

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
Alabama Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Alaska Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Arizona Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Arizona Aetna Open Access												
	High Self	WQ1	248.11	293.00	206.38	86.62	41.75	248.11	293.00	208.96	84.04	39.17
	High Family	WQ2	599.97	708.51	460.39	248.12	102.63	599.97	708.51	466.15	242.36	96.87
Arizona Health Net of Arizona, Inc.												
	High Self	A71	234.67	255.53	206.38	49.15	12.78	234.67	255.53	208.96	46.57	10.20
	High Family	A72	593.81	646.88	460.39	186.49	47.16	593.81	646.88	466.15	180.73	41.40
	Standard Self	A74	210.88	228.37	190.69	37.68	4.99	210.88	228.37	192.97	35.40	2.71
	Standard Family	A75	533.63	578.12	460.39	117.73	35.02	533.63	578.12	466.15	111.97	29.26
Arkansas Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Arkansas QualChoice												
	High Self	DH1	248.28	263.55	206.38	57.17	12.13	248.28	263.55	208.96	54.59	9.55
	High Family	DH2	581.43	617.18	460.39	156.79	29.84	581.43	617.18	466.15	151.03	24.08
	Standard Self	DH4	193.65	205.55	171.63	33.92	3.90	193.65	205.55	173.69	31.86	1.84
	Standard Family	DH5	453.48	481.35	401.93	79.42	9.13	453.48	481.35	406.74	74.61	4.32

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			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
California Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
California Aetna Open Access												
	High Self	2X1	202.28	227.20	189.71	37.49	6.14	202.28	227.20	191.98	35.22	3.87
	High Family	2X2	498.28	559.67	460.39	99.28	22.05	498.28	559.67	466.15	93.52	16.29
California Anthem Blue Cross - HMO												
	High Self	M51	271.49	295.66	206.38	89.28	21.03	271.49	295.66	208.96	86.70	18.45
	High Family	M52	662.50	705.57	460.39	245.18	37.16	662.50	705.57	466.15	239.42	31.40
California Blue Shield of CA Access+HMO												
	High Self	SI1	241.60	247.64	206.38	41.26	2.90	241.60	247.64	208.96	38.68	.32
	High Family	SI2	546.02	559.68	460.39	99.29	7.75	546.02	559.68	466.15	93.53	1.99
California Health Net of California												
	High Self	LB1	375.71	429.05	206.38	222.67	50.20	375.71	429.05	208.96	220.09	47.62
	High Family	LB2	868.69	992.00	460.39	531.61	117.40	868.69	992.00	466.15	525.85	111.64
	Standard Self	LB4	357.82	409.35	206.38	202.97	48.39	357.82	409.35	208.96	200.39	45.81
	Standard Family	LB5	827.32	946.45	460.39	486.06	113.22	827.32	946.45	466.15	480.30	107.46
California Health Net of California												
	High Self	LP1	254.77	274.72	206.38	68.34	16.81	254.77	274.72	208.96	65.76	14.23
	High Family	LP2	589.04	635.17	460.39	174.78	40.22	589.04	635.17	466.15	169.02	34.46
	Standard Self	LP4	239.22	258.03	206.38	51.65	14.57	239.22	258.03	208.96	49.07	11.99
	Standard Family	LP5	553.08	596.60	460.39	136.21	37.61	553.08	596.60	466.15	130.45	31.85
California Kaiser Foundation Health Plan of California												
	High Self	591	287.00	305.49	206.38	99.11	15.35	287.00	305.49	208.96	96.53	12.77
	High Family	592	685.10	729.21	460.39	268.82	38.20	685.10	729.21	466.15	263.06	32.44
	Standard Self	594	240.24	255.88	206.38	49.50	12.26	240.24	255.88	208.96	46.92	9.68
	Standard Family	595	562.16	598.75	460.39	138.36	30.68	562.16	598.75	466.15	132.60	24.92
California Kaiser Foundation Health Plan of California												
	High Self	621	221.05	232.76	194.35	38.41	4.15	221.05	232.76	196.68	36.08	1.82
	High Family	622	510.87	537.96	449.20	88.76	9.58	510.87	537.96	454.58	83.38	4.20
	Standard Self	624	141.63	149.09	124.49	24.60	2.65	141.63	149.09	125.98	23.11	1.16

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			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	Standard Family	625	327.35	344.58	287.72	56.86	6.12	327.35	344.58	291.17	53.41	2.67
California UnitedHealthcare of California												
	High Self	CY1	218.78	236.50	197.48	39.02	5.11	218.78	236.50	199.84	36.66	2.75
	High Family	CY2	499.40	540.64	451.43	89.21	11.80	499.40	540.64	456.84	83.80	6.39
Colorado Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Colorado Kaiser Foundation Health Plan of Colorado												
	High Self	651	250.50	266.05	206.38	59.67	12.41	250.50	266.05	208.96	57.09	9.83
	High Family	652	566.14	601.30	460.39	140.91	29.25	566.14	601.30	466.15	135.15	23.49
	Standard Self	654	148.03	151.11	126.18	24.93	1.99	148.03	151.11	127.69	23.42	.48
	Standard Family	655	334.57	341.50	285.15	56.35	4.49	334.57	341.50	288.57	52.93	1.07
Connecticut Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Delaware Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Delaware Aetna Open Access												
	High Self	P31	384.05	473.69	206.38	267.31	86.50	384.05	473.69	208.96	264.73	83.92
	High Family	P32	926.65	1142.94	460.39	682.55	210.38	926.65	1142.94	466.15	676.79	204.62
	Basic Self	P34	287.87	342.65	206.38	136.27	51.64	287.87	342.65	208.96	133.69	49.06
	Basic Family	P35	664.74	791.22	460.39	330.83	120.57	664.74	791.22	466.15	325.07	114.81
District of Columbia Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51

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Plan - Option - Enrollment Code												
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
District of Columbia Aetna Open Access												
	High Self	JN1	341.35	341.73	206.38	135.35	-2.76	341.35	341.73	208.96	132.77	-5.34
	High Family	JN2	764.59	765.45	460.39	305.06	-5.05	764.59	765.45	466.15	299.30	-10.81
	Basic Self	JN4	218.28	229.78	191.87	37.91	4.08	218.28	229.78	194.16	35.62	1.79
	Basic Family	JN5	510.85	537.75	449.02	88.73	9.55	510.85	537.75	454.40	83.35	4.17
District of Columbia CareFirst BlueChoice												
	High Self	2G1	250.36	250.36	206.38	43.98	-3.14	250.36	250.36	208.96	41.40	-5.72
	High Family	2G2	563.22	563.22	460.39	102.83	-5.91	563.22	563.22	466.15	97.07	-11.67
	Standard Self	2G4	New Plan	237.85	198.60	39.25	New Plan	New Plan	237.85	200.98	36.87	New Plan
	Standard Family	2G5	New Plan	535.06	446.78	88.28	New Plan	New Plan	535.06	452.13	82.93	New Plan
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	243.01	254.06	206.38	47.68	7.91	243.01	254.06	208.96	45.10	5.33
	High Family	E32	558.93	584.36	460.39	123.97	19.52	558.93	584.36	466.15	118.21	13.76
	Standard Self	E34	152.56	165.58	138.26	27.32	3.67	152.56	165.58	139.92	25.66	2.01
	Standard Family	E35	350.86	380.84	318.00	62.84	8.46	350.86	380.84	321.81	59.03	4.65
District of Columbia M.D. IPA												
	High Self	JP1	241.68	262.27	206.38	55.89	17.45	241.68	262.27	208.96	53.31	14.87
	High Family	JP2	557.30	604.78	460.39	144.39	41.57	557.30	604.78	466.15	138.63	35.81
Florida Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Florida Av-Med Health Plan												
	High Self	ML1	237.88	270.09	206.38	63.71	26.84	237.88	270.09	208.96	61.13	24.26
	High Family	ML2	570.98	648.26	460.39	187.87	71.37	570.98	648.26	466.15	182.11	65.61
	Standard Self	ML4	220.31	226.43	189.07	37.36	3.21	220.31	226.43	191.33	35.10	.95
	Standard Family	ML5	528.77	543.48	453.81	89.67	7.71	528.77	543.48	459.24	84.24	2.28
Florida Capital Health Plan												
	High Self	EA1	188.80	188.80	157.65	31.15	1.89	188.80	188.80	159.54	29.26	.00
	High Family	EA2	500.31	500.32	417.77	82.55	5.00	500.31	500.32	422.77	77.55	.00
Florida Coventry Health Plan of Florida												

