

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Alabama Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Alabama Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Alaska Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Alaska Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
Arizona Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Arizona Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
Arizona Aetna Open Access	High Self	WQ1	760.96	426.14	334.82	109.86
	High Family	WQ2	1840.06	948.18	891.88	268.73

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Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Arizona Health Net of Arizona, Inc.	High Self	A71	691.62	426.14	265.48	51.29
	High Family	A72	1751.21	948.18	803.03	134.73
	Standard Self	A74	621.23	426.14	195.09	64.00
	Standard Family	A75	1572.94	948.18	624.76	218.04
Arizona Humana Health Plan, Inc.	High Self	BF1	555.19	416.39	138.80	New Plan
	High Family	BF2	1235.28	926.46	308.82	New Plan
	Standard Self	BF4	499.66	374.75	124.91	New Plan
	Standard Family	BF5	1111.76	833.82	277.94	New Plan
Arizona Humana Health Plan, Inc.	High Self	C71	584.39	426.14	158.25	New Plan
	High Family	C72	1300.28	948.18	352.10	New Plan
	Standard Self	C74	525.96	394.47	131.49	New Plan
	Standard Family	C75	1170.26	877.70	292.56	New Plan
Arkansas Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Arkansas Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Arkansas QualChoice	High Self	DH1	729.67	426.14	303.53	123.46
	High Family	DH2	1708.74	948.18	760.56	291.33
	Standard Self	DH4	569.10	426.14	142.96	27.23
	Standard Family	DH5	1332.70	948.18	384.52	113.50

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Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
California Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
California Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
California Aetna Open Access	High Self	2X1	585.54	426.14	159.40	11.09
	High Family	2X2	1365.87	948.18	417.69	27.98
California Anthem Blue Cross Select HMO	High Self	B31	608.08	426.14	181.94	29.78
	High Family	B32	1386.43	948.18	438.25	69.29
California Blue Shield of CA Access+HMO	High Self	SI1	610.59	426.14	184.45	43.38
	High Family	SI2	1373.84	948.18	425.66	98.58
California Health Net of California	High Self	LB1	1200.88	426.14	774.74	164.74
	High Family	LB2	2776.52	948.18	1828.34	382.70
	Standard Self	LB4	1140.19	426.14	714.05	152.80
	Standard Family	LB5	2636.25	948.18	1688.07	355.12
California Health Net of California	High Self	LP1	733.01	426.14	306.87	36.86
	High Family	LP2	1694.81	948.18	746.63	87.06
	Standard Self	LP4	696.41	426.14	270.27	32.81
	Standard Family	LP5	1610.16	948.18	661.98	77.66
California Kaiser Foundation Health Plan - Basic Option	Basic Self	KC1	609.07	426.14	182.93	New Plan
	Basic Family	KC2	1425.23	948.18	477.05	New Plan
California Kaiser Foundation Health Plan of California	High Self	591	779.59	426.14	353.45	36.95
	High Family	592	1860.93	948.18	912.75	90.92
	Standard Self	594	653.86	426.14	227.72	27.76
	Standard Family	595	1530.01	948.18	581.83	67.08

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Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
<b>California Kaiser Foundation Health Plan of California</b>	High Self	621	562.94	422.21	140.73	11.18
	High Family	622	1301.11	948.18	352.93	53.51
	Standard Self	624	360.75	270.56	90.19	7.18
	Standard Family	625	833.80	625.35	208.45	16.58
<b>California UnitedHealthcare of California</b>	High Self	CY1	654.33	426.14	228.19	84.17
	High Family	CY2	1495.17	948.18	546.99	193.72
	Standard Self	CY4	524.36	393.27	131.09	12.27
	Standard Family	CY5	1201.46	901.10	300.36	28.70
<b>Colorado Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Colorado Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>	High Self	651	665.47	426.14	239.33	43.31
	High Family	652	1503.99	948.18	555.81	99.04
	Standard Self	654	395.48	296.61	98.87	8.52
	Standard Family	655	893.82	670.37	223.45	19.26
<b>Connecticut Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Connecticut Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
<b>Delaware Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Delaware Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73

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Delaware Aetna Open Access	High Self	P31	1074.15	426.14	648.01	-19.99
	High Family	P32	2591.77	948.18	1643.59	-45.15
	Basic Self	P34	921.74	426.14	495.60	102.85
	Basic Family	P35	2128.45	948.18	1180.27	239.29
District of Columbia Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
District of Columbia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
District of Columbia Aetna Open Access	High Self	JN1	894.81	426.14	468.67	32.61
	High Family	JN2	2004.28	948.18	1056.10	73.93
	Basic Self	JN4	560.86	420.65	140.21	6.42
	Basic Family	JN5	1254.05	940.54	313.51	9.26
District of Columbia CareFirst BlueChoice	High Self	2G1	637.91	426.14	211.77	55.69
	High Family	2G2	1435.11	948.18	486.93	126.31
	Standard Self	2G4	578.98	426.14	152.84	17.57
	Standard Family	2G5	1302.47	948.18	354.29	49.97
District of Columbia CareFirst BlueChoice	HDHP Self	B61	560.71	420.53	140.18	12.74
	HDHP Family	B62	1250.73	938.05	312.68	28.43
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	595.40	426.14	169.26	16.45
	High Family	E32	1369.42	948.18	421.24	39.48
	Standard Self	E34	385.86	289.40	96.46	2.01
	Standard Family	E35	887.45	665.59	221.86	4.62
District of Columbia M.D. IPA	High Self	JP1	628.59	426.14	202.45	35.49
	High Family	JP2	1449.41	948.18	501.23	83.44
Florida Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43

