

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
Alabama Aetna Direct												
CDHP Self		N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family		N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One		N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Alabama Aetna HealthFund CDHP and Value Plan												
CDHP Self		F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family		F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One		F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self		F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family		F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One		F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Alabama Aetna HealthFund HDHP												
HDHP Self		224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family		225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One		226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Alabama United Healthcare Insurance Company, Inc. (Choice HMO)												
High Self		KK1	New Plan	245.00	194.16	50.84	New Plan	New Plan	245.00	183.75	61.25	New Plan
High Self & Family		KK2	New Plan	686.98	515.64	171.34	New Plan	New Plan	686.98	488.50	198.48	New Plan
High Self Plus One		KK3	New Plan	478.48	379.20	99.28	New Plan	New Plan	478.48	358.86	119.62	New Plan
Alabama United Healthcare Insurance Company, Inc. (HDHP Choice Plus)												
HDHP Self		LS1	New Plan	234.69	185.99	48.70	New Plan	New Plan	234.69	176.02	58.67	New Plan
HDHP Self & Family		LS2	New Plan	658.05	515.64	142.41	New Plan	New Plan	658.05	488.50	169.55	New Plan
HDHP Self Plus One		LS3	New Plan	458.33	363.23	95.10	New Plan	New Plan	458.33	343.75	114.58	New Plan
Alaska Aetna Direct												
CDHP Self		N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family		N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One		N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

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											Plan - Option - Enrollment Code
Alaska Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-
Alaska Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Arizona Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Arizona Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
Arizona Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

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											Plan - Option - Enrollment Code
Arizona Aetna Open Access											
High Self	WQ1	376.27	405.62	225.23	180.39	20.16	376.27	405.62	213.37	192.25	17.99
High Self & Family	WQ2	909.88	984.84	515.64	469.20	39.04	909.88	984.84	488.50	496.34	35.03
High Self Plus One	WQ3	-	975.08	486.63	488.45	-	-	975.08	461.02	514.06	-
Arizona Health Net of Arizona, Inc.											
High Self	A71	331.53	363.05	225.23	137.82	22.33	331.53	363.05	213.37	149.68	20.16
High Self & Family	A72	839.45	919.28	515.64	403.64	43.91	839.45	919.28	488.50	430.78	39.90
High Self Plus One	A73	-	919.28	486.63	432.65	-	-	919.28	461.02	458.26	-
Standard Self	A74	302.58	315.62	225.23	90.39	3.85	302.58	315.62	213.37	102.25	1.68
Standard Self & Family	A75	766.16	799.12	515.64	283.48	-2.96	766.16	799.12	488.50	310.62	-6.97
Standard Self Plus One	A76	-	799.12	486.63	312.49	-	-	799.12	461.02	338.10	-
Arizona Humana Health Plan, Inc.											
High Self	BF1	275.35	349.02	225.23	123.79	64.48	275.35	349.02	213.37	135.65	62.31
High Self & Family	BF2	612.64	785.30	515.64	269.66	136.74	612.64	785.30	488.50	296.80	132.73
High Self Plus One	BF3	-	750.40	486.63	263.77	-	-	750.40	461.02	289.38	-
Standard Self	BF4	261.58	304.14	225.23	78.91	27.25	261.58	304.14	213.37	90.77	25.38
Standard Self & Family	BF5	582.02	684.31	515.64	168.67	53.72	582.02	684.31	488.50	195.81	50.31
Standard Self Plus One	BF6	-	653.89	486.63	167.26	-	-	653.89	461.02	192.87	-
Arizona Humana Health Plan, Inc.											
High Self	C71	275.35	310.24	225.23	85.01	25.70	275.35	310.24	213.37	96.87	23.53
High Self & Family	C72	612.64	698.05	515.64	182.41	49.49	612.64	698.05	488.50	209.55	45.48
High Self Plus One	C73	-	667.02	486.63	180.39	-	-	667.02	461.02	206.00	-
Standard Self	C74	261.58	289.46	225.23	64.23	12.57	261.58	289.46	213.37	76.09	10.70
Standard Self & Family	C75	582.02	651.30	515.64	135.66	20.71	582.02	651.30	488.48	162.82	17.32
Standard Self Plus One	C76	-	622.35	486.63	135.72	-	-	622.35	461.02	161.33	-

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Plan - Option - Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	

Arizona United Healthcare Insurance Company, Inc. (Choice HMO)

High Self	KT1	New Plan	244.98	194.15	50.83	New Plan	New Plan	244.98	183.74	61.24	New Plan
High Self & Family	KT2	New Plan	686.93	515.64	171.29	New Plan	New Plan	686.93	488.50	198.43	New Plan
High Self Plus One	KT3	New Plan	478.45	379.17	99.28	New Plan	New Plan	478.45	358.84	119.61	New Plan

Arizona United Healthcare Insurance Company, Inc. (HDHP Choice Plus)

HDHP Self	LU1	New Plan	236.75	187.62	49.13	New Plan	New Plan	236.75	177.56	59.19	New Plan
HDHP Self & Family	LU2	New Plan	663.82	515.64	148.18	New Plan	New Plan	663.82	488.50	175.32	New Plan
HDHP Self Plus One	LU3	New Plan	462.35	366.41	95.94	New Plan	New Plan	462.35	346.76	115.59	New Plan

Arkansas Aetna Direct

CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Arkansas Aetna HealthFund CDHP and Value Plan

CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-

Arkansas Aetna HealthFund HDHP

HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

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Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Arkansas QualChoice											
High Self	DH1	271.99	312.81	225.23	87.58	31.63	271.99	312.81	213.37	99.44	29.46
High Self & Family	DH2	636.95	815.90	515.64	300.26	143.03	636.95	815.90	488.50	327.40	139.02
High Self Plus One	DH3	-	607.64	481.55	126.09	-	-	607.64	455.73	151.91	-
Standard Self	DH4	231.48	243.98	193.35	50.63	4.91	231.48	243.98	182.99	60.99	3.12
Standard Self & Family	DH5	542.08	636.37	504.32	132.05	24.99	542.08	636.37	477.28	159.09	23.57
Standard Self Plus One	DH6	-	473.93	375.59	98.34	-	-	473.93	355.45	118.48	-
Arkansas United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	KK1	New Plan	245.00	194.16	50.84	New Plan	New Plan	245.00	183.75	61.25	New Plan
High Self & Family	KK2	New Plan	686.98	515.64	171.34	New Plan	New Plan	686.98	488.50	198.48	New Plan
High Self Plus One	KK3	New Plan	478.48	379.20	99.28	New Plan	New Plan	478.48	358.86	119.62	New Plan
Arkansas United Healthcare Insurance Company, Inc. (HDHP Choice Plus)											
HDHP Self	LS1	New Plan	234.69	185.99	48.70	New Plan	New Plan	234.69	176.02	58.67	New Plan
HDHP Self & Family	LS2	New Plan	658.05	515.64	142.41	New Plan	New Plan	658.05	488.50	169.55	New Plan
HDHP Self Plus One	LS3	New Plan	458.33	363.23	95.10	New Plan	New Plan	458.33	343.75	114.58	New Plan
California Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
California Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-

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											Plan - Option - Enrollment Code
California Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
California Aetna Open Access											
High Self	2X1	279.15	288.61	225.23	63.38	0.27	279.15	288.61	213.37	75.24	-1.90
High Self & Family	2X2	651.14	677.55	515.64	161.91	-9.51	651.14	677.55	488.50	189.05	-13.52
High Self Plus One	2X3	-	664.27	486.63	177.64	-	-	664.27	461.02	203.25	-
California Anthem Blue Cross Select HMO											
High Self	B31	322.76	337.07	225.23	111.84	5.12	322.76	337.07	213.37	123.70	2.95
High Self & Family	B32	693.93	715.63	515.64	199.99	-14.22	693.93	715.63	488.50	227.13	-18.23
High Self Plus One	B33	-	674.21	486.63	187.58	-	-	674.21	461.02	213.19	-
California Blue Shield of CA Access+HMO											
High Self	SI1	309.25	331.36	225.23	106.13	12.92	309.25	331.36	213.37	117.99	10.75
High Self & Family	SI2	695.83	745.57	515.64	229.93	13.82	695.83	745.57	488.50	257.07	9.81
High Self Plus One	SI3	-	729.00	486.63	242.37	-	-	729.00	461.02	267.98	-
California Health Net of California											
High Self	LB1	585.00	600.60	225.23	375.37	6.41	585.00	600.60	213.37	387.23	4.24
High Self & Family	LB2	1352.56	1441.45	515.64	925.81	52.97	1352.56	1441.45	488.50	952.95	48.96
High Self Plus One	LB3	-	1321.33	486.63	834.70	-	-	1321.33	461.02	860.31	-
Standard Self	LB4	557.14	570.43	225.23	345.20	4.10	557.14	570.43	213.37	357.06	1.93
Standard Self & Family	LB5	1288.14	1369.04	515.64	853.40	44.98	1288.14	1369.04	488.50	880.54	40.97
Standard Self Plus One	LB6	-	1254.95	486.63	768.32	-	-	1254.95	461.02	793.93	-

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Plan - Option - Enrollment Code											
California Health Net of California											
High Self	LP1	344.22	350.22	225.23	124.99	-3.19	344.22	350.22	213.37	136.85	-5.36
High Self & Family	LP2	795.88	840.52	515.64	324.88	8.72	795.88	840.52	488.50	352.02	4.71
High Self Plus One	LP3	-	770.47	486.63	283.84	-	-	770.47	461.02	309.45	-
Standard Self	LP4	327.38	332.20	225.23	106.97	-4.37	327.38	332.20	213.37	118.83	-6.54
Standard Self & Family	LP5	756.94	797.30	515.64	281.66	4.44	756.94	797.30	488.50	308.80	0.43
Standard Self Plus One	LP6	-	730.85	486.63	244.22	-	-	730.85	461.02	269.83	-
California Health Net of California											
Basic Self	P61	New Plan	132.81	105.25	27.56	New Plan	New Plan	132.81	99.61	33.20	New Plan
Basic Self & Family	P62	New Plan	318.73	252.59	66.14	New Plan	New Plan	318.73	239.05	79.68	New Plan
Basic Self Plus One	P63	New Plan	292.17	231.54	60.63	New Plan	New Plan	292.17	219.13	73.04	New Plan
California Kaiser Foundation Health Plan											
High Self	591	359.81	377.23	225.23	152.00	8.23	359.81	377.23	213.37	163.86	6.06
High Self & Family	592	858.89	900.50	515.64	384.86	5.69	858.89	900.50	488.50	412.00	1.68
High Self Plus One	593	-	900.50	486.63	413.87	-	-	900.50	461.02	439.48	-
Standard Self	594	301.78	315.31	225.23	90.08	4.34	301.78	315.31	213.37	101.94	2.17
Standard Self & Family	595	706.16	737.83	515.64	222.19	-4.25	706.16	737.83	488.50	249.33	-8.26
Standard Self Plus One	596	-	737.83	486.63	251.20	-	-	737.83	461.02	276.81	-
California Kaiser Foundation Health Plan											
High Self	621	266.38	275.88	218.63	57.25	4.64	266.38	275.88	206.91	68.97	2.38
High Self & Family	622	615.65	637.61	505.31	132.30	-3.63	615.65	637.61	478.21	159.40	-7.68
High Self Plus One	623	-	637.61	486.63	150.98	-	-	637.61	461.02	176.59	-
Standard Self	624	172.81	178.91	141.79	37.12	2.99	172.81	178.91	134.18	44.73	1.53
Standard Self & Family	625	399.39	413.50	327.70	85.80	6.92	399.39	413.50	310.13	103.37	3.52
Standard Self Plus One	626	-	413.50	327.70	85.80	-	-	413.50	310.13	103.37	-