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Plan - Option - Enrollment Code												
	High Self	5E1	221.25	224.95	187.83	37.12	2.83	221.25	224.95	190.08	34.87	.58
	High Family	5E2	573.56	581.55	460.39	121.16	2.08	573.56	581.55	466.15	115.40	-3.68
	Standard Self	5E4	190.92	203.59	170.00	33.59	4.00	190.92	203.59	172.03	31.56	1.97
	Standard Family	5E5	494.74	526.04	439.24	86.80	10.12	494.74	526.04	444.50	81.54	4.86
Florida Coventry Health Plan of Florida												
	HDHP Self	J41	New Plan	213.60	178.36	35.24	New Plan	New Plan	213.60	180.49	33.11	New Plan
	HDHP Family	J42	New Plan	530.03	442.58	87.45	New Plan	New Plan	530.03	447.88	82.15	New Plan
Florida Humana CoverageFirst												
	CDHP Self	MJ1	224.83	234.19	195.55	38.64	3.79	224.83	234.19	197.89	36.30	1.45
	CDHP Family	MJ2	505.86	526.93	439.99	86.94	8.53	505.86	526.93	445.26	81.67	3.26
Florida Humana CoverageFirst												
	CDHP Self	QP1	214.90	200.74	167.62	33.12	-.19	214.90	200.74	169.63	31.11	-2.20
	CDHP Family	QP2	483.52	451.66	377.14	74.52	-.43	483.52	451.66	381.65	70.01	-4.94
Florida Humana Medical Plan, Inc.												
	High Self	EE1	256.90	261.86	206.38	55.48	1.82	256.90	261.86	208.96	52.90	-.76
	High Family	EE2	578.04	589.19	460.39	128.80	5.24	578.04	589.19	466.15	123.04	-.52
	Standard Self	EE4	224.98	223.08	186.27	36.81	1.94	224.98	223.08	188.50	34.58	-.29
	Standard Family	EE5	506.21	501.92	419.10	82.82	4.36	506.21	501.92	424.12	77.80	-.66
Florida Humana Medical Plan, Inc.												
	High Self	LL1	290.65	342.80	206.38	136.42	49.01	290.65	342.80	208.96	133.84	46.43
	High Family	LL2	653.95	771.31	460.39	310.92	111.45	653.95	771.31	466.15	305.16	105.69
	Standard Self	LL4	236.24	247.86	206.38	41.48	4.86	236.24	247.86	208.96	38.90	2.28
	Standard Family	LL5	531.52	557.70	460.39	97.31	14.92	531.52	557.70	466.15	91.55	9.16
Georgia Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Georgia Aetna Open Access												
	High Self	2U1	287.47	316.05	206.38	109.67	25.44	287.47	316.05	208.96	107.09	22.86
	High Family	2U2	659.62	725.19	460.39	264.80	59.66	659.62	725.19	466.15	259.04	53.90
Georgia Humana CoverageFirst												
	CDHP Self	AD1	211.89	211.89	176.93	34.96	2.12	211.89	211.89	179.05	32.84	.00

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	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Hawaii HMSA												
	High Self	871	208.71	218.72	182.63	36.09	3.74	208.71	218.72	184.82	33.90	1.55
	High Family	872	464.57	486.87	406.54	80.33	8.32	464.57	486.87	411.41	75.46	3.45
Hawaii Kaiser Foundation Health Plan of Hawaii												
	High Self	631	234.89	248.91	206.38	42.53	6.12	234.89	248.91	208.96	39.95	3.54
	High Family	632	505.01	535.14	446.84	88.30	10.02	505.01	535.14	452.19	82.95	4.67
	Standard Self	634	104.11	113.77	95.00	18.77	2.63	104.11	113.77	96.14	17.63	1.49
	Standard Family	635	223.83	244.61	204.25	40.36	5.67	223.83	244.61	206.70	37.91	3.22
Idaho Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Idaho Altius Health Plans												
	High Self	9K1	277.07	277.07	206.38	70.69	-3.14	277.07	277.07	208.96	68.11	-5.72
	High Family	9K2	609.59	609.59	460.39	149.20	-5.91	609.59	609.59	466.15	143.44	-11.67
	HDHP Self	9K4	160.70	160.70	134.18	26.52	1.61	160.70	160.70	135.79	24.91	.00
	HDHP Family	9K5	332.92	332.92	277.99	54.93	3.33	332.92	332.92	281.32	51.60	.00
Idaho Altius Health Plans												
	Standard Self	DK4	183.77	196.63	164.19	32.44	3.96	183.77	196.63	166.15	30.48	2.00
	Standard Family	DK5	404.27	432.57	361.20	71.37	8.71	404.27	432.57	365.52	67.05	4.39
Idaho Group Health Cooperative												
	High Self	541	265.22	276.67	206.38	70.29	8.31	265.22	276.67	208.96	67.71	5.73
	High Family	542	570.23	594.86	460.39	134.47	18.72	570.23	594.86	466.15	128.71	12.96
	Standard Self	544	171.53	176.47	147.35	29.12	2.53	171.53	176.47	149.12	27.35	.76
	Standard Family	545	387.25	398.38	332.65	65.73	5.71	387.25	398.38	336.63	61.75	1.73
Illinois Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2			
				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Illinois Aetna Open Access												
	High Self	IK1	278.98	343.75	206.38	137.37	61.63	278.98	343.75	208.96	134.79	59.05
	High Family	IK2	671.77	827.72	460.39	367.33	150.04	671.77	827.72	466.15	361.57	144.28
Illinois Blue Preferred Plus POS												
	High Self	9G1	262.14	306.71	206.38	100.33	41.43	262.14	306.71	208.96	97.75	38.85
	High Family	9G2	567.56	664.05	460.39	203.66	90.58	567.56	664.05	466.15	197.90	84.82
Illinois Health Alliance HMO												
	High Self	FX1	255.88	286.58	206.38	80.20	27.56	255.88	286.58	208.96	77.62	24.98
	High Family	FX2	596.47	668.04	460.39	207.65	65.66	596.47	668.04	466.15	201.89	59.90
Illinois Humana Benefit Plan of Illinois, Inc.												
	High Self	9F1	314.19	368.44	206.38	162.06	51.11	314.19	368.44	208.96	159.48	48.53
	High Family	9F2	706.95	828.99	460.39	368.60	116.13	706.95	828.99	466.15	362.84	110.37
Illinois Humana Benefit Plan of Illinois, Inc.												
	Standard Self	AB4	238.88	247.87	206.38	41.49	4.46	238.88	247.87	208.96	38.91	1.88
	Standard Family	AB5	537.48	557.71	460.39	97.32	14.01	537.48	557.71	466.15	91.56	8.25
Illinois Humana CoverageFirst												
	CDHP Self	GB1	New Plan	234.19	195.55	38.64	New Plan	New Plan	234.19	197.89	36.30	New Plan
	CDHP Family	GB2	New Plan	526.94	439.99	86.95	New Plan	New Plan	526.94	445.26	81.68	New Plan
Illinois Humana CoverageFirst												
	CDHP Self	MW1	218.41	223.04	186.24	36.80	2.95	218.41	223.04	188.47	34.57	.72
	CDHP Family	MW2	491.42	501.83	419.03	82.80	6.63	491.42	501.83	424.05	77.78	1.61
Illinois Humana Health Plan Inc.												
	High Self	751	295.57	324.08	206.38	117.70	25.37	295.57	324.08	208.96	115.12	22.79
	High Family	752	665.03	729.19	460.39	268.80	58.25	665.03	729.19	466.15	263.04	52.49
	Standard Self	754	224.98	247.86	206.38	41.48	6.61	224.98	247.86	208.96	38.90	4.03
	Standard Family	755	506.21	557.70	460.39	97.31	18.85	506.21	557.70	466.15	91.55	13.09
Illinois Union Health Service												
	High Self	761	218.58	236.80	197.73	39.07	5.19	218.58	236.80	200.10	36.70	2.82
	High Family	762	507.42	550.05	459.29	90.76	12.11	507.42	550.05	464.79	85.26	6.61
Illinois United Healthcare of the Midwest, Inc.												
	High Self	B91	250.49	275.07	206.38	68.69	21.44	250.49	275.07	208.96	66.11	18.86