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Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Florida Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Florida AvMed Health Plans	High Self	ML1	629.50	426.14	203.36	-21.71
	High Family	ML2	1510.97	948.18	562.79	-49.12
	Standard Self	ML4	504.16	378.12	126.04	-.06
	Standard Family	ML5	1210.11	907.58	302.53	-.13
Florida Capital Health Plan	High Self	EA1	467.16	350.37	116.79	7.91
	High Family	EA2	1237.97	928.48	309.49	20.93
Florida Coventry Health Plan of Florida	High Self	5E1	592.78	426.14	166.64	11.08
	High Family	5E2	1422.68	948.18	474.50	29.45
	Standard Self	5E4	500.05	375.04	125.01	-5.39
	Standard Family	5E5	1200.14	900.11	300.03	-126.93
Florida Coventry Health Plan of Florida	HDHP Self	J41	559.15	419.36	139.79	10.00
	HDHP Family	J42	1387.47	948.18	439.29	71.74
Florida Humana CoverageFirst	CDHP Self	MJ1	512.72	384.54	128.18	-1.13
	CDHP Family	MJ2	1140.84	855.63	285.21	-2.51
	Value Self	MJ4	409.89	307.42	102.47	New Plan
	Value Family	MJ5	907.90	680.93	226.97	New Plan
Florida Humana CoverageFirst	CDHP Self	QP1	439.49	329.62	109.87	-.97
	CDHP Family	QP2	977.88	733.41	244.47	-2.15
	Value Self	QP4	409.89	307.42	102.47	New Plan
	Value Family	QP5	907.90	680.93	226.97	New Plan
Florida Humana Medical Plan, Inc.	High Self	E21	525.96	394.47	131.49	New Plan
	High Family	E22	1170.26	877.70	292.56	New Plan
	Standard Self	E24	473.35	355.01	118.34	New Plan
	Standard Family	E25	1053.24	789.93	263.31	New Plan

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Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Florida Humana Medical Plan, Inc.	High Self	EE1	657.67	426.14	231.53	46.74
	High Family	EE2	1463.32	948.18	515.14	104.71
	Standard Self	EE4	584.39	426.14	158.25	35.10
	Standard Family	EE5	1300.28	948.18	352.10	78.08
Florida Humana Medical Plan, Inc.	High Self	EX1	555.19	416.39	138.80	New Plan
	High Family	EX2	1235.28	926.46	308.82	New Plan
	Standard Self	EX4	499.66	374.75	124.91	New Plan
	Standard Family	EX5	1111.76	833.82	277.94	New Plan
Florida Humana Medical Plan, Inc.	High Self	LL1	913.34	426.14	487.20	86.28
	High Family	LL2	2032.16	948.18	1083.98	192.66
	Standard Self	LL4	584.39	426.14	158.25	21.41
	Standard Family	LL5	1300.26	948.18	352.08	47.62
Georgia Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Georgia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Georgia Aetna Open Access	High Self	2U1	867.47	426.14	441.33	62.14
	High Family	2U2	1990.50	948.18	1042.32	144.13
Georgia Humana CoverageFirst	CDHP Self	AD1	463.93	347.95	115.98	-1.02
	CDHP Family	AD2	1032.18	774.14	258.04	-2.27
	Value Self	AD4	409.89	307.42	102.47	New Plan
	Value Family	AD5	907.90	680.93	226.97	New Plan
Georgia Humana CoverageFirst	CDHP Self	LM1	488.32	366.24	122.08	-1.07
	CDHP Family	LM2	1086.54	814.91	271.63	-2.39
	Value Self	LM4	409.89	307.42	102.47	New Plan
	Value Family	LM5	907.90	680.93	226.97	New Plan

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Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Georgia Humana Employers Health of Georgia, Inc.	High Self	CB1	584.39	426.14	158.25	21.41
	High Family	CB2	1300.28	948.18	352.10	47.64
	Standard Self	CB4	555.19	416.39	138.80	9.49
	Standard Family	CB5	1235.28	926.46	308.82	21.10
Georgia Humana Employers Health of Georgia, Inc.	High Self	DG1	584.39	426.14	158.25	21.41
	High Family	DG2	1300.28	948.18	352.10	47.64
	Standard Self	DG4	525.96	394.47	131.49	1.19
	Standard Family	DG5	1170.26	877.70	292.56	2.64
Georgia Humana Employers Health of Georgia, Inc.	High Self	DN1	584.39	426.14	158.25	21.41
	High Family	DN2	1300.28	948.18	352.10	47.64
	Standard Self	DN4	555.19	416.39	138.80	9.49
	Standard Family	DN5	1235.28	926.46	308.82	21.10
Georgia Kaiser Foundation Health Plan of Georgia	High Self	F81	576.29	426.14	150.15	12.07
	High Family	F82	1316.81	948.18	368.63	29.03
	Standard Self	F84	401.87	301.40	100.47	3.90
	Standard Family	F85	918.30	688.73	229.57	8.90
Guam Calvos Selectcare	High Self	B41	477.95	358.46	119.49	-13.79
	High Family	B42	1255.97	941.98	313.99	-166.25
Guam TakeCare	High Self	JK1	497.90	373.43	124.47	.00
	High Family	JK2	1308.36	948.18	360.18	-27.45
	Standard Self	JK4	408.37	306.28	102.09	-7.47
	Standard Family	JK5	1078.39	808.79	269.60	-19.72
Guam TakeCare	HDHP Self	KX1	272.87	204.65	68.22	-6.68
	HDHP Family	KX2	716.00	537.00	179.00	-17.74
Hawaii Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Hawaii Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan



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Hawaii HMSA	High Self	871	455.09	341.32	113.77	-1.15
	High Family	872	1013.00	759.75	253.25	-2.56
Hawaii Kaiser Foundation Health Plan of Hawaii	High Self	631	571.29	426.14	145.15	9.64
	High Family	632	1273.96	948.18	325.78	23.58
	Standard Self	634	302.14	226.61	75.53	5.93
	Standard Family	635	673.83	505.37	168.46	13.24
Idaho Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Idaho Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Idaho Altius Health Plans	High Self	9K1	624.33	426.14	198.19	-12.65
	High Family	9K2	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	348.18	261.14	87.04	.00
	HDHP Family	9K5	721.33	541.00	180.33	.00
Idaho Altius Health Plans	Standard Self	DK4	471.92	353.94	117.98	5.08
	Standard Family	DK5	1038.18	778.64	259.54	11.17
Idaho Group Health Cooperative	High Self	541	696.84	426.14	270.70	28.69
	High Family	542	1498.27	948.18	550.09	61.45
	Standard Self	544	469.69	352.27	117.42	12.05
	Standard Family	545	1060.35	795.26	265.09	27.19
Idaho SelectHealth	High Self	SF1	618.24	426.14	192.10	-12.65
	High Family	SF2	1379.13	948.18	430.95	-27.45
	Standard Self	SF4	497.42	373.07	124.35	-14.86
	Standard Family	SF5	1109.64	832.23	277.41	-34.78
Illinois Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43