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Plan - Option - Enrollment Code											
California Kaiser Foundation Health Plan											
Basic Self	KC1	281.11	281.33	222.95	58.38	-6.69	281.11	281.33	211.00	70.33	-8.77
Basic Self & Family	KC2	657.80	658.31	515.64	142.67	-35.41	657.80	658.31	488.50	169.81	-39.42
Basic Self Plus One	KC3	-	658.31	486.63	171.68	-	-	658.31	461.02	197.29	-
California Kaiser Foundation Health Plan											
High Self	NZ1	266.38	279.39	221.42	57.97	5.36	266.38	279.39	209.54	69.85	3.26
High Self & Family	NZ2	615.65	645.73	511.74	133.99	-1.94	615.65	645.73	484.30	161.43	-5.65
High Self Plus One	NZ3	-	645.73	486.63	159.10	-	-	645.73	461.02	184.71	-
Standard Self	NZ4	172.81	181.26	143.65	37.61	3.48	172.81	181.26	135.95	45.31	2.11
Standard Self & Family	NZ5	399.39	418.94	332.01	86.93	8.05	399.39	418.94	314.21	104.73	4.88
Standard Self Plus One	NZ6	-	418.94	332.01	86.93	-	-	418.94	314.21	104.73	-
California UnitedHealthcare of California											
High Self	CY1	297.25	286.34	225.23	61.11	-20.10	297.25	286.34	213.37	72.97	-22.27
High Self & Family	CY2	679.23	802.88	515.64	287.24	87.73	679.23	802.88	488.50	314.38	83.72
High Self Plus One	CY3	-	559.21	443.17	116.04	-	-	559.21	419.41	139.80	-
Standard Self	CY4	251.45	257.47	204.04	53.43	3.77	251.45	257.47	193.10	64.37	1.51
Standard Self & Family	CY5	576.15	721.97	515.64	206.33	92.54	576.15	721.97	488.50	233.47	89.43
Standard Self Plus One	CY6	-	502.85	398.51	104.34	-	-	502.85	377.14	125.71	-
Colorado Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Colorado Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
Colorado Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Colorado Humana Health Plan, Inc.											
High Self	NR1	209.27	247.70	196.30	51.40	10.07	209.27	247.70	185.78	61.92	9.60
High Self & Family	NR2	465.62	557.32	441.68	115.64	23.68	465.62	557.32	417.99	139.33	22.93
High Self Plus One	NR3	-	532.54	422.04	110.50	-	-	532.54	399.41	133.13	-
Standard Self	NR4	188.34	227.47	180.27	47.20	10.00	188.34	227.47	170.60	56.87	9.79
Standard Self & Family	NR5	419.06	511.80	405.60	106.20	23.44	419.06	511.80	383.85	127.95	23.19
Standard Self Plus One	NR6	-	489.06	387.58	101.48	-	-	489.06	366.80	122.26	-
Colorado Humana Health Plan, Inc.											
High Self	NT1	220.28	263.00	208.43	54.57	11.06	220.28	263.00	197.25	65.75	10.68
High Self & Family	NT2	490.13	591.74	468.95	122.79	25.99	490.13	591.74	443.81	147.93	25.40
High Self Plus One	NT3	-	565.45	448.12	117.33	-	-	565.45	424.09	141.36	-
Standard Self	NT4	198.26	238.80	189.25	49.55	10.39	198.26	238.80	179.10	59.70	10.14
Standard Self & Family	NT5	441.12	537.32	425.83	111.49	24.37	441.12	537.32	402.99	134.33	24.05
Standard Self Plus One	NT6	-	513.44	406.90	106.54	-	-	513.44	385.08	128.36	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates						2016 Biweekly Postal Premium Rates			
		2015 Total Biweekly Premium	Category 1			2015 Total Biweekly Premium	Category 2				
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Colorado Kaiser Foundation Health Plan of Colorado											
High Self	651	315.92	318.22	225.23	92.99	-6.89	315.92	318.22	213.37	104.85	-9.06
High Self & Family	652	713.98	719.18	515.64	203.54	-30.72	713.98	719.18	488.50	230.68	-34.73
High Self Plus One	653	-	719.18	486.63	232.55	-	-	719.18	461.02	258.16	-
Standard Self	654	201.14	214.90	170.31	44.59	4.86	201.14	214.90	161.18	53.72	3.44
Standard Self & Family	655	454.58	485.66	384.89	100.77	10.99	454.58	485.66	364.25	121.41	7.77
Standard Self Plus One	656	-	485.66	384.89	100.77	-	-	485.66	364.25	121.41	-
Colorado Kaiser Foundation Health Plan of Colorado											
Basic Self	N41	143.68	162.00	128.39	33.61	5.23	143.68	162.00	121.50	40.50	4.58
Basic Self & Family	N42	324.71	366.12	290.15	75.97	11.84	324.71	366.12	274.59	91.53	10.35
Basic Self Plus One	N43	-	366.12	290.15	75.97	-	-	366.12	274.59	91.53	-
Colorado United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	KT1	New Plan	244.98	194.15	50.83	New Plan	New Plan	244.98	183.74	61.24	New Plan
High Self & Family	KT2	New Plan	686.93	515.64	171.29	New Plan	New Plan	686.93	488.50	198.43	New Plan
High Self Plus One	KT3	New Plan	478.45	379.17	99.28	New Plan	New Plan	478.45	358.84	119.61	New Plan
Colorado United Healthcare Insurance Company, Inc. (HDHP Choice Plus)											
HDHP Self	LU1	New Plan	236.75	187.62	49.13	New Plan	New Plan	236.75	177.56	59.19	New Plan
HDHP Self & Family	LU2	New Plan	663.82	515.64	148.18	New Plan	New Plan	663.82	488.50	175.32	New Plan
HDHP Self Plus One	LU3	New Plan	462.35	366.41	95.94	New Plan	New Plan	462.35	346.76	115.59	New Plan
Connecticut Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Connecticut Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
Connecticut Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Delaware Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Delaware Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
Delaware Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Delaware Aetna Open Access											
High Self	P31	557.69	631.25	225.23	406.02	64.37	557.69	631.25	213.37	417.88	62.20
High Self & Family	P32	1345.62	1530.47	515.64	1014.83	148.93	1345.62	1530.47	488.50	1041.97	144.92
High Self Plus One	P33	-	1515.32	486.63	1028.69	-	-	1515.32	461.02	1054.30	-
Basic Self	P34	483.10	508.42	225.23	283.19	16.13	483.10	508.42	213.37	295.05	13.96
Basic Self & Family	P35	1115.54	1180.07	515.64	664.43	28.61	1115.54	1180.07	488.50	691.57	24.60
Basic Self Plus One	P36	-	1168.39	486.63	681.76	-	-	1168.39	461.02	707.37	-
District of Columbia Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
District of Columbia Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
District of Columbia Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
District of Columbia Aetna Open Access											
High Self	JN1	426.78	442.85	225.23	217.62	6.88	426.78	442.85	213.37	229.48	4.71
High Self & Family	JN2	955.97	995.60	515.64	479.96	3.71	955.97	995.60	488.50	507.10	-0.30
High Self Plus One	JN3	-	985.75	486.63	499.12	-	-	985.75	461.02	524.73	-
Basic Self	JN4	265.88	275.96	218.70	57.26	4.75	265.88	275.96	206.97	68.99	2.52
Basic Self & Family	JN5	594.52	621.16	492.27	128.89	11.47	594.52	621.16	465.87	155.29	6.66
Basic Self Plus One	JN6	-	608.98	482.62	126.36	-	-	608.98	456.74	152.24	-
District of Columbia CareFirst BlueChoice											
High Self	2G1	309.39	321.77	225.23	96.54	3.19	309.39	321.77	213.37	108.40	1.02
High Self & Family	2G2	696.01	764.50	515.64	248.86	32.57	696.01	764.50	488.50	276.00	28.56
High Self Plus One	2G3	-	643.53	486.63	156.90	-	-	643.53	461.02	182.51	-
Standard Self	2G4	276.57	287.63	225.23	62.40	1.87	276.57	287.63	213.37	74.26	-0.30
Standard Self & Family	2G5	622.18	683.40	515.64	167.76	25.30	622.18	683.40	488.50	194.90	21.29
Standard Self Plus One	2G6	-	575.27	455.90	119.37	-	-	575.27	431.45	143.82	-
District of Columbia CareFirst BlueChoice											
HDHP Self	B61	267.85	273.21	216.52	56.69	3.79	267.85	273.21	204.91	68.30	1.34
HDHP Self & Family	B62	597.46	649.15	514.45	134.70	16.70	597.46	649.15	486.86	162.29	12.93
HDHP Self Plus One	B63	-	546.43	433.05	113.38	-	-	546.43	409.82	136.61	-
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	279.94	285.48	225.23	60.25	-3.65	279.94	285.48	213.37	72.11	-5.82
High Self & Family	E32	643.87	668.01	515.64	152.37	-11.78	643.87	668.01	488.50	179.51	-15.79
High Self Plus One	E33	-	645.17	486.63	158.54	-	-	645.17	461.02	184.15	-
Standard Self	E34	181.53	214.96	170.36	44.60	8.75	181.53	214.96	161.22	53.74	8.36
Standard Self & Family	E35	417.50	503.01	398.64	104.37	21.91	417.50	503.01	377.26	125.75	21.38
Standard Self Plus One	E36	-	485.80	385.00	100.80	-	-	485.80	364.35	121.45	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
District of Columbia M.D. IPA											
High Self	JP1	314.55	295.87	225.23	70.64	-27.87	314.55	295.87	213.37	82.50	-30.04
High Self & Family	JP2	725.30	829.62	515.64	313.98	68.40	725.30	829.62	488.50	341.12	64.39
High Self Plus One	JP3	-	577.83	457.93	119.90	-	-	577.83	433.37	144.46	-
District of Columbia United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	LR1	New Plan	245.13	194.27	50.86	New Plan	New Plan	245.13	183.85	61.28	New Plan
High Self & Family	LR2	New Plan	687.35	515.64	171.71	New Plan	New Plan	687.35	488.50	198.85	New Plan
High Self Plus One	LR3	New Plan	478.74	379.40	99.34	New Plan	New Plan	478.74	359.06	119.68	New Plan
District of Columbia UnitedHealthcare Insurance Company											
Basic Self	L91	244.32	212.71	168.57	44.14	-4.11	244.32	212.71	159.53	53.18	-7.90
Basic Self & Family	L92	543.61	596.45	472.69	123.76	16.40	543.61	596.45	447.34	149.11	13.21
Basic Self Plus One	L93	-	415.43	329.23	86.20	-	-	415.43	311.57	103.86	-
Florida Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Florida Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Florida Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Florida AvMed Health Plans											
High Self	ML1	299.98	347.11	225.23	121.88	37.94	299.98	347.11	213.37	133.74	35.77
High Self & Family	ML2	719.99	899.12	515.64	383.48	143.21	719.99	899.12	488.50	410.62	139.20
High Self Plus One	ML3	-	694.22	486.63	207.59	-	-	694.22	461.02	233.20	-
Standard Self	ML4	241.87	272.83	216.22	56.61	8.84	241.87	272.83	204.62	68.21	7.74
Standard Self & Family	ML5	580.55	706.74	515.64	191.10	76.44	580.55	706.74	488.50	218.24	73.10
Standard Self Plus One	ML6	-	545.69	432.46	113.23	-	-	545.69	409.27	136.42	-
Florida Capital Health Plan											
High Self	EA1	237.30	254.52	201.71	52.81	5.94	237.30	254.52	190.89	63.63	4.31
High Self & Family	EA2	628.85	687.19	515.64	171.55	22.42	628.85	687.19	488.50	198.69	18.41
High Self Plus One	EA3	-	509.03	403.41	105.62	-	-	509.03	381.77	127.26	-
Florida Humana CoverageFirst and Value Plan											
CDHP Self	MJ1	272.07	305.78	225.23	80.55	24.52	272.07	305.78	213.37	92.41	22.35
CDHP Self & Family	MJ2	605.37	688.02	515.64	172.38	46.73	605.37	688.02	488.50	199.52	42.72
CDHP Self Plus One	MJ3	-	657.45	486.63	170.82	-	-	657.45	461.02	196.43	-
Basic Self	MJ4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	MJ5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	MJ6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Florida Humana CoverageFirst and Value Plan											
CDHP Self	QP1	233.21	266.44	211.15	55.29	9.23	233.21	266.44	199.83	66.61	8.31
CDHP Self & Family	QP2	518.89	599.47	475.08	124.39	21.91	518.89	599.47	449.60	149.87	20.15
CDHP Self Plus One	QP3	-	572.83	453.97	118.86	-	-	572.83	429.62	143.21	-
Basic Self	QP4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	QP5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	QP6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Florida Humana Medical Plan, Inc.											
High Self	E21	244.75	277.58	219.98	57.60	9.26	244.75	277.58	208.19	69.39	8.20
High Self & Family	E22	544.58	624.54	494.95	129.59	22.04	544.58	624.54	468.41	156.13	19.99
High Self Plus One	E23	-	596.78	472.95	123.83	-	-	596.78	447.59	149.19	-
Standard Self	E24	220.28	262.86	208.32	54.54	11.03	220.28	262.86	197.15	65.71	10.64
Standard Self & Family	E25	490.12	591.43	468.71	122.72	25.92	490.12	591.43	443.57	147.86	25.33
Standard Self Plus One	E26	-	565.15	447.88	117.27	-	-	565.15	423.86	141.29	-
Florida Humana Medical Plan, Inc.											
High Self	EE1	321.70	389.81	225.23	164.58	58.92	321.70	389.81	213.37	176.44	56.75
High Self & Family	EE2	715.78	877.08	515.64	361.44	125.38	715.78	877.08	488.50	388.58	121.37
High Self Plus One	EE3	-	838.10	486.63	351.47	-	-	838.10	461.02	377.08	-
Standard Self	EE4	275.32	313.98	225.23	88.75	29.47	275.32	313.98	213.37	100.61	27.30
Standard Self & Family	EE5	612.59	706.44	515.64	190.80	57.93	612.59	706.44	488.50	217.94	53.92
Standard Self Plus One	EE6	-	675.04	486.63	188.41	-	-	675.04	461.02	214.02	-
Florida Humana Medical Plan, Inc.											
High Self	EX1	260.05	299.88	225.23	74.65	23.29	260.05	299.88	213.37	86.51	21.50
High Self & Family	EX2	578.61	674.74	515.64	159.10	44.82	578.61	674.74	488.50	186.24	41.59
High Self Plus One	EX3	-	644.75	486.63	158.12	-	-	644.75	461.02	183.73	-
Standard Self	EX4	234.05	273.72	216.92	56.80	10.58	234.05	273.72	205.29	68.43	9.92
Standard Self & Family	EX5	520.76	615.87	488.08	127.79	24.94	520.76	615.87	461.90	153.97	23.78
Standard Self Plus One	EX6	-	588.49	466.38	122.11	-	-	588.49	441.37	147.12	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
Florida Humana Medical Plan, Inc.											
High Self	LL1	472.12	606.75	225.23	381.52	125.44	472.12	606.75	213.37	393.38	123.27
High Self & Family	LL2	1050.46	1365.20	515.64	849.56	278.82	1050.46	1365.20	488.50	876.70	274.81
High Self Plus One	LL3	-	1304.51	486.63	817.88	-	-	1304.51	461.02	843.49	-
Standard Self	LL4	275.35	319.76	225.23	94.53	35.22	275.35	319.76	213.37	106.39	33.05
Standard Self & Family	LL5	612.65	719.45	515.64	203.81	70.88	612.65	719.45	488.50	230.95	66.87
Standard Self Plus One	LL6	-	687.49	486.63	200.86	-	-	687.49	461.02	226.47	-
Florida UnitedHealthcare Insurance Company											
Basic Self	LV1	254.82	242.80	192.42	50.38	0.05	254.82	242.80	182.10	60.70	-3.00
Basic Self & Family	LV2	566.98	680.83	515.64	165.19	53.21	566.98	680.83	488.50	192.33	50.59
Basic Self Plus One	LV3	-	474.20	375.80	98.40	-	-	474.20	355.65	118.55	-
Georgia Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Georgia Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Georgia Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Georgia Aetna Open Access											
High Self	2U1	446.24	505.45	225.23	280.22	50.02	446.24	505.45	213.37	292.08	47.85
High Self & Family	2U2	1023.98	1164.27	515.64	648.63	104.37	1023.98	1164.27	488.50	675.77	100.36
High Self Plus One	2U3	-	1152.74	486.63	666.11	-	-	1152.74	461.02	691.72	-
Georgia Humana CoverageFirst and Value Plan											
CDHP Self	AD1	259.13	283.43	224.62	58.81	7.63	259.13	283.43	212.57	70.86	6.08
CDHP Self & Family	AD2	576.54	637.72	505.39	132.33	18.46	576.54	637.72	478.29	159.43	15.30
CDHP Self Plus One	AD3	-	609.37	482.93	126.44	-	-	609.37	457.03	152.34	-
Basic Self	AD4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	AD5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	AD6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Georgia Humana CoverageFirst and Value Plan											
CDHP Self	LM1	259.13	272.15	215.68	56.47	5.29	259.13	272.15	204.11	68.04	3.26
CDHP Self & Family	LM2	576.54	612.33	485.27	127.06	13.19	576.54	612.33	459.25	153.08	8.95
CDHP Self Plus One	LM3	-	585.11	463.70	121.41	-	-	585.11	438.83	146.28	-
Basic Self	LM4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	LM5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	LM6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Georgia Humana Employers Health of Georgia, Inc.											
High Self	CB1	275.35	314.30	225.23	89.07	29.76	275.35	314.30	213.37	100.93	27.59
High Self & Family	CB2	612.64	707.17	515.64	191.53	58.61	612.64	707.17	488.50	218.67	54.60
High Self Plus One	CB3	-	675.74	486.63	189.11	-	-	675.74	461.02	214.72	-
Standard Self	CB4	261.58	298.36	225.23	73.13	21.47	261.58	298.36	213.37	84.99	19.60
Standard Self & Family	CB5	582.02	671.31	515.64	155.67	40.72	582.02	671.31	488.50	182.81	37.31
Standard Self Plus One	CB6	-	641.47	486.63	154.84	-	-	641.47	461.02	180.45	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Georgia Humana Employers Health of Georgia, Inc.											
High Self	DG1	298.01	374.12	225.23	148.89	66.92	298.01	374.12	213.37	160.75	64.75
High Self & Family	DG2	663.07	841.78	515.64	326.14	142.79	663.07	841.78	488.50	353.28	138.78
High Self Plus One	DG3	-	804.35	486.63	317.72	-	-	804.35	461.02	343.33	-
Standard Self	DG4	275.35	312.03	225.23	86.80	27.49	275.35	312.03	213.37	98.66	25.32
