care	High Self	MX1	283.13	304.31	202.01	102.30	15.85	613.45	659.34	437.69	221.65	34.34
	High Family	MX2	708.38	761.26	448.57	312.69	41.93	1534.82	1649.40	971.90	677.50	90.86
	Standard Self	MX4	252.14	286.84	202.01	84.83	21.80	546.30	621.49	437.69	183.80	47.23
	Standard Family	MX5	633.06	719.50	448.57	270.93	75.49	1371.63	1558.92	971.90	587.02	163.57
North Carolina Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
North Carolina Aetna HealthFund CDHP and Value Plan												
	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
North Carolina Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
North Dakota Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
North Dakota Aetna HealthFund CDHP and Value Plan												
	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97



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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
North Dakota Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
North Dakota HealthPartners High and Standard Option	High Self	V31	320.67	304.64	202.01	102.63	-21.36	694.79	660.05	437.69	222.36	-46.29
	High Family	V32	737.54	700.68	448.57	252.11	-47.81	1598.00	1518.14	971.90	546.24	-103.58
	Standard Self	V34	164.26	169.19	126.89	42.30	1.24	355.90	366.58	274.94	91.64	2.67
	Standard Family	V35	377.80	389.14	291.86	97.28	2.83	818.57	843.14	632.36	210.78	6.14
North Dakota Sanford Health Plan	High Self	C91	293.49	329.47	202.01	127.46	30.65	635.90	713.85	437.69	276.16	66.40
	High Family	C92	675.04	757.79	448.57	309.22	71.80	1462.59	1641.88	971.90	669.98	155.57
	Standard Self	C94	261.11	293.11	202.01	91.10	25.82	565.74	635.07	437.69	197.38	55.95
	Standard Family	C95	649.17	728.73	448.57	280.16	68.61	1406.54	1578.92	971.90	607.02	148.66
North Dakota Sanford Heart of America Health Plan	High Self	RU1	254.83	273.79	202.01	71.78	8.07	552.13	593.21	437.69	155.52	17.49
	High Family	RU2	654.94	703.66	448.57	255.09	37.77	1419.04	1524.60	971.90	552.70	81.84
Ohio Aetna Direct	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
Ohio Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
Ohio Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Ohio AultCare HMO	High Self	3A1	262.23	275.30	202.01	73.29	7.73	568.17	596.48	437.69	158.79	16.75
	High Family	3A2	643.82	675.85	448.57	227.28	21.08	1394.94	1464.34	971.90	492.44	45.68
	HDHP Self	3A4	160.04	164.36	123.27	41.09	1.08	346.75	356.11	267.08	89.03	2.34
	HDHP Family	3A5	323.10	331.83	248.87	82.96	2.19	700.05	718.97	539.23	179.74	4.73
Ohio HealthSpan Integrated Care	High Self	641	329.41	340.53	202.01	138.52	5.79	713.72	737.82	437.69	300.13	12.55
	High Family	642	757.67	783.22	448.57	334.65	14.60	1641.62	1696.98	971.90	725.08	31.64
	Standard Self	644	242.10	249.82	187.37	62.45	1.93	524.55	541.28	405.96	135.32	4.18
	Standard Family	645	556.86	574.57	430.93	143.64	4.43	1206.53	1244.90	933.68	311.22	9.59

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Ohio Humana Health Plan of Ohio	High Self	A61	256.24	275.35	202.01	73.34	9.28	555.19	596.59	437.69	158.90	20.10
	High Family	A62	570.13	612.64	448.57	164.07	21.54	1235.28	1327.39	971.90	355.49	46.67