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	High Family	B92	559.61	614.54	460.39	154.15	49.02	559.61	614.54	466.15	148.39	43.26
Illinois UnitedHealthcare Plan of the River Valley Inc.												
	High Self	YH1	211.33	245.10	204.66	40.44	7.68	211.33	245.10	207.11	37.99	5.23
	High Family	YH2	517.74	585.51	460.39	125.12	44.87	517.74	585.51	466.15	119.36	39.11
Indiana Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Indiana Aetna Open Access												
	High Self	IK1	278.98	343.75	206.38	137.37	61.63	278.98	343.75	208.96	134.79	59.05
	High Family	IK2	671.77	827.72	460.39	367.33	150.04	671.77	827.72	466.15	361.57	144.28
Indiana Health Alliance HMO												
	High Self	FX1	255.88	286.58	206.38	80.20	27.56	255.88	286.58	208.96	77.62	24.98
	High Family	FX2	596.47	668.04	460.39	207.65	65.66	596.47	668.04	466.15	201.89	59.90
Indiana Humana CoverageFirst												
	CDHP Self	MW1	218.41	223.04	186.24	36.80	2.95	218.41	223.04	188.47	34.57	.72
	CDHP Family	MW2	491.42	501.83	419.03	82.80	6.63	491.42	501.83	424.05	77.78	1.61
Indiana Humana Health Plan Inc.												
	High Self	751	295.57	324.08	206.38	117.70	25.37	295.57	324.08	208.96	115.12	22.79
	High Family	752	665.03	729.19	460.39	268.80	58.25	665.03	729.19	466.15	263.04	52.49
	Standard Self	754	224.98	247.86	206.38	41.48	6.61	224.98	247.86	208.96	38.90	4.03
	Standard Family	755	506.21	557.70	460.39	97.31	18.85	506.21	557.70	466.15	91.55	13.09
Indiana Humana Health Plan, Inc.												
	High Self	MH1	238.88	266.33	206.38	59.95	22.92	238.88	266.33	208.96	57.37	20.34
	High Family	MH2	537.47	599.25	460.39	138.86	55.55	537.47	599.25	466.15	133.10	49.79
	Standard Self	MH4	214.99	247.87	206.38	41.49	8.17	214.99	247.87	208.96	38.91	5.59
	Standard Family	MH5	483.72	557.71	460.39	97.32	22.34	483.72	557.71	466.15	91.56	16.58
Indiana Physicians Health Plan of Northern Indiana												
	High Self	DQ1	258.69	273.92	206.38	67.54	12.09	258.69	273.92	208.96	64.96	9.51
	High Family	DQ2	575.78	609.70	460.39	149.31	28.01	575.78	609.70	466.15	143.55	22.25
Iowa Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
				Plan - Option - Enrollment Code	Total Premium	Govt Pays	Empl. Pays		Change in empl. payment	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
	High Self	HY1	New Plan	218.16	182.16	36.00	New Plan	New Plan	218.16	184.35	33.81	New Plan	
	High Family	HY2	New Plan	581.77	460.39	121.38	New Plan	New Plan	581.77	466.15	115.62	New Plan	
Kansas Coventry Health Care of Kansas													
	High Self	HA1		210.09	225.16	188.01	37.15	4.59	210.09	225.16	190.26	34.90	2.34
	High Family	HA2		527.54	565.38	460.39	104.99	23.22	527.54	565.38	466.15	99.23	17.46
	Standard Self	HA4		179.02	186.39	155.64	30.75	3.00	179.02	186.39	157.50	28.89	1.14
	Standard Family	HA5		420.62	437.94	365.68	72.26	7.06	420.62	437.94	370.06	67.88	2.68
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP													
	HDHP Self	9H1		173.13	179.46	149.85	29.61	2.77	173.13	179.46	151.64	27.82	.98
	HDHP Family	9H2		406.87	421.76	352.17	69.59	6.53	406.87	421.76	356.39	65.37	2.31
Kansas Humana CoverageFirst													
	CDHP Self	PH1		198.18	200.73	167.61	33.12	2.40	198.18	200.73	169.62	31.11	.39
	CDHP Family	PH2		445.91	451.65	377.13	74.52	5.40	445.91	451.65	381.64	70.01	.89
Kansas Humana Health Plan, Inc.													
	High Self	MS1		352.46	396.74	206.38	190.36	41.14	352.46	396.74	208.96	187.78	38.56
	High Family	MS2		793.03	892.67	460.39	432.28	93.73	793.03	892.67	466.15	426.52	87.97
	Standard Self	MS4		237.48	247.86	206.38	41.48	4.67	237.48	247.86	208.96	38.90	2.09
	Standard Family	MS5		534.34	557.70	460.39	97.31	14.49	534.34	557.70	466.15	91.55	8.73
Kentucky Aetna HealthFund													
	CDHP Self	221		230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222		542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224		157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225		345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Kentucky Humana CoverageFirst													
	CDHP Self	6N1		182.76	185.79	155.13	30.66	2.33	182.76	185.79	156.99	28.80	.47
	CDHP Family	6N2		411.21	418.04	349.06	68.98	5.24	411.21	418.04	353.24	64.80	1.06
Kentucky Humana Health Plan, Inc.													
	High Self	MH1		238.88	266.33	206.38	59.95	22.92	238.88	266.33	208.96	57.37	20.34
	High Family	MH2		537.47	599.25	460.39	138.86	55.55	537.47	599.25	466.15	133.10	49.79
	Standard Self	MH4		214.99	247.87	206.38	41.49	8.17	214.99	247.87	208.96	38.91	5.59
	Standard Family	MH5		483.72	557.71	460.39	97.32	22.34	483.72	557.71	466.15	91.56	16.58
Kentucky Humana Health Plan, Inc.													
	High Self	MI1		230.01	247.35	206.38	40.97	5.32	230.01	247.35	208.96	38.39	2.74