Standard Self & Family	DG5	612.65	702.07	515.64	186.43	53.50	612.65	702.07	488.50	213.57	49.49
Standard Self Plus One	DG6	-	670.87	486.63	184.24	-	-	670.87	461.02	209.85	-
Georgia Humana Employers Health of Georgia, Inc.											
High Self	DN1	275.35	311.03	225.23	85.80	26.49	275.35	311.03	213.37	97.66	24.32
High Self & Family	DN2	612.64	699.84	515.64	184.20	51.28	612.64	699.84	488.50	211.34	47.27
High Self Plus One	DN3	-	668.73	486.63	182.10	-	-	668.73	461.02	207.71	-
Standard Self	DN4	261.58	297.80	225.23	72.57	20.91	261.58	297.80	213.37	84.43	19.04
Standard Self & Family	DN5	582.02	670.05	515.64	154.41	39.46	582.02	670.05	488.50	181.55	36.05
Standard Self Plus One	DN6	-	640.27	486.63	153.64	-	-	640.27	461.02	179.25	-
Georgia Kaiser Foundation Health Plan of Georgia											
High Self	F81	271.66	287.15	225.23	61.92	6.30	271.66	287.15	213.37	73.78	4.13
High Self & Family	F82	620.76	656.17	515.64	140.53	-0.51	620.76	656.17	488.50	167.67	-4.52
High Self Plus One	F83	-	637.51	486.63	150.88	-	-	637.51	461.02	176.49	-
Standard Self	F84	200.69	214.72	170.17	44.55	4.91	200.69	214.72	161.04	53.68	3.51
Standard Self & Family	F85	458.58	493.83	391.36	102.47	11.90	458.58	493.83	370.37	123.46	8.82
Standard Self Plus One	F86	-	478.81	379.46	99.35	-	-	478.81	359.11	119.70	-
Georgia UnitedHealthcare Insurance Company											
Basic Self	LV1	254.82	242.80	192.42	50.38	0.05	254.82	242.80	182.10	60.70	-3.00
Basic Self & Family	LV2	566.98	680.83	515.64	165.19	53.21	566.98	680.83	488.50	192.33	50.59
Basic Self Plus One	LV3	-	474.20	375.80	98.40	-	-	474.20	355.65	118.55	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Guam Calvos Selectcare											
High Self	B41	195.03	178.79	141.69	37.10	-1.42	195.03	178.79	134.09	44.70	-4.06
High Self & Family	B42	532.08	478.00	378.82	99.18	-5.91	532.08	478.00	358.50	119.50	-13.52
High Self Plus One	B43	-	348.89	276.50	72.39	-	-	348.89	261.67	87.22	-
Standard Self	B44	168.73	164.53	130.39	34.14	0.82	168.73	164.53	123.40	41.13	-1.05
Standard Self & Family	B45	460.00	439.89	348.61	91.28	0.43	460.00	439.89	329.92	109.97	-5.03
Standard Self Plus One	B46	-	321.07	254.45	66.62	-	-	321.07	240.80	80.27	-
Guam TakeCare											
High Self	JK1	205.73	243.00	192.58	50.42	9.79	205.73	243.00	182.25	60.75	9.32
High Self & Family	JK2	540.62	728.99	515.64	213.35	106.58	540.62	728.99	488.50	240.49	105.34
High Self Plus One	JK3	-	485.99	385.15	100.84	-	-	485.99	364.49	121.50	-
Standard Self	JK4	171.92	167.22	132.52	34.70	0.75	171.92	167.22	125.42	41.80	-1.18
Standard Self & Family	JK5	454.01	500.01	396.26	103.75	14.08	454.01	500.01	375.01	125.00	11.50
Standard Self Plus One	JK6	-	332.78	263.73	69.05	-	-	332.78	249.59	83.19	-
Guam TakeCare											
HDHP Self	KX1	89.04	76.38	60.53	15.85	-1.74	89.04	76.38	57.29	19.09	-3.17
HDHP Self & Family	KX2	233.54	223.94	177.47	46.47	0.35	233.54	223.94	167.96	55.98	-2.40
HDHP Self Plus One	KX3	-	159.48	126.39	33.09	-	-	159.48	119.61	39.87	-
Hawaii Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Hawaii Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-
Hawaii Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Hawaii HMSA											
High Self	871	230.00	259.39	205.57	53.82	8.40	230.00	259.39	194.54	64.85	7.35
High Self & Family	872	511.96	583.10	462.11	120.99	19.88	511.96	583.10	437.33	145.77	17.78
High Self Plus One	873	-	568.32	450.39	117.93	-	-	568.32	426.24	142.08	-
Hawaii Kaiser Foundation Health Plan of Hawaii											
High Self	631	243.84	263.95	209.18	54.77	6.61	243.84	263.95	197.96	65.99	5.03
High Self & Family	632	543.75	588.62	466.48	122.14	14.75	543.75	588.62	441.47	147.15	11.21
High Self Plus One	633	-	588.62	466.48	122.14	-	-	588.62	441.47	147.15	-
Standard Self	634	168.28	181.20	143.60	37.60	4.36	168.28	181.20	135.90	45.30	3.23
Standard Self & Family	635	375.26	404.08	320.23	83.85	9.74	375.26	404.08	303.06	101.02	7.21
Standard Self Plus One	636	-	404.08	320.23	83.85	-	-	404.08	303.06	101.02	-
Idaho Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans											
High Self	9K1	299.68	314.79	225.23	89.56	5.92	299.68	314.79	213.37	101.42	3.75
High Self & Family	9K2	659.33	696.14	515.64	180.50	0.89	659.33	696.14	488.50	207.64	-3.12
High Self Plus One	9K3	-	689.25	486.63	202.62	-	-	689.25	461.02	228.23	-
HDHP Self	9K4	168.74	170.28	134.95	35.33	2.00	168.74	170.28	127.71	42.57	0.39
HDHP Self & Family	9K5	349.58	355.88	282.03	73.85	4.81	349.58	355.88	266.91	88.97	1.58
HDHP Self Plus One	9K6	-	348.90	276.50	72.40	-	-	348.90	261.68	87.22	-
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans											
Standard Self	DK4	225.43	229.98	182.26	47.72	3.20	225.43	229.98	172.49	57.49	1.13
Standard Self & Family	DK5	495.93	507.85	402.47	105.38	7.43	495.93	507.85	380.89	126.96	2.98
Standard Self Plus One	DK6	-	502.83	398.49	104.34	-	-	502.83	377.12	125.71	-
Idaho Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Idaho Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Idaho Group Health Cooperative											
High Self	541	324.42	327.13	225.23	101.90	-6.48	324.42	327.13	213.37	113.76	-8.65
High Self & Family	542	697.50	883.24	515.64	367.60	149.82	697.50	883.24	488.50	394.74	145.81
High Self Plus One	543	-	654.25	486.63	167.62	-	-	654.25	461.02	193.23	-
Standard Self	544	222.70	234.07	185.50	48.57	4.59	222.70	234.07	175.55	58.52	2.85
Standard Self & Family	545	502.76	632.01	500.87	131.14	31.84	502.76	632.01	474.01	158.00	32.31
Standard Self Plus One	546	-	468.15	371.01	97.14	-	-	468.15	351.11	117.04	-
Idaho Group Health Cooperative											
HDHP Self	PT1	New Plan	218.70	173.32	45.38	New Plan	New Plan	218.70	164.03	54.67	New Plan
HDHP Self & Family	PT2	New Plan	590.50	467.97	122.53	New Plan	New Plan	590.50	442.88	147.62	New Plan
HDHP Self Plus One	PT3	New Plan	437.40	346.64	90.76	New Plan	New Plan	437.40	328.05	109.35	New Plan
Idaho SelectHealth											
High Self	SF1	293.90	317.43	225.23	92.20	14.34	293.90	317.43	213.37	104.06	12.17
High Self & Family	SF2	655.62	708.06	515.64	192.42	16.52	655.62	708.06	488.50	219.56	12.51
High Self Plus One	SF3	-	708.06	486.63	221.43	-	-	708.06	461.02	247.04	-
Standard Self	SF4	229.58	236.46	187.39	49.07	3.73	229.58	236.46	177.35	59.11	1.72
Standard Self & Family	SF5	512.14	525.08	416.13	108.95	7.80	512.14	525.08	393.81	131.27	3.24
Standard Self Plus One	SF6	-	525.08	416.13	108.95	-	-	525.08	393.81	131.27	-
Illinois Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
Illinois Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Illinois Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Illinois Blue Cross and Blue Shield of Illinois											
High Self	A21	355.07	337.21	225.23	111.98	-27.05	355.07	337.21	213.37	123.84	-29.22
High Self & Family	A22	806.05	836.02	515.64	320.38	-5.95	806.05	836.02	488.50	347.52	-9.96
High Self Plus One	A23	-	728.89	486.63	242.26	-	-	728.89	461.02	267.87	-
Illinois Blue Preferred Plus POS											
High Self	9G1	401.19	311.98	225.23	86.75	-98.40	401.19	311.98	213.37	98.61	-100.57
High Self & Family	9G2	802.39	665.10	515.64	149.46	-173.21	802.39	665.10	488.50	176.60	-177.22
High Self Plus One	9G3	-	623.97	486.63	137.34	-	-	623.97	461.02	162.95	-
Illinois Health Alliance HMO											
High Self	FX1	341.84	351.45	225.23	126.22	0.42	341.84	351.45	213.37	138.08	-1.75
High Self & Family	FX2	796.84	994.51	515.64	478.87	161.75	796.84	994.51	488.50	506.01	157.74
High Self Plus One	FX3	-	738.04	486.63	251.41	-	-	738.04	461.02	277.02	-
Illinois Health Alliance HMO											
Standard Self	K84	290.48	288.42	225.23	63.19	-11.25	290.48	288.42	213.37	75.05	-13.42
Standard Self & Family	K85	677.12	800.36	515.64	284.72	87.32	677.12	800.36	488.50	311.86	83.31
Standard Self Plus One	K86	-	605.69	480.01	125.68	-	-	605.69	454.27	151.42	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Illinois Humana CoverageFirst and Value Plan											
CDHP Self	GB1	259.13	291.97	225.23	66.74	15.56	259.13	291.97	213.37	78.60	13.82
CDHP Self & Family	GB2	576.54	656.92	515.64	141.28	27.41	576.54	656.92	488.50	168.42	24.29
CDHP Self Plus One	GB3	-	627.72	486.63	141.09	-	-	627.72	461.02	166.70	-
Basic Self	GB4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	GB5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	GB6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Illinois Humana CoverageFirst and Value Plan											
CDHP Self	MW1	259.13	308.79	225.23	83.56	32.38	259.13	308.79	213.37	95.42	30.64
CDHP Self & Family	MW2	576.54	694.77	515.64	179.13	65.26	576.54	694.77	488.50	206.27	62.14
CDHP Self Plus One	MW3	-	663.89	486.63	177.26	-	-	663.89	461.02	202.87	-
Basic Self	MW4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	MW5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	MW6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Illinois Humana Health Plan, Inc.											
High Self	751	449.90	554.20	225.23	328.97	95.11	449.90	554.20	213.37	340.83	92.94
High Self & Family	752	1001.04	1246.96	515.64	731.32	210.00	1001.04	1246.96	488.50	758.46	205.99
High Self Plus One	753	-	1191.53	486.63	704.90	-	-	1191.53	461.02	730.51	-
Standard Self	754	275.35	344.87	225.23	119.64	60.33	275.35	344.87	213.37	131.50	58.16
Standard Self & Family	755	612.65	775.96	515.64	260.32	127.39	612.65	775.96	488.50	287.46	123.38
Standard Self Plus One	756	-	741.48	486.63	254.85	-	-	741.48	461.02	280.46	-
Illinois Humana Health Plan, Inc.											
High Self	9F1	541.68	688.02	225.23	462.79	137.15	541.68	688.02	213.37	474.65	134.98
High Self & Family	9F2	1205.24	1548.06	515.64	1032.42	306.90	1205.24	1548.06	488.50	1059.56	302.89
High Self Plus One	9F3	-	1479.25	486.63	992.62	-	-	1479.25	461.02	1018.23	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Illinois Humana Health Plan, Inc.											
Standard Self	AB4	281.14	361.84	225.23	136.61	71.51	281.14	361.84	213.37	148.47	69.34
Standard Self & Family	AB5	625.55	814.15	515.64	298.51	152.68	625.55	814.15	488.50	325.65	148.67
Standard Self Plus One	AB6	-	777.95	486.63	291.32	-	-	777.95	461.02	316.93	-
Illinois Union Health Service											
High Self	761	257.46	275.92	218.67	57.25	6.40	257.46	275.92	206.94	68.98	4.62
High Self & Family	762	597.92	685.76	515.64	170.12	51.92	597.92	685.76	488.50	197.26	47.78
High Self Plus One	763	-	603.48	478.26	125.22	-	-	603.48	452.61	150.87	-
Illinois UnitedHealthcare Insurance Company											
Basic Self	L91	244.32	212.71	168.57	44.14	-4.11	244.32	212.71	159.53	53.18	-7.90
Basic Self & Family	L92	543.61	596.45	472.69	123.76	16.40	543.61	596.45	447.34	149.11	13.21
Basic Self Plus One	L93	-	415.43	329.23	86.20	-	-	415.43	311.57	103.86	-
Illinois UnitedHealthcare Plan of the River Valley Inc.											
High Self	YH1	269.36	288.17	225.23	62.94	9.62	269.36	288.17	213.37	74.80	7.45
High Self & Family	YH2	636.34	808.04	515.64	292.40	135.78	636.34	808.04	488.50	319.54	131.77
High Self Plus One	YH3	-	562.81	446.03	116.78	-	-	562.81	422.11	140.70	-
Indiana Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Indiana Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
Indiana Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Indiana Health Alliance HMO											
High Self	FX1	341.84	351.45	225.23	126.22	0.42	341.84	351.45	213.37	138.08	-1.75
High Self & Family	FX2	796.84	994.51	515.64	478.87	161.75	796.84	994.51	488.50	506.01	157.74
High Self Plus One	FX3	-	738.04	486.63	251.41	-	-	738.04	461.02	277.02	-
Indiana Health Alliance HMO											
Standard Self	K84	290.48	288.42	225.23	63.19	-11.25	290.48	288.42	213.37	75.05	-13.42
Standard Self & Family	K85	677.12	800.36	515.64	284.72	87.32	677.12	800.36	488.50	311.86	83.31
Standard Self Plus One	K86	-	605.69	480.01	125.68	-	-	605.69	454.27	151.42	-
Indiana Humana CoverageFirst and Value Plan											
CDHP Self	MW1	259.13	308.79	225.23	83.56	32.38	259.13	308.79	213.37	95.42	30.64
CDHP Self & Family	MW2	576.54	694.77	515.64	179.13	65.26	576.54	694.77	488.50	206.27	62.14
CDHP Self Plus One	MW3	-	663.89	486.63	177.26	-	-	663.89	461.02	202.87	-
Basic Self	MW4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	MW5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	MW6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Indiana Humana Health Plan of Ohio											
High Self	A61	275.35	349.02	225.23	123.79	64.48	275.35	349.02	213.37	135.65	62.31
High Self & Family	A62	612.64	785.30	515.64	269.66	136.74	612.64	785.30	488.50	296.80	132.73
High Self Plus One	A63	-	750.40	486.63	263.77	-	-	750.40	461.02	289.38	-
Standard Self	A64	261.58	294.73	225.23	69.50	17.84	261.58	294.73	213.37	81.36	15.97
Standard Self & Family	A65	582.02	663.14	515.64	147.50	32.55	582.02	663.14	488.50	174.64	29.14
Standard Self Plus One	A66	-	633.66	486.63	147.03	-	-	633.66	461.02	172.64	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Indiana Humana Health Plan, Inc.											
High Self	751	449.90	554.20	225.23	328.97	95.11	449.90	554.20	213.37	340.83	92.94
High Self & Family	752	1001.04	1246.96	515.64	731.32	210.00	1001.04	1246.96	488.50	758.46	205.99
High Self Plus One	753	-	1191.53	486.63	704.90	-	-	1191.53	461.02	730.51	-
Standard Self	754	275.35	344.87	225.23	119.64	60.33	275.35	344.87	213.37	131.50	58.16
Standard Self & Family	755	612.65	775.96	515.64	260.32	127.39	612.65	775.96	488.50	287.46	123.38
Standard Self Plus One	756	-	741.48	486.63	254.85	-	-	741.48	461.02	280.46	-
Indiana Humana Health Plan, Inc.											
High Self	MH1	275.35	318.52	225.23	93.29	33.98	275.35	318.52	213.37	105.15	31.81
High Self & Family	MH2	612.64	716.67	515.64	201.03	68.11	612.64	716.67	488.50	228.17	64.10
High Self Plus One	MH3	-	684.83	486.63	198.20	-	-	684.83	461.02	223.81	-
Standard Self	MH4	261.58	289.46	225.23	64.23	12.57	261.58	289.46	213.37	76.09	10.70
Standard Self & Family	MH5	582.02	651.30	515.64	135.66	20.71	582.02	651.30	488.48	162.82	17.32
Standard Self Plus One	MH6	-	622.35	486.63	135.72	-	-	622.35	461.02	161.33	-
Iowa Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Iowa Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Iowa Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Iowa Health Alliance HMO											
High Self	FX1	341.84	351.45	225.23	126.22	0.42	341.84	351.45	213.37	138.08	-1.75
High Self & Family	FX2	796.84	994.51	515.64	478.87	161.75	796.84	994.51	488.50	506.01	157.74
High Self Plus One	FX3	-	738.04	486.63	251.41	-	-	738.04	461.02	277.02	-
Iowa Health Alliance HMO											
Standard Self	K84	290.48	288.42	225.23	63.19	-11.25	290.48	288.42	213.37	75.05	-13.42
Standard Self & Family	K85	677.12	800.36	515.64	284.72	87.32	677.12	800.36	488.50	311.86	83.31
Standard Self Plus One	K86	-	605.69	480.01	125.68	-	-	605.69	454.27	151.42	-
Iowa HealthPartners High and Standard Option											
High Self	V31	304.64	315.60	225.23	90.37	1.77	304.64	315.60	213.37	102.23	-0.40
High Self & Family	V32	700.68	768.79	515.64	253.15	32.19	700.68	768.79	488.50	280.29	28.18
High Self Plus One	V33	-	697.47	486.63	210.84	-	-	697.47	461.02	236.45	-
Standard Self	V34	169.19	179.23	142.04	37.19	3.77	169.19	179.23	134.42	44.81	2.51
Standard Self & Family	V35	389.14	436.61	346.01	90.60	13.74	389.14	436.61	327.46	109.15	11.87
Standard Self Plus One	V36	-	396.10	313.91	82.19	-	-	396.10	297.08	99.02	-
Iowa Sanford Health Plan											
High Self	AU1	340.19	337.07	225.23	111.84	-12.31	340.19	337.07	213.37	123.70	-14.48
High Self & Family	AU2	782.74	943.80	515.64	428.16	125.14	782.74	943.80	488.50	455.30	121.13
High Self Plus One	AU3	-	606.73	480.83	125.90	-	-	606.73	455.05	151.68	-
Standard Self	AU4	326.45	326.78	225.23	101.55	-8.86	326.45	326.78	213.37	113.41	-11.03
Standard Self & Family	AU5	750.86	914.97	515.64	399.33	128.19	750.86	914.97	488.50	426.47	124.18
Standard Self Plus One	AU6	-	588.19	466.14	122.05	-	-	588.19	441.14	147.05	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment

Iowa United Healthcare Insurance Company, Inc. (Choice HMO)

High Self	LJ1	New Plan	245.23	194.34	50.89	New Plan	New Plan	245.23	183.92	61.31	New Plan
High Self & Family	LJ2	New Plan	687.63	515.64	171.99	New Plan	New Plan	687.63	488.50	199.13	New Plan
High Self Plus One	LJ3	New Plan	478.94	379.56	99.38	New Plan	New Plan	478.94	359.21	119.73	New Plan

Iowa United Healthcare Insurance Company, Inc. (HDHP Choice Plus)

HDHP Self	N71	New Plan	236.63	187.53	49.10	New Plan	New Plan	236.63	177.47	59.16	New Plan
HDHP Self & Family	N72	New Plan	663.52	515.64	147.88	New Plan	New Plan	663.52	488.50	175.02	New Plan
HDHP Self Plus One	N73	New Plan	462.14	366.25	95.89	New Plan	New Plan	462.14	346.61	115.53	New Plan

Iowa UnitedHealthcare Plan of the River Valley Inc.

High Self	YH1	269.36	288.17	225.23	62.94	9.62	269.36	288.17	213.37	74.80	7.45
High Self & Family	YH2	636.34	808.04	515.64	292.40	135.78	636.34	808.04	488.50	319.54	131.77
High Self Plus One	YH3	-	562.81	446.03	116.78	-	-	562.81	422.11	140.70	-

Kansas Aetna Direct

CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Kansas Aetna HealthFund CDHP and Value Plan

CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-

Kansas Aetna HealthFund HDHP

HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Kansas Aetna Open Access											
High Self	HA1	244.44	289.24	225.23	64.01	15.73	244.44	289.24	213.37	75.87	14.76
High Self & Family	HA2	574.46	683.26	515.64	167.62	54.16	574.46	683.26	488.50	194.76	51.15
High Self Plus One	HA3	-	676.50	486.63	189.87	-	-	676.50	461.02	215.48	-
Standard Self	HA4	261.53	281.30	222.93	58.37	6.72	261.53	281.30	210.98	70.32	4.94
Standard Self & Family	HA5	614.60	664.00	515.64	148.36	13.48	614.60	664.00	488.50	175.50	9.47
Standard Self Plus One	HA6	-	657.43	486.63	170.80	-	-	657.43	461.02	196.41	-
Kansas Humana CoverageFirst and Value Plan											
CDHP Self	PH1	233.21	280.80	222.53	58.27	12.21	233.21	280.80	210.60	70.20	11.90
CDHP Self & Family	PH2	518.89	631.82	500.72	131.10	28.62	518.89	631.82	473.87	157.95	28.23
CDHP Self Plus One	PH3	-	603.74	478.46	125.28	-	-	603.74	452.81	150.93	-
Basic Self	PH4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	PH5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	PH6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Kansas Humana Health Plan, Inc.											
High Self	MS1	587.03	675.19	225.23	449.96	78.97	587.03	675.19	213.37	461.82	76.80
High Self & Family	MS2	1306.13	1519.17	515.64	1003.53	177.12	1306.13	1519.17	488.50	1030.67	173.11
High Self Plus One	MS3	-	1451.64	486.63	965.01	-	-	1451.64	461.02	990.62	-
Standard Self	MS4	275.35	336.66	225.23	111.43	52.12	275.35	336.66	213.37	123.29	49.95
Standard Self & Family	MS5	612.65	757.47	515.64	241.83	108.90	612.65	757.47	488.50	268.97	104.89
Standard Self Plus One	MS6	-	723.81	486.63	237.18	-	-	723.81	461.02	262.79	-
Kentucky Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Kentucky Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Kentucky Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Kentucky Humana CoverageFirst and Value Plan											
CDHP Self	6N1	233.21	255.65	202.60	53.05	6.99	233.21	255.65	191.74	63.91	5.61
CDHP Self & Family	6N2	518.89	575.21	455.85	119.36	16.88	518.89	575.21	431.41	143.80	14.08
CDHP Self Plus One	6N3	-	549.65	435.60	114.05	-	-	549.65	412.24	137.41	-
Kentucky Humana Health Plan of Ohio											
High Self	A61	275.35	349.02	225.23	123.79	64.48	275.35	349.02	213.37	135.65	62.31
High Self & Family	A62	612.64	785.30	515.64	269.66	136.74	612.64	785.30	488.50	296.80	132.73
High Self Plus One	A63	-	750.40	486.63	263.77	-	-	750.40	461.02	289.38	-
Standard Self	A64	261.58	294.73	225.23	69.50	17.84	261.58	294.73	213.37	81.36	15.97
Standard Self & Family	A65	582.02	663.14	515.64	147.50	32.55	582.02	663.14	488.50	174.64	29.14
Standard Self Plus One	A66	-	633.66	486.63	147.03	-	-	633.66	461.02	172.64	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Kentucky Humana Health Plan, Inc.											
High Self	MH1	275.35	318.52	225.23	93.29	33.98	275.35	318.52	213.37	105.15	31.81
High Self & Family	MH2	612.64	716.67	515.64	201.03	68.11	612.64	716.67	488.50	228.17	64.10
High Self Plus One	MH3	-	684.83	486.63	198.20	-	-	684.83	461.02	223.81	-
Standard Self	MH4	261.58	289.46	225.23	64.23	12.57	261.58	289.46	213.37	76.09	10.70
Standard Self & Family	MH5	582.02	651.30	515.64	135.66	20.71	582.02	651.30	488.48	162.82	17.32
Standard Self Plus One	MH6	-	622.35	486.63	135.72	-	-	622.35	461.02	161.33	-
Kentucky Humana Health Plan, Inc.											
High Self	MI1	275.35	315.02	225.23	89.79	30.48	275.35	315.02	213.37	101.65	28.31
High Self & Family	MI2	612.65	708.79	515.64	193.15	60.22	612.65	708.79	488.50	220.29	56.21
High Self Plus One	MI3	-	677.29	486.63	190.66	-	-	677.29	461.02	216.27	-
Standard Self	MI4	261.58	299.16	225.23	73.93	22.27	261.58	299.16	213.37	85.79	20.40
Standard Self & Family	MI5	582.02	673.11	515.64	157.47	42.52	582.02	673.11	488.50	184.61	39.11
Standard Self Plus One	MI6	-	643.19	486.63	156.56	-	-	643.19	461.02	182.17	-
Kentucky United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	LJ1	New Plan	245.23	194.34	50.89	New Plan	New Plan	245.23	183.92	61.31	New Plan
High Self & Family	LJ2	New Plan	687.63	515.64	171.99	New Plan	New Plan	687.63	488.50	199.13	New Plan
High Self Plus One	LJ3	New Plan	478.94	379.56	99.38	New Plan	New Plan	478.94	359.21	119.73	New Plan
Kentucky United Healthcare Insurance Company, Inc. (HDHP Choice Plus)											
HDHP Self	N71	New Plan	236.63	187.53	49.10	New Plan	New Plan	236.63	177.47	59.16	New Plan
HDHP Self & Family	N72	New Plan	663.52	515.64	147.88	New Plan	New Plan	663.52	488.50	175.02	New Plan
HDHP Self Plus One	N73	New Plan	462.14	366.25	95.89	New Plan	New Plan	462.14	346.61	115.53	New Plan
Louisiana Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Louisiana Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Louisiana Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self	AE1	275.35	314.07	225.23	88.84	29.53	275.35	314.07	213.37	100.70	27.36
High Self & Family	AE2	612.65	706.66	515.64	191.02	58.09	612.65	706.66	488.50	218.16	54.08
High Self Plus One	AE3	-	675.25	486.63	188.62	-	-	675.25	461.02	214.23	-
Standard Self	AE4	247.81	298.06	225.23	72.83	23.89	247.81	298.06	213.37	84.69	22.74
Standard Self & Family	AE5	551.39	671.12	515.64	155.48	46.58	551.39	671.12	488.50	182.62	44.77
Standard Self Plus One	AE6	-	641.30	486.63	154.67	-	-	641.30	461.02	180.28	-
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self	BC1	260.05	296.73	225.23	71.50	20.14	260.05	296.73	213.37	83.36	18.35
High Self & Family	BC2	578.61	667.64	515.64	152.00	37.72	578.61	667.64	488.50	179.14	34.49
High Self Plus One	BC3	-	637.97	486.63	151.34	-	-	637.97	461.02	176.95	-
Standard Self	BC4	234.05	264.57	209.67	54.90	8.68	234.05	264.57	198.43	66.14	7.63
Standard Self & Family	BC5	520.76	595.28	471.76	123.52	20.67	520.76	595.28	446.46	148.82	18.63
Standard Self Plus One	BC6	-	568.82	450.79	118.03	-	-	568.82	426.62	142.20	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code

Louisiana United Healthcare Insurance Company, Inc. (Choice HMO)

High Self	KK1	New Plan	245.00	194.16	50.84	New Plan	New Plan	245.00	183.75	61.25	New Plan
High Self & Family	KK2	New Plan	686.98	515.64	171.34	New Plan	New Plan	686.98	488.50	198.48	New Plan
High Self Plus One	KK3	New Plan	478.48	379.20	99.28	New Plan	New Plan	478.48	358.86	119.62	New Plan

Louisiana United Healthcare Insurance Company, Inc. (HDHP Choice Plus)

HDHP Self	LS1	New Plan	234.69	185.99	48.70	New Plan	New Plan	234.69	176.02	58.67	New Plan
HDHP Self & Family	LS2	New Plan	658.05	515.64	142.41	New Plan	New Plan	658.05	488.50	169.55	New Plan
HDHP Self Plus One	LS3	New Plan	458.33	363.23	95.10	New Plan	New Plan	458.33	343.75	114.58	New Plan

Maine Aetna Direct

CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Maine Aetna HealthFund CDHP and Value Plan

CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-

Maine Aetna HealthFund HDHP

HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Maryland Aetna Direct

CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Maryland Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Maryland Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Maryland Aetna Open Access											
High Self	JN1	426.78	442.85	225.23	217.62	6.88	426.78	442.85	213.37	229.48	4.71
High Self & Family	JN2	955.97	995.60	515.64	479.96	3.71	955.97	995.60	488.50	507.10	-0.30
High Self Plus One	JN3	-	985.75	486.63	499.12	-	-	985.75	461.02	524.73	-
Basic Self	JN4	265.88	275.96	218.70	57.26	4.75	265.88	275.96	206.97	68.99	2.52
Basic Self & Family	JN5	594.52	621.16	492.27	128.89	11.47	594.52	621.16	465.87	155.29	6.66
Basic Self Plus One	JN6	-	608.98	482.62	126.36	-	-	608.98	456.74	152.24	-
Maryland CareFirst BlueChoice											
High Self	2G1	309.39	321.77	225.23	96.54	3.19	309.39	321.77	213.37	108.40	1.02
High Self & Family	2G2	696.01	764.50	515.64	248.86	32.57	696.01	764.50	488.50	276.00	28.56
High Self Plus One	2G3	-	643.53	486.63	156.90	-	-	643.53	461.02	182.51	-
Standard Self	2G4	276.57	287.63	225.23	62.40	1.87	276.57	287.63	213.37	74.26	-0.30
Standard Self & Family	2G5	622.18	683.40	515.64	167.76	25.30	622.18	683.40	488.50	194.90	21.29
Standard Self Plus One	2G6	-	575.27	455.90	119.37	-	-	575.27	431.45	143.82	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Maryland CareFirst BlueChoice											
HDHP Self	B61	267.85	273.21	216.52	56.69	3.79	267.85	273.21	204.91	68.30	1.34
HDHP Self & Family	B62	597.46	649.15	514.45	134.70	16.70	597.46	649.15	486.86	162.29	12.93
HDHP Self Plus One	B63	-	546.43	433.05	113.38	-	-	546.43	409.82	136.61	-
Maryland Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	279.94	285.48	225.23	60.25	-3.65	279.94	285.48	213.37	72.11	-5.82
High Self & Family	E32	643.87	668.01	515.64	152.37	-11.78	643.87	668.01	488.50	179.51	-15.79
High Self Plus One	E33	-	645.17	486.63	158.54	-	-	645.17	461.02	184.15	-
Standard Self	E34	181.53	214.96	170.36	44.60	8.75	181.53	214.96	161.22	53.74	8.36
Standard Self & Family	E35	417.50	503.01	398.64	104.37	21.91	417.50	503.01	377.26	125.75	21.38
Standard Self Plus One	E36	-	485.80	385.00	100.80	-	-	485.80	364.35	121.45	-
Maryland M.D. IPA											
High Self	JP1	314.55	295.87	225.23	70.64	-27.87	314.55	295.87	213.37	82.50	-30.04
High Self & Family	JP2	725.30	829.62	515.64	313.98	68.40	725.30	829.62	488.50	341.12	64.39
High Self Plus One	JP3	-	577.83	457.93	119.90	-	-	577.83	433.37	144.46	-
Maryland United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	LR1	New Plan	245.13	194.27	50.86	New Plan	New Plan	245.13	183.85	61.28	New Plan
High Self & Family	LR2	New Plan	687.35	515.64	171.71	New Plan	New Plan	687.35	488.50	198.85	New Plan
High Self Plus One	LR3	New Plan	478.74	379.40	99.34	New Plan	New Plan	478.74	359.06	119.68	New Plan
Maryland UnitedHealthcare Insurance Company											
Basic Self	L91	244.32	212.71	168.57	44.14	-4.11	244.32	212.71	159.53	53.18	-7.90
Basic Self & Family	L92	543.61	596.45	472.69	123.76	16.40	543.61	596.45	447.34	149.11	13.21
Basic Self Plus One	L93	-	415.43	329.23	86.20	-	-	415.43	311.57	103.86	-
Massachusetts Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Massachusetts Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
Massachusetts Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Michigan Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Michigan Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
Michigan Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Michigan Bluecare Network of MI											
High Self	K51	316.70	327.06	225.23	101.83	1.17	316.70	327.06	213.37	113.69	-1.00
High Self & Family	K52	722.04	798.66	515.64	283.02	40.70	722.04	798.66	488.50	310.16	36.69
High Self Plus One	K53	-	752.38	486.63	265.75	-	-	752.38	461.02	291.36	-
Michigan Bluecare Network of MI											
High Self	LX1	280.24	285.20	225.23	59.97	-4.23	280.24	285.20	213.37	71.83	-6.40
High Self & Family	LX2	672.39	696.52	515.64	180.88	-11.79	672.39	696.52	488.50	208.02	-15.80
High Self Plus One	LX3	-	656.05	486.63	169.42	-	-	656.05	461.02	195.03	-
Michigan Grand Valley Health Plan											
High Self	RL1	310.23	280.33	222.16	58.17	-36.02	310.23	280.33	210.25	70.08	-38.14
High Self & Family	RL2	725.93	658.78	515.64	143.14	-103.07	725.93	658.78	488.50	170.28	-107.08
High Self Plus One	RL3	-	621.98	486.63	135.35	-	-	621.98	461.02	160.96	-
Standard Self	RL4	290.06	265.93	210.75	55.18	-18.84	290.06	265.93	199.45	66.48	-21.57
Standard Self & Family	RL5	678.70	624.94	495.26	129.68	-69.30	678.70	624.94	468.71	156.23	-73.90
Standard Self Plus One	RL6	-	585.04	463.64	121.40	-	-	585.04	438.78	146.26	-
Michigan Health Alliance Plan											
High Self	521	313.42	318.54	225.23	93.31	-4.07	313.42	318.54	213.37	105.17	-6.24
High Self & Family	522	736.55	756.63	515.64	240.99	-15.84	736.55	756.63	488.50	268.13	-19.85
High Self Plus One	523	-	740.60	486.63	253.97	-	-	740.60	461.02	279.58	-
Michigan Health Alliance Plan											
Standard Self	GY4	266.53	266.61	211.29	55.32	2.68	266.53	266.61	199.96	66.65	0.02
Standard Self & Family	GY5	626.35	633.21	501.82	131.39	-15.24	626.35	633.21	474.91	158.30	-19.48
Standard Self Plus One	GY6	-	619.89	486.63	133.26	-	-	619.89	461.02	158.87	-
Michigan HealthPlus of MI											
High Self	X51	295.96	303.60	225.23	78.37	-1.55	295.96	303.60	213.37	90.23	-3.72
High Self & Family	X52	710.14	819.70	515.64	304.06	73.64	710.14	819.70	488.50	331.20	69.63
High Self Plus One	X53	-	683.08	486.63	196.45	-	-	683.08	461.02	222.06	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Michigan Priority Health											
High Self	LE1	315.06	294.73	225.23	69.50	-29.52	315.06	294.73	213.37	81.36	-31.69
High Self & Family	LE2	756.14	736.82	515.64	221.18	-55.24	756.14	736.82	488.50	248.32	-59.25
High Self Plus One	LE3	-	648.39	486.63	161.76	-	-	648.39	461.02	187.37	-
Standard Self	LE4	267.98	230.80	182.91	47.89	-5.04	267.98	230.80	173.10	57.70	-9.29
Standard Self & Family	LE5	643.14	577.00	457.27	119.73	-43.69	643.14	577.00	432.75	144.25	-50.32
Standard Self Plus One	LE6	-	507.76	402.40	105.36	-	-	507.76	380.82	126.94	-
Minnesota Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Minnesota Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Minnesota Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Minnesota HealthPartners High and Standard Option											
High Self	V31	304.64	315.60	225.23	90.37	1.77	304.64	315.60	213.37	102.23	-0.40
High Self & Family	V32	700.68	768.79	515.64	253.15	32.19	700.68	768.79	488.50	280.29	28.18
High Self Plus One	V33	-	697.47	486.63	210.84	-	-	697.47	461.02	236.45	-
Standard Self	V34	169.19	179.23	142.04	37.19	3.77	169.19	179.23	134.42	44.81	2.51
Standard Self & Family	V35	389.14	436.61	346.01	90.60	13.74	389.14	436.61	327.46	109.15	11.87
Standard Self Plus One	V36	-	396.10	313.91	82.19	-	-	396.10	297.08	99.02	-
Mississippi Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Mississippi Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Mississippi Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Mississippi United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	KK1	New Plan	245.00	194.16	50.84	New Plan	New Plan	245.00	183.75	61.25	New Plan
High Self & Family	KK2	New Plan	686.98	515.64	171.34	New Plan	New Plan	686.98	488.50	198.48	New Plan
High Self Plus One	KK3	New Plan	478.48	379.20	99.28	New Plan	New Plan	478.48	358.86	119.62	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Mississippi United Healthcare Insurance Company, Inc. (HDHP Choice Plus)											
HDHP Self	LS1	New Plan	234.69	185.99	48.70	New Plan	New Plan	234.69	176.02	58.67	New Plan
HDHP Self & Family	LS2	New Plan	658.05	515.64	142.41	New Plan	New Plan	658.05	488.50	169.55	New Plan
HDHP Self Plus One	LS3	New Plan	458.33	363.23	95.10	New Plan	New Plan	458.33	343.75	114.58	New Plan
Missouri Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Missouri Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
Missouri Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Missouri Aetna Open Access											
High Self	HA1	244.44	289.24	225.23	64.01	15.73	244.44	289.24	213.37	75.87	14.76
High Self & Family	HA2	574.46	683.26	515.64	167.62	54.16	574.46	683.26	488.50	194.76	51.15
High Self Plus One	HA3	-	676.50	486.63	189.87	-	-	676.50	461.02	215.48	-
Standard Self	HA4	261.53	281.30	222.93	58.37	6.72	261.53	281.30	210.98	70.32	4.94
Standard Self & Family	HA5	614.60	664.00	515.64	148.36	13.48	614.60	664.00	488.50	175.50	9.47
Standard Self Plus One	HA6	-	657.43	486.63	170.80	-	-	657.43	461.02	196.41	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates						2016 Biweekly Postal Premium Rates			
		Category 1				Category 2					
Plan - Option - Enrollment Code	2015 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2015 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Missouri Blue Preferred Plus POS											
High Self	9G1	401.19	311.98	225.23	86.75	-98.40	401.19	311.98	213.37	98.61	-100.57
High Self & Family	9G2	802.39	665.10	515.64	149.46	-173.21	802.39	665.10	488.50	176.60	-177.22
High Self Plus One	9G3	-	623.97	486.63	137.34	-	-	623.97	461.02	162.95	-
Missouri Humana CoverageFirst and Value Plan											
CDHP Self	PH1	233.21	280.80	222.53	58.27	12.21	233.21	280.80	210.60	70.20	11.90
CDHP Self & Family	PH2	518.89	631.82	500.72	131.10	28.62	518.89	631.82	473.87	157.95	28.23
CDHP Self Plus One	PH3	-	603.74	478.46	125.28	-	-	603.74	452.81	150.93	-
Basic Self	PH4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	PH5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	PH6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Missouri Humana Health Plan, Inc.											
High Self	MS1	587.03	675.19	225.23	449.96	78.97	587.03	675.19	213.37	461.82	76.80
High Self & Family	MS2	1306.13	1519.17	515.64	1003.53	177.12	1306.13	1519.17	488.50	1030.67	173.11
High Self Plus One	MS3	-	1451.64	486.63	965.01	-	-	1451.64	461.02	990.62	-
Standard Self	MS4	275.35	336.66	225.23	111.43	52.12	275.35	336.66	213.37	123.29	49.95
Standard Self & Family	MS5	612.65	757.47	515.64	241.83	108.90	612.65	757.47	488.50	268.97	104.89
Standard Self Plus One	MS6	-	723.81	486.63	237.18	-	-	723.81	461.02	262.79	-
Montana Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Montana Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Montana Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Nebraska Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Nebraska Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Nebraska Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Nevada Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Nevada Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
Nevada Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Nevada Health Plan of Nevada											
High Self	NM1	207.02	233.53	185.07	48.46	7.57	207.02	233.53	175.15	58.38	6.63
High Self & Family	NM2	488.17	553.48	438.63	114.85	18.44	488.17	553.48	415.11	138.37	16.33
High Self Plus One	NM3	-	443.72	351.65	92.07	-	-	443.72	332.79	110.93	-
New Hampshire Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates						2016 Biweekly Postal Premium Rates			
		2015 Total Biweekly Premium	Category 1			2015 Total Biweekly Premium	Category 2				
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
New Hampshire Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
New Hampshire Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
New Jersey Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
New Jersey Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
New Jersey Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
New Jersey Aetna Open Access											
High Self	JR1	534.78	633.17	225.23	407.94	89.20	534.78	633.17	213.37	419.80	87.03
High Self & Family	JR2	1230.15	1462.59	515.64	946.95	196.52	1230.15	1462.59	488.50	974.09	192.51
High Self Plus One	JR3	-	1448.11	486.63	961.48	-	-	1448.11	461.02	987.09	-
Basic Self	JR4	394.52	502.07	225.23	276.84	98.36	394.52	502.07	213.37	288.70	96.19
Basic Self & Family	JR5	910.70	1163.56	515.64	647.92	216.94	910.70	1163.56	488.50	675.06	212.93
Basic Self Plus One	JR6	-	1152.04	486.63	665.41	-	-	1152.04	461.02	691.02	-
New Jersey Aetna Open Access											
High Self	P31	557.69	631.25	225.23	406.02	64.37	557.69	631.25	213.37	417.88	62.20
High Self & Family	P32	1345.62	1530.47	515.64	1014.83	148.93	1345.62	1530.47	488.50	1041.97	144.92
High Self Plus One	P33	-	1515.32	486.63	1028.69	-	-	1515.32	461.02	1054.30	-
Basic Self	P34	483.10	508.42	225.23	283.19	16.13	483.10	508.42	213.37	295.05	13.96
Basic Self & Family	P35	1115.54	1180.07	515.64	664.43	28.61	1115.54	1180.07	488.50	691.57	24.60
Basic Self Plus One	P36	-	1168.39	486.63	681.76	-	-	1168.39	461.02	707.37	-
New Jersey GHI Health Plan											
High Self	801	359.25	393.81	225.23	168.58	25.37	359.25	393.81	213.37	180.44	23.20
High Self & Family	802	898.21	1163.42	515.64	647.78	229.29	898.21	1163.42	488.50	674.92	225.28
High Self Plus One	803	-	754.55	486.63	267.92	-	-	754.55	461.02	293.53	-
Standard Self	804	270.09	303.85	225.23	78.62	24.57	270.09	303.85	213.37	90.48	22.40
Standard Self & Family	805	613.31	822.81	515.64	307.17	173.58	613.31	822.81	488.50	334.31	169.57
Standard Self Plus One	806	-	499.88	396.15	103.73	-	-	499.88	374.91	124.97	-
New Mexico Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
New Mexico Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
New Mexico Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
New Mexico New Mexico BlueHMO Preferred											
High Self	Q11	277.36	323.66	225.23	98.43	37.11	277.36	323.66	213.37	110.29	34.94
High Self & Family	Q12	651.81	798.13	515.64	282.49	110.40	651.81	798.13	488.50	309.63	106.39
High Self Plus One	Q13	-	695.85	486.63	209.22	-	-	695.85	461.02	234.83	-
New Mexico Presbyterian Health Plan											
High Self	P21	317.02	313.76	225.23	88.53	-12.45	317.02	313.76	213.37	100.39	-14.62
High Self & Family	P22	719.98	737.34	515.64	221.70	-18.56	719.98	737.34	488.50	248.84	-22.57
High Self Plus One	P23	-	712.24	486.63	225.61	-	-	712.24	461.02	251.22	-
New Mexico Presbyterian Health Plan											
Standard Self	PS4	New Plan	266.31	211.05	55.26	New Plan	New Plan	266.31	199.73	66.58	New Plan
Standard Self & Family	PS5	New Plan	625.82	495.96	129.86	New Plan	New Plan	625.82	469.37	156.45	New Plan
Standard Self Plus One	PS6	New Plan	604.52	479.08	125.44	New Plan	New Plan	604.52	453.39	151.13	New Plan
New York Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
New York Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
New York Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
New York Aetna Open Access											
High Self	JC1	417.25	480.22	225.23	254.99	53.78	417.25	480.22	213.37	266.85	51.61
High Self & Family	JC2	1027.10	1186.65	515.64	671.01	123.63	1027.10	1186.65	488.50	698.15	119.62
High Self Plus One	JC3	-	1174.90	486.63	688.27	-	-	1174.90	461.02	713.88	-
Basic Self	JC4	323.42	346.30	225.23	121.07	13.69	323.42	346.30	213.37	132.93	11.52
Basic Self & Family	JC5	785.86	844.69	515.64	329.05	22.91	785.86	844.69	488.50	356.19	18.90
Basic Self Plus One	JC6	-	836.33	486.63	349.70	-	-	836.33	461.02	375.31	-
New York CDPHP Universal Benefits, Inc.											
High Self	SG1	317.74	345.92	225.23	120.69	18.99	317.74	345.92	213.37	132.55	16.82
High Self & Family	SG2	804.71	1037.75	515.64	522.11	197.12	804.71	1037.75	488.50	549.25	193.11
High Self Plus One	SG3	-	691.85	486.63	205.22	-	-	691.85	461.02	230.83	-
Standard Self	SG4	242.27	244.54	193.80	50.74	2.89	242.27	244.54	183.41	61.13	0.56
Standard Self & Family	SG5	585.56	733.57	515.64	217.93	102.28	585.56	733.57	488.50	245.07	98.68
Standard Self Plus One	SG6	-	489.06	387.58	101.48	-	-	489.06	366.80	122.26	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
New York GHI Health Plan											
High Self	801	359.25	393.81	225.23	168.58	25.37	359.25	393.81	213.37	180.44	23.20
High Self & Family	802	898.21	1163.42	515.64	647.78	229.29	898.21	1163.42	488.50	674.92	225.28
High Self Plus One	803	-	754.55	486.63	267.92	-	-	754.55	461.02	293.53	-
Standard Self	804	270.09	303.85	225.23	78.62	24.57	270.09	303.85	213.37	90.48	22.40
Standard Self & Family	805	613.31	822.81	515.64	307.17	173.58	613.31	822.81	488.50	334.31	169.57
Standard Self Plus One	806	-	499.88	396.15	103.73	-	-	499.88	374.91	124.97	-
New York HIP Health of Greater New York											
High Self	511	294.68	303.08	225.23	77.85	-0.79	294.68	303.08	213.37	89.71	-2.96
High Self & Family	512	780.92	869.28	515.64	353.64	52.44	780.92	869.28	488.50	380.78	48.43
High Self Plus One	513	-	537.96	426.33	111.63	-	-	537.96	403.47	134.49	-
New York Independent Health Assoc											
High Self	QA1	297.69	286.19	225.23	60.96	-20.69	297.69	286.19	213.37	72.82	-22.86
High Self & Family	QA2	714.44	772.70	515.64	257.06	22.34	714.44	772.70	488.50	284.20	18.33
High Self Plus One	QA3	-	729.77	486.63	243.14	-	-	729.77	461.02	268.75	-
HDHP Self	QA4	212.93	207.21	164.21	43.00	0.95	212.93	207.21	155.41	51.80	-1.43
HDHP Self & Family	QA5	512.09	549.19	435.23	113.96	12.82	512.09	549.19	411.89	137.30	9.28
HDHP Self Plus One	QA6	-	507.55	402.23	105.32	-	-	507.55	380.66	126.89	-
New York Independent Health Association											
Standard Self	C54	293.11	274.15	217.26	56.89	-20.18	293.11	274.15	205.61	68.54	-22.56
Standard Self & Family	C55	703.47	740.22	515.64	224.58	0.83	703.47	740.22	488.50	251.72	-3.18
Standard Self Plus One	C56	-	699.10	486.63	212.47	-	-	699.10	461.02	238.08	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