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Illinois Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Illinois Blue Cross and Blue Shield of Illinois	High Self	A21	730.97	426.14	304.83	24.99
	High Family	A22	1659.39	948.18	711.21	57.99
Illinois Blue Preferred Plus POS	High Self	9G1	747.72	426.14	321.58	37.29
	High Family	9G2	1618.87	948.18	670.69	80.69
Illinois Health Alliance HMO	High Self	FX1	695.46	426.14	269.32	-12.65
	High Family	FX2	1621.12	948.18	672.94	-27.45
Illinois Health Alliance HMO	Standard Self	K84	629.37	426.14	203.23	New Plan
	Standard Family	K85	1467.09	948.18	518.91	New Plan
Illinois Humana Benefit Plan of Illinois, Inc.	High Self	9F1	944.19	426.14	518.05	95.29
	High Family	9F2	2100.82	948.18	1152.64	212.70
Illinois Humana Benefit Plan of Illinois, Inc.	Standard Self	AB4	584.39	426.14	158.25	21.41
	Standard Family	AB5	1300.28	948.18	352.10	47.64
Illinois Humana CoverageFirst	CDHP Self	GB1	488.32	366.24	122.08	-7.23
	CDHP Family	GB2	1086.54	814.91	271.63	-16.09
	Value Self	GB4	409.89	307.42	102.47	New Plan
	Value Family	GB5	907.90	680.93	226.97	New Plan
Illinois Humana CoverageFirst	CDHP Self	MW1	488.32	366.24	122.08	-1.07
	CDHP Family	MW2	1086.50	814.88	271.62	-2.40
	Value Self	MW4	409.89	307.42	102.47	New Plan
	Value Family	MW5	907.90	680.93	226.97	New Plan
Illinois Humana Health Plan, Inc.	High Self	751	832.52	426.14	406.38	69.49
	High Family	752	1852.31	948.18	904.13	155.25
	Standard Self	754	584.39	426.14	158.25	21.42
	Standard Family	755	1300.28	948.18	352.10	47.64
Illinois Union Health Service	High Self	761	564.37	423.28	141.09	11.82
	High Family	762	1286.05	948.18	337.87	40.56

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Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Illinois United Healthcare of the Midwest, Inc.	High Self	B91	756.86	426.14	330.72	116.70
	High Family	B92	1690.91	948.18	742.73	261.56
Illinois UnitedHealthcare Plan of the River Valley Inc.	High Self	YH1	563.64	422.73	140.91	-1.26
	High Family	YH2	1331.48	948.18	383.30	-8.62
Indiana Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Indiana Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
Indiana Health Alliance HMO	High Self	FX1	695.46	426.14	269.32	-12.65
	High Family	FX2	1621.12	948.18	672.94	-27.45
Indiana Health Alliance HMO	Standard Self	K84	629.37	426.14	203.23	New Plan
	Standard Family	K85	1467.09	948.18	518.91	New Plan
Indiana Humana CoverageFirst	CDHP Self	MW1	488.32	366.24	122.08	-1.07
	CDHP Family	MW2	1086.50	814.88	271.62	-2.40
	Value Self	MW4	409.89	307.42	102.47	New Plan
	Value Family	MW5	907.90	680.93	226.97	New Plan
Indiana Humana Health Plan of Ohio	High Self	A61	555.19	416.39	138.80	8.81
	High Family	A62	1235.28	926.46	308.82	19.58
	Standard Self	A64	499.66	374.75	124.91	7.92
	Standard Family	A65	1111.76	833.82	277.94	17.63
Indiana Humana Health Plan, Inc.	High Self	751	832.52	426.14	406.38	69.49
	High Family	752	1852.31	948.18	904.13	155.25
	Standard Self	754	584.39	426.14	158.25	21.42
	Standard Family	755	1300.28	948.18	352.10	47.64
Indiana Humana Health Plan, Inc.	High Self	MH1	584.39	426.14	158.25	21.41
	High Family	MH2	1300.28	948.18	352.10	47.64
	Standard Self	MH4	555.19	416.39	138.80	8.81
	Standard Family	MH5	1235.28	926.46	308.82	19.59

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Indiana Physicians Health Plan of Northern Indiana	High Self	DQ1	734.00	426.14	307.86	54.02
	High Family	DQ2	1633.75	948.18	685.57	120.92
Iowa Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Iowa Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Iowa Coventry Health Care of Iowa	High Self	SV1	534.06	400.55	133.51	3.41
	High Family	SV2	1255.06	941.30	313.76	-32.69
	HDHP Self	SV4	358.80	269.10	89.70	.02
	HDHP Family	SV5	856.31	642.23	214.08	.06
Iowa Coventry Health Care of Iowa	Standard Self	SY4	391.95	293.96	97.99	2.04
	Standard Family	SY5	921.09	690.82	230.27	4.78
Iowa Health Alliance HMO	High Self	FX1	695.46	426.14	269.32	-12.65
	High Family	FX2	1621.12	948.18	672.94	-27.45
Iowa Health Alliance HMO	Standard Self	K84	629.37	426.14	203.23	New Plan
	Standard Family	K85	1467.09	948.18	518.91	New Plan
Iowa HealthPartners High and Standard Option	High Self	V31	694.79	426.14	268.65	-49.18
	High Family	V32	1598.00	948.18	649.82	-111.48
	Standard Self	V34	355.90	266.93	88.97	-.90
	Standard Family	V35	818.57	613.93	204.64	-2.07
Iowa Sanford Health Plan	High Self	AU1	687.87	426.14	261.73	18.55
	High Family	AU2	1582.73	948.18	634.55	44.42
	Standard Self	AU4	662.61	426.14	236.47	18.44
	Standard Family	AU5	1524.12	948.18	575.94	44.14
Iowa UnitedHealthcare Plan of the River Valley Inc.	High Self	YH1	563.64	422.73	140.91	-1.26
	High Family	YH2	1331.48	948.18	383.30	-8.62
Kansas Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Kansas Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
Kansas Aetna Open Access	High Self	HY1	543.10	407.33	135.77	11.72
	High Family	HY2	1448.57	948.18	500.39	97.63
Kansas Coventry Health Care of Kansas	High Self	HA1	540.78	405.59	135.19	5.23
	High Family	HA2	1270.88	948.18	322.70	17.29
	Standard Self	HA4	502.71	377.03	125.68	15.89
	Standard Family	HA5	1181.40	886.05	295.35	37.35
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP	HDHP Self	9H1	509.88	382.41	127.47	21.43
	HDHP Family	9H2	1198.23	898.67	299.56	50.37
Kansas Humana CoverageFirst	CDHP Self	PH1	439.49	329.62	109.87	-.97
	CDHP Family	PH2	977.88	733.41	244.47	-2.15
	Value Self	PH4	409.89	307.42	102.47	New Plan
	Value Family	PH5	907.90	680.93	226.97	New Plan
Kansas Humana Health Plan, Inc.	High Self	MS1	1051.35	426.14	625.21	107.60
	High Family	MS2	2339.29	948.18	1391.11	240.14
	Standard Self	MS4	584.39	426.14	158.25	21.44
	Standard Family	MS5	1300.28	948.18	352.10	47.68
Kentucky Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Kentucky Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Kentucky Humana CoverageFirst	CDHP Self	6N1	439.49	329.62	109.87	-1.15
	CDHP Family	6N2	977.88	733.41	244.47	-2.56
Kentucky Humana Health Plan of Ohio	High Self	A61	555.19	416.39	138.80	8.81
	High Family	A62	1235.28	926.46	308.82	19.58