	Standard Self	A64	230.61	261.58	196.19	65.39	7.74	499.66	566.76	425.07	141.69	16.78
	Standard Family	A65	513.12	582.02	436.52	145.50	17.22	1111.76	1261.04	945.78	315.26	37.32
Ohio The Health Plan of the Upper Ohio Valley	High Self	U41	317.93	285.34	202.01	83.33	-37.92	688.85	618.24	437.69	180.55	-82.16
	High Family	U42	718.49	644.90	448.57	196.33	-84.54	1556.73	1397.28	971.90	425.38	-183.17
Oklahoma Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Oklahoma Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
Oklahoma Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Oklahoma Globalhealth, Inc.	High Self	IM1	218.03	251.82	188.87	62.95	8.44	472.40	545.61	409.21	136.40	18.30
	High Family	IM2	525.42	606.88	448.57	158.31	26.96	1138.41	1314.91	971.90	343.01	58.41
Oregon Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Oregon Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Oregon Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Oregon Kaiser Foundation Health Plan of Northwest	High Self	571	301.32	288.33	202.01	86.32	-18.32	652.86	624.72	437.69	187.03	-39.69
	High Family	572	680.60	651.28	448.57	202.71	-40.27	1474.63	1411.11	971.90	439.21	-87.24
	Standard Self	574	251.39	243.47	182.60	60.87	-1.98	544.68	527.52	395.64	131.88	-4.29
	Standard Family	575	577.54	570.13	427.60	142.53	-1.85	1251.34	1235.28	926.46	308.82	-4.01
Pennsylvania Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Pennsylvania Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Pennsylvania Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Pennsylvania Aetna Open Access	High Self	P31	495.76	557.69	202.01	355.68	56.60	1074.15	1208.33	437.69	770.64	122.63
	High Family	P32	1196.20	1345.62	448.57	897.05	138.47	2591.77	2915.51	971.90	1943.61	300.02
	Basic Self	P34	425.42	483.10	202.01	281.09	52.35	921.74	1046.72	437.69	609.03	113.43
	Basic Family	P35	982.36	1115.54	448.57	666.97	122.23	2128.45	2417.00	971.90	1445.10	264.83
Pennsylvania Aetna Open Access	High Self	YE1	285.31	320.33	202.01	118.32	29.69	618.17	694.05	437.69	256.36	64.33
	High Family	YE2	713.65	801.24	448.57	352.67	76.64	1546.24	1736.02	971.90	764.12	166.06
Pennsylvania Geisinger Health Plan	Standard Self	GG4	274.31	292.09	202.01	90.08	12.45	594.34	632.86	437.69	195.17	26.97
	Standard Family	GG5	630.93	671.81	448.57	223.24	29.93	1367.02	1455.59	971.90	483.69	64.85
Pennsylvania HealthAmerica Pennsylvania	High Self	261	278.90	319.35	202.01	117.34	35.12	604.28	691.93	437.69	254.24	76.10
	High Family	262	655.39	750.46	448.57	301.89	84.12	1420.01	1626.00	971.90	654.10	182.27
Pennsylvania HealthAmerica Pennsylvania - HDHP	HDHP Self	Y61	227.05	259.59	194.69	64.90	8.14	491.94	562.45	421.84	140.61	17.63
	HDHP Family	Y62	523.30	589.60	442.20	147.40	16.58	1133.82	1277.47	958.10	319.37	35.92
Pennsylvania Keystone Health Plan West	High Self	NP1	<b>New Plan</b>	204.93	153.70	51.23	<b>New Plan</b>	<b>New Plan</b>	444.02	333.02	111.00	<b>New Plan</b>
	High Family	NP2	<b>New Plan</b>	479.54	359.66	119.88	<b>New Plan</b>	<b>New Plan</b>	1039.00	779.25	259.75	<b>New Plan</b>
Pennsylvania UPMC Health Plan	High Self	8W1	298.84	305.67	202.01	103.66	1.50	647.49	662.29	437.69	224.60	3.25