New York MVP Health Care											
High Self	GA1	299.86	313.35	225.23	88.12	4.30	299.86	313.35	213.37	99.98	2.13
High Self & Family	GA2	751.24	768.85	515.64	253.21	-18.31	751.24	768.85	488.50	280.35	-22.32
High Self Plus One	GA3	-	721.34	486.63	234.71	-	-	721.34	461.02	260.32	-
Standard Self	GA4	278.81	285.99	225.23	60.76	-2.01	278.81	285.99	213.37	72.62	-4.18
Standard Self & Family	GA5	700.50	699.39	515.64	183.75	-37.03	700.50	699.39	488.50	210.89	-41.04
Standard Self Plus One	GA6	-	661.51	486.63	174.88	-	-	661.51	461.02	200.49	-
New York MVP Health Care											
High Self	GV1	276.62	293.39	225.23	68.16	7.58	276.62	293.39	213.37	80.02	5.41
High Self & Family	GV2	692.22	719.54	515.64	203.90	-8.60	692.22	719.54	488.50	231.04	-12.61
High Self Plus One	GV3	-	674.84	486.63	188.21	-	-	674.84	461.02	213.82	-
Standard Self	GV4	247.83	259.58	205.72	53.86	4.91	247.83	259.58	194.69	64.89	2.93
Standard Self & Family	GV5	620.16	636.58	504.49	132.09	-8.35	620.16	636.58	477.44	159.14	-12.45
Standard Self Plus One	GV6	-	597.03	473.15	123.88	-	-	597.03	447.77	149.26	-
New York MVP Health Care											
High Self	M91	297.43	311.50	225.23	86.27	4.88	297.43	311.50	213.37	98.13	2.71
High Self & Family	M92	745.43	764.42	515.64	248.78	-16.93	745.43	764.42	488.50	275.92	-20.94
High Self Plus One	M93	-	718.85	486.63	232.22	-	-	718.85	461.02	257.83	-
Standard Self	M94	279.45	296.13	225.23	70.90	7.49	279.45	296.13	213.37	82.76	5.32
Standard Self & Family	M95	698.02	727.26	515.64	211.62	-6.68	698.02	727.26	488.50	238.76	-10.69
Standard Self Plus One	M96	-	682.74	486.63	196.11	-	-	682.74	461.02	221.72	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
New York MVP Health Care											
High Self	MF1	338.83	356.52	225.23	131.29	8.50	338.83	356.52	213.37	143.15	6.33
High Self & Family	MF2	847.90	874.34	515.64	358.70	-9.48	847.90	874.34	488.50	385.84	-13.49
High Self Plus One	MF3	-	820.01	486.63	333.38	-	-	820.01	461.02	358.99	-
Standard Self	MF4	322.59	344.02	225.23	118.79	12.24	322.59	344.02	213.37	130.65	10.07
Standard Self & Family	MF5	807.25	843.67	515.64	328.03	0.50	807.25	843.67	488.50	355.17	-3.51
Standard Self Plus One	MF6	-	791.23	486.63	304.60	-	-	791.23	461.02	330.21	-
New York MVP Health Care											
High Self	MX1	304.31	332.71	225.23	107.48	19.21	304.31	332.71	213.37	119.34	17.04
High Self & Family	MX2	761.26	815.68	515.64	300.04	18.50	761.26	815.68	488.50	327.18	14.49
High Self Plus One	MX3	-	764.62	486.63	277.99	-	-	764.62	461.02	303.60	-
Standard Self	MX4	286.84	316.09	225.23	90.86	20.06	286.84	316.09	213.37	102.72	17.89
Standard Self & Family	MX5	719.50	775.14	515.64	259.50	19.72	719.50	775.14	488.50	286.64	15.71
Standard Self Plus One	MX6	-	730.32	486.63	243.69	-	-	730.32	461.02	269.30	-
North Carolina Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
North Carolina Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates									
		2015 Total Biweekly Premium	Category 1				2015 Total Biweekly Premium	Category 2			
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
North Carolina Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
North Dakota Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
North Dakota Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
North Dakota Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
North Dakota HealthPartners High and Standard Option											
High Self	V31	304.64	315.60	225.23	90.37	1.77	304.64	315.60	213.37	102.23	-0.40
High Self & Family	V32	700.68	768.79	515.64	253.15	32.19	700.68	768.79	488.50	280.29	28.18
High Self Plus One	V33	-	697.47	486.63	210.84	-	-	697.47	461.02	236.45	-
Standard Self	V34	169.19	179.23	142.04	37.19	3.77	169.19	179.23	134.42	44.81	2.51
Standard Self & Family	V35	389.14	436.61	346.01	90.60	13.74	389.14	436.61	327.46	109.15	11.87
Standard Self Plus One	V36	-	396.10	313.91	82.19	-	-	396.10	297.08	99.02	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
North Dakota Sanford Health Plan											
High Self	C91	329.47	399.12	225.23	173.89	60.46	329.47	399.12	213.37	185.75	58.29
High Self & Family	C92	757.79	1117.54	515.64	601.90	323.83	757.79	1117.54	488.50	629.04	319.82
High Self Plus One	C93	-	718.42	486.63	231.79	-	-	718.42	461.02	257.40	-
Standard Self	C94	293.11	370.96	225.23	145.73	68.66	293.11	370.96	213.37	157.59	66.49
Standard Self & Family	C95	728.73	1038.68	515.64	523.04	274.03	728.73	1038.68	488.50	550.18	270.02
Standard Self Plus One	C96	-	667.72	486.63	181.09	-	-	667.72	461.02	206.70	-
Ohio Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Ohio Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-
Ohio Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Ohio AultCare HMO											
High Self	3A1	275.30	317.69	225.23	92.46	33.20	275.30	317.69	213.37	104.32	31.03
High Self & Family	3A2	675.85	1016.58	515.64	500.94	304.81	675.85	1016.58	488.50	528.08	300.80
High Self Plus One	3A3	-	603.60	478.35	125.25	-	-	603.60	452.70	150.90	-
HDHP Self	3A4	164.36	145.49	115.30	30.19	-2.27	164.36	145.49	109.12	36.37	-4.72
HDHP Self & Family	3A5	331.83	465.52	368.92	96.60	31.06	331.83	465.52	349.14	116.38	33.42
HDHP Self Plus One	3A6	-	276.41	219.05	57.36	-	-	276.41	207.31	69.10	-
Ohio HealthSpan Integrated Care											
High Self	641	340.53	364.04	225.23	138.81	14.32	340.53	364.04	213.37	150.67	12.15
High Self & Family	642	783.22	873.69	515.64	358.05	54.55	783.22	873.69	488.50	385.19	50.54
High Self Plus One	643	-	800.89	486.63	314.26	-	-	800.89	461.02	339.87	-
Standard Self	644	249.82	265.94	210.76	55.18	5.84	249.82	265.94	199.46	66.48	4.03
Standard Self & Family	645	574.57	638.26	505.82	132.44	18.96	574.57	638.26	478.70	159.56	15.92
Standard Self Plus One	646	-	585.06	463.66	121.40	-	-	585.06	438.80	146.26	-
Ohio Humana Health Plan of Ohio											
High Self	A61	275.35	349.02	225.23	123.79	64.48	275.35	349.02	213.37	135.65	62.31
High Self & Family	A62	612.64	785.30	515.64	269.66	136.74	612.64	785.30	488.50	296.80	132.73
High Self Plus One	A63	-	750.40	486.63	263.77	-	-	750.40	461.02	289.38	-
Standard Self	A64	261.58	294.73	225.23	69.50	17.84	261.58	294.73	213.37	81.36	15.97
Standard Self & Family	A65	582.02	663.14	515.64	147.50	32.55	582.02	663.14	488.50	174.64	29.14
Standard Self Plus One	A66	-	633.66	486.63	147.03	-	-	633.66	461.02	172.64	-
Ohio Paramount Health Care											
High Self	N81	New Plan	267.45	211.95	55.50	New Plan	New Plan	267.45	200.59	66.86	New Plan
High Self & Family	N82	New Plan	703.39	515.64	187.75	New Plan	New Plan	703.39	488.50	214.89	New Plan
High Self Plus One	N83	New Plan	534.90	423.91	110.99	New Plan	New Plan	534.90	401.18	133.72	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Oklahoma Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Oklahoma Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-
Oklahoma Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Oklahoma Globalhealth, Inc.											
High Self	IM1	251.82	276.33	218.99	57.34	7.61	251.82	276.33	207.25	69.08	6.13
High Self & Family	IM2	606.88	690.84	515.64	175.20	48.04	606.88	690.84	488.50	202.34	44.03
High Self Plus One	IM3	-	552.67	437.99	114.68	-	-	552.67	414.50	138.17	-
Oregon Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Oregon Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Oregon Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Oregon Kaiser Foundation Health Plan of Northwest											
High Self	571	288.33	298.94	225.23	73.71	1.42	288.33	298.94	213.37	85.57	-0.75
High Self & Family	572	651.28	675.21	515.64	159.57	-11.99	651.28	675.21	488.50	186.71	-16.00
High Self Plus One	573	-	675.21	486.63	188.58	-	-	675.21	461.02	214.19	-
Standard Self	574	243.47	261.22	207.02	54.20	6.11	243.47	261.22	195.92	65.30	4.43
Standard Self & Family	575	570.13	600.10	475.58	124.52	11.92	570.13	600.10	450.08	150.02	7.49
Standard Self Plus One	576	-	600.10	475.58	124.52	-	-	600.10	450.08	150.02	-
Pennsylvania Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Pennsylvania Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Pennsylvania Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Pennsylvania Aetna Open Access											
High Self	P31	557.69	631.25	225.23	406.02	64.37	557.69	631.25	213.37	417.88	62.20
High Self & Family	P32	1345.62	1530.47	515.64	1014.83	148.93	1345.62	1530.47	488.50	1041.97	144.92
High Self Plus One	P33	-	1515.32	486.63	1028.69	-	-	1515.32	461.02	1054.30	-
Basic Self	P34	483.10	508.42	225.23	283.19	16.13	483.10	508.42	213.37	295.05	13.96
Basic Self & Family	P35	1115.54	1180.07	515.64	664.43	28.61	1115.54	1180.07	488.50	691.57	24.60
Basic Self Plus One	P36	-	1168.39	486.63	681.76	-	-	1168.39	461.02	707.37	-
Pennsylvania Aetna Open Access											
High Self	YE1	320.33	327.62	225.23	102.39	-1.90	320.33	327.62	213.37	114.25	-4.07
High Self & Family	YE2	801.24	822.65	515.64	307.01	-14.51	801.24	822.65	488.50	334.15	-18.52
High Self Plus One	YE3	-	814.52	486.63	327.89	-	-	814.52	461.02	353.50	-
Pennsylvania Geisinger Health Plan											
Standard Self	GG4	292.09	299.25	225.23	74.02	-2.03	292.09	299.25	213.37	85.88	-4.20
Standard Self & Family	GG5	671.81	688.29	515.64	172.65	-19.44	671.81	688.29	488.50	199.79	-23.45
Standard Self Plus One	GG6	-	688.29	486.63	201.66	-	-	688.29	461.02	227.27	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Pennsylvania Keystone Health Plan West											
High Self	NP1	204.93	252.23	199.89	52.34	11.87	204.93	252.23	189.17	63.06	11.83
High Self & Family	NP2	479.54	572.17	453.44	118.73	24.02	479.54	572.17	429.13	143.04	23.16
High Self Plus One	NP3	-	474.68	376.18	98.50	-	-	474.68	356.01	118.67	-
Pennsylvania UPMC Health Plan											
High Self	8W1	305.67	356.35	225.23	131.12	41.49	305.67	356.35	213.37	142.98	39.32
High Self & Family	8W2	703.01	837.39	515.64	321.75	98.46	703.01	837.39	488.50	348.89	94.45
High Self Plus One	8W3	-	801.78	486.63	315.15	-	-	801.78	461.02	340.76	-
HDHP Self	8W4	229.55	236.77	187.64	49.13	3.79	229.55	236.77	177.58	59.19	1.80
HDHP Self & Family	8W5	518.14	545.81	432.55	113.26	10.93	518.14	545.81	409.36	136.45	6.92
HDHP Self Plus One	8W6	-	524.87	415.96	108.91	-	-	524.87	393.65	131.22	-
Pennsylvania UPMC Health Plan											
Standard Self	UW4	250.98	267.50	211.99	55.51	5.94	250.98	267.50	200.63	66.87	4.13
Standard Self & Family	UW5	577.28	628.58	498.15	130.43	16.42	577.28	628.58	471.44	157.14	12.82
Standard Self Plus One	UW6	-	601.85	476.97	124.88	-	-	601.85	451.39	150.46	-
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	151.99	161.83	128.25	33.58	3.56	151.99	161.83	121.37	40.46	2.46
High Self & Family	ZJ2	338.17	364.14	288.58	75.56	8.77	338.17	364.14	273.11	91.03	6.49
High Self Plus One	ZJ3	-	347.95	275.75	72.20	-	-	347.95	260.96	86.99	-
Puerto Rico Triple-S Salud, Inc.											
High Self	891	179.99	179.99	142.64	37.35	1.80	179.99	179.99	134.99	45.00	0.00
High Self & Family	892	412.18	412.18	326.65	85.53	4.12	412.18	412.18	309.14	103.04	0.00
High Self Plus One	893	-	404.14	320.28	83.86	-	-	404.14	303.11	101.03	-
Rhode Island Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Rhode Island Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
Rhode Island Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
South Carolina Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
South Carolina Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-
South Carolina Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
South Dakota Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
South Dakota Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
South Dakota Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
South Dakota HealthPartners High and Standard Option											
High Self	V31	304.64	315.60	225.23	90.37	1.77	304.64	315.60	213.37	102.23	-0.40
High Self & Family	V32	700.68	768.79	515.64	253.15	32.19	700.68	768.79	488.50	280.29	28.18
High Self Plus One	V33	-	697.47	486.63	210.84	-	-	697.47	461.02	236.45	-
Standard Self	V34	169.19	179.23	142.04	37.19	3.77	169.19	179.23	134.42	44.81	2.51
Standard Self & Family	V35	389.14	436.61	346.01	90.60	13.74	389.14	436.61	327.46	109.15	11.87
Standard Self Plus One	V36	-	396.10	313.91	82.19	-	-	396.10	297.08	99.02	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
South Dakota Sanford Health Plan											
High Self	AU1	340.19	337.07	225.23	111.84	-12.31	340.19	337.07	213.37	123.70	-14.48
High Self & Family	AU2	782.74	943.80	515.64	428.16	125.14	782.74	943.80	488.50	455.30	121.13
High Self Plus One	AU3	-	606.73	480.83	125.90	-	-	606.73	455.05	151.68	-
Standard Self	AU4	326.45	326.78	225.23	101.55	-8.86	326.45	326.78	213.37	113.41	-11.03
Standard Self & Family	AU5	750.86	914.97	515.64	399.33	128.19	750.86	914.97	488.50	426.47	124.18
Standard Self Plus One	AU6	-	588.19	466.14	122.05	-	-	588.19	441.14	147.05	-
Tennessee Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Tennessee Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Tennessee Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Tennessee Aetna Open Access											
High Self	UB1	343.29	383.54	225.23	158.31	31.06	343.29	383.54	213.37	170.17	28.89
High Self & Family	UB2	875.33	982.84	515.64	467.20	71.59	875.33	982.84	488.50	494.34	67.58
High Self Plus One	UB3	-	973.11	486.63	486.48	-	-	973.11	461.02	512.09	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Biweekly Postal Premium Rates						2016 Biweekly Postal Premium Rates			
		2015 Total Biweekly Premium	Category 1			2015 Total Biweekly Premium	Category 2				
Plan - Option - Enrollment Code	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Tennessee Humana Health Plan, Inc.											
High Self	GJ1	260.05	296.48	225.23	71.25	19.89	260.05	296.48	213.37	83.11	18.10
High Self & Family	GJ2	578.61	667.09	515.64	151.45	37.17	578.61	667.09	488.50	178.59	33.94
High Self Plus One	GJ3	-	637.45	486.63	150.82	-	-	637.45	461.02	176.43	-
Standard Self	GJ4	234.05	270.49	214.36	56.13	9.91	234.05	270.49	202.87	67.62	9.11
Standard Self & Family	GJ5	520.76	608.61	482.32	126.29	23.44	520.76	608.61	456.46	152.15	21.96
Standard Self Plus One	GJ6	-	581.56	460.89	120.67	-	-	581.56	436.17	145.39	-
Tennessee United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	KK1	New Plan	245.00	194.16	50.84	New Plan	New Plan	245.00	183.75	61.25	New Plan
High Self & Family	KK2	New Plan	686.98	515.64	171.34	New Plan	New Plan	686.98	488.50	198.48	New Plan
High Self Plus One	KK3	New Plan	478.48	379.20	99.28	New Plan	New Plan	478.48	358.86	119.62	New Plan
Tennessee United Healthcare Insurance Company, Inc. (HDHP Choice Plus)											
HDHP Self	LS1	New Plan	234.69	185.99	48.70	New Plan	New Plan	234.69	176.02	58.67	New Plan
HDHP Self & Family	LS2	New Plan	658.05	515.64	142.41	New Plan	New Plan	658.05	488.50	169.55	New Plan
HDHP Self Plus One	LS3	New Plan	458.33	363.23	95.10	New Plan	New Plan	458.33	343.75	114.58	New Plan
Texas Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Texas Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Texas Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Texas Aetna Whole Health											
Basic Self	ES1	243.73	254.88	201.99	52.89	4.75	243.73	254.88	191.16	63.72	2.79
Basic Self & Family	ES2	642.48	674.81	515.64	159.17	-3.59	642.48	674.81	488.50	186.31	-7.60
Basic Self Plus One	ES3	-	668.14	486.63	181.51	-	-	668.14	461.02	207.12	-
Texas Firstcare											
High Self	CK1	239.65	257.10	203.75	53.35	6.02	239.65	257.10	192.83	64.27	4.36
High Self & Family	CK2	551.18	591.30	468.61	122.69	13.83	551.18	591.30	443.48	147.82	10.03
High Self Plus One	CK3	-	488.49	387.13	101.36	-	-	488.49	366.37	122.12	-
Texas Humana CoverageFirst and Value Plan											
CDHP Self	TP1	261.85	295.84	225.23	70.61	18.89	261.85	295.84	213.37	82.47	17.01
CDHP Self & Family	TP2	582.62	665.64	515.64	150.00	34.93	582.62	665.64	488.50	177.14	31.49
CDHP Self Plus One	TP3	-	636.05	486.63	149.42	-	-	636.05	461.02	175.03	-
Basic Self	TP4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	TP5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	TP6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Texas Humana CoverageFirst and Value Plan											
CDHP Self	TU1	259.00	290.09	225.23	64.86	13.71	259.00	290.09	213.37	76.72	11.97
CDHP Self & Family	TU2	576.27	652.69	515.64	137.05	23.24	576.27	652.69	488.50	164.19	20.12
CDHP Self Plus One	TU3	-	623.69	486.63	137.06	-	-	623.69	461.02	162.67	-
Basic Self	TU4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	TU5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	TU6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Texas Humana CoverageFirst and Value Plan											
CDHP Self	TV1	272.17	300.33	225.23	75.10	18.97	272.17	300.33	213.37	86.96	16.80
CDHP Self & Family	TV2	605.59	675.74	515.64	160.10	34.23	605.59	675.74	488.50	187.24	30.22
CDHP Self Plus One	TV3	-	645.70	486.63	159.07	-	-	645.70	461.02	184.68	-
Basic Self	TV4	198.87	215.28	170.61	44.67	5.39	198.87	215.28	161.46	53.82	4.10
Basic Self & Family	TV5	442.49	484.37	383.86	100.51	13.12	442.49	484.37	363.28	121.09	10.47
Basic Self Plus One	TV6	-	462.84	366.80	96.04	-	-	462.84	347.13	115.71	-
Texas Humana Health Plan of Texas											
High Self	EW1	260.05	299.70	225.23	74.47	23.11	260.05	299.70	213.37	86.33	21.32
High Self & Family	EW2	578.61	674.30	515.64	158.66	44.38	578.61	674.30	488.50	185.80	41.15
High Self Plus One	EW3	-	644.34	486.63	157.71	-	-	644.34	461.02	183.32	-
Standard Self	EW4	234.05	273.37	216.65	56.72	10.50	234.05	273.37	205.03	68.34	9.83
Standard Self & Family	EW5	520.76	615.09	487.46	127.63	24.78	520.76	615.09	461.32	153.77	23.58
Standard Self Plus One	EW6	-	587.75	465.79	121.96	-	-	587.75	440.81	146.94	-
Texas Humana Health Plan of Texas											
