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

Fee-for-Service Plans (FFS)		2007 Total Biweekly Premium	2008 Biweekly premium rates				2007 Total Monthly Premium	2008 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
APWU Health Plan											
High Self	471	192.11	192.11	144.08	48.03	-2.16	416.24	416.24	312.18	104.06	-4.69
High Family	472	434.37	434.37	325.78	108.59	-3.89	941.14	941.14	705.86	235.28	-8.43
CDHP Self	474	163.58	155.40	116.55	38.85	-2.04	354.42	336.70	252.53	84.17	-4.43
CDHP Family	475	368.00	349.60	262.20	87.40	-4.60	797.33	757.47	568.10	189.37	-9.96
Association Benefit Plan											
High Self	421	203.15	203.15	145.04	58.11	-3.12	440.16	440.16	314.25	125.91	-6.76
High Family	422	467.99	467.99	329.30	138.69	-7.41	1013.98	1013.98	713.48	300.50	-16.05
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	199.22	207.19	145.04	62.15	4.85	431.64	448.91	314.25	134.66	10.51
Standard Family	105	456.19	474.44	329.30	145.14	10.84	988.41	1027.95	713.48	314.47	23.49
Blue Cross and Blue Shield Service Benefit Plan											
Basic self	111	151.98	156.54	117.41	39.13	1.14	329.29	339.17	254.38	84.79	2.47
Basic Family	112	355.98	366.66	275.00	91.66	2.67	771.29	794.43	595.82	198.61	5.79
Foreign Service Benefit Plan											
High Self	401	192.64	193.61	145.04	48.57	-2.15	417.39	419.49	314.25	105.24	-4.66
High Family	402	460.11	460.11	329.30	130.81	-7.41	996.91	996.91	713.48	283.43	-16.05
GEHA Benefit Plan											
High Self	311	236.51	236.51	145.04	91.47	-3.12	512.44	512.44	314.25	198.19	-6.76
High Family	312	514.74	514.74	329.30	185.44	-7.41	1115.27	1115.27	713.48	401.79	-16.05
Standard Self	314	133.11	133.11	99.83	33.28	.00	288.41	288.41	216.31	72.10	.00
Standard Family	315	302.49	302.49	226.87	75.62	.00	655.40	655.40	491.55	163.85	.00
GEHA High Deductible Health Plan											
HDHP Self	341	175.76	175.76	131.82	43.94	.00	380.81	380.81	285.61	95.20	.00
HDHP Family	342	401.44	401.44	301.08	100.36	.00	869.79	869.79	652.34	217.45	.00
Mail Handlers Benefit Plan											
Standard Self	454	190.60	197.27	145.04	52.23	3.55	412.97	427.42	314.25	113.17	7.69
Standard Family	455	425.58	440.47	329.30	111.17	4.78	922.09	954.35	713.48	240.87	10.35
Mail Handlers Benefit Plan Consumer Option											

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

Health Management Organizations (HMO)			2007 Total Biweekly Premium	2008 Biweekly premium rates				2007 Total Monthly Premium	2008 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
	Basic Family	9E5	422.68	486.09	329.30	156.79	51.12	915.81	1053.20	713.48	339.72	110.77
Colorado	Humana CoverageFirst											
	CDHP Self	7T1	128.61	133.20	99.90	33.30	1.15	278.66	288.60	216.45	72.15	2.49
	CDHP Family	7T2	295.80	306.36	229.77	76.59	2.64	640.90	663.78	497.84	165.94	5.72
Colorado	Humana CoverageFirst											
	CDHP Self	FC1	135.03	140.20	105.15	35.05	1.29	292.57	303.77	227.83	75.94	2.80
	CDHP Family	FC2	310.59	322.47	241.85	80.62	2.97	672.95	698.69	524.02	174.67	6.43
Colorado	Kaiser Foundation Health Plan of Colorado											
	High Self	651	204.62	207.92	145.04	62.88	.18	443.34	450.49	314.25	136.24	.39
	High Family	652	468.57	476.13	329.30	146.83	.15	1015.24	1031.62	713.48	318.14	.33
	Standard Self	654	156.92	138.65	103.99	34.66	-4.57	339.99	300.41	225.31	75.10	-9.90
	Standard Family	655	359.33	317.51	238.13	79.38	-10.45	778.55	687.94	515.96	171.98	-22.66
Colorado	PacifiCare of Colorado											
	High Self	D61	202.92	223.19	145.04	78.15	17.15	439.66	483.58	314.25	169.33	37.16
	High Family	D62	479.27	527.45	329.30	198.15	40.77	1038.42	1142.81	713.48	429.33	88.34
Connecticut	Aetna HealthFund											
	CDHP Self	221	131.28	151.50	113.63	37.87	5.05	284.44	328.25	246.19	82.06	10.95
	CDHP Family	222	301.95	348.46	261.35	87.11	11.62	654.23	755.00	566.25	188.75	25.19
	HDHP Self	224	145.83	123.69	92.77	30.92	-5.54	315.97	268.00	201.00	67.00	-11.99
	HDHP Family	225	332.49	270.87	203.15	67.72	-15.40	720.40	586.89	440.17	146.72	-33.38
Connecticut	Aetna Open Access											
	High Self	JC1	211.84	217.04	145.04	72.00	2.08	458.99	470.25	314.25	156.00	4.50
	High Family	JC2	521.42	534.21	329.30	204.91	5.38	1129.74	1157.46	713.48	443.98	11.67
	Basic self	JC4	179.16	184.54	138.41	46.13	1.34	388.18	399.84	299.88	99.96	2.92
	Basic Family	JC5	504.67	469.34	329.30	140.04	-42.74	1093.45	1016.90	713.48	303.42	-92.60
Connecticut	ConnectiCare											
	High Self	TE1	211.59	227.18	145.04	82.14	12.47	458.45	492.22	314.25	177.97	27.01
	High Family	TE2	481.44	516.91	329.30	187.61	28.06	1043.12	1119.97	713.48	406.49	60.80
	Standard Self	TE4	155.27	202.33	145.04	57.29	18.47	336.42	438.38	314.25	124.13	40.03
	Standard Family	TE5	353.30	460.36	329.30	131.06	42.74	765.48	997.45	713.48	283.97	92.60

