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

Plan - Option - Enrollment Code		2014 Biweekly Premium Rates				2014 Monthly Premium Rates			
		Premium	Govt Pays	Empl Pays	Rate Change	Total Prem	Govt Pays	Empl Pays	Rate Change
CA Aetna Healthfund									
HDHP Self	224	218.88	164.16	**54.72**	6.83	474.24	355.68	**118.56**	14.80
HDHP Family	225	479.36	359.52	**119.84**	14.97	1038.61	778.96	**259.65**	32.43
CDHP Self	**JS1**	**301.85**	**196.68**	**105.17**	**New Plan**	**654.01**	**426.14**	**227.87**	**New Plan**
CDHP Family	**JS2**	**685.47**	**437.62**	**247.85**	**New Plan**	**1485.19**	**948.18**	**537.01**	**New Plan**
CA Aetna Value Plan									
Value Self	**JS4**	**276.33**	**196.68**	**79.65**	**New Plan**	**598.72**	**426.14**	**172.58**	**New Plan**
Value Family	**JS5**	**627.50**	**437.62**	**189.88**	**New Plan**	**1359.58**	**948.18**	**411.40**	**New Plan**
CA Aetna Open Access									
High Self	2X1	270.25	196.68	**73.57**	5.12	585.54	426.14	**159.40**	11.09
High Family	2X2	630.40	437.62	**192.78**	12.91	1365.87	948.18	**417.69**	27.98
CA Anthem Blue Cross Select HMO									
High Self	B31	280.65	196.68	**83.97**	13.74	608.08	426.14	**181.94**	29.78
High Family	B32	639.89	437.62	**202.27**	31.98	1386.43	948.18	**438.25**	69.29
CA Blue Shield of CA Access+ HMO									
High Self	S11	281.81	196.68	**85.13**	20.02	610.59	426.14	**184.45**	43.38
High Family	S12	634.08	437.62	**196.46**	45.50	1373.84	948.18	**425.66**	98.58
Health Net of California									
High Self	LP1	338.31	196.68	**141.63**	17.01	733.01	426.14	**306.87**	36.86
High Family	LP2	782.22	437.62	**344.60**	40.18	1694.81	948.18	**746.63**	87.06
Standard Self	LP4	321.42	196.68	**124.74**	15.14	696.41	426.14	**270.27**	32.81
Standard Family	LP5	743.15	437.62	**305.53**	35.84	1610.16	948.18	**661.98**	77.66
CA Kaiser Foundation Health Plan - Basic Option									
Basic Self	**KC1**	**281.11**	**196.68**	**84.43**	**New Plan**	**609.07**	**426.14**	**182.93**	**New Plan**
Basic Family	**KC2**	**657.80**	**437.62**	**220.18**	**New Plan**	**1425.23**	**948.18**	**477.05**	**New Plan**
Kaiser Foundation Health Plan of California									
High Self	621	259.82	194.87	**64.95**	5.16	562.94	422.21	**140.73**	11.18
High Family	622	600.51	437.62	**162.89**	24.70	1301.11	948.18	**352.93**	53.51
Standard Self	624	166.50	124.88	**41.62**	3.31	360.75	270.56	**90.19**	7.18
Standard Family	625	384.83	288.62	**96.21**	7.65	833.80	625.35	**208.45**	16.58
United Healthcare of California									
High Self	CY1	302.00	196.68	**105.32**	38.85	654.33	426.14	**228.19**	84.17
High Family	CY2	690.08	437.62	**252.46**	89.41	1495.17	948.18	**546.99**	193.72
Standard Self	CY4	242.01	181.51	**60.50**	5.66	524.36	393.27	**131.09**	12.27
Standard Family	CY5	554.52	415.89	**138.63**	13.25	1201.46	901.10	**300.36**	28.70