High Self	UC1	275.35	314.51	225.23	89.28	29.97	275.35	314.51	213.37	101.14	27.80
High Self & Family	UC2	612.65	707.64	515.64	192.00	59.07	612.65	707.64	488.50	219.14	55.06
High Self Plus One	UC3	-	676.18	486.63	189.55	-	-	676.18	461.02	215.16	-
Standard Self	UC4	261.58	297.24	225.23	72.01	20.35	261.58	297.24	213.37	83.87	18.48
Standard Self & Family	UC5	582.02	668.79	515.64	153.15	38.20	582.02	668.79	488.50	180.29	34.79
Standard Self Plus One	UC6	-	639.07	486.63	152.44	-	-	639.07	461.02	178.05	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
Texas Humana Health Plan of Texas											
High Self	UR1	482.16	603.57	225.23	378.34	112.22	482.16	603.57	213.37	390.20	110.05
High Self & Family	UR2	1072.80	1358.03	515.64	842.39	249.31	1072.80	1358.03	488.50	869.53	245.30
High Self Plus One	UR3	-	1297.67	486.63	811.04	-	-	1297.67	461.02	836.65	-
Standard Self	UR4	275.35	313.84	225.23	88.61	29.30	275.35	313.84	213.37	100.47	27.13
Standard Self & Family	UR5	612.65	706.14	515.64	190.50	57.57	612.65	706.14	488.50	217.64	53.56
Standard Self Plus One	UR6	-	674.75	486.63	188.12	-	-	674.75	461.02	213.73	-
Texas Humana Health Plan of Texas											
High Self	UU1	355.47	502.52	225.23	277.29	137.86	355.47	502.52	213.37	289.15	135.69
High Self & Family	UU2	790.92	1130.66	515.64	615.02	303.82	790.92	1130.66	488.50	642.16	299.81
High Self Plus One	UU3	-	1080.40	486.63	593.77	-	-	1080.40	461.02	619.38	-
Standard Self	UU4	275.35	350.56	225.23	125.33	66.02	275.35	350.56	213.37	137.19	63.85
Standard Self & Family	UU5	612.65	788.79	515.64	273.15	140.22	612.65	788.79	488.50	300.29	136.21
Standard Self Plus One	UU6	-	753.73	486.63	267.10	-	-	753.73	461.02	292.71	-
Texas Scott & White Health Plan											
Standard Self	A84	260.56	272.01	215.57	56.44	4.98	260.56	272.01	204.01	68.00	2.86
Standard Self & Family	A85	598.27	638.18	505.76	132.42	13.87	598.27	638.18	478.64	159.54	9.84
Standard Self Plus One	A86	-	570.37	452.02	118.35	-	-	570.37	427.78	142.59	-
Texas UnitedHealthcare Benefits of Texas, Inc.											
High Self	GF1	365.53	396.27	225.23	171.04	21.55	365.53	396.27	213.37	182.90	19.38
High Self & Family	GF2	841.89	1111.14	515.64	595.50	233.33	841.89	1111.14	488.50	622.64	229.32
High Self Plus One	GF3	-	773.91	486.63	287.28	-	-	773.91	461.02	312.89	-
Texas UnitedHealthcare Insurance Company											
Basic Self	L91	244.32	212.71	168.57	44.14	-4.11	244.32	212.71	159.53	53.18	-7.90
Basic Self & Family	L92	543.61	596.45	472.69	123.76	16.40	543.61	596.45	447.34	149.11	13.21
Basic Self Plus One	L93	-	415.43	329.23	86.20	-	-	415.43	311.57	103.86	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Utah Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Utah Aetna Health of Utah, Inc. dba Altius Health Plans											
High Self	9K1	299.68	314.79	225.23	89.56	5.92	299.68	314.79	213.37	101.42	3.75
High Self & Family	9K2	659.33	696.14	515.64	180.50	0.89	659.33	696.14	488.50	207.64	-3.12
High Self Plus One	9K3	-	689.25	486.63	202.62	-	-	689.25	461.02	228.23	-
HDHP Self	9K4	168.74	170.28	134.95	35.33	2.00	168.74	170.28	127.71	42.57	0.39
HDHP Self & Family	9K5	349.58	355.88	282.03	73.85	4.81	349.58	355.88	266.91	88.97	1.58
HDHP Self Plus One	9K6	-	348.90	276.50	72.40	-	-	348.90	261.68	87.22	-
Utah Aetna Health of Utah, Inc. dba Altius Health Plans											
Standard Self	DK4	225.43	229.98	182.26	47.72	3.20	225.43	229.98	172.49	57.49	1.13
Standard Self & Family	DK5	495.93	507.85	402.47	105.38	7.43	495.93	507.85	380.89	126.96	2.98
Standard Self Plus One	DK6	-	502.83	398.49	104.34	-	-	502.83	377.12	125.71	-
Utah Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-
Utah Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Utah SelectHealth											
High Self	SF1	293.90	317.43	225.23	92.20	14.34	293.90	317.43	213.37	104.06	12.17
High Self & Family	SF2	655.62	708.06	515.64	192.42	16.52	655.62	708.06	488.50	219.56	12.51
High Self Plus One	SF3	-	708.06	486.63	221.43	-	-	708.06	461.02	247.04	-
Standard Self	SF4	229.58	236.46	187.39	49.07	3.73	229.58	236.46	177.35	59.11	1.72
Standard Self & Family	SF5	512.14	525.08	416.13	108.95	7.80	512.14	525.08	393.81	131.27	3.24
Standard Self Plus One	SF6	-	525.08	416.13	108.95	-	-	525.08	393.81	131.27	-
Vermont Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Vermont Aetna HealthFund CDHP and Value Plan											
CDHP Self	EP1	296.95	353.14	225.23	127.91	47.00	296.95	353.14	213.37	139.77	44.83
CDHP Self & Family	EP2	674.38	805.37	515.64	289.73	95.07	674.38	805.37	488.50	316.87	91.06
CDHP Self Plus One	EP3	-	797.39	486.63	310.76	-	-	797.39	461.02	336.37	-
Basic Self	EP4	236.69	243.00	192.58	50.42	3.67	236.69	243.00	182.25	60.75	1.58
Basic Self & Family	EP5	537.52	556.47	441.00	115.47	9.31	537.52	556.47	417.35	139.12	4.74
Basic Self Plus One	EP6	-	545.55	432.35	113.20	-	-	545.55	409.16	136.39	-
Vermont Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Virgin Islands Triple-S Salud, Inc.											
High Self	851	227.85	227.85	180.57	47.28	2.28	227.85	227.85	170.89	56.96	0.00
High Self & Family	852	521.80	521.80	413.53	108.27	5.21	521.80	521.80	391.35	130.45	0.00
High Self Plus One	853	-	511.62	405.46	106.16	-	-	511.62	383.72	127.90	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Virginia Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Virginia Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
Virginia Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Virginia Aetna Open Access											
High Self	JN1	426.78	442.85	225.23	217.62	6.88	426.78	442.85	213.37	229.48	4.71
High Self & Family	JN2	955.97	995.60	515.64	479.96	3.71	955.97	995.60	488.50	507.10	-0.30
High Self Plus One	JN3	-	985.75	486.63	499.12	-	-	985.75	461.02	524.73	-
Basic Self	JN4	265.88	275.96	218.70	57.26	4.75	265.88	275.96	206.97	68.99	2.52
Basic Self & Family	JN5	594.52	621.16	492.27	128.89	11.47	594.52	621.16	465.87	155.29	6.66
Basic Self Plus One	JN6	-	608.98	482.62	126.36	-	-	608.98	456.74	152.24	-
Virginia Aetna Whole Health											
Basic Self	D91	230.81	242.20	191.94	50.26	4.68	230.81	242.20	181.65	60.55	2.85
Basic Self & Family	D92	642.48	679.76	515.64	164.12	1.36	642.48	679.76	488.50	191.26	-2.65
Basic Self Plus One	D93	-	673.04	486.63	186.41	-	-	673.04	461.02	212.02	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
Virginia Aetna Whole Health											
Basic Self	J91	214.50	257.40	203.99	53.41	11.05	214.50	257.40	193.05	64.35	10.73
Basic Self & Family	J92	558.39	673.06	515.64	157.42	47.14	558.39	673.06	488.50	184.56	44.96
Basic Self Plus One	J93	-	666.39	486.63	179.76	-	-	666.39	461.02	205.37	-
Virginia CareFirst BlueChoice											
High Self	2G1	309.39	321.77	225.23	96.54	3.19	309.39	321.77	213.37	108.40	1.02
High Self & Family	2G2	696.01	764.50	515.64	248.86	32.57	696.01	764.50	488.50	276.00	28.56
High Self Plus One	2G3	-	643.53	486.63	156.90	-	-	643.53	461.02	182.51	-
Standard Self	2G4	276.57	287.63	225.23	62.40	1.87	276.57	287.63	213.37	74.26	-0.30
Standard Self & Family	2G5	622.18	683.40	515.64	167.76	25.30	622.18	683.40	488.50	194.90	21.29
Standard Self Plus One	2G6	-	575.27	455.90	119.37	-	-	575.27	431.45	143.82	-
Virginia CareFirst BlueChoice											
HDHP Self	B61	267.85	273.21	216.52	56.69	3.79	267.85	273.21	204.91	68.30	1.34
HDHP Self & Family	B62	597.46	649.15	514.45	134.70	16.70	597.46	649.15	486.86	162.29	12.93
HDHP Self Plus One	B63	-	546.43	433.05	113.38	-	-	546.43	409.82	136.61	-
Virginia Innovation Health Plan											
High Self	LQ1	240.93	252.97	200.48	52.49	4.91	240.93	252.97	189.73	63.24	3.01
High Self & Family	LQ2	564.46	595.32	471.79	123.53	12.05	564.46	595.32	446.49	148.83	7.72
High Self Plus One	LQ3	-	589.42	467.12	122.30	-	-	589.42	442.07	147.35	-
Virginia Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	279.94	285.48	225.23	60.25	-3.65	279.94	285.48	213.37	72.11	-5.82
High Self & Family	E32	643.87	668.01	515.64	152.37	-11.78	643.87	668.01	488.50	179.51	-15.79
High Self Plus One	E33	-	645.17	486.63	158.54	-	-	645.17	461.02	184.15	-
Standard Self	E34	181.53	214.96	170.36	44.60	8.75	181.53	214.96	161.22	53.74	8.36
Standard Self & Family	E35	417.50	503.01	398.64	104.37	21.91	417.50	503.01	377.26	125.75	21.38
Standard Self Plus One	E36	-	485.80	385.00	100.80	-	-	485.80	364.35	121.45	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Virginia M.D. IPA											
High Self	JP1	314.55	295.87	225.23	70.64	-27.87	314.55	295.87	213.37	82.50	-30.04
High Self & Family	JP2	725.30	829.62	515.64	313.98	68.40	725.30	829.62	488.50	341.12	64.39
High Self Plus One	JP3	-	577.83	457.93	119.90	-	-	577.83	433.37	144.46	-
Virginia Optima Health Plan											
High Self	PG1	New Plan	240.85	190.87	49.98	New Plan	New Plan	240.85	180.64	60.21	New Plan
High Self & Family	PG2	New Plan	629.57	498.93	130.64	New Plan	New Plan	629.57	472.18	157.39	New Plan
High Self Plus One	PG3	New Plan	598.09	473.99	124.10	New Plan	New Plan	598.09	448.57	149.52	New Plan
Virginia United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	LR1	New Plan	245.13	194.27	50.86	New Plan	New Plan	245.13	183.85	61.28	New Plan
High Self & Family	LR2	New Plan	687.35	515.64	171.71	New Plan	New Plan	687.35	488.50	198.85	New Plan
High Self Plus One	LR3	New Plan	478.74	379.40	99.34	New Plan	New Plan	478.74	359.06	119.68	New Plan
Virginia UnitedHealthcare Insurance Company											
Basic Self	L91	244.32	212.71	168.57	44.14	-4.11	244.32	212.71	159.53	53.18	-7.90
Basic Self & Family	L92	543.61	596.45	472.69	123.76	16.40	543.61	596.45	447.34	149.11	13.21
Basic Self Plus One	L93	-	415.43	329.23	86.20	-	-	415.43	311.57	103.86	-
Washington Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Washington Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	289.47	321.78	225.23	96.55	23.12	289.47	321.78	213.37	108.41	20.95
CDHP Self & Family	G52	657.36	733.96	515.64	218.32	40.68	657.36	733.96	488.50	245.46	36.67
CDHP Self Plus One	G53	-	726.69	486.63	240.06	-	-	726.69	461.02	265.67	-
Basic Self	G54	239.10	246.85	195.63	51.22	4.00	239.10	246.85	185.14	61.71	1.94
Basic Self & Family	G55	542.96	565.39	448.07	117.32	10.09	542.96	565.39	424.04	141.35	5.61
Basic Self Plus One	G56	-	554.30	439.28	115.02	-	-	554.30	415.73	138.57	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Washington Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Washington Aetna Open Access											
High Self	C31	278.88	305.02	225.23	79.79	16.95	278.88	305.02	213.37	91.65	14.78
High Self & Family	C32	761.29	836.39	515.64	320.75	39.18	761.29	836.39	488.50	347.89	35.17
High Self Plus One	C33	-	828.11	486.63	341.48	-	-	828.11	461.02	367.09	-
Washington Group Health Cooperative											
High Self	541	324.42	327.13	225.23	101.90	-6.48	324.42	327.13	213.37	113.76	-8.65
High Self & Family	542	697.50	883.24	515.64	367.60	149.82	697.50	883.24	488.50	394.74	145.81
High Self Plus One	543	-	654.25	486.63	167.62	-	-	654.25	461.02	193.23	-
Standard Self	544	222.70	234.07	185.50	48.57	4.59	222.70	234.07	175.55	58.52	2.85
Standard Self & Family	545	502.76	632.01	500.87	131.14	31.84	502.76	632.01	474.01	158.00	32.31
Standard Self Plus One	546	-	468.15	371.01	97.14	-	-	468.15	351.11	117.04	-
Washington Group Health Cooperative											
HDHP Self	PT1	New Plan	218.70	173.32	45.38	New Plan	New Plan	218.70	164.03	54.67	New Plan
HDHP Self & Family	PT2	New Plan	590.50	467.97	122.53	New Plan	New Plan	590.50	442.88	147.62	New Plan
HDHP Self Plus One	PT3	New Plan	437.40	346.64	90.76	New Plan	New Plan	437.40	328.05	109.35	New Plan
Washington Kaiser Foundation Health Plan of Northwest											
High Self	571	288.33	298.94	225.23	73.71	1.42	288.33	298.94	213.37	85.57	-0.75
High Self & Family	572	651.28	675.21	515.64	159.57	-11.99	651.28	675.21	488.50	186.71	-16.00
High Self Plus One	573	-	675.21	486.63	188.58	-	-	675.21	461.02	214.19	-
Standard Self	574	243.47	261.22	207.02	54.20	6.11	243.47	261.22	195.92	65.30	4.43
Standard Self & Family	575	570.13	600.10	475.58	124.52	11.92	570.13	600.10	450.08	150.02	7.49
Standard Self Plus One	576	-	600.10	475.58	124.52	-	-	600.10	450.08	150.02	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
Washington KPS Health Plans											
Standard Self	L11	268.40	285.33	225.23	60.10	7.09	268.40	285.33	213.37	71.96	4.86
Standard Self & Family	L12	579.35	684.80	515.64	169.16	54.74	579.35	684.80	488.50	196.30	51.46
Standard Self Plus One	L13	-	599.21	474.87	124.34	-	-	599.21	449.41	149.80	-
HDHP Self	L14	216.02	224.81	178.16	46.65	3.99	216.02	224.81	168.61	56.20	2.20
HDHP Self & Family	L15	472.06	526.79	417.48	109.31	16.08	472.06	526.79	395.09	131.70	13.69
HDHP Self Plus One	L16	-	468.92	371.62	97.30	-	-	468.92	351.69	117.23	-
Washington KPS Health Plans											
High Self	VT1	332.48	395.49	225.23	170.26	53.82	332.48	395.49	213.37	182.12	51.65
High Self & Family	VT2	726.50	949.17	515.64	433.53	186.75	726.50	949.17	488.50	460.67	182.74
High Self Plus One	VT3	-	830.52	486.63	343.89	-	-	830.52	461.02	369.50	-
West Virginia Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
West Virginia Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	225.23	73.65	17.68	272.01	298.88	213.37	85.51	15.51
CDHP Self & Family	F52	617.70	681.47	515.64	165.83	27.85	617.70	681.47	488.50	192.97	23.84
CDHP Self Plus One	F53	-	674.72	486.63	188.09	-	-	674.72	461.02	213.70	-
Basic Self	F54	243.50	250.64	198.63	52.01	3.92	243.50	250.64	187.98	62.66	1.79
Basic Self & Family	F55	552.96	573.93	454.84	119.09	9.88	552.96	573.93	430.45	143.48	5.24
Basic Self Plus One	F56	-	562.68	445.92	116.76	-	-	562.68	422.01	140.67	-
West Virginia Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	Plan - Option - Enrollment Code	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Wisconsin Aetna Direct												
	CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
	CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
	CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-
Wisconsin Aetna HealthFund CDHP and Value Plan												
	CDHP Self	JS1	340.51	403.55	225.23	178.32	53.85	340.51	403.55	213.37	190.18	51.68
	CDHP Self & Family	JS2	773.27	919.90	515.64	404.26	110.71	773.27	919.90	488.50	431.40	106.70
	CDHP Self Plus One	JS3	-	910.79	486.63	424.16	-	-	910.79	461.02	449.77	-
	Basic Self	JS4	279.09	301.31	225.23	76.08	13.03	279.09	301.31	213.37	87.94	10.86
	Basic Self & Family	JS5	633.78	687.86	515.64	172.22	18.16	633.78	687.86	488.50	199.36	14.15
	Basic Self Plus One	JS6	-	681.04	486.63	194.41	-	-	681.04	461.02	220.02	-
Wisconsin Aetna HealthFund HDHP												
	HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
	HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
	HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-
Wisconsin Aetna Whole Health												
	Basic Self	F71	201.56	211.64	167.72	43.92	4.11	201.56	211.64	158.73	52.91	2.52
	Basic Self & Family	F72	555.41	585.61	464.10	121.51	11.82	555.41	585.61	439.21	146.40	7.55
	Basic Self Plus One	F73	-	579.82	459.51	120.31	-	-	579.82	434.87	144.95	-
Wisconsin Dean Health Plan												
	High Self	WD1	358.21	388.82	225.23	163.59	21.42	358.21	388.82	213.37	175.45	19.25
	High Self & Family	WD2	895.51	894.31	515.64	378.67	-37.12	895.51	894.31	488.50	405.81	-41.13
	High Self Plus One	WD3	-	816.55	486.63	329.92	-	-	816.55	461.02	355.53	-
	Standard Self	WD4	240.46	270.30	214.21	56.09	8.60	240.46	270.30	202.73	67.57	7.46
	Standard Self & Family	WD5	601.15	648.71	514.10	134.61	13.18	601.15	648.71	486.53	162.18	9.60
	Standard Self Plus One	WD6	-	594.65	471.26	123.39	-	-	594.65	445.99	148.66	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1				2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Wisconsin Group Health Cooperative											
High Self	WJ1	275.75	295.88	225.23	70.65	10.94	275.75	295.88	213.37	82.51	8.77
High Self & Family	WJ2	689.54	881.73	515.64	366.09	156.27	689.54	881.73	488.50	393.23	152.26
High Self Plus One	WJ3	-	585.85	464.29	121.56	-	-	585.85	439.39	146.46	-
Wisconsin HealthPartners High and Standard Option											
High Self	V31	304.64	315.60	225.23	90.37	1.77	304.64	315.60	213.37	102.23	-0.40
High Self & Family	V32	700.68	768.79	515.64	253.15	32.19	700.68	768.79	488.50	280.29	28.18
High Self Plus One	V33	-	697.47	486.63	210.84	-	-	697.47	461.02	236.45	-
Standard Self	V34	169.19	179.23	142.04	37.19	3.77	169.19	179.23	134.42	44.81	2.51
Standard Self & Family	V35	389.14	436.61	346.01	90.60	13.74	389.14	436.61	327.46	109.15	11.87
Standard Self Plus One	V36	-	396.10	313.91	82.19	-	-	396.10	297.08	99.02	-
Wisconsin MercyCare HMO											
High Self	EY1	299.71	305.61	225.23	80.38	-3.29	299.71	305.61	213.37	92.24	-5.46
High Self & Family	EY2	749.61	916.84	515.64	401.20	131.31	749.61	916.84	488.50	428.34	127.30
High Self Plus One	EY3	-	611.23	484.40	126.83	-	-	611.23	458.42	152.81	-
Wisconsin Physicians Plus											
High Self	LW1	299.78	303.20	225.23	77.97	-5.77	299.78	303.20	213.37	89.83	-7.94
High Self & Family	LW2	763.85	772.58	515.64	256.94	-27.19	763.85	772.58	488.50	284.08	-31.20
High Self Plus One	LW3	-	725.11	486.63	238.48	-	-	725.11	461.02	264.09	-
Standard Self	LW4	New Plan	268.65	212.91	55.74	New Plan	New Plan	268.65	201.49	67.16	New Plan
Standard Self & Family	LW5	New Plan	684.55	515.64	168.91	New Plan	New Plan	684.55	488.50	196.05	New Plan
Standard Self Plus One	LW6	New Plan	642.48	486.63	155.85	New Plan	New Plan	642.48	461.02	181.46	New Plan
Wyoming Aetna Direct											
CDHP Self	N61	210.05	218.45	173.12	45.33	3.85	210.05	218.45	163.84	54.61	2.10
CDHP Self & Family	N62	474.42	550.93	436.61	114.32	20.62	474.42	550.93	413.20	137.73	19.13
CDHP Self Plus One	N63	-	479.08	379.67	99.41	-	-	479.08	359.31	119.77	-

