

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

Health Management Organizations (HMO)	2008 Total Biweekly Premium	2009 Biweekly premium rates				2008 Total Monthly Premium	2009 Monthly premium rates					
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Ohio Aetna HealthFund</b>												
CDHP Self	221	151.50	161.92	121.44	40.48	2.61	328.25	350.83	263.12	87.71	5.65	
CDHP Family	222	348.46	372.41	279.31	93.10	5.99	755.00	806.89	605.17	201.72	12.97	
HDHP Self	224	123.69	123.71	92.78	30.93	.01	268.00	268.04	201.03	67.01	.01	
HDHP Family	225	270.87	270.93	203.20	67.73	.01	586.89	587.02	440.27	146.75	.03	
<b>Ohio Aetna Open Access</b>												
High Self	7D1	194.46	209.65	155.66	53.99	4.57	421.33	454.24	337.26	116.98	9.90	
High Family	7D2	462.84	499.01	352.56	146.45	12.91	1002.82	1081.19	763.88	317.31	27.97	
<b>Ohio Aetna Open Access</b>												
High Self	ND1	181.45	244.93	155.66	89.27	43.91	393.14	530.68	337.26	193.42	95.14	
High Family	ND2	438.02	591.25	352.56	238.69	129.19	949.04	1281.04	763.88	517.16	279.90	
<b>Ohio Aetna Open Access</b>												
High Self	RD1	224.86	298.36	155.66	142.70	62.88	487.20	646.45	337.26	309.19	136.24	
High Family	RD2	555.97	737.67	352.56	385.11	158.44	1204.60	1598.29	763.88	834.41	343.29	
<b>Ohio AultCare HMO</b>												
High Self	3A1	228.65	235.24	155.66	79.58	-4.03	495.41	509.69	337.26	172.43	-8.73	
High Family	3A2	561.36	577.50	352.56	224.94	-7.12	1216.28	1251.25	763.88	487.37	-15.43	
HDHP Self	3A4	168.53	168.53	126.40	42.13	.00	365.15	365.15	273.86	91.29	.00	
HDHP Family	3A5	337.69	337.69	253.27	84.42	.00	731.66	731.66	548.75	182.91	.00	
<b>Ohio HMO Health Ohio</b>												
High Self	L41	222.82	245.64	155.66	89.98	12.20	482.78	532.22	337.26	194.96	26.43	
High Family	L42	569.98	628.34	352.56	275.78	35.10	1234.96	1361.40	763.88	597.52	76.04	
<b>Ohio Humana CoverageFirst</b>												

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			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
	CDHP Self	L81	140.20	162.33	121.75	40.58	5.53	303.77	351.72	263.79	87.93	11.99
	CDHP Family	L82	322.47	373.37	280.03	93.34	12.72	698.69	808.97	606.73	202.24	27.57
<b>Ohio Kaiser Foundation Health Plan of Ohio</b>												
	High Self	641	214.56	240.03	155.66	84.37	14.85	464.88	520.07	337.26	182.81	32.18
	High Family	642	526.54	552.07	352.56	199.51	2.27	1140.84	1196.15	763.88	432.27	4.91
	Standard Self	644	142.11	156.90	117.68	39.22	3.69	307.91	339.95	254.96	84.99	8.01
	Standard Family	645	348.71	360.89	270.67	90.22	3.04	755.54	781.93	586.45	195.48	6.60
<b>Ohio Paramount Health Care</b>												
	High Self	U21	190.85	245.00	155.66	89.34	41.63	413.51	530.83	337.26	193.57	90.19
	High Family	U22	458.05	587.97	352.56	235.41	106.66	992.44	1273.94	763.88	510.06	231.10
	HDHP Self	U24	New Plan	179.66	134.75	44.91	New Plan	New Plan	389.26	291.95	97.31	New Plan
	HDHP Family	U25	New Plan	419.07	314.30	104.77	New Plan	New Plan	907.99	680.99	227.00	New Plan
<b>Ohio The Health Plan of the Upper Ohio Valley</b>												
	High Self	U41	191.01	193.15	144.86	48.29	.54	413.86	418.49	313.87	104.62	1.16
	High Family	U42	439.32	444.24	333.18	111.06	1.04	951.86	962.52	721.89	240.63	2.25
<b>Ohio United Healthcare of Ohio, Inc.</b>												
	High Self	AK1	206.69	226.54	155.66	70.88	9.23	447.83	490.84	337.26	153.58	20.00
	High Family	AK2	479.51	525.57	352.56	173.01	22.80	1038.94	1138.74	763.88	374.86	49.40
<b>Ohio United Healthcare of Ohio, Inc.</b>												
	High Self	CA1	217.09	253.93	155.66	98.27	26.22	470.36	550.18	337.26	212.92	56.81
	High Family	CA2	500.91	585.93	352.56	233.37	61.76	1085.31	1269.52	763.88	505.64	133.81
<b>Ohio UnitedHealthcare Insurance Company, Inc.</b>												
	HDHP Self	E91	165.32	140.91	105.68	35.23	-6.10	358.19	305.31	228.98	76.33	-13.22
	HDHP Family	E92	365.60	314.80	236.10	78.70	-12.70	792.13	682.07	511.55	170.52	-27.51
	CDHP Self	E94	New Plan	164.79	123.59	41.20	New Plan	New Plan	357.05	267.79	89.26	New Plan
	CDHP Family	E95	New Plan	364.78	273.59	91.19	New Plan	New Plan	790.36	592.77	197.59	New Plan