GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

District Personnel Manual Issuance System

E-DPM Bulletin No. 21A-10 & 21B-20

This bulletin may be accessed electronically at www.dchr.dc.gov, by clicking by clicking on the *"Policies and Procedures" and "Electronic-District Personnel Manual (E-DPM)* links for Chapter(s): **21A & 21B**

SUBJECT: Provisions for the 2014 Open Enrollment Period — November 11, 2013 through December 13, 2013

Date: November 6, 2013

1. Purpose

The purpose of this bulletin is to provide information to agencies and employees on this year's **Open Enrollment Period** ("open season") for employees eligible to participate in the following programs:

- Federal Employees' Health Benefits (FEHB) and the District of Columbia Employees' Health Benefits (DCEHB) Programs
- Health Care Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)
- Vision and Dental Programs
- Short-Term Disability (STD) and Long-Term Disability (LTD) Insurance Programs
- Commuter Benefits Program
- AFLAC Indemnity Plans (AFLAC)

2. Open Enrollment Period for 2014

This year's open enrollment period begins **November 11, 2013** and ends **December 13, 2013**.

3. Applicability

The provisions of this bulletin apply to those District government agencies which are subordinate to the Mayor's personnel authority. Other personnel authorities or independent agencies may adopt any or all of these procedures to provide guidance to employees under their respective jurisdictions.

4. Coverage

a. The FEHB is applicable to individuals first employed by the District government on or before September 30, 1987; and individuals first employed by the District government prior to October 1, 1987 in benefits eligible positions, who subsequently terminate such employment and become reemployed with the District government on or after October 1, 1987.

Inquiries: Benefits & Retirement Services, DCHR, at (202) 442-7627
Distribution: Heads of Department and Agencies, HR Advisors, and DPM Subscribers
Bulletin Expires: December 31, 2013

b. The DCEHB is applicable to individuals first employed by the District government on or after October 1, 1987 in benefits eligible positions.

c. Each employee in a "benefits eligible position" is also eligible to participate in the remaining benefits that are referenced in section 1 above of this bulletin (i.e., HCFSA, DCFSA, STD, LTD, Vision and Dental, or Commuter Benefit Programs).

d. For the purpose of this bulletin, a "benefits eligible position" means: (1) a full-time or part-time permanent position; (2) a term position of at least 13 months; or (3) an "at-will" indefinite position. For all three (3) categories of benefits eligible positions an employee must work at least twenty (20) hours per workweek.

5. Provisions Concerning the FEHB and DCEHB Programs

a. General

(1) Employees who are currently enrolled in a health plan and do not wish to make a change in their present coverage do not need to take any action during open season. However, employees are encouraged to review their benefits to ensure that they have proper coverage.

(2) Employees participating in the FEHB or DCEHB Programs must elect to participate in the premium conversion at the time of election, unless they elect to waive participation. There are tax benefits for participating in premium conversion, and employees may cancel or change to a "Self Only" plan only during annual open enrollment, or when a Qualifying Life Event (QLE) occurs. Premium conversion tax benefits allow an employee to allot a portion of his or her salary back to the employer, which the employer then uses to pay the employee's health insurance coverage. This allotment is made on a pre-tax basis, which means that the money is not subject to federal income, Medicare, or Social Security Taxes.

(3) Eligible employees not enrolled may enroll during open season.

(4) Eligible employees may enroll or switch health plans or options during open season;

(5) Eligible employees may enroll themselves and eligible family members in a health plan offered under the FEHB or DCEHB Programs. For the purpose of this bulletin, an "eligible family member" means: (a) spouse; (b) domestic partner; (c) children under the age of 26, including legally adopted children, stepchildren, foster children, and recognized natural (born out of wedlock) children.

(6) The effective date of coverage for enrollments and changes for the FEHB and DCEHB is the first full pay period on or after **January 12, 2014.**

6. Submission of Documentation for Family Coverage

(a) An employee who is enrolling or changing to "Self + 1 or Family" under the DCEHB, or "Self and Family" under the FEHB shall submit the following **proof of eligibility** of a family member(s) to the DCHR's Benefits & Retirement Services, as applicable:

(1) Spouse: Marriage certificate;

(2) Domestic Partner: Copy of Domestic partnership certification;

(3) Biological child: Copy of Birth Certificate;

(4) Adopted Child: Copy of Adoption or Placement for Adoption Papers;

(5) Step Child: Birth Certificate*, Copy of Marriage Certificate, Divorce Decree or Custody Papers;

(6) Foster Child: Original Foster child certification and copy of documentation of regular and substantial support of the child. (*See* section 6(b) below of this bulletin for examples of documentation of regular and substantial support);

(7) Disabled Child: Medical verification of disability prior to age 26; or

(8) Legal Custody: Copy of Court Order granting legal custody.

*Document(s) must show plan member or spouse/domestic partner as parent.

(b) More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained.

(1) Evidence of eligibility as a dependent child for benefits under other State or Federal programs;

(2) Proof of inclusion of the child as a dependent on the enrollee's income tax returns;

(3) Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child;

(4) Evidence of goods or services which show regular and substantial contributions of considerable value; or

(5) Any other evidence which DCHR shall find to be sufficient proof of support or of paternity or maternity.

(c) Employees must submit the above supporting documentation **within 60 days** of health benefits enrollment/change. Failure to submit supporting documentation **may** result in cancellation of health benefits.

7. Enrollment Process: Health Care and Dependent Care Flexible Spending Programs

a. The District government offers the Health Care Flexible Spending Account (HCFSA) Program and the Dependent Care Flexible Spending Account (DCFSA) Program. Eligible employees interested in participating in either of the programs must elect to participate for the 2014 plan year.

b. Eligible employees may enroll in or re-enroll in the HCFSA or DCFSA electronically during the open season, by close of business on **Friday, December 13, 2013**. Late enrollments will not be accepted during the year.

c. Employees may enroll and elect up to a maximum of $2,500 for health care and a maximum of $5,000 for dependent care. Once enrolled, employees may not change their election, unless there is a qualifying event, such as: change in marital status; change in the number of dependents, etcetera.

d. Employees who choose to enroll or re-enroll in the HCFSA or the DCFSA, or both, will have funds deducted from their paycheck beginning the first paycheck after January 12, 2014.

8. Enrollment Process: Short-Term and Long-Term Disability Insurance Programs

Eligible employees interested in participating in the Short-Term or Long-Term Disability Programs must enroll electronically during the open season enrollment period (November 11 through December 13, 2013). Deductions for both disability programs are done on an after-tax basis.

9. Enrollment Process: Vision and Dental and Commuter Benefits Programs

a. Eligible employees interested in participating in the Vision and Dental must enroll electronically during the open season enrollment period (November 11 through December 13, 2013).

b. Employees may also enroll at any time in the Commuter Benefits Program, which allows up to a maximum of $245 per month for parking and $245 per month for transit in pre-tax contributions. Once enrolled, an employee may make changes to the amount deducted not to exceed the maximum amount or cancel.

10. Enrollment Process: AFLAC Indemnity Plans

Eligible employees interested in participating in the AFLAC Indemnity Plans (AFLAC) must enroll during the open season enrollment period (November 11 through December 13, 2013) through an AFLAC representative. Employees already enrolled may make changes or cancel the plan during this period. Deductions for AFLAC are done on an after-tax basis. Employees may visit with an AFLAC representative at one of the open enrollment events or call (202) 379-4755.

11. Failure to Enroll During the Open Season Enrollment Period (November 11 through December 13, 2013)

An employee who is eligible to participate in the District government's benefits programs addressed in this bulletin, but fails to enroll during open season will only be permitted to enroll after the enrollment period if he or she has a **Qualifying Life Event** such as the birth of a child, marriage, etc.; or during next year's open season.

12. 2014 Open Enrollment - ESS Process

a. Eligible employees must enroll or make enrollment changes through the Employee Self Service (ESS) in the PeopleSoft System no later than December 13, 2013. Employees can access ESS as follows:

(1) Go to your website browser and enter https://ess.dc.gov;
(2) Click on **Self Service;**
(3) Click on **Benefit Enrollment;**
(4) Click on **Select Button** (Highlighted in Yellow);
(5) Begin selection of benefit plan offer listings (i.e., Health, Dental, Vision, etc.);
(6) After benefit selections have been made, Click on **Continue Button** at bottom of page;
(7) Return to bottom of page and click on **Continue Button** again;
(8) Return to bottom of page and click on **Submit Button**; and
(9) **Retain Email Confirmation** that will be sent to your government email box after clicking on Submit Button.

b. Employees must submit copies of supporting documentation, as outlined in section 6 in this bulletin, to the DCHR's Benefits and Retirement Services, at 441 4th Street, N.W., Suite 340N, Washington, D.C. 20001, or via email at dchr.benefits@dc.gov, **within 60 days** of health benefits enrollment/change. Moreover, be aware that the submission of fraudulent documentation **may result** in disciplinary action up to and including removal and a lapse in coverage, and criminal prosecution.

13. Responsibilities

Agency Human Resource Advisors

a. Agency Human Resource Advisors (HRAs) are responsible for:

(1) Notifying agency employees of the open season enrollment period, and

(2) Informing agency employees that they must complete the online registration process at https://ess.dc.gov in the PeopleSoft System to enroll or make changes to their benefits during the open season enrollment period.

14. Inquiries

Inquiries concerning the provisions of the E-DPM bulletin can be directed to the Benefits & Retirement Services, DCHR, by calling (202) 442-7627 or via email at dchr.benefits@dc.gov.

Shawn Y. Stokes
Director

Attachment 1 - Certification for Foster Children
Attachment 2 – 2014 Government of the District of Columbia Health Benefit Plan Premiums
Attachment 3 - Non-Postal Premium Rates for the Federal Employee Health Benefits Program

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Human Resources

CERTIFICATION FOR FOSTER CHILDREN

This is to certify that I have been informed of the following requirements for coverage of a foster child in the Federal Employee's Health Benefits Program or the District Employee's Health Benefits Program:

- The child must be under age 26 (if the child is age 26 or older, he/she can be covered if he/she is incapable of self-support because of a disabling condition that began before age 26. I must provide documentation of this to the D.C. Department of Human Resources (DCHR));
- The child must currently live with me;
- I must currently be the primary source of financial support for the child;
- The parent-child relationship must be with me, not the biological parent. This means that I exercise parental authority, responsibility, and control. I care for, support, discipline, and guide the child. I make the decisions about the child's education and health care; and
- I must expect to raise the child into adulthood.

I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.

This is to certify that _____ lives with me; I am the primary source of financial support
(name of child)

for this child; I have a regular parent-child relationship with this child, as described above; and I intend to raise this child into adulthood.

I have provided the DCHR proof of my regular and substantial support for _____.
(name of child)

I will immediately notify the DCHR and the health benefits carrier if this child moves out of my home, or ceases to be financially dependent on me.

_____ _____
Signature of Employee Date

Subscribed and sworn (or affirmed) before me this _____ of _____,
(Day) (Month)

_____ at _____.
(Year) (City)

(SEAL)

_____
Signature of Officer

Commission expires _____ Title _____
(If by a notary public, the date of expiration of Commission should be shown.)