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
	Standard Self	A64	499.66	374.75	124.91	7.92
	Standard Family	A65	1111.76	833.82	277.94	17.63
Kentucky Humana Health Plan, Inc.	High Self	MH1	584.39	426.14	158.25	21.41
	High Family	MH2	1300.28	948.18	352.10	47.64
	Standard Self	MH4	555.19	416.39	138.80	8.81
	Standard Family	MH5	1235.28	926.46	308.82	19.59
Kentucky Humana Health Plan, Inc.	High Self	MI1	620.73	426.14	194.59	39.00
	High Family	MI2	1381.10	948.18	432.92	87.43
	Standard Self	MI4	555.19	416.39	138.80	8.81
	Standard Family	MI5	1235.28	926.46	308.82	19.59
Louisiana Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Louisiana Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Louisiana Coventry Health Care of Louisiana	High Self	BJ1	618.22	426.14	192.08	-12.65
	High Family	BJ2	1435.72	948.18	487.54	-27.47
	Standard Self	BJ4	521.39	391.04	130.35	.00
	Standard Family	BJ5	1210.84	908.13	302.71	.00
Louisiana Humana Health Benefit Plan of Louisiana, Inc.	High Self	AE1	584.39	426.14	158.25	New Plan
	High Family	AE2	1300.28	948.18	352.10	New Plan
	Standard Self	AE4	525.96	394.47	131.49	New Plan
	Standard Family	AE5	1170.26	877.70	292.56	New Plan
Louisiana Humana Health Benefit Plan of Louisiana, Inc.	High Self	BC1	555.19	416.39	138.80	New Plan
	High Family	BC2	1235.28	926.46	308.82	New Plan
	Standard Self	BC4	499.66	374.75	124.91	New Plan
	Standard Family	BC5	1111.76	833.82	277.94	New Plan
Maine Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
<b>Maine Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
<b>Maryland Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Maryland Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
<b>Maryland Aetna Open Access</b>	High Self	JN1	894.81	426.14	468.67	32.61
	High Family	JN2	2004.28	948.18	1056.10	73.93
	Basic Self	JN4	560.86	420.65	140.21	6.42
	Basic Family	JN5	1254.05	940.54	313.51	9.26
<b>Maryland CareFirst BlueChoice</b>	High Self	2G1	637.91	426.14	211.77	55.69
	High Family	2G2	1435.11	948.18	486.93	126.31
	Standard Self	2G4	578.98	426.14	152.84	17.57
	Standard Family	2G5	1302.47	948.18	354.29	49.97
<b>Maryland CareFirst BlueChoice</b>	HDHP Self	B61	560.71	420.53	140.18	12.74
	HDHP Family	B62	1250.73	938.05	312.68	28.43
<b>Maryland Coventry Health Care</b>	High Self	IG1	576.12	426.14	149.98	12.99
	High Family	IG2	1325.03	948.18	376.85	-77.60
	Standard Self	IG4	530.60	397.95	132.65	9.36
	Standard Family	IG5	1220.38	915.29	305.09	-7.08
<b>Maryland Coventry Health Care HDHP</b>	HDHP Self	GZ1	479.22	359.42	119.80	.86
	HDHP Family	GZ2	1073.41	805.06	268.35	-.85
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>	High Self	E31	595.40	426.14	169.26	16.45
	High Family	E32	1369.42	948.18	421.24	39.48
	Standard Self	E34	385.86	289.40	96.46	2.01
	Standard Family	E35	887.45	665.59	221.86	4.62

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Maryland M.D. IPA	High Self	JP1	628.59	426.14	202.45	35.49
	High Family	JP2	1449.41	948.18	501.23	83.44
Massachusetts Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Massachusetts Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
Massachusetts Fallon Community Health Plan	Basic Self	JG1	719.51	426.14	293.37	74.65
	Basic Family	JG2	1748.61	948.18	800.43	184.71
Michigan Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Michigan Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
Michigan Bluecare Network of MI	High Self	K51	646.69	426.14	220.55	19.07
	High Family	K52	1474.11	948.18	525.93	44.76
Michigan Bluecare Network of MI	High Self	LX1	606.69	426.14	180.55	14.20
	High Family	LX2	1455.65	948.18	507.47	37.20
Michigan Grand Valley Health Plan	High Self	RL1	667.98	426.14	241.84	2.19
	High Family	RL2	1563.10	948.18	614.92	7.30
	Standard Self	RL4	622.70	426.14	196.56	-.30
	Standard Family	RL5	1457.15	948.18	508.97	1.45
Michigan Health Alliance Plan	High Self	521	627.25	426.14	201.11	26.11
	High Family	522	1505.40	948.18	557.22	65.63
Michigan Health Alliance Plan	Standard Self	GY4	595.88	426.14	169.74	21.54
	Standard Family	GY5	1430.09	948.18	481.91	54.60
Michigan HealthPlus of MI	High Self	X51	556.62	417.47	139.15	6.26
	High Family	X52	1446.27	948.18	498.09	37.68