	High Family	8W2	687.32	703.01	448.57	254.44	4.74	1489.19	1523.19	971.90	551.29	10.28
	HDHP Self	8W4	229.81	229.55	172.16	57.39	-.06	497.92	497.36	373.02	124.34	-.14
	HDHP Family	8W5	517.91	518.14	388.61	129.53	.05	1122.14	1122.64	841.98	280.66	.13
Pennsylvania UPMC Health Plan	Standard Self	UW4	246.37	250.98	188.24	62.74	1.15	533.80	543.79	407.84	135.95	2.50
	Standard Family	UW5	566.63	577.28	432.96	144.32	2.66	1227.70	1250.77	938.08	312.69	5.77

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Puerto Rico Humana Health Plans of Puerto Rico, Inc.	High Self	ZJ1	148.18	151.99	113.99	38.00	.96	321.06	329.31	246.98	82.33	2.07
	High Family	ZJ2	338.16	338.17	253.63	84.54	.00	732.68	732.70	549.53	183.17	.00
Puerto Rico Triple-S Salud, Inc.	High Self	891	163.00	179.99	134.99	45.00	4.25	353.17	389.98	292.49	97.49	9.20
	High Family	892	366.75	412.18	309.14	103.04	11.35	794.63	893.06	669.80	223.26	24.60
Rhode Island Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Rhode Island Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
Rhode Island Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
South Carolina Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
South Carolina Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
South Carolina Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
South Dakota Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
South Dakota Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
South Dakota Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
South Dakota HealthPartners High and Standard Option	High Self	V31	320.67	304.64	202.01	102.63	-21.36	694.79	660.05	437.69	222.36	-46.29
	High Family	V32	737.54	700.68	448.57	252.11	-47.81	1598.00	1518.14	971.90	546.24	-103.58
	Standard Self	V34	164.26	169.19	126.89	42.30	1.24	355.90	366.58	274.94	91.64	2.67
	Standard Family	V35	377.80	389.14	291.86	97.28	2.83	818.57	843.14	632.36	210.78	6.14
South Dakota Sanford Health Plan	High Self	AU1	317.48	340.19	202.01	138.18	17.38	687.87	737.08	437.69	299.39	37.66
	High Family	AU2	730.49	782.74	448.57	334.17	41.30	1582.73	1695.94	971.90	724.04	89.49
	Standard Self	AU4	305.82	326.45	202.01	124.44	15.30	662.61	707.31	437.69	269.62	33.15
	Standard Family	AU5	703.44	750.86	448.57	302.29	36.47	1524.12	1626.86	971.90	654.96	79.02
Tennessee Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Tennessee Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
Tennessee Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Tennessee Aetna Open Access	High Self	UB1	310.13	343.29	202.01	141.28	27.83	671.95	743.80	437.69	306.11	60.30
	High Family	UB2	790.77	875.33	448.57	426.76	73.61	1713.34	1896.55	971.90	924.65	159.49
Tennessee Humana Health Plan, Inc.	High Self	GJ1	269.72	260.05	195.04	65.01	-8.03	584.39	563.44	422.58	140.86	-17.39
	High Family	GJ2	600.13	578.61	433.96	144.65	-17.86	1300.28	1253.66	940.25	313.41	-38.69
	Standard Self	GJ4	230.61	234.05	175.54	58.51	.86	499.66	507.11	380.33	126.78	1.87
	Standard Family	GJ5	513.12	520.76	390.57	130.19	1.91	1111.76	1128.31	846.23	282.08	4.14