2014
Government of the District of Columbia
Health Benefit Plan Premiums
DC Employee Health Benefits (Employees Hired After 10/1/1987)

Carrier	Plan	Family Status	Total Monthly 2014 Rate	Monthly District Contribution	Monthly Employee Contribution	Total Bi-Weekly 2014 Rate	Bi-Weekly District Contribution	Bi-Weekly Employee Contribution
Aetna	HMO	Self	$560.26	$420.20	$140.06	$258.59	$193.94	$64.65
		Self + 1	$1,101.29	$825.97	$275.32	$508.29	$381.22	$127.07
		Family	$1,619.00	$1,214.25	$404.75	$747.24	$560.43	$186.81
Aetna	PPO	Self	$597.12	$447.84	$149.28	$275.60	$206.70	$68.90
		Self + 1	$1,173.76	$880.32	$293.44	$541.74	$406.31	$135.43
		Family	$1,725.56	$1,294.17	$431.39	$796.42	$597.32	$199.10
Aetna	CDHP	Self	$394.57	$295.93	$98.64	$182.11	$136.58	$45.53
		Self + 1	$775.61	$581.71	$193.90	$357.98	$268.49	$89.49
		Family	$1,140.23	$855.17	$285.06	$526.26	$394.70	$131.56
Kaiser	HMO	Self	$495.35	$371.51	$123.84	$228.63	$171.47	$57.16
		Self + 1	$946.12	$709.59	$236.53	$436.68	$327.51	$109.17
		Family	$1,451.37	$1,088.53	$362.84	$669.87	$502.40	$167.47
UHC	HMO/Choice	Self	$523.40	$392.55	$130.85	$241.57	$181.18	$60.39
		Self + 1	$999.69	$749.77	$249.92	$461.40	$346.05	$115.35
		Family	$1,533.55	$1,150.16	$383.39	$707.80	$530.85	$176.95

Attachment 3

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

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Alabama Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
Alaska Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Alaska Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Arizona Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Arizona Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Arizona Aetna Open Access	High Self	WQ1	294.67	351.21	196.68	154.53	50.70	638.45	760.96	426.14	334.82	109.86
	High Family	WQ2	712.56	849.26	437.62	411.64	124.03	1543.88	1840.06	948.18	891.88	268.73
Arizona Health Net of Arizona, Inc.	High Self	A71	289.70	319.21	196.68	122.53	23.67	627.68	691.62	426.14	265.48	51.29
	High Family	A72	733.40	808.25	437.62	370.63	62.18	1589.03	1751.21	948.18	803.03	134.73
	Standard Self	A74	242.02	286.72	196.68	90.04	29.54	524.38	621.23	426.14	195.09	64.00
	Standard Family	A75	612.67	725.97	437.62	288.35	100.63	1327.45	1572.94	948.18	624.76	218.04
Arizona Humana Health Plan, Inc.	High Self	BF1	New Plan	256.24	192.18	64.06	New Plan	New Plan	555.19	416.39	138.80	New Plan
	High Family	BF2	New Plan	570.13	427.60	142.53	New Plan	New Plan	1235.28	926.46	308.82	New Plan
	Standard Self	BF4	New Plan	230.61	172.96	57.65	New Plan	New Plan	499.66	374.75	124.91	New Plan
	Standard Family	BF5	New Plan	513.12	384.84	128.28	New Plan	New Plan	1111.76	833.82	277.94	New Plan
Arizona Humana Health Plan, Inc.	High Self	C71	New Plan	269.72	196.68	73.04	New Plan	New Plan	584.39	426.14	158.25	New Plan
	High Family	C72	New Plan	600.13	437.62	162.51	New Plan	New Plan	1300.28	948.18	352.10	New Plan
	Standard Self	C74	New Plan	242.75	182.06	60.69	New Plan	New Plan	525.96	394.47	131.49	New Plan
	Standard Family	C75	New Plan	540.12	405.09	135.03	New Plan	New Plan	1170.26	877.70	292.56	New Plan
Arkansas Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Arkansas Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
Arkansas QualChoice	High Self	DH1	273.95	336.77	196.68	140.09	56.98	593.56	729.67	426.14	303.53	123.46
	High Family	DH2	641.52	788.65	437.62	351.03	134.46	1389.96	1708.74	948.18	760.56	291.33
	Standard Self	DH4	213.66	262.66	196.68	65.98	12.57	462.93	569.10	426.14	142.96	27.23
	Standard Family	DH5	500.34	615.09	437.62	177.47	52.39	1084.07	1332.70	948.18	384.52	113.50

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
California Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
California Aetna Open Access	High Self	2X1	259.29	270.25	196.68	73.57	5.12	561.80	585.54	426.14	159.40	11.09
	High Family	2X2	604.82	630.40	437.62	192.78	12.91	1310.44	1365.87	948.18	417.69	27.98
California Anthem Blue Cross Select HMO	High Self	B31	261.07	280.65	196.68	83.97	13.74	565.65	608.08	426.14	181.94	29.78
	High Family	B32	595.24	639.89	437.62	202.27	31.98	1289.69	1386.43	948.18	438.25	69.29
California Blue Shield of CA Access+HMO	High Self	SI1	255.95	281.81	196.68	85.13	20.02	554.56	610.59	426.14	184.45	43.38
	High Family	SI2	575.91	634.08	437.62	196.46	45.50	1247.81	1373.84	948.18	425.66	98.58
California Health Net of California	High Self	LB1	472.38	554.25	196.68	357.57	76.03	1023.49	1200.88	426.14	774.74	164.74
	High Family	LB2	1092.17	1281.47	437.62	843.85	176.63	2366.37	2776.52	948.18	1828.34	382.70
	Standard Self	LB4	449.88	526.24	196.68	329.56	70.52	974.74	1140.19	426.14	714.05	152.80
	Standard Family	LB5	1040.16	1216.73	437.62	779.11	163.90	2253.68	2636.25	948.18	1688.07	355.12
California Health Net of California	High Self	LP1	315.46	338.31	196.68	141.63	17.01	683.50	733.01	426.14	306.87	36.86
	High Family	LP2	729.37	782.22	437.62	344.60	40.18	1580.30	1694.81	948.18	746.63	87.06
	Standard Self	LP4	300.44	321.42	196.68	124.74	15.14	650.95	696.41	426.14	270.27	32.81
	Standard Family	LP5	694.64	743.15	437.62	305.53	35.84	1505.05	1610.16	948.18	661.98	77.66
California Kaiser Foundation Health Plan - Basic Option	Basic Self	KC1	New Plan	281.11	196.68	84.43	New Plan	New Plan	609.07	426.14	182.93	New Plan
	Basic Family	KC2	New Plan	657.80	437.62	220.18	New Plan	New Plan	1425.23	948.18	477.05	New Plan
California Kaiser Foundation Health Plan of California	High Self	591	336.92	359.81	196.68	163.13	17.05	729.99	779.59	426.14	353.45	36.95
	High Family	592	804.26	858.89	437.62	421.27	41.96	1742.56	1860.93	948.18	912.75	90.92
	Standard Self	594	283.13	301.78	196.68	105.10	12.81	613.45	653.86	426.14	227.72	27.76
	Standard Family	595	662.53	706.16	437.62	268.54	30.96	1435.48	1530.01	948.18	581.83	67.08
California Kaiser Foundation Health Plan of California	High Self	621	239.17	259.82	194.87	64.95	5.16	518.20	562.94	422.21	140.73	11.18
	High Family	622	552.78	600.51	437.62	162.89	24.70	1197.69	1301.11	948.18	352.93	53.51
	Standard Self	624	153.26	166.50	124.88	41.62	3.31	332.06	360.75	270.56	90.19	7.18
	Standard Family	625	354.23	384.83	288.62	96.21	7.65	767.50	833.80	625.35	208.45	16.58
California UnitedHealthcare of California	High Self	CY1	257.31	302.00	196.68	105.32	38.85	557.51	654.33	426.14	228.19	84.17
	High Family	CY2	588.00	690.08	437.62	252.46	89.41	1274.00	1495.17	948.18	546.99	193.72
	Standard Self	CY4	219.37	242.01	181.51	60.50	5.66	475.30	524.36	393.27	131.09	12.27
	Standard Family	CY5	501.53	554.52	415.89	138.63	13.25	1086.65	1201.46	901.10	300.36	28.70
Colorado Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Colorado Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Colorado Kaiser Foundation Health Plan of Colorado	High Self	651	281.31	307.14	196.68	110.46	19.99	609.51	665.47	426.14	239.33	43.31
	High Family	652	635.77	694.15	437.62	256.53	45.71	1377.50	1503.99	948.18	555.81	99.04
	Standard Self	654	166.80	182.53	136.90	45.63	3.93	361.40	395.48	296.61	98.87	8.52
	Standard Family	655	376.97	412.53	309.40	103.13	8.89	816.77	893.82	670.37	223.45	19.26