Postal Premium Rates for the Federal Employees Health Benefits Program

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				Plan - Option - Enrollment Code	Total Premium	Govt Pays	Empl. Pays		Change in empl. payment	Total Premium	Govt Pays	Empl. Pays
	High Family	MI2	517.51	556.56	460.39	96.17	15.96	517.51	556.56	466.15	90.41	10.20
	Standard Self	MI4	201.86	210.68	175.92	34.76	3.47	201.86	210.68	178.02	32.66	1.37
	Standard Family	MI5	454.19	474.03	395.82	78.21	7.81	454.19	474.03	400.56	73.47	3.07
Louisiana Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Louisiana Coventry Health Care of Louisiana												
	High Self	BJ1	260.71	273.52	206.38	67.14	9.67	260.71	273.52	208.96	64.56	7.09
	High Family	BJ2	605.45	635.22	460.39	174.83	23.86	605.45	635.22	466.15	169.07	18.10
	Standard Self	BJ4	232.71	240.64	200.93	39.71	3.64	232.71	240.64	203.34	37.30	1.23
	Standard Family	BJ5	540.46	558.85	460.39	98.46	12.48	540.46	558.85	466.15	92.70	6.72
Maine Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Maryland Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Maryland Aetna Open Access												
	High Self	JN1	341.35	341.73	206.38	135.35	-2.76	341.35	341.73	208.96	132.77	-5.34
	High Family	JN2	764.59	765.45	460.39	305.06	-5.05	764.59	765.45	466.15	299.30	-10.81
	Basic Self	JN4	218.28	229.78	191.87	37.91	4.08	218.28	229.78	194.16	35.62	1.79
	Basic Family	JN5	510.85	537.75	449.02	88.73	9.55	510.85	537.75	454.40	83.35	4.17
Maryland CareFirst BlueChoice												
	High Self	2G1	250.36	250.36	206.38	43.98	-3.14	250.36	250.36	208.96	41.40	-5.72
	High Family	2G2	563.22	563.22	460.39	102.83	-5.91	563.22	563.22	466.15	97.07	-11.67
	Standard Self	2G4	New Plan	237.85	198.60	39.25	New Plan	New Plan	237.85	200.98	36.87	New Plan
	Standard Family	2G5	New Plan	535.06	446.78	88.28	New Plan	New Plan	535.06	452.13	82.93	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

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			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Maryland Coventry Health Care												
	High Self	IG1	196.14	199.49	166.57	32.92	2.52	196.14	199.49	168.57	30.92	.52
	High Family	IG2	492.24	500.66	418.05	82.61	6.31	492.24	500.66	423.06	77.60	1.30
	Standard Self	IG4	173.27	185.52	154.91	30.61	3.75	173.27	185.52	156.76	28.76	1.90
	Standard Family	IG5	433.17	463.78	387.26	76.52	9.38	433.17	463.78	391.89	71.89	4.75
Maryland Coventry Health Care HDHP												
	HDHP Self	GZ1	170.64	181.55	151.59	29.96	3.51	170.64	181.55	153.41	28.14	1.69
	HDHP Family	GZ2	396.45	415.53	346.97	68.56	7.11	396.45	415.53	351.12	64.41	2.96
Maryland Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	243.01	254.06	206.38	47.68	7.91	243.01	254.06	208.96	45.10	5.33
	High Family	E32	558.93	584.36	460.39	123.97	19.52	558.93	584.36	466.15	118.21	13.76
	Standard Self	E34	152.56	165.58	138.26	27.32	3.67	152.56	165.58	139.92	25.66	2.01
	Standard Family	E35	350.86	380.84	318.00	62.84	8.46	350.86	380.84	321.81	59.03	4.65
Maryland M.D. IPA												
	High Self	JP1	241.68	262.27	206.38	55.89	17.45	241.68	262.27	208.96	53.31	14.87
	High Family	JP2	557.30	604.78	460.39	144.39	41.57	557.30	604.78	466.15	138.63	35.81
Massachusetts Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Massachusetts Fallon Community Health Plan												
	Basic Self	JG1	283.47	283.47	206.38	77.09	-3.14	283.47	283.47	208.96	74.51	-5.72
	Basic Family	JG2	688.92	688.92	460.39	228.53	-5.91	688.92	688.92	466.15	222.77	-11.67
Michigan Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Michigan Bluecare Network of MI												
	High Self	H61	246.85	266.31	206.38	59.93	16.32	246.85	266.31	208.96	57.35	13.74
	High Family	H62	641.62	692.19	460.39	231.80	44.66	641.62	692.19	466.15	226.04	38.90
Michigan Bluecare Network of MI												

Postal Premium Rates for the Federal Employees Health Benefits Program

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			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	High Self	J31	260.41	282.09	206.38	75.71	18.54	260.41	282.09	208.96	73.13	15.96
	High Family	J32	676.82	733.22	460.39	272.83	50.49	676.82	733.22	466.15	267.07	44.73
Michigan Bluecare Network of MI												
	High Self	K51	249.80	258.50	206.38	52.12	5.56	249.80	258.50	208.96	49.54	2.98
	High Family	K52	569.56	589.49	460.39	129.10	14.02	569.56	589.49	466.15	123.34	8.26
Michigan Bluecare Network of MI												
	High Self	LX1	219.09	238.71	199.32	39.39	5.43	219.09	238.71	201.71	37.00	3.04
	High Family	LX2	569.42	620.42	460.39	160.03	45.09	569.42	620.42	466.15	154.27	39.33
Michigan Grand Valley Health Plan												
	High Self	RL1	217.33	273.47	206.38	67.09	33.40	217.33	273.47	208.96	64.51	30.82
	High Family	RL2	565.06	711.00	460.39	250.61	140.03	565.06	711.00	466.15	244.85	134.27
	Standard Self	RL4	203.79	239.50	199.98	39.52	7.93	203.79	239.50	202.38	37.12	5.53
	Standard Family	RL5	529.82	622.71	460.39	162.32	80.20	529.82	622.71	466.15	156.56	74.44
Michigan Health Alliance Plan												
	High Self	521	240.73	257.34	206.38	50.96	13.47	240.73	257.34	208.96	48.38	10.89
	High Family	522	625.87	617.62	460.39	157.23	-14.16	625.87	617.62	466.15	151.47	-19.92
Michigan Health Alliance Plan												
	Standard Self	GY4	New Plan	236.71	197.65	39.06	New Plan	New Plan	236.71	200.02	36.69	New Plan
	Standard Family	GY5	New Plan	568.14	460.39	107.75	New Plan	New Plan	568.14	466.15	101.99	New Plan
Michigan HealthPlus MI												
	High Self	X51	205.56	221.57	185.01	36.56	4.70	205.56	221.57	187.23	34.34	2.48
	High Family	X52	534.10	575.70	460.39	115.31	32.52	534.10	575.70	466.15	109.55	26.76
Michigan Physicians Health Plan												
	Standard Self	9U4	278.71	278.71	206.38	72.33	-3.14	278.71	278.71	208.96	69.75	-5.72
	Standard Family	9U5	671.69	671.70	460.39	211.31	-5.90	671.69	671.70	466.15	205.55	-11.66
Minnesota Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Minnesota HealthPartners High and Standard Option												
	High Self	V31	314.75	337.53	206.38	131.15	19.64	314.75	337.53	208.96	128.57	17.06
	High Family	V32	723.91	776.32	460.39	315.93	46.50	723.91	776.32	466.15	310.17	40.74