**Non-Postal Premium Rates for the  
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Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Michigan Total Health Care USA	High Self	A51	546.82	410.12	136.70	New Plan
	High Family	A52	1449.35	948.18	501.17	New Plan
Minnesota Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Minnesota Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Minnesota HealthPartners High and Standard Option	High Self	V31	694.79	426.14	268.65	-49.18
	High Family	V32	1598.00	948.18	649.82	-111.48
	Standard Self	V34	355.90	266.93	88.97	-.90
	Standard Family	V35	818.57	613.93	204.64	-2.07
Mississippi Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Mississippi Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Missouri Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Missouri Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
Missouri Aetna Open Access	High Self	HY1	543.10	407.33	135.77	11.72
	High Family	HY2	1448.57	948.18	500.39	97.63
Missouri Blue Preferred Plus POS	High Self	9G1	747.72	426.14	321.58	37.29
	High Family	9G2	1618.87	948.18	670.69	80.69
Missouri Coventry Health Care of Kansas	High Self	HA1	540.78	405.59	135.19	5.23
	High Family	HA2	1270.88	948.18	322.70	17.29

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
	Standard Self	HA4	502.71	377.03	125.68	15.89
	Standard Family	HA5	1181.40	886.05	295.35	37.35
<b>Missouri Coventry Health Care of Kansas (Kansas City)-HDHP</b>	HDHP Self	9H1	509.88	382.41	127.47	21.43
	HDHP Family	9H2	1198.23	898.67	299.56	50.37
<b>Missouri Humana CoverageFirst</b>	CDHP Self	PH1	439.49	329.62	109.87	-.97
	CDHP Family	PH2	977.88	733.41	244.47	-2.15
	Value Self	PH4	409.89	307.42	102.47	New Plan
	Value Family	PH5	907.90	680.93	226.97	New Plan
<b>Missouri Humana Health Plan, Inc.</b>	High Self	MS1	1051.35	426.14	625.21	107.60
	High Family	MS2	2339.29	948.18	1391.11	240.14
	Standard Self	MS4	584.39	426.14	158.25	21.44
	Standard Family	MS5	1300.28	948.18	352.10	47.68
<b>Missouri United Healthcare of the Midwest, Inc.</b>	High Self	B91	756.86	426.14	330.72	116.70
	High Family	B92	1690.91	948.18	742.73	261.56
<b>Montana Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Montana Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
<b>Nebraska Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Nebraska Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
<b>Nevada Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Nevada Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
<b>Nevada Aetna Open Access</b>	High Self	HF1	450.69	338.02	112.67	1.47
	High Family	HF2	1313.09	948.18	364.91	-10.29
<b>Nevada Health Plan of Nevada</b>	High Self	NM1	395.31	296.48	98.83	-.01
	High Family	NM2	932.14	699.11	233.03	-.03
<b>New Hampshire Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>New Hampshire Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
<b>New Jersey Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>New Jersey Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
<b>New Jersey Aetna Open Access</b>	High Self	JR1	949.69	426.14	523.55	16.12
	High Family	JR2	2184.59	948.18	1236.41	38.81
	Basic Self	JR4	767.98	426.14	341.84	77.70
	Basic Family	JR5	1772.75	948.18	824.57	181.10

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
New Jersey Aetna Open Access	High Self	P31	1074.15	426.14	648.01	-19.99
	High Family	P32	2591.77	948.18	1643.59	-45.15
	Basic Self	P34	921.74	426.14	495.60	102.85
	Basic Family	P35	2128.45	948.18	1180.27	239.29
New Jersey GHI Health Plan	High Self	801	752.05	426.14	325.91	36.53
	High Family	802	1880.30	948.18	932.12	95.57
	Standard Self	804	565.41	424.06	141.35	12.85
	Standard Family	805	1283.90	948.18	335.72	35.75
New Mexico Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
New Mexico Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
New Mexico Lovelace Health Plan	High Self	Q11	523.97	392.98	130.99	11.89
	High Family	Q12	1231.40	923.55	307.85	27.97
New Mexico Presbyterian Health Plan	High Self	P21	665.54	426.14	239.40	43.36
	High Family	P22	1511.53	948.18	563.35	99.77
New York Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
New York Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
New York Aetna Open Access	High Self	JC1	828.12	426.14	401.98	-2.62
	High Family	JC2	2038.51	948.18	1090.33	-2.71
	Basic Self	JC4	686.21	426.14	260.07	-24.28
	Basic Family	JC5	1667.38	948.18	719.20	-55.73

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
New York CDPHP Universal Benefits, Inc.	High Self	SG1	655.66	426.14	229.52	26.81
	High Family	SG2	1660.53	948.18	712.35	72.52
	Standard Self	SG4	491.77	368.83	122.94	7.65
	Standard Family	SG5	1268.71	948.18	320.53	23.09
New York GHI HMO Select	High Self	6V1	621.62	426.14	195.48	68.22
	High Family	6V2	1558.09	948.18	609.91	230.55
New York GHI HMO Select	High Self	X41	566.67	425.00	141.67	-11.51
	High Family	X42	1424.52	948.18	476.34	-58.22
New York GHI Health Plan	High Self	801	752.05	426.14	325.91	36.53
	High Family	802	1880.30	948.18	932.12	95.57
	Standard Self	804	565.41	424.06	141.35	12.85
	Standard Family	805	1283.90	948.18	335.72	35.75
New York HIP Health of Greater New York	High Self	511	596.14	426.14	170.00	-54.42
	High Family	512	1579.76	948.18	631.58	-138.19
	Standard Self	514	488.24	366.18	122.06	-34.11
	Standard Family	515	1293.80	948.18	345.62	-243.25
New York Independent Health Assoc	High Self	QA1	612.11	426.14	185.97	-6.86
	High Family	QA2	1530.19	948.18	582.01	-13.08
	HDHP Self	QA4	383.00	287.25	95.75	-3.37
	HDHP Family	QA5	996.75	747.56	249.19	-8.94
New York Independent Health Association	Standard Self	C54	570.68	426.14	144.54	-30.18
	Standard Family	C55	1426.71	948.18	478.53	-71.24
New York MVP Health Care	High Self	GA1	592.00	426.14	165.86	19.70
	High Family	GA2	1482.04	948.18	533.86	53.67
	Standard Self	GA4	535.10	401.33	133.77	5.93
	Standard Family	GA5	1344.92	948.18	396.74	47.74
New York MVP Health Care	High Self	GV1	521.67	391.25	130.42	10.80
	High Family	GV2	1305.22	948.18	357.04	57.72
	Standard Self	GV4	447.74	335.81	111.93	5.18
	Standard Family	GV5	1120.25	840.19	280.06	12.97