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Connecticut Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
Delaware Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Delaware Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
Delaware Aetna Open Access	High Self	P31	499.15	495.76	196.68	299.08	-9.23	1081.49	1074.15	426.14	648.01	-19.99
	High Family	P32	1204.37	1196.20	437.62	758.58	-20.84	2609.47	2591.77	948.18	1643.59	-45.15
	Basic Self	P34	372.11	425.42	196.68	228.74	47.47	806.24	921.74	426.14	495.60	102.85
	Basic Family	P35	859.25	982.36	437.62	544.74	110.44	1861.71	2128.45	948.18	1180.27	239.29
District of Columbia Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
District of Columbia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
District of Columbia Aetna Open Access	High Self	JN1	392.10	412.99	196.68	216.31	15.05	849.55	894.81	426.14	468.67	32.61
	High Family	JN2	878.26	925.05	437.62	487.43	34.12	1902.90	2004.28	948.18	1056.10	73.93
	Basic Self	JN4	246.99	258.86	194.15	64.71	2.96	535.15	560.86	420.65	140.21	6.42
	Basic Family	JN5	561.70	578.79	434.09	144.70	4.28	1217.02	1254.05	940.54	313.51	9.26
District of Columbia CareFirst BlueChoice	High Self	2G1	262.88	294.42	196.68	97.74	25.70	569.57	637.91	426.14	211.77	55.69
	High Family	2G2	591.39	662.36	437.62	224.74	58.30	1281.35	1435.11	948.18	486.93	126.31
	Standard Self	2G4	249.74	267.22	196.68	70.54	8.11	541.10	578.98	426.14	152.84	17.57
	Standard Family	2G5	561.82	601.14	437.62	163.52	23.07	1217.28	1302.47	948.18	354.29	49.97
District of Columbia CareFirst BlueChoice	HDHP Self	B61	235.27	258.79	194.09	64.70	5.88	509.75	560.71	420.53	140.18	12.74
	HDHP Family	B62	524.78	577.26	432.95	144.31	13.12	1137.02	1250.73	938.05	312.68	28.43
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	261.37	274.80	196.68	78.12	7.59	566.30	595.40	426.14	169.26	16.45
	High Family	E32	601.15	632.04	437.62	194.42	18.22	1302.49	1369.42	948.18	421.24	39.48
	Standard Self	E34	174.38	178.09	133.57	44.52	.93	377.82	385.86	289.40	96.46	2.01
	Standard Family	E35	401.06	409.59	307.19	102.40	2.14	868.96	887.45	665.59	221.86	4.62
District of Columbia M.D. IPA	High Self	JP1	267.90	290.12	196.68	93.44	16.38	580.45	628.59	426.14	202.45	35.49
	High Family	JP2	617.78	668.96	437.62	231.34	38.51	1338.52	1449.41	948.18	501.23	83.44
Florida Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Florida Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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	294.72	290.54	196.68	93.86	-10.02	638.56	629.50	426.14	203.36	-21.71
	High Family	ML2	707.37	697.37	437.62	259.75	-22.67	1532.64	1510.97	948.18	562.79	-49.12
	Standard Self	ML4	232.80	232.69	174.52	58.17	-.03	504.40	504.16	378.12	126.04	-.06
	Standard Family	ML5	558.75	558.51	418.88	139.63	-.06	1210.63	1210.11	907.58	302.53	-.13
Florida Capital Health Plan	High Self	EA1	201.02	215.61	161.71	53.90	3.65	435.54	467.16	350.37	116.79	7.91
	High Family	EA2	532.72	571.37	428.53	142.84	9.66	1154.23	1237.97	928.48	309.49	20.93
Florida Coventry Health Plan of Florida	High Self	5E1	262.64	273.59	196.68	76.91	5.11	569.05	592.78	426.14	166.64	11.08
	High Family	5E2	630.36	656.62	437.62	219.00	13.59	1365.78	1422.68	948.18	474.50	29.45
	Standard Self	5E4	240.74	230.79	173.09	57.70	-2.48	521.60	500.05	375.04	125.01	-5.39
	Standard Family	5E5	622.01	553.91	415.43	138.48	-58.58	1347.69	1200.14	900.11	300.03	-126.93
Florida Coventry Health Plan of Florida	HDHP Self	J41	239.62	258.07	193.55	64.52	4.62	519.18	559.15	419.36	139.79	10.00
	HDHP Family	J42	594.59	640.37	437.62	202.75	33.11	1288.28	1387.47	948.18	439.29	71.74
Florida Humana CoverageFirst	CDHP Self	MJ1	238.73	236.64	177.48	59.16	-.52	517.25	512.72	384.54	128.18	-1.13
	CDHP Family	MJ2	531.18	526.54	394.91	131.63	-1.16	1150.89	1140.84	855.63	285.21	-2.51
	Value Self	MJ4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	MJ5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Florida Humana CoverageFirst	CDHP Self	QP1	204.63	202.84	152.13	50.71	-.45	443.37	439.49	329.62	109.87	-.97
	CDHP Family	QP2	455.30	451.33	338.50	112.83	-.99	986.48	977.88	733.41	244.47	-2.15
	Value Self	QP4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	QP5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Florida Humana Medical Plan, Inc.	High Self	E21	New Plan	242.75	182.06	60.69	New Plan	New Plan	525.96	394.47	131.49	New Plan
	High Family	E22	New Plan	540.12	405.09	135.03	New Plan	New Plan	1170.26	877.70	292.56	New Plan
	Standard Self	E24	New Plan	218.47	163.85	54.62	New Plan	New Plan	473.35	355.01	118.34	New Plan
	Standard Family	E25	New Plan	486.11	364.58	121.53	New Plan	New Plan	1053.24	789.93	263.31	New Plan
Florida Humana Medical Plan, Inc.	High Self	EE1	276.13	303.54	196.68	106.86	21.57	598.28	657.67	426.14	231.53	46.74
	High Family	EE2	614.38	675.38	437.62	237.76	48.33	1331.16	1463.32	948.18	515.14	104.71
	Standard Self	EE4	227.36	269.72	196.68	73.04	16.20	492.61	584.39	426.14	158.25	35.10
	Standard Family	EE5	505.89	600.13	437.62	162.51	36.04	1096.10	1300.28	948.18	352.10	78.08
Florida Humana Medical Plan, Inc.	High Self	EX1	New Plan	256.24	192.18	64.06	New Plan	New Plan	555.19	416.39	138.80	New Plan
	High Family	EX2	New Plan	570.13	427.60	142.53	New Plan	New Plan	1235.28	926.46	308.82	New Plan
	Standard Self	EX4	New Plan	230.61	172.96	57.65	New Plan	New Plan	499.66	374.75	124.91	New Plan
	Standard Family	EX5	New Plan	513.12	384.84	128.28	New Plan	New Plan	1111.76	833.82	277.94	New Plan
Florida Humana Medical Plan, Inc.	High Self	LL1	375.88	421.54	196.68	224.86	39.82	814.41	913.34	426.14	487.20	86.28
	High Family	LL2	836.33	937.92	437.62	500.30	88.92	1812.05	2032.16	948.18	1083.98	192.66
	Standard Self	LL4	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	Standard Family	LL5	562.09	600.12	437.62	162.50	21.98	1217.86	1300.26	948.18	352.08	47.62
Georgia Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Georgia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Aetna Open Access	High Self	2U1	365.85	400.37	196.68	203.69	28.68	792.68	867.47	426.14	441.33	62.14
	High Family	2U2	839.50	918.69	437.62	481.07	66.52	1818.92	1990.50	948.18	1042.32	144.13
Georgia Humana CoverageFirst	CDHP Self	AD1	216.00	214.12	160.59	53.53	-.47	468.00	463.93	347.95	115.98	-1.02
	CDHP Family	AD2	480.58	476.39	357.29	119.10	-1.04	1041.26	1032.18	774.14	258.04	-2.27
	Value Self	AD4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	AD5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Georgia Humana CoverageFirst	CDHP Self	LM1	227.36	225.38	169.04	56.34	-.50	492.61	488.32	366.24	122.08	-1.07
	CDHP Family	LM2	505.89	501.48	376.11	125.37	-1.10	1096.10	1086.54	814.91	271.63	-2.39
	Value Self	LM4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	LM5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Georgia Humana Employers Health of Georgia, Inc.	High Self	CB1	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	High Family	CB2	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64
	Standard Self	CB4	238.73	256.24	192.18	64.06	4.38	517.25	555.19	416.39	138.80	9.49
	Standard Family	CB5	531.17	570.13	427.60	142.53	9.74	1150.87	1235.28	926.46	308.82	21.10
Georgia Humana Employers Health of Georgia, Inc.	High Self	DG1	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	High Family	DG2	562.08	600.13	437.62	162.51	21.99	1217.84	1300.28	948.18	352.10	47.64
	Standard Self	DG4	240.55	242.75	182.06	60.69	.55	521.19	525.96	394.47	131.49	1.19
	Standard Family	DG5	535.23	540.12	405.09	135.03	1.22	1159.67	1170.26	877.70	292.56	2.64
Georgia Humana Employers Health of Georgia, Inc.	High Self	DN1	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	High Family	DN2	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64
	Standard Self	DN4	238.73	256.24	192.18	64.06	4.38	517.25	555.19	416.39	138.80	9.49
	Standard Family	DN5	531.17	570.13	427.60	142.53	9.74	1150.87	1235.28	926.46	308.82	21.10
Georgia Kaiser Foundation Health Plan of Georgia	High Self	F81	254.57	265.98	196.68	69.30	5.57	551.57	576.29	426.14	150.15	12.07
	High Family	F82	581.69	607.76	437.62	170.14	13.40	1260.33	1316.81	948.18	368.63	29.03
	Standard Self	F84	178.29	185.48	139.11	46.37	1.80	386.30	401.87	301.40	100.47	3.90
	Standard Family	F85	407.39	423.83	317.87	105.96	4.11	882.68	918.30	688.73	229.57	8.90
Guam Calvos Selectcare	High Self	B41	246.06	220.59	165.44	55.15	-6.36	533.13	477.95	358.46	119.49	-13.79
	High Family	B42	646.60	579.68	434.76	144.92	-76.73	1400.97	1255.97	941.98	313.99	-166.25
Guam TakeCare	High Self	JK1	229.80	229.80	172.35	57.45	.00	497.90	497.90	373.43	124.47	.00
	High Family	JK2	603.86	603.86	437.62	166.24	-12.67	1308.36	1308.36	948.18	360.18	-27.45
	Standard Self	JK4	202.27	188.48	141.36	47.12	-3.45	438.25	408.37	306.28	102.09	-7.47
	Standard Family	JK5	534.13	497.72	373.29	124.43	-9.10	1157.28	1078.39	808.79	269.60	-19.72
Guam TakeCare	HDHP Self	KX1	138.27	125.94	94.46	31.48	-3.09	299.59	272.87	204.65	68.22	-6.68
	HDHP Family	KX2	363.22	330.46	247.85	82.61	-8.19	786.98	716.00	537.00	179.00	-17.74
Hawaii Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Hawaii Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Hawaii HMSA	High Self	871	212.16	210.04	157.53	52.51	-.53	459.68	455.09	341.32	113.77	-1.15
	High Family	872	472.26	467.54	350.66	116.88	-1.18	1023.23	1013.00	759.75	253.25	-2.56