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2			
				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan	Option	Enrollment Code										
	Standard Self	V34	147.85	165.92	138.54	27.38	4.46	147.85	165.92	140.20	25.72	2.80
	Standard Family	V35	340.04	381.62	318.65	62.97	10.26	340.04	381.62	322.47	59.15	6.44
Mississippi Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Missouri Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Missouri Aetna Open Access												
	High Self	HY1	New Plan	218.16	182.16	36.00	New Plan	New Plan	218.16	184.35	33.81	New Plan
	High Family	HY2	New Plan	581.77	460.39	121.38	New Plan	New Plan	581.77	466.15	115.62	New Plan
Missouri Blue Preferred Plus POS												
	High Self	9G1	262.14	306.71	206.38	100.33	41.43	262.14	306.71	208.96	97.75	38.85
	High Family	9G2	567.56	664.05	460.39	203.66	90.58	567.56	664.05	466.15	197.90	84.82
Missouri Coventry Health Care of Kansas												
	High Self	HA1	210.09	225.16	188.01	37.15	4.59	210.09	225.16	190.26	34.90	2.34
	High Family	HA2	527.54	565.38	460.39	104.99	23.22	527.54	565.38	466.15	99.23	17.46
	Standard Self	HA4	179.02	186.39	155.64	30.75	3.00	179.02	186.39	157.50	28.89	1.14
	Standard Family	HA5	420.62	437.94	365.68	72.26	7.06	420.62	437.94	370.06	67.88	2.68
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP												
	HDHP Self	9H1	173.13	179.46	149.85	29.61	2.77	173.13	179.46	151.64	27.82	.98
	HDHP Family	9H2	406.87	421.76	352.17	69.59	6.53	406.87	421.76	356.39	65.37	2.31
Missouri Humana CoverageFirst												
	CDHP Self	PH1	198.18	200.73	167.61	33.12	2.40	198.18	200.73	169.62	31.11	.39
	CDHP Family	PH2	445.91	451.65	377.13	74.52	5.40	445.91	451.65	381.64	70.01	.89
Missouri Humana Health Plan, Inc.												
	High Self	MS1	352.46	396.74	206.38	190.36	41.14	352.46	396.74	208.96	187.78	38.56
	High Family	MS2	793.03	892.67	460.39	432.28	93.73	793.03	892.67	466.15	426.52	87.97
	Standard Self	MS4	237.48	247.86	206.38	41.48	4.67	237.48	247.86	208.96	38.90	2.09

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	Standard Family	MS5	534.34	557.70	460.39	97.31	14.49	534.34	557.70	466.15	91.55	8.73
Missouri United Healthcare of the Midwest, Inc.												
	High Self	B91	250.49	275.07	206.38	68.69	21.44	250.49	275.07	208.96	66.11	18.86
	High Family	B92	559.61	614.54	460.39	154.15	49.02	559.61	614.54	466.15	148.39	43.26
Montana Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Nebraska Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Nevada Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Nevada Aetna Open Access												
	High Self	HF1	New Plan	195.37	163.13	32.24	New Plan	New Plan	195.37	165.09	30.28	New Plan
	High Family	HF2	New Plan	569.64	460.39	109.25	New Plan	New Plan	569.64	466.15	103.49	New Plan
Nevada Health Plan of Nevada												
	High Self	NM1	145.24	192.88	161.05	31.83	9.32	145.24	192.88	162.98	29.90	7.39
	High Family	NM2	371.95	454.81	379.77	75.04	17.39	371.95	454.81	384.31	70.50	12.85
New Hampshire Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
New Jersey Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2			
				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan	Option	Enrollment Code										
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
New Jersey Aetna Open Access												
	High Self	JR1	324.08	377.88	206.38	171.50	50.66	324.08	377.88	208.96	168.92	48.08
	High Family	JR2	745.50	869.25	460.39	408.86	117.84	745.50	869.25	466.15	403.10	112.08
	Basic Self	JR4	255.26	298.44	206.38	92.06	40.04	255.26	298.44	208.96	89.48	37.46
	Basic Family	JR5	589.23	688.91	460.39	228.52	93.77	589.23	688.91	466.15	222.76	88.01
New Jersey Aetna Open Access												
	High Self	P31	384.05	473.69	206.38	267.31	86.50	384.05	473.69	208.96	264.73	83.92
	High Family	P32	926.65	1142.94	460.39	682.55	210.38	926.65	1142.94	466.15	676.79	204.62
	Basic Self	P34	287.87	342.65	206.38	136.27	51.64	287.87	342.65	208.96	133.69	49.06
	Basic Family	P35	664.74	791.22	460.39	330.83	120.57	664.74	791.22	466.15	325.07	114.81
New Jersey GHI Health Plan												
	High Self	801	280.72	303.17	206.38	96.79	19.31	280.72	303.17	208.96	94.21	16.73
	High Family	802	701.84	757.99	460.39	297.60	50.24	701.84	757.99	466.15	291.84	44.48
	Standard Self	804	196.06	215.66	180.08	35.58	5.19	196.06	215.66	182.23	33.43	3.04
	Standard Family	805	457.68	503.45	420.38	83.07	12.13	457.68	503.45	425.42	78.03	7.09
New Mexico Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
New Mexico Lovelace Health Plan												
	High Self	Q11	238.33	291.32	206.38	84.94	48.00	238.33	291.32	208.96	82.36	45.42
	High Family	Q12	583.90	684.63	460.39	224.24	94.82	583.90	684.63	466.15	218.48	89.06
New Mexico Presbyterian Health Plan												
	High Self	P21	265.92	265.92	206.38	59.54	-3.14	265.92	265.92	208.96	56.96	-5.72
	High Family	P22	603.93	603.93	460.39	143.54	-5.91	603.93	603.93	466.15	137.78	-11.67
New York Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
New York Aetna Open Access												
	High Self	JC1	311.97	334.60	206.38	128.22	19.49	311.97	334.60	208.96	125.64	16.91
	High Family	JC2	767.93	823.62	460.39	363.23	49.78	767.93	823.62	466.15	357.47	44.02
	Basic Self	JC4	251.13	271.23	206.38	64.85	16.96	251.13	271.23	208.96	62.27	14.38
	Basic Family	JC5	610.23	659.07	460.39	198.68	42.93	610.23	659.07	466.15	192.92	37.17
New York Blue Choice												
	High Self	MK1	287.25	287.52	206.38	81.14	-2.87	287.25	287.52	208.96	78.56	-5.45
	High Family	MK2	665.88	666.53	460.39	206.14	-5.26	665.88	666.53	466.15	200.38	-11.02
	Standard Self	MK4	242.20	246.13	205.52	40.61	1.65	242.20	246.13	207.98	38.15	-.81
	Standard Family	MK5	615.31	615.78	460.39	155.39	-5.44	615.31	615.78	466.15	149.63	-11.20
New York CDPHP Universal Benefits, Inc.												
	High Self	SG1	265.46	265.46	206.38	59.08	-3.14	265.46	265.46	208.96	56.50	-5.72
	High Family	SG2	672.32	672.32	460.39	211.93	-5.91	672.32	672.32	466.15	206.17	-11.67
	Standard Self	SG4	198.66	198.66	165.88	32.78	1.99	198.66	198.66	167.87	30.79	.00
	Standard Family	SG5	512.51	512.51	427.95	84.56	5.12	512.51	512.51	433.07	79.44	.00
New York GHI HMO Select												
	High Self	6V1	309.32	360.37	206.38	153.99	47.91	309.32	360.37	208.96	151.41	45.33
	High Family	6V2	786.84	917.89	460.39	457.50	125.14	786.84	917.89	466.15	451.74	119.38
New York GHI HMO Select												
	High Self	X41	327.61	311.05	206.38	104.67	-19.70	327.61	311.05	208.96	102.09	-22.28
	High Family	X42	836.71	787.98	460.39	327.59	-54.64	836.71	787.98	466.15	321.83	-60.40
New York GHI Health Plan												
	High Self	801	280.72	303.17	206.38	96.79	19.31	280.72	303.17	208.96	94.21	16.73
	High Family	802	701.84	757.99	460.39	297.60	50.24	701.84	757.99	466.15	291.84	44.48
	Standard Self	804	196.06	215.66	180.08	35.58	5.19	196.06	215.66	182.23	33.43	3.04
	Standard Family	805	457.68	503.45	420.38	83.07	12.13	457.68	503.45	425.42	78.03	7.09
New York HIP of Greater New York												
	High Self	511	268.96	279.97	206.38	73.59	7.87	268.96	279.97	208.96	71.01	5.29
	High Family	512	712.75	741.92	460.39	281.53	23.26	712.75	741.92	466.15	275.77	17.50
	Standard Self	514	247.24	249.09	206.38	42.71	-1.29	247.24	249.09	208.96	40.13	-3.87
	Standard Family	515	655.18	660.09	460.39	199.70	-1.00	655.18	660.09	466.15	193.94	-6.76
New York Independent Health Assoc												
	High Self	QA1	239.12	254.65	206.38	48.27	11.21	239.12	254.65	208.96	45.69	8.63