Texas Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Texas Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Texas Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Texas Aetna Whole Health	Basic Self	ES1	236.63	243.73	182.80	60.93	1.77	512.70	528.08	396.06	132.02	3.85
	Basic Family	ES2	623.77	642.48	448.57	193.91	7.76	1351.50	1392.04	971.90	420.14	16.82
Texas Firstcare	High Self	CK1	199.56	239.65	179.74	59.91	10.02	432.38	519.24	389.43	129.81	21.72
	High Family	CK2	598.68	551.18	413.39	137.79	-23.27	1297.14	1194.22	895.67	298.55	-50.41
Texas Humana CoverageFirst and Value Plan	CDHP Self	TP1	225.38	261.85	196.39	65.46	9.12	488.32	567.34	425.51	141.83	19.75
	CDHP Family	TP2	501.48	582.62	436.97	145.65	20.28	1086.54	1262.34	946.76	315.58	43.95
	Value Self	TP4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	TP5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Texas Humana CoverageFirst and Value Plan	CDHP Self	TU1	225.38	259.00	194.25	64.75	8.41	488.32	561.17	420.88	140.29	18.21
	CDHP Family	TU2	501.46	576.27	432.20	144.07	18.71	1086.50	1248.59	936.44	312.15	40.53
	Value Self	TU4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	TU5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Texas Humana CoverageFirst and Value Plan	CDHP Self	TV1	247.92	272.17	202.01	70.16	8.18	537.16	589.70	437.69	152.01	17.72
	CDHP Family	TV2	551.61	605.59	448.57	157.02	19.12	1195.16	1312.11	971.90	340.21	41.42
	Value Self	TV4	189.18	198.87	149.15	49.72	2.43	409.89	430.89	323.17	107.72	5.25
	Value Family	TV5	419.03	442.49	331.87	110.62	5.86	907.90	958.73	719.05	239.68	12.71
Texas Humana Health Plan of Texas	High Self	EW1	256.24	260.05	195.04	65.01	.95	555.19	563.44	422.58	140.86	2.06
	High Family	EW2	570.13	578.61	433.96	144.65	2.12	1235.28	1253.66	940.25	313.41	4.59
	Standard Self	EW4	230.61	234.05	175.54	58.51	.86	499.66	507.11	380.33	126.78	1.87
	Standard Family	EW5	513.12	520.76	390.57	130.19	1.91	1111.76	1128.31	846.23	282.08	4.14
Texas Humana Health Plan of Texas	High Self	UC1	279.29	275.35	202.01	73.34	-9.27	605.13	596.59	437.69	158.90	-20.09
	High Family	UC2	621.41	612.65	448.57	164.08	-19.71	1346.39	1327.41	971.90	355.51	-42.70
	Standard Self	UC4	256.24	261.58	196.19	65.39	1.33	555.19	566.76	425.07	141.69	2.89
	Standard Family	UC5	570.14	582.02	436.52	145.50	2.97	1235.30	1261.04	945.78	315.26	6.44
Texas Humana Health Plan of Texas	High Self	UR1	450.62	482.16	202.01	280.15	26.21	976.34	1044.68	437.69	606.99	56.79
	High Family	UR2	1002.62	1072.80	448.57	624.23	59.23	2172.34	2324.40	971.90	1352.50	128.34
	Standard Self	UR4	256.24	275.35	202.01	73.34	9.28	555.19	596.59	437.69	158.90	20.10
	Standard Family	UR5	570.14	612.65	448.57	164.08	21.55	1235.30	1327.41	971.90	355.51	46.69

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Texas Humana Health Plan of Texas	High Self	UU1	319.10	355.47	202.01	153.46	31.04	691.38	770.19	437.69	332.50	67.26
	High Family	UU2	710.00	790.92	448.57	342.35	69.97	1538.33	1713.66	971.90	741.76	151.61
	Standard Self	UU4	269.72	275.35	202.01	73.34	.30	584.39	596.59	437.69	158.90	.65
	Standard Family	UU5	600.13	612.65	448.57	164.08	1.57	1300.28	1327.41	971.90	355.51	3.41
