

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

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Fee-for-Service Plans (FFS)	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	
APWU Health Plan											
High Self	471	192.11	197.87	148.40	49.47	1.44	416.24	428.72	321.54	107.18	3.12
High Family	472	434.37	447.40	335.55	111.85	3.26	941.14	969.37	727.03	242.34	7.06
CDHP Self	474	155.40	155.40	116.55	38.85	.00	336.70	336.70	252.53	84.17	.00
CDHP Family	475	349.60	349.60	262.20	87.40	.00	757.47	757.47	568.10	189.37	.00
Association Benefit Plan											
High Self	421	203.15	212.30	155.66	56.64	-1.47	440.16	459.98	337.26	122.72	-3.19
High Family	422	467.99	489.05	352.56	136.49	-2.20	1013.98	1059.61	763.88	295.73	-4.77
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	207.19	225.84	155.66	70.18	8.03	448.91	489.32	337.26	152.06	17.40
Standard Family	105	474.44	517.14	352.56	164.58	19.44	1027.95	1120.47	763.88	356.59	42.12
Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
Basic Family	112	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Foreign Service Benefit Plan											
High Self	401	193.61	193.61	145.21	48.40	-.17	419.49	419.49	314.62	104.87	-.37
High Family	402	460.11	478.51	352.56	125.95	-4.86	996.91	1036.77	763.88	272.89	-10.54
GEHA Benefit Plan											
High Self	311	236.51	247.15	155.66	91.49	.02	512.44	535.49	337.26	198.23	.04
High Family	312	514.74	537.90	352.56	185.34	-.10	1115.27	1165.45	763.88	401.57	-.22
Standard Self	314	133.11	137.10	102.83	34.27	.99	288.41	297.05	222.79	74.26	2.16
Standard Family	315	302.49	311.58	233.69	77.89	2.27	655.40	675.09	506.32	168.77	4.92
GEHA High Deductible Health Plan											
HDHP Self	341	175.76	175.76	131.82	43.94	.00	380.81	380.81	285.61	95.20	.00
HDHP Family	342	401.44	401.44	301.08	100.36	.00	869.79	869.79	652.34	217.45	.00
Mail Handlers Benefit Plan											
Standard Self	454	197.27	215.52	155.66	59.86	7.63	427.42	466.96	337.26	129.70	16.53
Standard Family	455	440.47	481.22	352.56	128.66	17.49	954.35	1042.64	763.88	278.76	37.89
Mail Handlers Benefit Plan Consumer Option											
HDHP Self	481	135.22	139.28	104.46	34.82	1.02	292.98	301.77	226.33	75.44	2.20

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HDHP Family 482		306.42	315.61	236.71	78.90	2.30	663.91	683.82	512.87	170.95	4.97
Mail Handlers Benefit Plan Value											
Value Option Self 414		82.02	86.12	64.59	21.53	1.03	177.71	186.59	139.94	46.65	2.22
Value Option Family 415		195.55	205.33	154.00	51.33	2.44	423.69	444.88	333.66	111.22	5.30
NALC											
High Self 321		203.84	212.16	155.66	56.50	-2.30	441.65	459.68	337.26	122.42	-4.98
High Family 322		443.30	465.50	349.13	116.37	2.37	960.48	1008.58	756.44	252.14	5.14
Panama Canal Area Benefit Plan											
High Self 431		178.04	183.38	137.54	45.84	1.33	385.75	397.32	297.99	99.33	2.89
High Family 432		371.62	382.77	287.08	95.69	2.79	805.18	829.34	622.01	207.33	6.04
Rural Carrier Benefit Plan											
High Self 381		237.07	238.49	155.66	82.83	-9.20	513.65	516.73	337.26	179.47	-19.93
High Family 382		482.34	485.23	352.56	132.67	-20.37	1045.07	1051.33	763.88	287.45	-44.14
SAMBA											
High Self 441		253.55	253.55	155.66	97.89	-10.62	549.36	549.36	337.26	212.10	-23.01
High Family 442		597.12	597.12	352.56	244.56	-23.26	1293.76	1293.76	763.88	529.88	-50.40
Standard Self 444		183.64	189.16	141.87	47.29	1.38	397.89	409.85	307.39	102.46	2.99
Standard Family 445		419.42	432.01	324.01	108.00	3.15	908.74	936.02	702.02	234.00	6.82
FFS Plans Available in Certain Areas											
Kansas Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self 114		156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
HDHP Family 115		366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Minnesota Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self 114		156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
HDHP Family 115		366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Missouri Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self 114		156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
HDHP Family 115		366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Ohio Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self 114		156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65

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HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87
Tennessee Blue Cross and Blue Shield Service Benefit Plan											
HDHP Self	114	156.54	170.66	128.00	42.66	3.53	339.17	369.76	277.32	92.44	7.65
HDHP Family	115	366.66	399.66	299.75	99.91	8.25	794.43	865.93	649.45	216.48	17.87