Postal Premium Rates for the Federal Employees Health Benefits Program

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				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	High Family	QA2	597.80	636.67	460.39	176.28	32.96	597.80	636.67	466.15	170.52	27.20
	HDHP Self	QA4	190.29	177.85	148.50	29.35	-.14	190.29	177.85	150.28	27.57	-1.92
	HDHP Family	QA5	485.23	456.32	381.03	75.29	.08	485.23	456.32	385.59	70.73	-4.48
New York MVP Health Care												
	High Self	GA1	243.91	246.69	205.99	40.70	.03	243.91	246.69	208.45	38.24	-2.43
	High Family	GA2	610.84	617.25	460.39	156.86	.50	610.84	617.25	466.15	151.10	-5.26
	Standard Self	GA4	223.29	220.25	183.91	36.34	1.73	223.29	220.25	186.11	34.14	-.47
	Standard Family	GA5	559.10	551.06	460.14	90.92	-13.70	559.10	551.06	465.65	85.41	-19.21
New York MVP Health Care												
	High Self	GV1	220.43	241.78	201.89	39.89	5.72	220.43	241.78	204.30	37.48	3.31
	High Family	GV2	551.62	604.98	460.39	144.59	47.45	551.62	604.98	466.15	138.83	41.69
	Standard Self	GV4	207.39	210.91	176.11	34.80	2.65	207.39	210.91	178.22	32.69	.54
	Standard Family	GV5	518.95	527.70	440.63	87.07	6.63	518.95	527.70	445.91	81.79	1.35
New York MVP Health Care												
	High Self	M91	256.44	259.82	206.38	53.44	.24	256.44	259.82	208.96	50.86	-2.34
	High Family	M92	642.00	650.10	460.39	189.71	2.19	642.00	650.10	466.15	183.95	-3.57
	Standard Self	M94	240.28	231.26	193.10	38.16	.92	240.28	231.26	195.41	35.85	-1.39
	Standard Family	M95	601.80	578.64	460.39	118.25	-29.07	601.80	578.64	466.15	112.49	-34.83
New York MVP Health Care												
	High Self	MF1	269.63	296.24	206.38	89.86	23.47	269.63	296.24	208.96	87.28	20.89
	High Family	MF2	674.75	741.25	460.39	280.86	60.59	674.75	741.25	466.15	275.10	54.83
	Standard Self	MF4	249.20	262.83	206.38	56.45	10.49	249.20	262.83	208.96	53.87	7.91
	Standard Family	MF5	623.64	657.58	460.39	197.19	28.03	623.64	657.58	466.15	191.43	22.27
New York MVP Health Care												
	High Self	MX1	260.30	263.76	206.38	57.38	.32	260.30	263.76	208.96	54.80	-2.26
	High Family	MX2	651.23	659.77	460.39	199.38	2.63	651.23	659.77	466.15	193.62	-3.13
	Standard Self	MX4	242.18	233.31	194.81	38.50	-.44	242.18	233.31	197.15	36.16	-2.78
	Standard Family	MX5	608.54	583.13	460.39	122.74	-31.32	608.54	583.13	466.15	116.98	-37.08
North Carolina Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
North Dakota Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
North Dakota HealthPartners High and Standard Option												
	High Self	V31	314.75	337.53	206.38	131.15	19.64	314.75	337.53	208.96	128.57	17.06
	High Family	V32	723.91	776.32	460.39	315.93	46.50	723.91	776.32	466.15	310.17	40.74
	Standard Self	V34	147.85	165.92	138.54	27.38	4.46	147.85	165.92	140.20	25.72	2.80
	Standard Family	V35	340.04	381.62	318.65	62.97	10.26	340.04	381.62	322.47	59.15	6.44
North Dakota Heart of America Health Plan												
	High Self	RU1	191.15	207.43	173.20	34.23	4.60	191.15	207.43	175.28	32.15	2.52
	High Family	RU2	491.29	533.10	445.14	87.96	11.81	491.29	533.10	450.47	82.63	6.48
Ohio Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Ohio AultCare HMO												
	High Self	3A1	287.40	267.57	206.38	61.19	-22.97	287.40	267.57	208.96	58.61	-25.55
	High Family	3A2	705.62	656.92	460.39	196.53	-54.61	705.62	656.92	466.15	190.77	-60.37
	HDHP Self	3A4	143.26	143.26	119.62	23.64	1.43	143.26	143.26	121.05	22.21	.00
	HDHP Family	3A5	287.04	287.04	239.68	47.36	2.87	287.04	287.04	242.55	44.49	.00
Ohio HMO Health Ohio												
	High Self	L41	323.17	352.94	206.38	146.56	26.63	323.17	352.94	208.96	143.98	24.05
	High Family	L42	759.44	829.41	460.39	369.02	64.06	759.44	829.41	466.15	363.26	58.30
Ohio Kaiser Foundation Health Plan of Ohio												
	High Self	641	287.68	301.24	206.38	94.86	10.42	287.68	301.24	208.96	92.28	7.84
	High Family	642	661.67	692.86	460.39	232.47	25.28	661.67	692.86	466.15	226.71	19.52
	Standard Self	644	186.85	199.46	166.55	32.91	3.95	186.85	199.46	168.54	30.92	1.96
	Standard Family	645	429.74	458.76	383.06	75.70	9.09	429.74	458.76	387.65	71.11	4.50
Ohio The Health Plan of the Upper Ohio Valley												
	High Self	U41	231.56	255.88	206.38	49.50	13.61	231.56	255.88	208.96	46.92	11.03