Texas Scott & White Health Plan	Standard Self	A84	265.48	260.56	195.42	65.14	-3.66	575.21	564.55	423.41	141.14	-7.93
	Standard Family	A85	609.59	598.27	448.57	149.70	-22.27	1320.78	1296.25	971.90	324.35	-48.25
Texas UnitedHealthcare Benefits of Texas, Inc.	High Self	GF1	346.75	365.53	202.01	163.52	13.45	751.29	791.98	437.69	354.29	29.14
	High Family	GF2	798.36	841.89	448.57	393.32	32.58	1729.78	1824.10	971.90	852.20	70.60
Texas UnitedHealthcare Insurance Company	Value Self	L91	<b>New Plan</b>	244.32	183.24	61.08	<b>New Plan</b>	<b>New Plan</b>	529.36	397.02	132.34	<b>New Plan</b>
	Vlaue Family	L92	<b>New Plan</b>	543.61	407.71	135.90	<b>New Plan</b>	<b>New Plan</b>	1177.82	883.37	294.45	<b>New Plan</b>
Utah Aetna Direct	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
Utah Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52	676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54	236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55	537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
Utah Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Utah Altius Health Plans	High Self	9K1	288.15	299.68	202.01	97.67	6.20	624.33	649.31	437.69	211.62	13.43
	High Family	9K2	633.97	659.33	448.57	210.76	14.41	1373.60	1428.55	971.90	456.65	31.23
	HDHP Self	9K4	160.70	168.74	126.56	42.18	2.01	348.18	365.60	274.20	91.40	4.36
	HDHP Family	9K5	332.92	349.58	262.19	87.39	4.16	721.33	757.42	568.07	189.35	9.02
Utah Altius Health Plans	Standard Self	DK4	217.81	225.43	169.07	56.36	1.91	471.92	488.43	366.32	122.11	4.13
	Standard Family	DK5	479.16	495.93	371.95	123.98	4.19	1038.18	1074.52	805.89	268.63	9.09
Utah SelectHealth Utah, Idaho	High Self	SF1	285.34	293.90	202.01	91.89	3.23	618.24	636.78	437.69	199.09	6.99
	High Family	SF2	636.52	655.62	448.57	207.05	8.15	1379.13	1420.51	971.90	448.61	17.66
	Standard Self	SF4	229.58	229.58	172.19	57.39	.00	497.42	497.42	373.07	124.35	.00
	Standard Family	SF5	512.14	512.14	384.11	128.03	.00	1109.64	1109.64	832.23	277.41	.00
Vermont Aetna Direct	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Vermont Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	289.79	296.95	202.01	94.94	1.83	627.88	643.39	437.69	205.70	3.96
	CDHP Family	EP2	658.10	674.38	448.57	225.81	5.33	1425.88	1461.16	971.90	489.26	11.56
	Value Self	EP4	234.35	236.69	177.52	59.17	.58	507.76	512.83	384.62	128.21	1.27
	Value Family	EP5	532.20	537.52	403.14	134.38	1.33	1153.10	1164.63	873.47	291.16	2.89
<b>Vermont Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>Virgin Islands Triple-S Salud, Inc.</b>	High Self	851	190.24	227.85	170.89	56.96	9.40	412.19	493.68	370.26	123.42	20.37
	High Family	852	432.04	521.80	391.35	130.45	22.44	936.09	1130.57	847.93	282.64	48.62
<b>Virginia Aetna Direct</b>	CDHP Self	N61	<b>New Plan</b>	210.05	157.54	52.51	<b>New Plan</b>	<b>New Plan</b>	455.11	341.33	113.78	<b>New Plan</b>
	CDHP Family	N62	<b>New Plan</b>	474.42	355.82	118.60	<b>New Plan</b>	<b>New Plan</b>	1027.91	770.93	256.98	<b>New Plan</b>
<b>Virginia Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
<b>Virginia Aetna HealthFund HDHP</b>	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