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 1					2015 Total Biweekly Premium	2016 Biweekly Postal Premium Rates Category 2			
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
											Plan - Option - Enrollment Code
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans											
High Self	9K1	299.68	314.79	225.23	89.56	5.92	299.68	314.79	213.37	101.42	3.75
High Self & Family	9K2	659.33	696.14	515.64	180.50	0.89	659.33	696.14	488.50	207.64	-3.12
High Self Plus One	9K3	-	689.25	486.63	202.62	-	-	689.25	461.02	228.23	-
HDHP Self	9K4	168.74	170.28	134.95	35.33	2.00	168.74	170.28	127.71	42.57	0.39
HDHP Self & Family	9K5	349.58	355.88	282.03	73.85	4.81	349.58	355.88	266.91	88.97	1.58
HDHP Self Plus One	9K6	-	348.90	276.50	72.40	-	-	348.90	261.68	87.22	-
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans											
Standard Self	DK4	225.43	229.98	182.26	47.72	3.20	225.43	229.98	172.49	57.49	1.13
Standard Self & Family	DK5	495.93	507.85	402.47	105.38	7.43	495.93	507.85	380.89	126.96	2.98
Standard Self Plus One	DK6	-	502.83	398.49	104.34	-	-	502.83	377.12	125.71	-
Wyoming Aetna HealthFund CDHP and Value Plan											
CDHP Self	H41	276.95	312.68	225.23	87.45	26.54	276.95	312.68	213.37	99.31	24.37
CDHP Self & Family	H42	628.94	712.76	515.64	197.12	47.90	628.94	712.76	488.50	224.26	43.89
CDHP Self Plus One	H43	-	705.70	486.63	219.07	-	-	705.70	461.02	244.68	-
Basic Self	H44	244.12	247.72	196.32	51.40	3.19	244.12	247.72	185.79	61.93	0.90
Basic Self & Family	H45	554.39	568.54	450.57	117.97	8.48	554.39	568.54	426.41	142.13	3.53
Basic Self Plus One	H46	-	557.39	441.73	115.66	-	-	557.39	418.04	139.35	-
Wyoming Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	190.32	49.83	5.03	226.86	240.15	180.11	60.04	3.33
HDHP Self & Family	225	496.83	529.73	419.81	109.92	11.80	496.83	529.73	397.30	132.43	8.22
HDHP Self Plus One	226	-	519.34	411.58	107.76	-	-	519.34	389.51	129.83	-