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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
Hawaii Kaiser Foundation Health Plan of Hawaii	High Self	631	250.17	263.67	196.68	66.99	4.45	542.04	571.29	426.14	145.15	9.64
	High Family	632	557.91	587.98	437.62	150.36	10.88	1208.81	1273.96	948.18	325.78	23.58
	Standard Self	634	128.50	139.45	104.59	34.86	2.74	278.42	302.14	226.61	75.53	5.93
	Standard Family	635	286.56	311.00	233.25	77.75	6.11	620.88	673.83	505.37	168.46	13.24
Idaho Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Idaho Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Idaho Altius Health Plans	High Self	9K1	288.15	288.15	196.68	91.47	-5.84	624.33	624.33	426.14	198.19	-12.65
	High Family	9K2	633.97	633.97	437.62	196.35	-12.67	1373.60	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Idaho Altius Health Plans	Standard Self	DK4	208.43	217.81	163.36	54.45	2.34	451.60	471.92	353.94	117.98	5.08
	Standard Family	DK5	458.53	479.16	359.37	119.79	5.16	993.48	1038.18	778.64	259.54	11.17
Idaho Group Health Cooperative	High Self	541	302.54	321.62	196.68	124.94	13.24	655.50	696.84	426.14	270.70	28.69
	High Family	542	650.48	691.51	437.62	253.89	28.36	1409.37	1498.27	948.18	550.09	61.45
	Standard Self	544	194.54	216.78	162.59	54.19	5.56	421.50	469.69	352.27	117.42	12.05
	Standard Family	545	439.21	489.39	367.04	122.35	12.55	951.62	1060.35	795.26	265.09	27.19
Idaho SelectHealth	High Self	SF1	285.34	285.34	196.68	88.66	-5.84	618.24	618.24	426.14	192.10	-12.65
	High Family	SF2	636.52	636.52	437.62	198.90	-12.67	1379.13	1379.13	948.18	430.95	-27.45
	Standard Self	SF4	255.09	229.58	172.19	57.39	-6.86	552.70	497.42	373.07	124.35	-14.86
	Standard Family	SF5	569.04	512.14	384.11	128.03	-16.06	1232.92	1109.64	832.23	277.41	-34.78
Illinois Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Illinois Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Illinois Blue Cross and Blue Shield of Illinois	High Self	A21	320.00	337.37	196.68	140.69	11.53	693.33	730.97	426.14	304.83	24.99
	High Family	A22	726.44	765.87	437.62	328.25	26.76	1573.95	1659.39	948.18	711.21	57.99
Illinois Blue Preferred Plus POS	High Self	9G1	322.05	345.10	196.68	148.42	17.21	697.78	747.72	426.14	321.58	37.29
	High Family	9G2	697.26	747.17	437.62	309.55	37.24	1510.73	1618.87	948.18	670.69	80.69
Illinois Health Alliance HMO	High Self	FX1	320.98	320.98	196.68	124.30	-5.84	695.46	695.46	426.14	269.32	-12.65
	High Family	FX2	748.21	748.21	437.62	310.59	-12.67	1621.12	1621.12	948.18	672.94	-27.45
Illinois Health Alliance HMO	Standard Self	K84	New Plan	290.48	196.68	93.80	New Plan	New Plan	629.37	426.14	203.23	New Plan
	Standard Family	K85	New Plan	677.12	437.62	239.50	New Plan	New Plan	1467.09	948.18	518.91	New Plan
Illinois Humana Benefit Plan of Illinois, Inc.	High Self	9F1	385.96	435.78	196.68	239.10	43.98	836.25	944.19	426.14	518.05	95.29
	High Family	9F2	858.77	969.61	437.62	531.99	98.17	1860.67	2100.82	948.18	1152.64	212.70
Illinois Humana Benefit Plan of Illinois, Inc.	Standard Self	AB4	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	Standard Family	AB5	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 CoverageFirst	CDHP Self	GB1	238.73	225.38	169.04	56.34	-3.34	517.25	488.32	366.24	122.08	-7.23
	CDHP Family	GB2	531.17	501.48	376.11	125.37	-7.42	1150.87	1086.54	814.91	271.63	-16.09
	Value Self	GB4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	GB5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Illinois Humana CoverageFirst	CDHP Self	MW1	227.36	225.38	169.04	56.34	-.50	492.61	488.32	366.24	122.08	-1.07
	CDHP Family	MW2	505.89	501.46	376.10	125.36	-1.11	1096.10	1086.50	814.88	271.62	-2.40
	Value Self	MW4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	MW5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Illinois Humana Health Plan, Inc.	High Self	751	346.33	384.24	196.68	187.56	32.07	750.38	832.52	426.14	406.38	69.49
	High Family	752	770.59	854.91	437.62	417.29	71.65	1669.61	1852.31	948.18	904.13	155.25
	Standard Self	754	252.62	269.72	196.68	73.04	9.89	547.34	584.39	426.14	158.25	21.42
	Standard Family	755	562.08	600.13	437.62	162.51	21.99	1217.84	1300.28	948.18	352.10	47.64
Illinois Union Health Service	High Self	761	238.66	260.48	195.36	65.12	5.46	517.10	564.37	423.28	141.09	11.82
	High Family	762	548.88	593.56	437.62	155.94	18.72	1189.24	1286.05	948.18	337.87	40.56
Illinois United Healthcare of the Midwest, Inc.	High Self	B91	289.62	349.32	196.68	152.64	53.86	627.51	756.86	426.14	330.72	116.70
	High Family	B92	647.03	780.42	437.62	342.80	120.72	1401.90	1690.91	948.18	742.73	261.56
Illinois UnitedHealthcare Plan of the River Valley Inc.	High Self	YH1	256.46	260.14	195.11	65.03	-.59	555.66	563.64	422.73	140.91	-1.26
	High Family	YH2	605.84	614.53	437.62	176.91	-3.98	1312.65	1331.48	948.18	383.30	-8.62
Indiana Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Indiana Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Indiana Health Alliance HMO	High Self	FX1	320.98	320.98	196.68	124.30	-5.84	695.46	695.46	426.14	269.32	-12.65
	High Family	FX2	748.21	748.21	437.62	310.59	-12.67	1621.12	1621.12	948.18	672.94	-27.45
Indiana Health Alliance HMO	Standard Self	K84	New Plan	290.48	196.68	93.80	New Plan	New Plan	629.37	426.14	203.23	New Plan
	Standard Family	K85	New Plan	677.12	437.62	239.50	New Plan	New Plan	1467.09	948.18	518.91	New Plan
Indiana Humana CoverageFirst	CDHP Self	MW1	227.36	225.38	169.04	56.34	-.50	492.61	488.32	366.24	122.08	-1.07
	CDHP Family	MW2	505.89	501.46	376.10	125.36	-1.11	1096.10	1086.50	814.88	271.62	-2.40
	Value Self	MW4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	MW5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Indiana Humana Health Plan of Ohio	High Self	A61	239.99	256.24	192.18	64.06	4.06	519.98	555.19	416.39	138.80	8.81
	High Family	A62	533.98	570.13	427.60	142.53	9.04	1156.96	1235.28	926.46	308.82	19.58
	Standard Self	A64	215.99	230.61	172.96	57.65	3.65	467.98	499.66	374.75	124.91	7.92
	Standard Family	A65	480.57	513.12	384.84	128.28	8.14	1041.24	1111.76	833.82	277.94	17.63
Indiana Humana Health Plan, Inc.	High Self	751	346.33	384.24	196.68	187.56	32.07	750.38	832.52	426.14	406.38	69.49
	High Family	752	770.59	854.91	437.62	417.29	71.65	1669.61	1852.31	948.18	904.13	155.25
	Standard Self	754	252.62	269.72	196.68	73.04	9.89	547.34	584.39	426.14	158.25	21.42
	Standard Family	755	562.08	600.13	437.62	162.51	21.99	1217.84	1300.28	948.18	352.10	47.64
Indiana Humana Health Plan, Inc.	High Self	MH1	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	High Family	MH2	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64
	Standard Self	MH4	239.98	256.24	192.18	64.06	4.07	519.96	555.19	416.39	138.80	8.81
	Standard Family	MH5	533.96	570.13	427.60	142.53	9.04	1156.91	1235.28	926.46	308.82	19.59

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Physicians Health Plan of Northern Indiana	High Self	DQ1	308.00	338.77	196.68	142.09	24.93	667.33	734.00	426.14	307.86	54.02
	High Family	DQ2	685.56	754.04	437.62	316.42	55.81	1485.38	1633.75	948.18	685.57	120.92
Iowa Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Iowa Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Iowa Coventry Health Care of Iowa	High Self	SV1	240.19	246.49	184.87	61.62	1.57	520.41	534.06	400.55	133.51	3.41
	High Family	SV2	584.85	579.26	434.45	144.81	-15.09	1267.18	1255.06	941.30	313.76	-32.69
	HDHP Self	SV4	165.56	165.60	124.20	41.40	.01	358.71	358.80	269.10	89.70	.02
	HDHP Family	SV5	395.12	395.22	296.42	98.80	.02	856.09	856.31	642.23	214.08	.06
Iowa Coventry Health Care of Iowa	Standard Self	SY4	177.14	180.90	135.68	45.22	.94	383.80	391.95	293.96	97.99	2.04
	Standard Family	SY5	416.29	425.12	318.84	106.28	2.21	901.96	921.09	690.82	230.27	4.78
Iowa Health Alliance HMO	High Self	FX1	320.98	320.98	196.68	124.30	-5.84	695.46	695.46	426.14	269.32	-12.65
	High Family	FX2	748.21	748.21	437.62	310.59	-12.67	1621.12	1621.12	948.18	672.94	-27.45
Iowa Health Alliance HMO	Standard Self	K84	New Plan	290.48	196.68	93.80	New Plan	New Plan	629.37	426.14	203.23	New Plan
	Standard Family	K85	New Plan	677.12	437.62	239.50	New Plan	New Plan	1467.09	948.18	518.91	New Plan
Iowa HealthPartners High and Standard Option	High Self	V31	337.53	320.67	196.68	123.99	-22.70	731.32	694.79	426.14	268.65	-49.18
	High Family	V32	776.32	737.54	437.62	299.92	-51.45	1682.03	1598.00	948.18	649.82	-111.48
	Standard Self	V34	165.92	164.26	123.20	41.06	-.42	359.49	355.90	266.93	88.97	-.90
	Standard Family	V35	381.62	377.80	283.35	94.45	-.95	826.84	818.57	613.93	204.64	-2.07
Iowa Sanford Health Plan	High Self	AU1	303.08	317.48	196.68	120.80	8.56	656.67	687.87	426.14	261.73	18.55
	High Family	AU2	697.32	730.49	437.62	292.87	20.50	1510.86	1582.73	948.18	634.55	44.42
	Standard Self	AU4	291.47	305.82	196.68	109.14	8.51	631.52	662.61	426.14	236.47	18.44
	Standard Family	AU5	670.40	703.44	437.62	265.82	20.37	1452.53	1524.12	948.18	575.94	44.14
Iowa UnitedHealthcare Plan of the River Valley Inc.	High Self	YH1	256.46	260.14	195.11	65.03	-.59	555.66	563.64	422.73	140.91	-1.26
	High Family	YH2	605.84	614.53	437.62	176.91	-3.98	1312.65	1331.48	948.18	383.30	-8.62
Kansas Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Kansas Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Kansas Aetna Open Access	High Self	HY1	229.02	250.66	188.00	62.66	5.41	496.21	543.10	407.33	135.77	11.72
	High Family	HY2	610.84	668.57	437.62	230.95	45.06	1323.49	1448.57	948.18	500.39	97.63
Kansas Coventry Health Care of Kansas	High Self	HA1	239.92	249.59	187.19	62.40	2.42	519.83	540.78	405.59	135.19	5.23
	High Family	HA2	563.84	586.56	437.62	148.94	7.98	1221.65	1270.88	948.18	322.70	17.29
	Standard Self	HA4	202.69	232.02	174.02	58.00	7.33	439.16	502.71	377.03	125.68	15.89
	Standard Family	HA5	476.31	545.26	408.95	136.31	17.23	1032.01	1181.40	886.05	295.35	37.35
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP	HDHP Self	9H1	195.77	235.33	176.50	58.83	9.89	424.17	509.88	382.41	127.47	21.43
	HDHP Family	9H2	460.05	553.03	414.77	138.26	23.25	996.78	1198.23	898.67	299.56	50.37

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 CoverageFirst	CDHP Self	PH1	204.63	202.84	152.13	50.71	-.45	443.37	439.49	329.62	109.87	-.97
	CDHP Family	PH2	455.30	451.33	338.50	112.83	-.99	986.48	977.88	733.41	244.47	-2.15
	Value Self	PH4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	PH5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Kansas Humana Health Plan, Inc.	High Self	MS1	429.74	485.24	196.68	288.56	49.66	931.10	1051.35	426.14	625.21	107.60
	High Family	MS2	956.17	1079.67	437.62	642.05	110.83	2071.70	2339.29	948.18	1391.11	240.14
	Standard Self	MS4	252.58	269.72	196.68	73.04	9.90	547.26	584.39	426.14	158.25	21.44
	Standard Family	MS5	562.00	600.13	437.62	162.51	22.01	1217.67	1300.28	948.18	352.10	47.68
Kentucky Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Kentucky Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Kentucky Humana CoverageFirst	CDHP Self	6N1	204.96	202.84	152.13	50.71	-.53	444.08	439.49	329.62	109.87	-1.15
	CDHP Family	6N2	456.05	451.33	338.50	112.83	-1.18	988.11	977.88	733.41	244.47	-2.56
Kentucky Humana Health Plan of Ohio	High Self	A61	239.99	256.24	192.18	64.06	4.06	519.98	555.19	416.39	138.80	8.81
	High Family	A62	533.98	570.13	427.60	142.53	9.04	1156.96	1235.28	926.46	308.82	19.58
	Standard Self	A64	215.99	230.61	172.96	57.65	3.65	467.98	499.66	374.75	124.91	7.92
	Standard Family	A65	480.57	513.12	384.84	128.28	8.14	1041.24	1111.76	833.82	277.94	17.63
Kentucky Humana Health Plan, Inc.	High Self	MH1	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	High Family	MH2	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64
	Standard Self	MH4	239.98	256.24	192.18	64.06	4.07	519.96	555.19	416.39	138.80	8.81
	Standard Family	MH5	533.96	570.13	427.60	142.53	9.04	1156.91	1235.28	926.46	308.82	19.59
Kentucky Humana Health Plan, Inc.	High Self	MI1	262.65	286.49	196.68	89.81	18.00	569.08	620.73	426.14	194.59	39.00
	High Family	MI2	584.41	637.43	437.62	199.81	40.35	1266.22	1381.10	948.18	432.92	87.43
	Standard Self	MI4	239.98	256.24	192.18	64.06	4.07	519.96	555.19	416.39	138.80	8.81
	Standard Family	MI5	533.96	570.13	427.60	142.53	9.04	1156.91	1235.28	926.46	308.82	19.59
Louisiana Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Louisiana Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
Louisiana Coventry Health Care of Louisiana	High Self	BJ1	285.33	285.33	196.68	88.65	-5.84	618.22	618.22	426.14	192.08	-12.65
	High Family	BJ2	662.65	662.64	437.62	225.02	-12.68	1435.74	1435.72	948.18	487.54	-27.47
	Standard Self	BJ4	240.64	240.64	180.48	60.16	.00	521.39	521.39	391.04	130.35	.00
	Standard Family	BJ5	558.85	558.85	419.14	139.71	.00	1210.84	1210.84	908.13	302.71	.00
Louisiana Humana Health Benefit Plan of Louisiana, Inc.	High Self	AE1	New Plan	269.72	196.68	73.04	New Plan	New Plan	584.39	426.14	158.25	New Plan
	High Family	AE2	New Plan	600.13	437.62	162.51	New Plan	New Plan	1300.28	948.18	352.10	New Plan
	Standard Self	AE4	New Plan	242.75	182.06	60.69	New Plan	New Plan	525.96	394.47	131.49	New Plan
	Standard Family	AE5	New Plan	540.12	405.09	135.03	New Plan	New Plan	1170.26	877.70	292.56	New Plan