<b>Virginia Aetna Open Access</b>	High Self	JN1	412.99	426.78	202.01	224.77	8.46	894.81	924.69	437.69	487.00	18.33
	High Family	JN2	925.05	955.97	448.57	507.40	19.97	2004.28	2071.27	971.90	1099.37	43.27
	Basic Self	JN4	258.86	265.88	199.41	66.47	1.76	560.86	576.07	432.05	144.02	3.81
	Basic Family	JN5	578.79	594.52	445.89	148.63	3.93	1254.05	1288.13	966.10	322.03	8.52
<b>Virginia Aetna Whole Health</b>	Basic Self	D91	224.09	230.81	173.11	57.70	1.68	485.53	500.09	375.07	125.02	3.64
	Basic Family	D92	623.77	642.48	448.57	193.91	7.76	1351.50	1392.04	971.90	420.14	16.82
<b>Virginia Aetna Whole Health</b>	Basic Self	J91	208.25	214.50	160.88	53.62	1.56	451.21	464.75	348.56	116.19	3.39
	Basic Family	J92	542.12	558.39	418.79	139.60	4.07	1174.59	1209.85	907.39	302.46	8.81
<b>Virginia CareFirst BlueChoice</b>	High Self	2G1	294.42	309.39	202.01	107.38	9.64	637.91	670.35	437.69	232.66	20.89
	High Family	2G2	662.36	696.01	448.57	247.44	22.70	1435.11	1508.02	971.90	536.12	49.19
	Standard Self	2G4	267.22	276.57	202.01	74.56	4.02	578.98	599.24	437.69	161.55	8.71
	Standard Family	2G5	601.14	622.18	448.57	173.61	10.09	1302.47	1348.06	971.90	376.16	21.87
<b>Virginia CareFirst BlueChoice</b>	HDHP Self	B61	258.79	267.85	200.89	66.96	2.26	560.71	580.34	435.26	145.08	4.90
	HDHP Family	B62	577.26	597.46	448.10	149.36	5.05	1250.73	1294.50	970.88	323.62	10.94



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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates				
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Virginia Innovation Health Plan	High Self	LQ1	New Plan	240.93	180.70	60.23	New Plan	New Plan	522.02	391.52	130.50	New Plan	
	High Family	LQ2	New Plan	564.46	423.35	141.11	New Plan	New Plan	1223.00	917.25	305.75	New Plan	
Virginia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31		274.80	202.01	77.93	-.19	595.40	606.54	437.69	168.85	-.41	
	High Family	E32		632.04	448.57	195.30	.88	1369.42	1395.05	971.90	423.15	1.91	
	Standard Self	E34		178.09	181.53	136.15	45.38	385.86	393.32	294.99	98.33	1.87	
	Standard Family	E35		409.59	417.50	313.13	104.37	887.45	904.58	678.44	226.14	4.28	
Virginia M.D. IPA	High Self	JP1		290.12	314.55	202.01	112.54	19.10	628.59	681.53	437.69	243.84	41.39
	High Family	JP2		668.96	725.30	448.57	276.73	45.39	1449.41	1571.48	971.90	599.58	98.35
Virginia Piedmont Community Healthcare	High Self	2C1		225.88	231.54	173.66	57.88	1.41	489.41	501.67	376.25	125.42	3.07
	High Family	2C2		517.23	530.19	397.64	132.55	3.24	1120.67	1148.75	861.56	287.19	7.02
Virginia UnitedHealthcare Insurance Company	Value Self	L91	New Plan	244.32	183.24	61.08	New Plan	New Plan	529.36	397.02	132.34	New Plan	
	Value Family	L92	New Plan	543.61	407.71	135.90	New Plan	New Plan	1177.82	883.37	294.45	New Plan	
Washington Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan	
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan	
Washington Aetna HealthFund CDHP and Value Plan	CDHP Self	G51		298.11	289.47	202.01	87.46	-13.97	645.91	627.19	437.69	189.50	-30.27
	CDHP Family	G52		676.98	657.36	448.57	208.79	-30.57	1466.79	1424.28	971.90	452.38	-66.23