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Health Management Organizations (HMO)		2007 Total Biweekly Premium	2008 Biweekly premium rates				2007 Total Monthly Premium	2008 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
High Family	ED2	520.25	586.50	329.30	257.20	58.84	1127.21	1270.75	713.48	557.27	127.49
Standard Self	ED4	176.08	193.30	144.98	48.32	4.30	381.51	418.82	314.12	104.70	9.32
Standard Family	ED5	464.61	510.17	329.30	180.87	38.15	1006.66	1105.37	713.48	391.89	82.66
Pennsylvania UPMC Health Plan											
High Self	8W1	193.04	219.44	145.04	74.40	23.28	418.25	475.45	314.25	161.20	50.44
High Family	8W2	492.39	559.75	329.30	230.45	59.95	1066.85	1212.79	713.48	499.31	129.89
HDHP Self	8W4	187.97	217.84	145.04	72.80	25.81	407.27	471.99	314.25	157.74	55.92
HDHP Family	8W5	454.66	525.28	329.30	195.98	63.21	985.10	1138.11	713.48	424.63	136.96
Pennsylvania UPMC Health Plan											
Standard Self	UW4	New Plan	193.43	145.04	48.39	New Plan	New Plan	419.10	314.25	104.85	New Plan
Standard Family	UW5	New Plan	493.40	329.30	164.10	New Plan	New Plan	1069.03	713.48	355.55	New Plan
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	122.69	124.40	93.30	31.10	.43	265.83	269.53	202.15	67.38	.92
High Family	ZJ2	282.17	286.12	214.59	71.53	.99	611.37	619.93	464.95	154.98	2.14
Puerto Rico Triple-S											
High Self	891	142.02	120.86	90.65	30.21	-5.29	307.71	261.86	196.40	65.46	-11.47
High Family	892	305.04	277.97	208.48	69.49	-6.77	660.92	602.27	451.70	150.57	-14.66
Rhode Island Blue CHiP Coordinated Health Plan - BCBS of RI											
High Self	DA1	217.01	235.37	145.04	90.33	15.24	470.19	509.97	314.25	195.72	33.02
High Family	DA2	575.07	623.74	329.30	294.44	41.26	1245.99	1351.44	713.48	637.96	89.40
Rhode Island UnitedHealthcare Insurance Company, Inc.											
HDHP Self	E91	126.11	165.32	123.99	41.33	9.80	273.24	358.19	268.64	89.55	21.24
HDHP Family	E92	276.33	365.60	274.20	91.40	22.32	598.72	792.13	594.10	198.03	48.35
South Carolina Aetna HealthFund											
CDHP Self	221	131.28	151.50	113.63	37.87	5.05	284.44	328.25	246.19	82.06	10.95
CDHP Family	222	301.95	348.46	261.35	87.11	11.62	654.23	755.00	566.25	188.75	25.19
HDHP Self	224	145.83	123.69	92.77	30.92	-5.54	315.97	268.00	201.00	67.00	-11.99
HDHP Family	225	332.49	270.87	203.15	67.72	-15.40	720.40	586.89	440.17	146.72	-33.38
South Dakota HealthPartners Open Access Deductible											
OAD Self	534	200.67	227.61	145.04	82.57	23.82	434.79	493.16	314.25	178.91	51.61