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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
Louisiana Humana Health Benefit Plan of Louisiana, Inc.	High Self	BC1	New Plan	256.24	192.18	64.06	New Plan	New Plan	555.19	416.39	138.80	New Plan
	High Family	BC2	New Plan	570.13	427.60	142.53	New Plan	New Plan	1235.28	926.46	308.82	New Plan
	Standard Self	BC4	New Plan	230.61	172.96	57.65	New Plan	New Plan	499.66	374.75	124.91	New Plan
	Standard Family	BC5	New Plan	513.12	384.84	128.28	New Plan	New Plan	1111.76	833.82	277.94	New Plan
Maine Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Maine Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
Maryland Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Maryland Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
Maryland Aetna Open Access	High Self	JN1	392.10	412.99	196.68	216.31	15.05	849.55	894.81	426.14	468.67	32.61
	High Family	JN2	878.26	925.05	437.62	487.43	34.12	1902.90	2004.28	948.18	1056.10	73.93
	Basic Self	JN4	246.99	258.86	194.15	64.71	2.96	535.15	560.86	420.65	140.21	6.42
	Basic Family	JN5	561.70	578.79	434.09	144.70	4.28	1217.02	1254.05	940.54	313.51	9.26
Maryland CareFirst BlueChoice	High Self	2G1	262.88	294.42	196.68	97.74	25.70	569.57	637.91	426.14	211.77	55.69
	High Family	2G2	591.39	662.36	437.62	224.74	58.30	1281.35	1435.11	948.18	486.93	126.31
	Standard Self	2G4	249.74	267.22	196.68	70.54	8.11	541.10	578.98	426.14	152.84	17.57
	Standard Family	2G5	561.82	601.14	437.62	163.52	23.07	1217.28	1302.47	948.18	354.29	49.97
Maryland CareFirst BlueChoice	HDHP Self	B61	235.27	258.79	194.09	64.70	5.88	509.75	560.71	420.53	140.18	12.74
	HDHP Family	B62	524.78	577.26	432.95	144.31	13.12	1137.02	1250.73	938.05	312.68	28.43
Maryland Coventry Health Care	High Self	IG1	252.90	265.90	196.68	69.22	6.00	547.95	576.12	426.14	149.98	12.99
	High Family	IG2	634.70	611.55	437.62	173.93	-35.82	1375.18	1325.03	948.18	376.85	-77.60
	Standard Self	IG4	227.61	244.89	183.67	61.22	4.32	493.16	530.60	397.95	132.65	9.36
	Standard Family	IG5	569.03	563.25	422.44	140.81	-3.27	1232.90	1220.38	915.29	305.09	-7.08
Maryland Coventry Health Care HDHP	HDHP Self	GZ1	219.59	221.18	165.89	55.29	.39	475.78	479.22	359.42	119.80	.86
	HDHP Family	GZ2	496.98	495.42	371.57	123.85	-.39	1076.79	1073.41	805.06	268.35	-.85
Maryland Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	261.37	274.80	196.68	78.12	7.59	566.30	595.40	426.14	169.26	16.45
	High Family	E32	601.15	632.04	437.62	194.42	18.22	1302.49	1369.42	948.18	421.24	39.48
	Standard Self	E34	174.38	178.09	133.57	44.52	.93	377.82	385.86	289.40	96.46	2.01
	Standard Family	E35	401.06	409.59	307.19	102.40	2.14	868.96	887.45	665.59	221.86	4.62
Maryland M.D. IPA	High Self	JP1	267.90	290.12	196.68	93.44	16.38	580.45	628.59	426.14	202.45	35.49
	High Family	JP2	617.78	668.96	437.62	231.34	38.51	1338.52	1449.41	948.18	501.23	83.44
Massachusetts Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Massachusetts Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Fallon Community Health Plan	Basic Self	JG1	291.79	332.08	196.68	135.40	34.45	632.21	719.51	426.14	293.37	74.65
	Basic Family	JG2	709.13	807.05	437.62	369.43	85.25	1536.45	1748.61	948.18	800.43	184.71
Michigan Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Michigan Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Michigan Bluecare Network of MI	High Self	K51	283.83	298.47	196.68	101.79	8.80	614.97	646.69	426.14	220.55	19.07
	High Family	K52	647.03	680.36	437.62	242.74	20.66	1401.90	1474.11	948.18	525.93	44.76
Michigan Bluecare Network of MI	High Self	LX1	267.62	280.01	196.68	83.33	6.55	579.84	606.69	426.14	180.55	14.20
	High Family	LX2	642.00	671.84	437.62	234.22	17.17	1391.00	1455.65	948.18	507.47	37.20
Michigan Grand Valley Health Plan	High Self	RL1	301.45	308.30	196.68	111.62	1.01	653.14	667.98	426.14	241.84	2.19
	High Family	RL2	705.39	721.43	437.62	283.81	3.37	1528.35	1563.10	948.18	614.92	7.30
	Standard Self	RL4	281.70	287.40	196.68	90.72	-.14	610.35	622.70	426.14	196.56	-.30
	Standard Family	RL5	659.19	672.53	437.62	234.91	.67	1428.25	1457.15	948.18	508.97	1.45
Michigan Health Alliance Plan	High Self	521	271.61	289.50	196.68	92.82	12.05	588.49	627.25	426.14	201.11	26.11
	High Family	522	651.84	694.80	437.62	257.18	30.29	1412.32	1505.40	948.18	557.22	65.63
Michigan Health Alliance Plan	Standard Self	GY4	259.24	275.02	196.68	78.34	9.94	561.69	595.88	426.14	169.74	21.54
	Standard Family	GY5	622.17	660.04	437.62	222.42	25.20	1348.04	1430.09	948.18	481.91	54.60
Michigan HealthPlus of MI	High Self	X51	245.33	256.90	192.68	64.22	2.89	531.55	556.62	417.47	139.15	6.26
	High Family	X52	637.45	667.51	437.62	229.89	17.39	1381.14	1446.27	948.18	498.09	37.68
Michigan Total Health Care USA	High Self	A51	New Plan	252.38	189.29	63.09	New Plan	New Plan	546.82	410.12	136.70	New Plan
	High Family	A52	New Plan	668.93	437.62	231.31	New Plan	New Plan	1449.35	948.18	501.17	New Plan
Minnesota Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Minnesota Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Minnesota HealthPartners High and Standard Option	High Self	V31	337.53	320.67	196.68	123.99	-22.70	731.32	694.79	426.14	268.65	-49.18
	High Family	V32	776.32	737.54	437.62	299.92	-51.45	1682.03	1598.00	948.18	649.82	-111.48
	Standard Self	V34	165.92	164.26	123.20	41.06	-.42	359.49	355.90	266.93	88.97	-.90
	Standard Family	V35	381.62	377.80	283.35	94.45	-.95	826.84	818.57	613.93	204.64	-2.07
Mississippi Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Mississippi Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Missouri Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Missouri Aetna Open Access	High Self	HY1	229.02	250.66	188.00	62.66	5.41	496.21	543.10	407.33	135.77	11.72
	High Family	HY2	610.84	668.57	437.62	230.95	45.06	1323.49	1448.57	948.18	500.39	97.63
Missouri Blue Preferred Plus POS	High Self	9G1	322.05	345.10	196.68	148.42	17.21	697.78	747.72	426.14	321.58	37.29
	High Family	9G2	697.26	747.17	437.62	309.55	37.24	1510.73	1618.87	948.18	670.69	80.69
Missouri Coventry Health Care of Kansas	High Self	HA1	239.92	249.59	187.19	62.40	2.42	519.83	540.78	405.59	135.19	5.23
	High Family	HA2	563.84	586.56	437.62	148.94	7.98	1221.65	1270.88	948.18	322.70	17.29
	Standard Self	HA4	202.69	232.02	174.02	58.00	7.33	439.16	502.71	377.03	125.68	15.89
	Standard Family	HA5	476.31	545.26	408.95	136.31	17.23	1032.01	1181.40	886.05	295.35	37.35
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP	HDHP Self	9H1	195.77	235.33	176.50	58.83	9.89	424.17	509.88	382.41	127.47	21.43
	HDHP Family	9H2	460.05	553.03	414.77	138.26	23.25	996.78	1198.23	898.67	299.56	50.37
Missouri Humana CoverageFirst	CDHP Self	PH1	204.63	202.84	152.13	50.71	-.45	443.37	439.49	329.62	109.87	-.97
	CDHP Family	PH2	455.30	451.33	338.50	112.83	-.99	986.48	977.88	733.41	244.47	-2.15
	Value Self	PH4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	PH5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Missouri Humana Health Plan, Inc.	High Self	MS1	429.74	485.24	196.68	288.56	49.66	931.10	1051.35	426.14	625.21	107.60
	High Family	MS2	956.17	1079.67	437.62	642.05	110.83	2071.70	2339.29	948.18	1391.11	240.14
	Standard Self	MS4	252.58	269.72	196.68	73.04	9.90	547.26	584.39	426.14	158.25	21.44
	Standard Family	MS5	562.00	600.13	437.62	162.51	22.01	1217.67	1300.28	948.18	352.10	47.68
Missouri United Healthcare of the Midwest, Inc.	High Self	B91	289.62	349.32	196.68	152.64	53.86	627.51	756.86	426.14	330.72	116.70
	High Family	B92	647.03	780.42	437.62	342.80	120.72	1401.90	1690.91	948.18	742.73	261.56
Montana Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Montana Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Nebraska Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Nebraska Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Nevada Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Nevada Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Nevada Aetna Open Access	High Self	HF1	205.29	208.01	156.01	52.00	.68	444.80	450.69	338.02	112.67	1.47
	High Family	HF2	598.12	606.04	437.62	168.42	-4.75	1295.93	1313.09	948.18	364.91	-10.29