	Value Self	G54		236.72	239.10	179.33	59.77	.59	512.89	518.05	388.54	129.51	1.29
	Value Family	G55		537.59	542.96	407.22	135.74	1.34	1164.78	1176.41	882.31	294.10	2.91
Washington Aetna HealthFund HDHP	HDHP Self	224		218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225		479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Washington Aetna Open Access	High Self	C31		265.60	278.88	202.01	76.87	7.95	575.47	604.24	437.69	166.55	17.22
	High Family	C32		725.04	761.29	448.57	312.72	25.30	1570.92	1649.46	971.90	677.56	54.82
Washington Group Health Cooperative	High Self	541		321.62	324.42	202.01	122.41	-2.53	696.84	702.91	437.69	265.22	-5.48
	High Family	542		691.51	697.50	448.57	248.93	-4.96	1498.27	1511.25	971.90	539.35	-10.74
	Standard Self	544		216.78	222.70	167.03	55.67	1.48	469.69	482.52	361.89	120.63	3.21
	Standard Family	545		489.39	502.76	377.07	125.69	3.34	1060.35	1089.31	816.98	272.33	7.24

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Washington KPS Health Plans	Standard Self	L11	229.41	268.40	201.30	67.10	9.75	497.06	581.53	436.15	145.38	21.12
	Standard Family	L12	495.19	579.35	434.51	144.84	21.04	1072.91	1255.26	941.45	313.81	45.58
	HDHP Self	L14	189.46	216.02	162.02	54.00	6.64	410.50	468.04	351.03	117.01	14.39
	HDHP Family	L15	414.00	472.06	354.05	118.01	14.51	897.00	1022.80	767.10	255.70	31.45
Washington KPS Health Plans	High Self	VT1	342.76	332.48	202.01	130.47	-15.61	742.65	720.37	437.69	282.68	-33.83
	High Family	VT2	748.97	726.50	448.57	277.93	-33.42	1622.77	1574.08	971.90	602.18	-72.41
Washington Kaiser Foundation Health Plan of Northwest	High Self	571	301.32	288.33	202.01	86.32	-18.32	652.86	624.72	437.69	187.03	-39.69
	High Family	572	680.60	651.28	448.57	202.71	-40.27	1474.63	1411.11	971.90	439.21	-87.24
	Standard Self	574	251.39	243.47	182.60	60.87	-1.98	544.68	527.52	395.64	131.88	-4.29
	Standard Family	575	577.54	570.13	427.60	142.53	-1.85	1251.34	1235.28	926.46	308.82	-4.01
West Virginia Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
West Virginia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	-5.33	589.36	589.36	437.69	151.67	-11.55
	CDHP Family	F52	617.72	617.70	448.57	169.13	-10.97	1338.39	1338.35	971.90	366.45	-23.76
	Value Self	F54	241.08	243.50	182.63	60.87	.60	522.34	527.58	395.69	131.89	1.31
	Value Family	F55	547.49	552.96	414.72	138.24	1.37	1186.23	1198.08	898.56	299.52	2.96
West Virginia Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
West Virginia The Health Plan of the Upper Ohio Valley	High Self	U41	317.93	285.34	202.01	83.33	-37.92	688.85	618.24	437.69	180.55	-82.16
	High Family	U42	718.49	644.90	448.57	196.33	-84.54	1556.73	1397.28	971.90	425.38	-183.17
Wisconsin Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Wisconsin Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	301.85	340.51	202.01	138.50	33.33	654.01	737.77	437.69	300.08	72.21
	CDHP Family	JS2	685.47	773.27	448.57	324.70	76.85	1485.19	1675.42	971.90	703.52	166.51
	Value Self	JS4	276.33	279.09	202.01	77.08	-2.57	598.72	604.70	437.69	167.01	-5.57
	Value Family	JS5	627.50	633.78	448.57	185.21	-4.67	1359.58	1373.19	971.90	401.29	-10.11