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	Standard Self	GG4	266.73	297.53	206.38	91.15	27.66	266.73	297.53	208.96	88.57	25.08
	Standard Family	GG5	613.46	684.34	460.39	223.95	64.97	613.46	684.34	466.15	218.19	59.21
Pennsylvania HealthAmerica Pennsylvania												
	High Self	261	259.34	264.01	206.38	57.63	1.53	259.34	264.01	208.96	55.05	-1.05
	High Family	262	609.44	620.44	460.39	160.05	5.09	609.44	620.44	466.15	154.29	-.67
Pennsylvania HealthAmerica Pennsylvania												
	Standard Self	SW4	229.99	257.96	206.38	51.58	15.93	229.99	257.96	208.96	49.00	13.35
	Standard Family	SW5	517.47	580.40	460.39	120.01	39.80	517.47	580.40	466.15	114.25	34.04
Pennsylvania HealthAmerica Pennsylvania - HDHP												
	HDHP Self	Y61	218.14	219.96	183.67	36.29	2.48	218.14	219.96	185.87	34.09	.28
	HDHP Family	Y62	503.88	506.41	422.85	83.56	5.46	503.88	506.41	427.92	78.49	.39
Pennsylvania HealthAmerica Pennsylvania-HDHP												
	HDHP Self	YW1	245.22	250.58	206.38	44.20	2.22	245.22	250.58	208.96	41.62	-.36
	HDHP Family	YW2	551.75	556.30	460.39	95.91	-1.36	551.75	556.30	466.15	90.15	-7.12
Pennsylvania UPMC Health Plan												
	High Self	8W1	275.45	275.45	206.38	69.07	-3.14	275.45	275.45	208.96	66.49	-5.72
	High Family	8W2	633.56	633.55	460.39	173.16	-5.92	633.56	633.55	466.15	167.40	-11.68
	HDHP Self	8W4	216.28	219.39	183.19	36.20	2.68	216.28	219.39	185.38	34.01	.49
	HDHP Family	8W5	480.44	491.45	410.36	81.09	6.62	480.44	491.45	415.28	76.17	1.70
Pennsylvania UPMC Health Plan												
	Standard Self	UW4	251.12	256.14	206.38	49.76	1.88	251.12	256.14	208.96	47.18	-.70
	Standard Family	UW5	577.60	589.14	460.39	128.75	5.63	577.60	589.14	466.15	122.99	-.13
Puerto Rico Humana Health Plans of Puerto Rico, Inc.												
	High Self	ZJ1	150.68	150.97	126.06	24.91	1.55	150.68	150.97	127.57	23.40	.04
	High Family	ZJ2	339.04	339.67	283.62	56.05	3.50	339.04	339.67	287.02	52.65	.10
Puerto Rico Triple-S Salud, Inc.												
	High Self	891	148.92	154.88	129.32	25.56	2.48	148.92	154.88	130.87	24.01	.93
	High Family	892	335.07	348.47	290.97	57.50	5.56	335.07	348.47	294.46	54.01	2.07
Rhode Island Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
South Carolina Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
South Dakota Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
South Dakota HealthPartners High and Standard Option												
	High Self	V31	314.75	337.53	206.38	131.15	19.64	314.75	337.53	208.96	128.57	17.06
	High Family	V32	723.91	776.32	460.39	315.93	46.50	723.91	776.32	466.15	310.17	40.74
	Standard Self	V34	147.85	165.92	138.54	27.38	4.46	147.85	165.92	140.20	25.72	2.80
	Standard Family	V35	340.04	381.62	318.65	62.97	10.26	340.04	381.62	322.47	59.15	6.44
South Dakota Sanford Health Plan												
	High Self	AU1	279.88	303.08	206.38	96.70	20.06	279.88	303.08	208.96	94.12	17.48
	High Family	AU2	644.00	697.32	460.39	236.93	47.41	644.00	697.32	466.15	231.17	41.65
	Standard Self	AU4	269.89	291.47	206.38	85.09	18.44	269.89	291.47	208.96	82.51	15.86
	Standard Family	AU5	620.78	670.40	460.39	210.01	43.71	620.78	670.40	466.15	204.25	37.95
Tennessee Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Tennessee Aetna Open Access												
	High Self	UB1	234.75	258.88	206.38	52.50	16.11	234.75	258.88	208.96	49.92	13.53
	High Family	UB2	598.57	660.09	460.39	199.70	55.61	598.57	660.09	466.15	193.94	49.85
Tennessee Humana Health Plan, Inc.												
	High Self	GJ1	New Plan	247.87	206.38	41.49	New Plan	New Plan	247.87	208.96	38.91	New Plan
	High Family	GJ2	New Plan	557.71	460.39	97.32	New Plan	New Plan	557.71	466.15	91.56	New Plan
	Standard Self	GJ4	New Plan	211.93	176.96	34.97	New Plan	New Plan	211.93	179.08	32.85	New Plan
	Standard Family	GJ5	New Plan	476.83	398.15	78.68	New Plan	New Plan	476.83	402.92	73.91	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Texas Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Texas Aetna Open Access												
	High Self	P11	281.56	346.32	206.38	139.94	61.62	281.56	346.32	208.96	137.36	59.04
	High Family	P12	709.29	872.45	460.39	412.06	157.25	709.29	872.45	466.15	406.30	151.49
Texas Firstcare												
	High Self	CK1	225.73	226.53	189.15	37.38	2.39	225.73	226.53	191.42	35.11	.12
	High Family	CK2	677.21	679.62	460.39	219.23	-3.50	677.21	679.62	466.15	213.47	-9.26
Texas Humana CoverageFirst												
	CDHP Self	TP1	192.71	218.58	182.51	36.07	6.20	192.71	218.58	184.70	33.88	4.01
	CDHP Family	TP2	433.60	491.81	410.66	81.15	13.94	433.60	491.81	415.58	76.23	9.02
Texas Humana CoverageFirst												
	CDHP Self	TU1	217.31	223.04	186.24	36.80	3.12	217.31	223.04	188.47	34.57	.89
	CDHP Family	TU2	488.95	501.83	419.03	82.80	7.01	488.95	501.83	424.05	77.78	1.99
Texas Humana CoverageFirst												
	CDHP Self	TV1	227.64	226.78	189.36	37.42	2.14	227.64	226.78	191.63	35.15	-.13
	CDHP Family	TV2	512.18	510.26	426.07	84.19	4.80	512.18	510.26	431.17	79.09	-.30
Texas Humana Health Plan of Texas												
	High Self	UC1	242.03	270.42	206.38	64.04	25.25	242.03	270.42	208.96	61.46	22.67
	High Family	UC2	544.58	608.45	460.39	148.06	57.96	544.58	608.45	466.15	142.30	52.20
	Standard Self	UC4	213.73	247.87	206.38	41.49	8.36	213.73	247.87	208.96	38.91	5.78
	Standard Family	UC5	480.90	557.70	460.39	97.31	22.77	480.90	557.70	466.15	91.55	17.01
Texas Humana Health Plan of Texas												
	High Self	UR1	354.71	392.04	206.38	185.66	34.19	354.71	392.04	208.96	183.08	31.61
	High Family	UR2	798.11	882.10	460.39	421.71	78.08	798.11	882.10	466.15	415.95	72.32
	Standard Self	UR4	224.98	247.86	206.38	41.48	6.61	224.98	247.86	208.96	38.90	4.03
	Standard Family	UR5	506.21	557.70	460.39	97.31	18.85	506.21	557.70	466.15	91.55	13.09
Texas Humana Health Plan of Texas												
	High Self	UU1	272.73	276.02	206.38	69.64	.15	272.73	276.02	208.96	67.06	-2.43
	High Family	UU2	613.64	621.04	460.39	160.65	1.49	613.64	621.04	466.15	154.89	-4.27