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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
Nevada Health Plan of Nevada	High Self	NM1	182.47	182.45	136.84	45.61	-.01	395.35	395.31	296.48	98.83	-.01
	High Family	NM2	430.27	430.22	322.67	107.55	-.02	932.25	932.14	699.11	233.03	-.03
New Hampshire Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
New Hampshire Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
New Jersey Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
New Jersey Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
New Jersey Aetna Open Access	High Self	JR1	425.04	438.32	196.68	241.64	7.44	920.92	949.69	426.14	523.55	16.12
	High Family	JR2	977.69	1008.27	437.62	570.65	17.91	2118.33	2184.59	948.18	1236.41	38.81
	Basic Self	JR4	312.75	354.45	196.68	157.77	35.86	677.63	767.98	426.14	341.84	77.70
	Basic Family	JR5	721.94	818.19	437.62	380.57	83.58	1564.20	1772.75	948.18	824.57	181.10
New Jersey Aetna Open Access	High Self	P31	499.15	495.76	196.68	299.08	-9.23	1081.49	1074.15	426.14	648.01	-19.99
	High Family	P32	1204.37	1196.20	437.62	758.58	-20.84	2609.47	2591.77	948.18	1643.59	-45.15
	Basic Self	P34	372.11	425.42	196.68	228.74	47.47	806.24	921.74	426.14	495.60	102.85
	Basic Family	P35	859.25	982.36	437.62	544.74	110.44	1861.71	2128.45	948.18	1180.27	239.29
New Jersey GHI Health Plan	High Self	801	324.40	347.10	196.68	150.42	16.86	702.87	752.05	426.14	325.91	36.53
	High Family	802	811.05	867.83	437.62	430.21	44.11	1757.28	1880.30	948.18	932.12	95.57
	Standard Self	804	237.23	260.96	195.72	65.24	5.93	514.00	565.41	424.06	141.35	12.85
	Standard Family	805	553.80	592.57	437.62	154.95	16.50	1199.90	1283.90	948.18	335.72	35.75
New Mexico Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
New Mexico Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
New Mexico Lovelace Health Plan	High Self	Q11	219.88	241.83	181.37	60.46	5.49	476.41	523.97	392.98	130.99	11.89
	High Family	Q12	516.71	568.34	426.26	142.08	12.90	1119.54	1231.40	923.55	307.85	27.97
New Mexico Presbyterian Health Plan	High Self	P21	281.32	307.17	196.68	110.49	20.01	609.53	665.54	426.14	239.40	43.36
	High Family	P22	638.91	697.63	437.62	260.01	46.05	1384.31	1511.53	948.18	563.35	99.77
New York Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
New York Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Aetna Open Access	High Self	JC1	377.58	382.21	196.68	185.53	-1.21	818.09	828.12	426.14	401.98	-2.62
	High Family	JC2	929.43	940.85	437.62	503.23	-1.25	2013.77	2038.51	948.18	1090.33	-2.71
	Basic Self	JC4	322.08	316.71	196.68	120.03	-11.21	697.84	686.21	426.14	260.07	-24.28
	Basic Family	JC5	782.61	769.56	437.62	331.94	-25.72	1695.66	1667.38	948.18	719.20	-55.73
New York CDPHP Universal Benefits, Inc.	High Self	SG1	284.40	302.61	196.68	105.93	12.37	616.20	655.66	426.14	229.52	26.81
	High Family	SG2	720.26	766.40	437.62	328.78	33.47	1560.56	1660.53	948.18	712.35	72.52
	Standard Self	SG4	212.85	226.97	170.23	56.74	3.53	461.18	491.77	368.83	122.94	7.65
	Standard Family	SG5	549.12	585.56	437.62	147.94	10.66	1189.76	1268.71	948.18	320.53	23.09
New York GHI HMO Select	High Self	6V1	234.95	286.90	196.68	90.22	31.48	509.06	621.62	426.14	195.48	68.22
	High Family	6V2	600.04	719.12	437.62	281.50	106.41	1300.09	1558.09	948.18	609.91	230.55
New York GHI HMO Select	High Self	X41	261.54	261.54	196.16	65.38	-5.32	566.67	566.67	425.00	141.67	-11.51
	High Family	X42	671.67	657.47	437.62	219.85	-26.87	1455.29	1424.52	948.18	476.34	-58.22
New York GHI Health Plan	High Self	801	324.40	347.10	196.68	150.42	16.86	702.87	752.05	426.14	325.91	36.53
	High Family	802	811.05	867.83	437.62	430.21	44.11	1757.28	1880.30	948.18	932.12	95.57
	Standard Self	804	237.23	260.96	195.72	65.24	5.93	514.00	565.41	424.06	141.35	12.85
	Standard Family	805	553.80	592.57	437.62	154.95	16.50	1199.90	1283.90	948.18	335.72	35.75
New York HIP Health of Greater New York	High Self	511	294.42	275.14	196.68	78.46	-25.12	637.91	596.14	426.14	170.00	-54.42
	High Family	512	780.23	729.12	437.62	291.50	-63.78	1690.50	1579.76	948.18	631.58	-138.19
	Standard Self	514	262.92	225.34	169.01	56.33	-15.75	569.66	488.24	366.18	122.06	-34.11
	Standard Family	515	696.74	597.14	437.62	159.52	-112.27	1509.60	1293.80	948.18	345.62	-243.25
New York Independent Health Assoc	High Self	QA1	279.84	282.51	196.68	85.83	-3.17	606.32	612.11	426.14	185.97	-6.86
	High Family	QA2	699.61	706.24	437.62	268.62	-6.04	1515.82	1530.19	948.18	582.01	-13.08
	HDHP Self	QA4	182.99	176.77	132.58	44.19	-1.56	396.48	383.00	287.25	95.75	-3.37
	HDHP Family	QA5	476.55	460.04	345.03	115.01	-4.13	1032.53	996.75	747.56	249.19	-8.94
New York Independent Health Association	Standard Self	C54	271.48	263.39	196.68	66.71	-13.93	588.21	570.68	426.14	144.54	-30.18
	Standard Family	C55	678.69	658.48	437.62	220.86	-32.88	1470.50	1426.71	948.18	478.53	-71.24
New York MVP Health Care	High Self	GA1	258.30	273.23	196.68	76.55	9.09	559.65	592.00	426.14	165.86	19.70
	High Family	GA2	646.58	684.02	437.62	246.40	24.77	1400.92	1482.04	948.18	533.86	53.67
	Standard Self	GA4	236.01	246.97	185.23	61.74	2.74	511.36	535.10	401.33	133.77	5.93
	Standard Family	GA5	586.03	620.73	437.62	183.11	22.03	1269.73	1344.92	948.18	396.74	47.74
New York MVP Health Care	High Self	GV1	220.83	240.77	180.58	60.19	4.98	478.47	521.67	391.25	130.42	10.80
	High Family	GV2	552.59	602.41	437.62	164.79	26.64	1197.28	1305.22	948.18	357.04	57.72
	Standard Self	GV4	197.07	206.65	154.99	51.66	2.39	426.99	447.74	335.81	111.93	5.18
	Standard Family	GV5	493.10	517.04	387.78	129.26	5.99	1068.38	1120.25	840.19	280.06	12.97
New York MVP Health Care	High Self	M91	275.31	275.65	196.68	78.97	-5.50	596.51	597.24	426.14	171.10	-11.92
	High Family	M92	690.09	690.90	437.62	253.28	-11.86	1495.20	1496.95	948.18	548.77	-25.70
	Standard Self	M94	250.21	254.39	190.79	63.60	1.05	542.12	551.18	413.39	137.79	2.26
	Standard Family	M95	625.87	634.47	437.62	196.85	-4.07	1356.05	1374.69	948.18	426.51	-8.81
New York MVP Health Care	High Self	MF1	296.90	313.99	196.68	117.31	11.25	643.28	680.31	426.14	254.17	24.38
	High Family	MF2	731.73	785.67	437.62	348.05	41.27	1585.42	1702.29	948.18	754.11	89.42
	Standard Self	MF4	238.45	299.83	196.68	103.15	43.54	516.64	649.63	426.14	223.49	94.33
	Standard Family	MF5	596.67	750.24	437.62	312.62	140.90	1292.79	1625.52	948.18	677.34	305.28

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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	MX1	270.15	283.13	196.68	86.45	7.14	585.33	613.45	426.14	187.31	15.47
	High Family	MX2	676.16	708.38	437.62	270.76	19.55	1465.01	1534.82	948.18	586.64	42.36
	Standard Self	MX4	244.15	252.14	189.11	63.03	1.99	528.99	546.30	409.73	136.57	4.32
	Standard Family	MX5	613.30	633.06	437.62	195.44	7.09	1328.82	1371.63	948.18	423.45	15.36
North Carolina Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
North Carolina Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
North Dakota Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
North Dakota Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
North Dakota HealthPartners High and Standard Option	High Self	V31	337.53	320.67	196.68	123.99	-22.70	731.32	694.79	426.14	268.65	-49.18
	High Family	V32	776.32	737.54	437.62	299.92	-51.45	1682.03	1598.00	948.18	649.82	-111.48
	Standard Self	V34	165.92	164.26	123.20	41.06	-.42	359.49	355.90	266.93	88.97	-.90
	Standard Family	V35	381.62	377.80	283.35	94.45	-.95	826.84	818.57	613.93	204.64	-2.07
North Dakota Sanford Heart of America Health Plan	High Self	RU1	227.97	254.83	191.12	63.71	6.72	493.94	552.13	414.10	138.03	14.55
	High Family	RU2	585.89	654.94	437.62	217.32	56.38	1269.43	1419.04	948.18	470.86	122.16
North Dakota Sanford Health Plan	High Self	C91	293.49	293.49	196.68	96.81	-5.84	635.90	635.90	426.14	209.76	-12.65
	High Family	C92	675.04	675.04	437.62	237.42	-12.67	1462.59	1462.59	948.18	514.41	-27.45
	Standard Self	C94	261.11	261.11	195.83	65.28	-4.99	565.74	565.74	424.31	141.43	-10.82
	Standard Family	C95	649.17	649.17	437.62	211.55	-12.67	1406.54	1406.54	948.18	458.36	-27.45
Ohio Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Ohio Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Ohio AultCare HMO	High Self	3A1	249.67	262.23	196.67	65.56	3.14	540.95	568.17	426.13	142.04	6.80
	High Family	3A2	613.00	643.82	437.62	206.20	18.15	1328.17	1394.94	948.18	446.76	39.32
	HDHP Self	3A4	151.84	160.04	120.03	40.01	2.05	328.99	346.75	260.06	86.69	4.44
	HDHP Family	3A5	304.25	323.10	242.33	80.77	4.71	659.21	700.05	525.04	175.01	10.21
Ohio Humana Health Plan of Ohio	High Self	A61	239.99	256.24	192.18	64.06	4.06	519.98	555.19	416.39	138.80	8.81
	High Family	A62	533.98	570.13	427.60	142.53	9.04	1156.96	1235.28	926.46	308.82	19.58
	Standard Self	A64	215.99	230.61	172.96	57.65	3.65	467.98	499.66	374.75	124.91	7.92
	Standard Family	A65	480.57	513.12	384.84	128.28	8.14	1041.24	1111.76	833.82	277.94	17.63
Ohio Kaiser Foundation Health Plan of Ohio	High Self	641	310.09	329.41	196.68	132.73	13.48	671.86	713.72	426.14	287.58	29.21
	High Family	642	713.19	757.67	437.62	320.05	31.81	1545.25	1641.62	948.18	693.44	68.92
	Standard Self	644	213.72	242.10	181.58	60.52	7.09	463.06	524.55	393.41	131.14	15.38
	Standard Family	645	491.57	556.86	417.65	139.21	16.32	1065.07	1206.53	904.90	301.63	35.36