Wisconsin Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47

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

Health Management Organizations (HMO)			2014 Total Biweekly Premium	2015 Biweekly premium rates				2014 Total Monthly Premium	2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Wisconsin Aetna Whole Health	Basic Self	F71	195.70	201.56	151.17	50.39	1.47	424.02	436.71	327.53	109.18	3.18
	Basic Family	F72	539.23	555.41	416.56	138.85	4.04	1168.33	1203.39	902.54	300.85	8.77
Wisconsin Dean Health Plan	High Self	WD1	309.21	358.21	202.01	156.20	43.67	669.96	776.12	437.69	338.43	94.61
	High Family	WD2	773.02	895.51	448.57	446.94	111.54	1674.88	1940.27	971.90	968.37	241.67
	Standard Self	WD4	New Plan	240.46	180.35	60.11	New Plan	New Plan	521.00	390.75	130.25	New Plan
	Standard Family	WD5	New Plan	601.15	448.57	152.58	New Plan	New Plan	1302.49	971.90	330.59	New Plan
Wisconsin Group Health Cooperative	High Self	WJ1	270.11	275.75	202.01	73.74	.31	585.24	597.46	437.69	159.77	.67
	High Family	WJ2	675.47	689.54	448.57	240.97	3.12	1463.52	1494.00	971.90	522.10	6.76
Wisconsin HealthPartners High and Standard Option	High Self	V31	320.67	304.64	202.01	102.63	-21.36	694.79	660.05	437.69	222.36	-46.29
	High Family	V32	737.54	700.68	448.57	252.11	-47.81	1598.00	1518.14	971.90	546.24	-103.58
	Standard Self	V34	164.26	169.19	126.89	42.30	1.24	355.90	366.58	274.94	91.64	2.67
	Standard Family	V35	377.80	389.14	291.86	97.28	2.83	818.57	843.14	632.36	210.78	6.14
Wisconsin MercyCare HMO	High Self	EY1	264.05	299.71	202.01	97.70	30.33	572.11	649.37	437.69	211.68	65.71
	High Family	EY2	660.43	749.61	448.57	301.04	78.23	1430.93	1624.16	971.90	652.26	169.51
Wisconsin Physicians Plus	High Self	LW1	273.09	299.78	202.01	97.77	21.36	591.70	649.52	437.69	211.83	46.27
	High Family	LW2	695.87	763.85	448.57	315.28	57.03	1507.72	1655.01	971.90	683.11	123.57
Wyoming Aetna Direct	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	New Plan	1027.91	770.93	256.98	New Plan
Wyoming Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	271.62	276.95	202.01	74.94	.00	588.51	600.06	437.69	162.37	.00
	CDHP Family	H42	616.82	628.94	448.57	180.37	1.17	1336.44	1362.70	971.90	390.80	2.54
	Value Self	H44	241.71	244.12	183.09	61.03	.60	523.71	528.93	396.70	132.23	1.30
	Value Family	H45	548.90	554.39	415.79	138.60	1.38	1189.28	1201.18	900.89	300.29	2.97
Wyoming Aetna HealthFund HDHP	HDHP Self	224	218.88	226.86	170.15	56.71	1.99	474.24	491.53	368.65	122.88	4.32
	HDHP Family	225	479.36	496.83	372.62	124.21	4.37	1038.61	1076.47	807.35	269.12	9.47
Wyoming Altius Health Plans	High Self	9K1	288.15	299.68	202.01	97.67	6.20	624.33	649.31	437.69	211.62	13.43
	High Family	9K2	633.97	659.33	448.57	210.76	14.41	1373.60	1428.55	971.90	456.65	31.23
	HDHP Self	9K4	160.70	168.74	126.56	42.18	2.01	348.18	365.60	274.20	91.40	4.36
	HDHP Family	9K5	332.92	349.58	262.19	87.39	4.16	721.33	757.42	568.07	189.35	9.02
Wyoming Altius Health Plans	Standard Self	DK4	217.81	225.43	169.07	56.36	1.91	471.92	488.43	366.32	122.11	4.13
	Standard Family	DK5	479.16	495.93	371.95	123.98	4.19	1038.18	1074.52	805.89	268.63	9.09