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
New York MVP Health Care	High Self	M91	597.24	426.14	171.10	-11.92
	High Family	M92	1496.95	948.18	548.77	-25.70
	Standard Self	M94	551.18	413.39	137.79	2.26
	Standard Family	M95	1374.69	948.18	426.51	-8.81
New York MVP Health Care	High Self	MF1	680.31	426.14	254.17	24.38
	High Family	MF2	1702.29	948.18	754.11	89.42
	Standard Self	MF4	649.63	426.14	223.49	94.33
	Standard Family	MF5	1625.52	948.18	677.34	305.28
New York MVP Health Care	High Self	MX1	613.45	426.14	187.31	15.47
	High Family	MX2	1534.82	948.18	586.64	42.36
	Standard Self	MX4	546.30	409.73	136.57	4.32
	Standard Family	MX5	1371.63	948.18	423.45	15.36
North Carolina Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
North Carolina Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
North Dakota Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
North Dakota Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
North Dakota HealthPartners High and Standard Option	High Self	V31	694.79	426.14	268.65	-49.18
	High Family	V32	1598.00	948.18	649.82	-111.48
	Standard Self	V34	355.90	266.93	88.97	-.90
	Standard Family	V35	818.57	613.93	204.64	-2.07
North Dakota Sanford Heart of America Health Plan	High Self	RU1	552.13	414.10	138.03	14.55
	High Family	RU2	1419.04	948.18	470.86	122.16

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
North Dakota Sanford Health Plan	High Self	C91	635.90	426.14	209.76	-12.65
	High Family	C92	1462.59	948.18	514.41	-27.45
	Standard Self	C94	565.74	424.31	141.43	-10.82
	Standard Family	C95	1406.54	948.18	458.36	-27.45
Ohio Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Ohio Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
Ohio AultCare HMO	High Self	3A1	568.17	426.13	142.04	6.80
	High Family	3A2	1394.94	948.18	446.76	39.32
	HDHP Self	3A4	346.75	260.06	86.69	4.44
	HDHP Family	3A5	700.05	525.04	175.01	10.21
Ohio Humana Health Plan of Ohio	High Self	A61	555.19	416.39	138.80	8.81
	High Family	A62	1235.28	926.46	308.82	19.58
	Standard Self	A64	499.66	374.75	124.91	7.92
	Standard Family	A65	1111.76	833.82	277.94	17.63
Ohio Kaiser Foundation Health Plan of Ohio	High Self	641	713.72	426.14	287.58	29.21
	High Family	642	1641.62	948.18	693.44	68.92
	Standard Self	644	524.55	393.41	131.14	15.38
	Standard Family	645	1206.53	904.90	301.63	35.36
Ohio The Health Plan of the Upper Ohio Valley	High Self	U41	688.85	426.14	262.71	11.73
	High Family	U42	1556.73	948.18	608.55	27.58

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Oklahoma Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Oklahoma Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
Oklahoma Globalhealth, Inc.	High Self	IM1	472.40	354.30	118.10	12.38
	High Family	IM2	1138.41	853.81	284.60	29.83
Oregon Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Oregon Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Oregon Kaiser Foundation Health Plan of Northwest	High Self	571	652.86	426.14	226.72	14.32
	High Family	572	1474.63	948.18	526.45	33.54
	Standard Self	574	544.68	408.51	136.17	9.96
	Standard Family	575	1251.34	938.51	312.83	22.88
Pennsylvania Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Pennsylvania Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
Pennsylvania Aetna Open Access	High Self	P31	1074.15	426.14	648.01	-19.99
	High Family	P32	2591.77	948.18	1643.59	-45.15
	Basic Self	P34	921.74	426.14	495.60	102.85
	Basic Family	P35	2128.45	948.18	1180.27	239.29
Pennsylvania Aetna Open Access	High Self	YE1	618.17	426.14	192.03	62.31
	High Family	YE2	1546.24	948.18	598.06	220.87



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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Pennsylvania Geisinger Health Plan	Standard Self	GG4	594.34	426.14	168.20	-62.89
	Standard Family	GG5	1367.02	948.18	418.84	-143.02
Pennsylvania HealthAmerica Pennsylvania	High Self	261	604.28	426.14	178.14	-5.16
	High Family	262	1420.01	948.18	471.83	-9.90
Pennsylvania HealthAmerica Pennsylvania - HDHP	HDHP Self	Y61	491.94	368.96	122.98	3.84
	HDHP Family	Y62	1133.82	850.37	283.45	9.15
Pennsylvania UPMC Health Plan	High Self	8W1	647.49	426.14	221.35	3.23
	High Family	8W2	1489.19	948.18	541.01	9.05
	HDHP Self	8W4	497.92	373.44	124.48	.55
	HDHP Family	8W5	1122.14	841.61	280.53	1.56
Pennsylvania UPMC Health Plan	Standard Self	UW4	533.80	400.35	133.45	.31
	Standard Family	UW5	1227.70	920.78	306.92	.70
Puerto Rico Humana Health Plans of Puerto Rico, Inc.	High Self	ZJ1	321.06	240.80	80.26	-2.07
	High Family	ZJ2	732.68	549.51	183.17	.00
Puerto Rico Triple-S Salud, Inc.	High Self	891	353.17	264.88	88.29	4.40
	High Family	892	794.63	595.97	198.66	9.91
Rhode Island Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Rhode Island Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
South Carolina Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
South Carolina Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
South Dakota Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
South Dakota Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
South Dakota HealthPartners High and Standard Option	High Self	V31	694.79	426.14	268.65	-49.18
	High Family	V32	1598.00	948.18	649.82	-111.48
	Standard Self	V34	355.90	266.93	88.97	-.90
	Standard Family	V35	818.57	613.93	204.64	-2.07
South Dakota Sanford Health Plan	High Self	AU1	687.87	426.14	261.73	18.55
	High Family	AU2	1582.73	948.18	634.55	44.42
	Standard Self	AU4	662.61	426.14	236.47	18.44
	Standard Family	AU5	1524.12	948.18	575.94	44.14
Tennessee Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Tennessee Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Tennessee Aetna Open Access	High Self	UB1	671.95	426.14	245.81	-7.56
	High Family	UB2	1713.34	948.18	765.16	-14.45
Tennessee Humana Health Plan, Inc.	High Self	GJ1	584.39	426.14	158.25	21.41
	High Family	GJ2	1300.28	948.18	352.10	47.64
	Standard Self	GJ4	499.66	374.75	124.91	7.92
	Standard Family	GJ5	1111.76	833.82	277.94	17.63
Texas Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Texas Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
Texas Aetna Whole Health	Basic Self	ES1	512.70	384.53	128.17	7.25