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 The Health Plan of the Upper Ohio Valley	High Self	U41	306.68	317.93	196.68	121.25	5.41	664.47	688.85	426.14	262.71	11.73
	High Family	U42	693.09	718.49	437.62	280.87	12.73	1501.70	1556.73	948.18	608.55	27.58
Oklahoma Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Oklahoma Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Oklahoma Globalhealth, Inc.	High Self	IM1	195.17	218.03	163.52	54.51	5.72	422.87	472.40	354.30	118.10	12.38
	High Family	IM2	470.35	525.42	394.07	131.35	13.76	1019.09	1138.41	853.81	284.60	29.83
Oregon Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Oregon Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Oregon Kaiser Foundation Health Plan of Northwest	High Self	571	288.87	301.32	196.68	104.64	6.61	625.89	652.86	426.14	226.72	14.32
	High Family	572	652.45	680.60	437.62	242.98	15.48	1413.64	1474.63	948.18	526.45	33.54
	Standard Self	574	233.01	251.39	188.54	62.85	4.60	504.86	544.68	408.51	136.17	9.96
	Standard Family	575	535.29	577.54	433.16	144.38	10.56	1159.80	1251.34	938.51	312.83	22.88
Pennsylvania Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Pennsylvania Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Pennsylvania Aetna Open Access	High Self	P31	499.15	495.76	196.68	299.08	-9.23	1081.49	1074.15	426.14	648.01	-19.99
	High Family	P32	1204.37	1196.20	437.62	758.58	-20.84	2609.47	2591.77	948.18	1643.59	-45.15
	Basic Self	P34	372.11	425.42	196.68	228.74	47.47	806.24	921.74	426.14	495.60	102.85
	Basic Family	P35	859.25	982.36	437.62	544.74	110.44	1861.71	2128.45	948.18	1180.27	239.29
Pennsylvania Aetna Open Access	High Self	YE1	239.49	285.31	196.68	88.63	28.76	518.90	618.17	426.14	192.03	62.31
	High Family	YE2	599.04	713.65	437.62	276.03	101.94	1297.92	1546.24	948.18	598.06	220.87
Pennsylvania Geisinger Health Plan	Standard Self	GG4	297.50	274.31	196.68	77.63	-29.03	644.58	594.34	426.14	168.20	-62.89
	Standard Family	GG5	684.27	630.93	437.62	193.31	-66.01	1482.59	1367.02	948.18	418.84	-143.02
Pennsylvania HealthAmerica Pennsylvania	High Self	261	275.44	278.90	196.68	82.22	-2.38	596.79	604.28	426.14	178.14	-5.16
	High Family	262	647.29	655.39	437.62	217.77	-4.57	1402.46	1420.01	948.18	471.83	-9.90
Pennsylvania HealthAmerica Pennsylvania - HDHP	HDHP Self	Y61	219.96	227.05	170.29	56.76	1.77	476.58	491.94	368.96	122.98	3.84
	HDHP Family	Y62	506.41	523.30	392.48	130.82	4.22	1097.22	1133.82	850.37	283.45	9.15
Pennsylvania UPMC Health Plan	High Self	8W1	291.51	298.84	196.68	102.16	1.49	631.61	647.49	426.14	221.35	3.23
	High Family	8W2	670.47	687.32	437.62	249.70	4.18	1452.69	1489.19	948.18	541.01	9.05
	HDHP Self	8W4	228.80	229.81	172.36	57.45	.25	495.73	497.92	373.44	124.48	.55
	HDHP Family	8W5	515.02	517.91	388.43	129.48	.73	1115.88	1122.14	841.61	280.53	1.56

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 UPMC Health Plan	Standard Self	UW4	245.80	246.37	184.78	61.59	.14	532.57	533.80	400.35	133.45	.31
	Standard Family	UW5	565.33	566.63	424.97	141.66	.33	1224.88	1227.70	920.78	306.92	.70
Puerto Rico Humana Health Plans of Puerto Rico, Inc.	High Self	ZJ1	151.99	148.18	111.14	37.04	-.96	329.31	321.06	240.80	80.26	-2.07
	High Family	ZJ2	338.16	338.16	253.62	84.54	.00	732.68	732.68	549.51	183.17	.00
Puerto Rico Triple-S Salud, Inc.	High Self	891	154.88	163.00	122.25	40.75	2.03	335.57	353.17	264.88	88.29	4.40
	High Family	892	348.47	366.75	275.06	91.69	4.57	755.02	794.63	595.97	198.66	9.91
Rhode Island Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Rhode Island Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
South Carolina Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
South Carolina Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
South Dakota Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
South Dakota Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
South Dakota HealthPartners High and Standard Option	High Self	V31	337.53	320.67	196.68	123.99	-22.70	731.32	694.79	426.14	268.65	-49.18
	High Family	V32	776.32	737.54	437.62	299.92	-51.45	1682.03	1598.00	948.18	649.82	-111.48
	Standard Self	V34	165.92	164.26	123.20	41.06	-.42	359.49	355.90	266.93	88.97	-.90
	Standard Family	V35	381.62	377.80	283.35	94.45	-.95	826.84	818.57	613.93	204.64	-2.07
South Dakota Sanford Health Plan	High Self	AU1	303.08	317.48	196.68	120.80	8.56	656.67	687.87	426.14	261.73	18.55
	High Family	AU2	697.32	730.49	437.62	292.87	20.50	1510.86	1582.73	948.18	634.55	44.42
	Standard Self	AU4	291.47	305.82	196.68	109.14	8.51	631.52	662.61	426.14	236.47	18.44
	Standard Family	AU5	670.40	703.44	437.62	265.82	20.37	1452.53	1524.12	948.18	575.94	44.14
Tennessee Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Tennessee Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
Tennessee Aetna Open Access	High Self	UB1	307.78	310.13	196.68	113.45	-3.49	666.86	671.95	426.14	245.81	-7.56
	High Family	UB2	784.77	790.77	437.62	353.15	-6.67	1700.34	1713.34	948.18	765.16	-14.45
Tennessee Humana Health Plan, Inc.	High Self	GJ1	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	High Family	GJ2	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64
	Standard Self	GJ4	215.99	230.61	172.96	57.65	3.65	467.98	499.66	374.75	124.91	7.92
	Standard Family	GJ5	480.58	513.12	384.84	128.28	8.14	1041.26	1111.76	833.82	277.94	17.63

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Texas Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Texas Aetna Whole Health	Basic Self	ES1	223.24	236.63	177.47	59.16	3.35	483.69	512.70	384.53	128.17	7.25
	Basic Family	ES2	588.46	623.77	437.62	186.15	22.64	1275.00	1351.50	948.18	403.32	49.05
Texas Firstcare	High Self	B71	181.62	204.13	153.10	51.03	5.63	393.51	442.28	331.71	110.57	12.19
	High Family	B72	544.88	612.45	437.62	174.83	38.61	1180.57	1326.98	948.18	378.80	83.66
Texas Firstcare	High Self	CK1	184.78	199.56	149.67	49.89	3.70	400.36	432.38	324.29	108.09	8.00
	High Family	CK2	554.34	598.68	437.62	161.06	22.48	1201.07	1297.14	948.18	348.96	48.69
Texas Firstcare	High Self	CN1	219.95	247.22	185.42	61.80	6.81	476.56	535.64	401.73	133.91	14.77
	High Family	CN2	659.88	741.71	437.62	304.09	69.16	1429.74	1607.04	948.18	658.86	149.85
Texas Firstcare	High Self	CZ1	214.04	240.58	180.44	60.14	6.63	463.75	521.26	390.95	130.31	14.37
	High Family	CZ2	642.15	721.77	437.62	284.15	66.95	1391.33	1563.84	948.18	615.66	145.06
Texas Firstcare	High Self	ET1	207.57	233.31	174.98	58.33	6.44	449.74	505.51	379.13	126.38	13.95
	High Family	ET2	622.72	699.94	437.62	262.32	64.55	1349.23	1516.54	948.18	568.36	139.86
Texas Humana CoverageFirst	CDHP Self	TP1	225.67	225.38	169.04	56.34	-.08	488.95	488.32	366.24	122.08	-.16
	CDHP Family	TP2	502.10	501.48	376.11	125.37	-.15	1087.88	1086.54	814.91	271.63	-.34
	Value Self	TP4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	TP5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Texas Humana CoverageFirst	CDHP Self	TU1	227.36	225.38	169.04	56.34	-.50	492.61	488.32	366.24	122.08	-1.07
	CDHP Family	TU2	505.89	501.46	376.10	125.36	-1.11	1096.10	1086.50	814.88	271.62	-2.40
	Value Self	TU4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	TU5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Texas Humana CoverageFirst	CDHP Self	TV1	238.73	247.92	185.94	61.98	2.30	517.25	537.16	402.87	134.29	4.98
	CDHP Family	TV2	531.17	551.61	413.71	137.90	5.11	1150.87	1195.16	896.37	298.79	11.07
	Value Self	TV4	New Plan	189.18	141.89	47.29	New Plan	New Plan	409.89	307.42	102.47	New Plan
	Value Family	TV5	New Plan	419.03	314.27	104.76	New Plan	New Plan	907.90	680.93	226.97	New Plan
Texas Humana Health Plan of Texas	High Self	EW1	New Plan	256.24	192.18	64.06	New Plan	New Plan	555.19	416.39	138.80	New Plan
	High Family	EW2	New Plan	570.13	427.60	142.53	New Plan	New Plan	1235.28	926.46	308.82	New Plan
	Standard Self	EW4	New Plan	230.61	172.96	57.65	New Plan	New Plan	499.66	374.75	124.91	New Plan
	Standard Family	EW5	New Plan	513.12	384.84	128.28	New Plan	New Plan	1111.76	833.82	277.94	New Plan
Texas Humana Health Plan of Texas	High Self	UC1	295.08	279.29	196.68	82.61	-21.63	639.34	605.13	426.14	178.99	-46.86
	High Family	UC2	656.54	621.41	437.62	183.79	-47.80	1422.50	1346.39	948.18	398.21	-103.56
	Standard Self	UC4	252.63	256.24	192.18	64.06	.90	547.37	555.19	416.39	138.80	1.96
	Standard Family	UC5	562.09	570.14	427.61	142.53	2.01	1217.86	1235.30	926.48	308.82	4.36
Texas Humana Health Plan of Texas	High Self	UR1	412.87	450.62	196.68	253.94	31.91	894.55	976.34	426.14	550.20	69.14
	High Family	UR2	918.63	1002.62	437.62	565.00	71.32	1990.37	2172.34	948.18	1224.16	154.52
	Standard Self	UR4	252.62	256.24	192.18	64.06	.91	547.34	555.19	416.39	138.80	1.97
	Standard Family	UR5	562.08	570.14	427.61	142.53	2.01	1217.84	1235.30	926.48	308.82	4.36