Postal Premium Rates for the Federal Employees Health Benefits Program

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			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
	Standard Self	UU4	236.24	247.87	206.38	41.49	4.87	236.24	247.87	208.96	38.91	2.29
	Standard Family	UU5	531.53	557.71	460.39	97.32	14.93	531.53	557.71	466.15	91.56	9.17
Texas UnitedHealthcare Benefits of Texas, Inc.												
	High Self	GF1	250.73	275.63	206.38	69.25	21.76	250.73	275.63	208.96	66.67	19.18
	High Family	GF2	576.90	634.22	460.39	173.83	51.41	576.90	634.22	466.15	168.07	45.65
Utah Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Utah Altius Health Plans												
	High Self	9K1	277.07	277.07	206.38	70.69	-3.14	277.07	277.07	208.96	68.11	-5.72
	High Family	9K2	609.59	609.59	460.39	149.20	-5.91	609.59	609.59	466.15	143.44	-11.67
	HDHP Self	9K4	160.70	160.70	134.18	26.52	1.61	160.70	160.70	135.79	24.91	.00
	HDHP Family	9K5	332.92	332.92	277.99	54.93	3.33	332.92	332.92	281.32	51.60	.00
Utah Altius Health Plans												
	Standard Self	DK4	183.77	196.63	164.19	32.44	3.96	183.77	196.63	166.15	30.48	2.00
	Standard Family	DK5	404.27	432.57	361.20	71.37	8.71	404.27	432.57	365.52	67.05	4.39
Utah SelectHealth												
	High Self	SF1	259.64	287.13	206.38	80.75	24.35	259.64	287.13	208.96	78.17	21.77
	High Family	SF2	571.29	631.87	460.39	171.48	54.67	571.29	631.87	466.15	165.72	48.91
Vermont Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Virgin Islands Triple-S Salud, Inc.												
	High Self	851	190.24	190.24	158.85	31.39	1.90	190.24	190.24	160.75	29.49	.00
	High Family	852	432.04	432.04	360.75	71.29	4.32	432.04	432.04	365.07	66.97	.00
Virginia Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2			
				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code												
	High Self	541	265.22	276.67	206.38	70.29	8.31	265.22	276.67	208.96	67.71	5.73
	High Family	542	570.23	594.86	460.39	134.47	18.72	570.23	594.86	466.15	128.71	12.96
	Standard Self	544	171.53	176.47	147.35	29.12	2.53	171.53	176.47	149.12	27.35	.76
	Standard Family	545	387.25	398.38	332.65	65.73	5.71	387.25	398.38	336.63	61.75	1.73
Washington KPS Health Plans												
	Standard Self	L11	172.47	196.62	164.18	32.44	5.71	172.47	196.62	166.14	30.48	3.75
	Standard Family	L12	372.28	424.40	354.37	70.03	12.33	372.28	424.40	358.62	65.78	8.08
	HDHP Self	L14	163.16	176.22	147.14	29.08	3.79	163.16	176.22	148.91	27.31	2.02
	HDHP Family	L15	356.52	385.06	321.53	63.53	8.27	356.52	385.06	325.38	59.68	4.42
Washington KPS Health Plans												
	High Self	VT1	287.20	307.31	206.38	100.93	16.97	287.20	307.31	208.96	98.35	14.39
	High Family	VT2	627.57	671.51	460.39	211.12	38.03	627.57	671.51	466.15	205.36	32.27
Washington Kaiser Foundation Health Plan of Northwest												
	High Self	571	271.53	282.31	206.38	75.93	7.64	271.53	282.31	208.96	73.35	5.06
	High Family	572	613.31	637.64	460.39	177.25	18.42	613.31	637.64	466.15	171.49	12.66
	Standard Self	574	211.53	215.57	180.00	35.57	2.78	211.53	215.57	182.16	33.41	.62
	Standard Family	575	485.94	495.21	413.50	81.71	6.39	485.94	495.21	418.45	76.76	1.44
West Virginia Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
West Virginia The Health Plan of the Upper Ohio Valley												
	High Self	U41	231.56	255.88	206.38	49.50	13.61	231.56	255.88	208.96	46.92	11.03
	High Family	U42	532.55	578.33	460.39	117.94	35.39	532.55	578.33	466.15	112.18	29.63
Wisconsin Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Wisconsin Dean Health Plan												
	High Self	WD1	235.59	255.11	206.38	48.73	12.21	235.59	255.11	208.96	46.15	9.63
	High Family	WD2	588.98	637.78	460.39	177.39	42.89	588.98	637.78	466.15	171.63	37.13

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 1				2011 Total Biweekly Premium	2012 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Wisconsin Group Health Cooperative												
	High Self	WJ1	218.93	230.85	192.76	38.09	4.16	218.93	230.85	195.07	35.78	1.85
	High Family	WJ2	547.49	577.29	460.39	116.90	23.89	547.49	577.29	466.15	111.14	18.13
Wisconsin HealthPartners High and Standard Option												
	High Self	V31	314.75	337.53	206.38	131.15	19.64	314.75	337.53	208.96	128.57	17.06
	High Family	V32	723.91	776.32	460.39	315.93	46.50	723.91	776.32	466.15	310.17	40.74
	Standard Self	V34	147.85	165.92	138.54	27.38	4.46	147.85	165.92	140.20	25.72	2.80
	Standard Family	V35	340.04	381.62	318.65	62.97	10.26	340.04	381.62	322.47	59.15	6.44
Wisconsin MercyCare HMO												
	High Self	EY1	235.66	235.66	196.78	38.88	2.35	235.66	235.66	199.13	36.53	.00
	High Family	EY2	589.16	589.16	460.39	128.77	-5.91	589.16	589.16	466.15	123.01	-11.67
Wisconsin Physicians Plus												
	High Self	LW1	224.37	231.49	193.29	38.20	3.42	224.37	231.49	195.61	35.88	1.10
	High Family	LW2	572.15	590.39	460.39	130.00	12.33	572.15	590.39	466.15	124.24	6.57
Wyoming Aetna HealthFund												
	CDHP Self	221	230.99	257.77	206.38	51.39	15.59	230.99	257.77	208.96	48.81	13.01
	CDHP Family	222	542.50	585.38	460.39	124.99	36.97	542.50	585.38	466.15	119.23	31.21
	HDHP Self	224	157.56	173.76	145.09	28.67	4.25	157.56	173.76	146.83	26.93	2.51
	HDHP Family	225	345.06	380.55	317.76	62.79	9.31	345.06	380.55	321.56	58.99	5.51
Wyoming Altius Health Plans												
	High Self	9K1	277.07	277.07	206.38	70.69	-3.14	277.07	277.07	208.96	68.11	-5.72
	High Family	9K2	609.59	609.59	460.39	149.20	-5.91	609.59	609.59	466.15	143.44	-11.67
	HDHP Self	9K4	160.70	160.70	134.18	26.52	1.61	160.70	160.70	135.79	24.91	.00
	HDHP Family	9K5	332.92	332.92	277.99	54.93	3.33	332.92	332.92	281.32	51.60	.00
Wyoming Altius Health Plans												
	Standard Self	DK4	183.77	196.63	164.19	32.44	3.96	183.77	196.63	166.15	30.48	2.00
	Standard Family	DK5	404.27	432.57	361.20	71.37	8.71	404.27	432.57	365.52	67.05	4.39