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
	Basic Family	ES2	1351.50	948.18	403.32	49.05
Texas Firstcare	High Self	B71	442.28	331.71	110.57	12.19
	High Family	B72	1326.98	948.18	378.80	83.66
Texas Firstcare	High Self	CK1	432.38	324.29	108.09	8.00
	High Family	CK2	1297.14	948.18	348.96	48.69
Texas Firstcare	High Self	CN1	535.64	401.73	133.91	14.77
	High Family	CN2	1607.04	948.18	658.86	149.85
Texas Firstcare	High Self	CZ1	521.26	390.95	130.31	14.37
	High Family	CZ2	1563.84	948.18	615.66	145.06
Texas Firstcare	High Self	ET1	505.51	379.13	126.38	13.95
	High Family	ET2	1516.54	948.18	568.36	139.86
Texas Humana CoverageFirst	CDHP Self	TP1	488.32	366.24	122.08	-.16
	CDHP Family	TP2	1086.54	814.91	271.63	-.34
	Value Self	TP4	409.89	307.42	102.47	New Plan
	Value Family	TP5	907.90	680.93	226.97	New Plan
Texas Humana CoverageFirst	CDHP Self	TU1	488.32	366.24	122.08	-1.07
	CDHP Family	TU2	1086.50	814.88	271.62	-2.40
	Value Self	TU4	409.89	307.42	102.47	New Plan
	Value Family	TU5	907.90	680.93	226.97	New Plan
Texas Humana CoverageFirst	CDHP Self	TV1	537.16	402.87	134.29	4.98
	CDHP Family	TV2	1195.16	896.37	298.79	11.07
	Value Self	TV4	409.89	307.42	102.47	New Plan
	Value Family	TV5	907.90	680.93	226.97	New Plan
Texas Humana Health Plan of Texas	High Self	EW1	555.19	416.39	138.80	New Plan
	High Family	EW2	1235.28	926.46	308.82	New Plan
	Standard Self	EW4	499.66	374.75	124.91	New Plan
	Standard Family	EW5	1111.76	833.82	277.94	New Plan

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Texas Humana Health Plan of Texas	High Self	UC1	605.13	426.14	178.99	-46.86
	High Family	UC2	1346.39	948.18	398.21	-103.56
	Standard Self	UC4	555.19	416.39	138.80	1.96
	Standard Family	UC5	1235.30	926.48	308.82	4.36
Texas Humana Health Plan of Texas	High Self	UR1	976.34	426.14	550.20	69.14
	High Family	UR2	2172.34	948.18	1224.16	154.52
	Standard Self	UR4	555.19	416.39	138.80	1.97
	Standard Family	UR5	1235.30	926.48	308.82	4.36
Texas Humana Health Plan of Texas	High Self	UU1	691.38	426.14	265.24	48.62
	High Family	UU2	1538.33	948.18	590.15	108.94
	Standard Self	UU4	584.39	426.14	158.25	21.41
	Standard Family	UU5	1300.28	948.18	352.10	47.64
Texas Scott & White Health Plan	Standard Self	A84	575.21	426.14	149.07	New Plan
	Standard Family	A85	1320.78	948.18	372.60	New Plan
Texas UnitedHealthcare Benefits of Texas, Inc.	High Self	GF1	751.29	426.14	325.15	118.50
	High Family	GF2	1729.78	948.18	781.60	275.47
Utah Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Utah Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
Utah Altius Health Plans	High Self	9K1	624.33	426.14	198.19	-12.65
	High Family	9K2	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	348.18	261.14	87.04	.00
	HDHP Family	9K5	721.33	541.00	180.33	.00
Utah Altius Health Plans	Standard Self	DK4	471.92	353.94	117.98	5.08
	Standard Family	DK5	1038.18	778.64	259.54	11.17

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Utah SelectHealth	High Self	SF1	618.24	426.14	192.10	-12.65
	High Family	SF2	1379.13	948.18	430.95	-27.45
	Standard Self	SF4	497.42	373.07	124.35	-14.86
	Standard Family	SF5	1109.64	832.23	277.41	-34.78
Vermont Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Vermont Aetna HealthFund CDHP and Value Plan	CDHP Self	EP1	627.88	426.14	201.74	17.62
	CDHP Family	EP2	1425.88	948.18	477.70	41.32
	Value Self	EP4	507.76	380.82	126.94	6.05
	Value Family	EP5	1153.10	864.83	288.27	13.73
Virgin Islands Triple-S Salud, Inc.	High Self	851	412.19	309.14	103.05	.00
	High Family	852	936.09	702.07	234.02	.00
Virginia Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Virginia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
Virginia Aetna Open Access	High Self	JN1	894.81	426.14	468.67	32.61
	High Family	JN2	2004.28	948.18	1056.10	73.93
	Basic Self	JN4	560.86	420.65	140.21	6.42
	Basic Family	JN5	1254.05	940.54	313.51	9.26
Virginia Aetna Whole Health	Basic Self	D91	485.53	364.15	121.38	6.87
	Basic Family	D92	1351.50	948.18	403.32	49.05
Virginia Aetna Whole Health	Basic Self	J91	451.21	338.41	112.80	New Plan
	Basic Family	J92	1174.59	880.94	293.65	New Plan
Virginia CareFirst BlueChoice	High Self	2G1	637.91	426.14	211.77	55.69
	High Family	2G2	1435.11	948.18	486.93	126.31
	Standard Self	2G4	578.98	426.14	152.84	17.57
	Standard Family	2G5	1302.47	948.18	354.29	49.97