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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	290.82	319.10	196.68	122.42	22.44	630.11	691.38	426.14	265.24	48.62
	High Family	UU2	647.05	710.00	437.62	272.38	50.28	1401.94	1538.33	948.18	590.15	108.94
	Standard Self	UU4	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	Standard Family	UU5	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64
Texas Scott & White Health Plan	Standard Self	A84	New Plan	265.48	196.68	68.80	New Plan	New Plan	575.21	426.14	149.07	New Plan
	Standard Family	A85	New Plan	609.59	437.62	171.97	New Plan	New Plan	1320.78	948.18	372.60	New Plan
Texas UnitedHealthcare Benefits of Texas, Inc.	High Self	GF1	286.22	346.75	196.68	150.07	54.69	620.14	751.29	426.14	325.15	118.50
	High Family	GF2	658.55	798.36	437.62	360.74	127.14	1426.86	1729.78	948.18	781.60	275.47
Utah Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Utah Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Utah Altius Health Plans	High Self	9K1	288.15	288.15	196.68	91.47	-5.84	624.33	624.33	426.14	198.19	-12.65
	High Family	9K2	633.97	633.97	437.62	196.35	-12.67	1373.60	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Utah Altius Health Plans	Standard Self	DK4	208.43	217.81	163.36	54.45	2.34	451.60	471.92	353.94	117.98	5.08
	Standard Family	DK5	458.53	479.16	359.37	119.79	5.16	993.48	1038.18	778.64	259.54	11.17
Utah SelectHealth	High Self	SF1	285.34	285.34	196.68	88.66	-5.84	618.24	618.24	426.14	192.10	-12.65
	High Family	SF2	636.52	636.52	437.62	198.90	-12.67	1379.13	1379.13	948.18	430.95	-27.45
	Standard Self	SF4	255.09	229.58	172.19	57.39	-6.86	552.70	497.42	373.07	124.35	-14.86
	Standard Family	SF5	569.04	512.14	384.11	128.03	-16.06	1232.92	1109.64	832.23	277.41	-34.78
Vermont Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Vermont Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	275.82	289.79	196.68	93.11	8.13	597.61	627.88	426.14	201.74	17.62
	CDHP Family	EP2	626.36	658.10	437.62	220.48	19.07	1357.11	1425.88	948.18	477.70	41.32
	Value Self	EP4	223.19	234.35	175.76	58.59	2.79	483.58	507.76	380.82	126.94	6.05
	Value Family	EP5	506.85	532.20	399.15	133.05	6.34	1098.18	1153.10	864.83	288.27	13.73
Virgin Islands Triple-S Salud, Inc.	High Self	851	190.24	190.24	142.68	47.56	.00	412.19	412.19	309.14	103.05	.00
	High Family	852	432.04	432.04	324.03	108.01	.00	936.09	936.09	702.07	234.02	.00
Virginia Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Virginia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
Virginia Aetna Open Access	High Self	JN1	392.10	412.99	196.68	216.31	15.05	849.55	894.81	426.14	468.67	32.61
	High Family	JN2	878.26	925.05	437.62	487.43	34.12	1902.90	2004.28	948.18	1056.10	73.93
	Basic Self	JN4	246.99	258.86	194.15	64.71	2.96	535.15	560.86	420.65	140.21	6.42
	Basic Family	JN5	561.70	578.79	434.09	144.70	4.28	1217.02	1254.05	940.54	313.51	9.26

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Aetna Whole Health	Basic Self	D91	211.40	224.09	168.07	56.02	3.17	458.03	485.53	364.15	121.38	6.87
	Basic Family	D92	588.46	623.77	437.62	186.15	22.64	1275.00	1351.50	948.18	403.32	49.05
Virginia Aetna Whole Health	Basic Self	J91	New Plan	208.25	156.19	52.06	New Plan	New Plan	451.21	338.41	112.80	New Plan
	Basic Family	J92	New Plan	542.12	406.59	135.53	New Plan	New Plan	1174.59	880.94	293.65	New Plan
Virginia CareFirst BlueChoice	High Self	2G1	262.88	294.42	196.68	97.74	25.70	569.57	637.91	426.14	211.77	55.69
	High Family	2G2	591.39	662.36	437.62	224.74	58.30	1281.35	1435.11	948.18	486.93	126.31
	Standard Self	2G4	249.74	267.22	196.68	70.54	8.11	541.10	578.98	426.14	152.84	17.57
	Standard Family	2G5	561.82	601.14	437.62	163.52	23.07	1217.28	1302.47	948.18	354.29	49.97
Virginia CareFirst BlueChoice	HDHP Self	B61	235.27	258.79	194.09	64.70	5.88	509.75	560.71	420.53	140.18	12.74
	HDHP Family	B62	524.78	577.26	432.95	144.31	13.12	1137.02	1250.73	938.05	312.68	28.43
Virginia HealthKeepers, Inc.	High Self	A91	New Plan	290.96	196.68	94.28	New Plan	New Plan	630.41	426.14	204.27	New Plan
	High Family	A92	New Plan	654.58	437.62	216.96	New Plan	New Plan	1418.26	948.18	470.08	New Plan
Virginia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	261.37	274.80	196.68	78.12	7.59	566.30	595.40	426.14	169.26	16.45
	High Family	E32	601.15	632.04	437.62	194.42	18.22	1302.49	1369.42	948.18	421.24	39.48
	Standard Self	E34	174.38	178.09	133.57	44.52	.93	377.82	385.86	289.40	96.46	2.01
	Standard Family	E35	401.06	409.59	307.19	102.40	2.14	868.96	887.45	665.59	221.86	4.62
Virginia M.D. IPA	High Self	JP1	267.90	290.12	196.68	93.44	16.38	580.45	628.59	426.14	202.45	35.49
	High Family	JP2	617.78	668.96	437.62	231.34	38.51	1338.52	1449.41	948.18	501.23	83.44
Virginia Optima Health Plan	High Self	9R1	283.75	320.64	196.68	123.96	31.05	614.79	694.72	426.14	268.58	67.28
	High Family	9R2	671.40	758.69	437.62	321.07	74.62	1454.70	1643.83	948.18	695.65	161.68
	Standard Self	9R4	180.91	208.04	156.03	52.01	6.78	391.97	450.75	338.06	112.69	14.70
	Standard Family	9R5	428.07	492.28	369.21	123.07	16.05	927.49	1066.61	799.96	266.65	34.78
Virginia Piedmont Community Healthcare	High Self	2C1	237.78	225.88	169.41	56.47	-2.97	515.19	489.41	367.06	122.35	-6.45
	High Family	2C2	544.48	517.23	387.92	129.31	-6.81	1179.71	1120.67	840.50	280.17	-14.76
Washington Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Washington Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	268.08	298.11	196.68	101.43	24.19	580.84	645.91	426.14	219.77	52.42
	CDHP Family	G52	608.80	676.98	437.62	239.36	55.51	1319.07	1466.79	948.18	518.61	120.27
	Value Self	G54	225.45	236.72	177.54	59.18	2.82	488.48	512.89	384.67	128.22	6.10
	Value Family	G55	511.98	537.59	403.19	134.40	6.41	1109.29	1164.78	873.59	291.19	13.87
Washington Aetna Open Access	High Self	C31	250.56	265.60	196.68	68.92	6.28	542.88	575.47	426.14	149.33	13.61
	High Family	C32	684.00	725.04	437.62	287.42	28.37	1482.00	1570.92	948.18	622.74	61.47
Washington Group Health Cooperative	High Self	541	302.54	321.62	196.68	124.94	13.24	655.50	696.84	426.14	270.70	28.69
	High Family	542	650.48	691.51	437.62	253.89	28.36	1409.37	1498.27	948.18	550.09	61.45
	Standard Self	544	194.54	216.78	162.59	54.19	5.56	421.50	469.69	352.27	117.42	12.05
	Standard Family	545	439.21	489.39	367.04	122.35	12.55	951.62	1060.35	795.26	265.09	27.19
Washington KPS Health Plans	Standard Self	L11	204.94	229.41	172.06	57.35	6.12	444.04	497.06	372.80	124.26	13.25
	Standard Family	L12	442.37	495.19	371.39	123.80	13.21	958.47	1072.91	804.68	268.23	28.61
	HDHP Self	L14	185.02	189.46	142.10	47.36	1.11	400.88	410.50	307.88	102.62	2.40
	HDHP Family	L15	404.30	414.00	310.50	103.50	2.43	875.98	897.00	672.75	224.25	5.26
Washington KPS Health Plans	High Self	VT1	316.54	342.76	196.68	146.08	20.38	685.84	742.65	426.14	316.51	44.16
	High Family	VT2	691.67	748.97	437.62	311.35	44.63	1498.62	1622.77	948.18	674.59	96.70

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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 Kaiser Foundation Health Plan of Northwest	High Self	571	288.87	301.32	196.68	104.64	6.61	625.89	652.86	426.14	226.72	14.32
	High Family	572	652.45	680.60	437.62	242.98	15.48	1413.64	1474.63	948.18	526.45	33.54
	Standard Self	574	233.01	251.39	188.54	62.85	4.60	504.86	544.68	408.51	136.17	9.96
	Standard Family	575	535.29	577.54	433.16	144.38	10.56	1159.80	1251.34	938.51	312.83	22.88
West Virginia Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
West Virginia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	264.09	272.01	196.68	75.33	2.08	572.20	589.36	426.14	163.22	4.51
	CDHP Family	F52	599.73	617.72	437.62	180.10	5.32	1299.42	1338.39	948.18	390.21	11.52
	Value Self	F54	229.60	241.08	180.81	60.27	2.87	497.47	522.34	391.76	130.58	6.21
	Value Family	F55	521.41	547.49	410.62	136.87	6.52	1129.72	1186.23	889.67	296.56	14.13
West Virginia The Health Plan of the Upper Ohio Valley	High Self	U41	306.68	317.93	196.68	121.25	5.41	664.47	688.85	426.14	262.71	11.73
	High Family	U42	693.09	718.49	437.62	280.87	12.73	1501.70	1556.73	948.18	608.55	27.58
Wisconsin Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Wisconsin Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	New Plan	301.85	196.68	105.17	New Plan	New Plan	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	New Plan	685.47	437.62	247.85	New Plan	New Plan	1485.19	948.18	537.01	New Plan
	Value Self	JS4	New Plan	276.33	196.68	79.65	New Plan	New Plan	598.72	426.14	172.58	New Plan
	Value Family	JS5	New Plan	627.50	437.62	189.88	New Plan	New Plan	1359.58	948.18	411.40	New Plan
Wisconsin Aetna Whole Health	Basic Self	F71	184.62	195.70	146.78	48.92	2.77	400.01	424.02	318.02	106.00	6.00
	Basic Family	F72	508.71	539.23	404.42	134.81	7.63	1102.21	1168.33	876.25	292.08	16.53
Wisconsin Dean Health Plan	High Self	WD1	287.50	309.21	196.68	112.53	15.87	622.92	669.96	426.14	243.82	34.39
	High Family	WD2	718.73	773.02	437.62	335.40	41.62	1557.25	1674.88	948.18	726.70	90.18
Wisconsin Group Health Cooperative	High Self	WJ1	241.65	270.11	196.68	73.43	13.02	523.58	585.24	426.14	159.10	28.21
	High Family	WJ2	604.32	675.47	437.62	237.85	58.48	1309.36	1463.52	948.18	515.34	126.71
Wisconsin HealthPartners High and Standard Option	High Self	V31	337.53	320.67	196.68	123.99	-22.70	731.32	694.79	426.14	268.65	-49.18
	High Family	V32	776.32	737.54	437.62	299.92	-51.45	1682.03	1598.00	948.18	649.82	-111.48
	Standard Self	V34	165.92	164.26	123.20	41.06	-.42	359.49	355.90	266.93	88.97	-.90
	Standard Family	V35	381.62	377.80	283.35	94.45	-.95	826.84	818.57	613.93	204.64	-2.07
Wisconsin MercyCare HMO	High Self	EY1	240.28	264.05	196.68	67.37	7.30	520.61	572.11	426.14	145.97	15.82
	High Family	EY2	600.97	660.43	437.62	222.81	46.79	1302.10	1430.93	948.18	482.75	101.38
Wisconsin Physicians Plus	High Self	LW1	234.85	273.09	196.68	76.41	17.70	508.84	591.70	426.14	165.56	38.35
	High Family	LW2	598.93	695.87	437.62	258.25	84.27	1297.68	1507.72	948.18	559.54	182.59
Wyoming Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Wyoming Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Wyoming Altius Health Plans	High Self	9K1	288.15	288.15	196.68	91.47	-5.84	624.33	624.33	426.14	198.19	-12.65
	High Family	9K2	633.97	633.97	437.62	196.35	-12.67	1373.60	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Wyoming Altius Health Plans	Standard Self	DK4	208.43	217.81	163.36	54.45	2.34	451.60	471.92	353.94	117.98	5.08
	Standard Family	DK5	458.53	479.16	359.37	119.79	5.16	993.48	1038.18	778.64	259.54	11.17