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Virginia CareFirst BlueChoice	HDHP Self	B61	560.71	420.53	140.18	12.74
	HDHP Family	B62	1250.73	938.05	312.68	28.43
Virginia HealthKeepers, Inc.	High Self	A91	630.41	426.14	204.27	New Plan
	High Family	A92	1418.26	948.18	470.08	New Plan
Virginia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	595.40	426.14	169.26	16.45
	High Family	E32	1369.42	948.18	421.24	39.48
	Standard Self	E34	385.86	289.40	96.46	2.01
	Standard Family	E35	887.45	665.59	221.86	4.62
Virginia M.D. IPA	High Self	JP1	628.59	426.14	202.45	35.49
	High Family	JP2	1449.41	948.18	501.23	83.44
Virginia Optima Health Plan	High Self	9R1	694.72	426.14	268.58	67.28
	High Family	9R2	1643.83	948.18	695.65	161.68
	Standard Self	9R4	450.75	338.06	112.69	14.70
	Standard Family	9R5	1066.61	799.96	266.65	34.78
Virginia Piedmont Community Healthcare	High Self	2C1	489.41	367.06	122.35	-6.45
	High Family	2C2	1120.67	840.50	280.17	-14.76
Washington Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Washington Aetna HealthFund CDHP and Value Plan	CDHP Self	G51	645.91	426.14	219.77	52.42
	CDHP Family	G52	1466.79	948.18	518.61	120.27
	Value Self	G54	512.89	384.67	128.22	6.10
	Value Family	G55	1164.78	873.59	291.19	13.87
Washington Aetna Open Access	High Self	C31	575.47	426.14	149.33	13.61
	High Family	C32	1570.92	948.18	622.74	61.47
Washington Group Health Cooperative	High Self	541	696.84	426.14	270.70	28.69
	High Family	542	1498.27	948.18	550.09	61.45
	Standard Self	544	469.69	352.27	117.42	12.05
	Standard Family	545	1060.35	795.26	265.09	27.19

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

Health Management Organizations (HMO)			2014 Monthly premium rates			
Plan	Option	Enrollment Code	Total Premium	Tribe Pays	Empl. Pays	Change in empl. payment
Washington KPS Health Plans	Standard Self	L11	497.06	372.80	124.26	13.25
	Standard Family	L12	1072.91	804.68	268.23	28.61
	HDHP Self	L14	410.50	307.88	102.62	2.40
	HDHP Family	L15	897.00	672.75	224.25	5.26
Washington KPS Health Plans	High Self	VT1	742.65	426.14	316.51	44.16
	High Family	VT2	1622.77	948.18	674.59	96.70
Washington Kaiser Foundation Health Plan of Northwest	High Self	571	652.86	426.14	226.72	14.32
	High Family	572	1474.63	948.18	526.45	33.54
	Standard Self	574	544.68	408.51	136.17	9.96
	Standard Family	575	1251.34	938.51	312.83	22.88
West Virginia Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
West Virginia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	589.36	426.14	163.22	4.51
	CDHP Family	F52	1338.39	948.18	390.21	11.52
	Value Self	F54	522.34	391.76	130.58	6.21
	Value Family	F55	1186.23	889.67	296.56	14.13
West Virginia The Health Plan of the Upper Ohio Valley	High Self	U41	688.85	426.14	262.71	11.73
	High Family	U42	1556.73	948.18	608.55	27.58
Wisconsin Aetna HealthFund	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
Wisconsin Aetna HealthFund CDHP and Value Plan	CDHP Self	JS1	654.01	426.14	227.87	New Plan
	CDHP Family	JS2	1485.19	948.18	537.01	New Plan
	Value Self	JS4	598.72	426.14	172.58	New Plan
	Value Family	JS5	1359.58	948.18	411.40	New Plan
Wisconsin Aetna Whole Health	Basic Self	F71	424.02	318.02	106.00	6.00
	Basic Family	F72	1168.33	876.25	292.08	16.53
Wisconsin Dean Health Plan	High Self	WD1	669.96	426.14	243.82	34.39
	High Family	WD2	1674.88	948.18	726.70	90.18
Wisconsin Group Health Cooperative	High Self	WJ1	585.24	426.14	159.10	28.21
	High Family	WJ2	1463.52	948.18	515.34	126.71

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

<b>Health Management Organizations (HMO)</b>			<b>2014 Monthly premium rates</b>			
<b>Plan</b>	<b>Option</b>	<b>Enrollment Code</b>	<b>Total Premium</b>	<b>Tribe Pays</b>	<b>Empl. Pays</b>	<b>Change in empl. payment</b>
<b>Wisconsin HealthPartners High and Standard Option</b>	High Self	V31	694.79	426.14	268.65	-49.18
	High Family	V32	1598.00	948.18	649.82	-111.48
	Standard Self	V34	355.90	266.93	88.97	-.90
	Standard Family	V35	818.57	613.93	204.64	-2.07
<b>Wisconsin MercyCare HMO</b>	High Self	EY1	572.11	426.14	145.97	15.82
	High Family	EY2	1430.93	948.18	482.75	101.38
<b>Wisconsin Physicians Plus</b>	High Self	LW1	591.70	426.14	165.56	38.35
	High Family	LW2	1507.72	948.18	559.54	182.59
<b>Wyoming Aetna HealthFund</b>	HDHP Self	224	474.24	355.68	118.56	14.80
	HDHP Family	225	1038.61	778.96	259.65	32.43
<b>Wyoming Aetna HealthFund CDHP and Value Plan</b>	CDHP Self	H41	588.51	426.14	162.37	4.51
	CDHP Family	H42	1336.44	948.18	388.26	11.48
	Value Self	H44	523.71	392.78	130.93	6.24
	Value Family	H45	1189.28	891.96	297.32	14.15
<b>Wyoming Altius Health Plans</b>	High Self	9K1	624.33	426.14	198.19	-12.65
	High Family	9K2	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	348.18	261.14	87.04	.00
	HDHP Family	9K5	721.33	541.00	180.33	.00
<b>Wyoming Altius Health Plans</b>	Standard Self	DK4	471.92	353.94	117.98	5.08
	Standard Family	DK5	1038.18	778.64	259.54	11.17