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

Plan - Option	Enrollment Co	2014 Biweekly Premium Rates Premium	Govt Pays	Empl Pays	Rate Change	2014 Monthly Premium Rates Total Prem	Govt Pays	Empl Pays	Rate Change
APWU Health Plan									
High Self	471	252.38	189.29	**63.09**	1.84	546.82	410.12	**136.70**	3.98
High Family	472	570.65	427.99	**142.66**	4.15	1236.41	927.31	**309.10**	9.00
CDHP Self	474	179.85	134.89	**44.96**	1.31	389.68	292.26	**97.42**	2.84
CDHP Family	475	404.59	303.44	**101.15**	2.95	876.61	657.46	**219.15**	6.38
Compass Rose health Plan*									
High Self	421	268.74	196.68	**72.06**	0.72	582.27	426.14	**156.13**	1.56
High Family	422	617.80	437.62	**180.18**	2.40	1338.57	948.18	**390.39**	5.20
Blue Cross and Blue Shield									
Standard Self	104	284.50	196.68	**87.82**	1.91	616.42	426.14	**190.28**	4.14
Standard Family	105	642.60	437.62	**204.98**	4.84	1392.30	948.18	**444.12**	10.49
Basic Self	111	243.86	182.90	**60.96**	1.89	528.36	396.27	**132.09**	4.10
Basic Family	112	571.02	428.27	**142.75**	4.43	1237.21	927.91	**309.30**	9.60
Foreign Service Benefit Plan									
High Self	401	231.41	173.56	**57.85**	0.57	501.39	376.04	**125.35**	1.24
High Family	402	570.19	427.64	**142.55**	1.42	1235.41	926.56	**308.85**	3.06
GEHA Benefit Plan									
High Self	311	290.45	196.68	**93.77**	2.61	629.31	426.14	**203.17**	5.66
High Family	312	660.59	437.62	**222.97**	6.57	1431.28	948.18	**483.10**	14.24
Standard Self	314	192.33	144.25	**48.08**	3.15	416.72	312.54	**104.18**	6.82
Standard Family	315	437.37	328.03	**109.34**	7.15	947.64	710.73	**236.91**	15.50
GEHA High Deductible Health Plan									
HDHP Self	341	203.47	152.60	**50.87**	2.43	440.85	330.64	**110.21**	5.25
HDHP Family	342	464.72	348.54	**116.18**	5.53	1,006.89	755.17	**251.72**	11.98
Mail Handlers Benefit Plan - MHBP									
Standard Self	454	293.20	196.68	**96.52**	**-0.09**	635.27	426.14	**209.13**	**-0.19**
Standard Family	455	671.00	437.62	**233.38**	0.49	1453.83	948.18	**505.65**	1.06
Mail Handlers Benefit Plan Consumer Option									
HDHP Self	481	251.86	188.90	**62.96**	0.93	545.70	409.28	**136.42**	2.02
HDHP Family	482	570.68	428.01	**142.67**	2.11	1236.47	927.35	**309.12**	4.57
Mail Handlers Benefit Plan Value Option									
Value Option Self	414	208.66	156.50	**52.16**	9.05	452.10	339.08	**113.02**	19.62
Value Option Family	415	497.46	373.10	**124.36**	21.58	1,077.83	808.37	**269.46**	46.77

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

Plan - Option	Enrollment Co	2013 Biweekly Premium Rates Premium	Govt Pays	Empl Pays	Rate Change	2013 Monthly Premium Rates Total Prem	Govt Pays	Empl Pays	Rate Change
NALC									
High Self	321	271.09	196.68	74.41	0.26	587.36	426.14	161.22	0.56
High Family	322	588.67	437.62	151.05	0.57	1275.45	948.18	327.27	1.23
CDHP Self	**324**	**193.00**	**144.75**	**48.25**	**New Plan**	**418.17**	**313.63**	**104.54**	**New Plan**
CDHP Family	**325**	**419.08**	**314.31**	**104.77**	**New Plan**	**908.01**	**681.01**	**227.00**	**New Plan**
NALC Value Option									
Value Self	**KM1**	**166.17**	**124.63**	**41.54**	**New Plan**	**360.04**	**270.03**	**90.01**	**New Plan**
Value Family	**KM2**	**360.85**	**270.64**	**90.21**	**New Plan**	**781.84**	**586.38**	**195.46**	**New Plan**
Panama Canal Area Benefit Plan									
High Self	431	206.22	154.67	51.55		446.81	335.11	111.70	
High Family	432	430.45	322.84	107.61		932.64	699.48	233.16	
Rural Carrier Benefit Plan									
High Self	381	283.97	196.68	87.29	**-0.28**	615.27	426.14	189.13	**-0.60**
High Family	382	557.72	418.29	139.43	**-4.28**	1208.39	906.29	302.10	**-9.27**
SAMBA									
High Self	441	323.71	196.68	127.03	12.48	701.37	426.14	275.23	27.04
High Family	442	762.34	437.62	324.72	30.48	1651.74	948.18	703.56	66.04
Standard Self	444	243.16	182.37	60.79		526.85	395.14	131.71	
Standard Family	445	555.35	416.51	138.84		1203.26	902.45	300.81	

2013 NationwideFEDVIP Dental and Vision Rates

Plan - Name	2014 Biweekly Premium Rates			2014 Monthly Premium Rates		
	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna High PPO	16.66	33.34	50.01	36.10	72.24	108.35
Delta Dental High PPO	**24.85**	**49.73**	**74.58**	**53.84**	**107.75**	**161.59**
Delta Dental Standard PPO	**12.34**	**24.70**	**37.04**	**26.74**	**53.52**	**80.25**
FEP Blue Dental Standard PPO	**12.49**	**25.00**	**37.49**	**27.06**	**54.17**	**81.23**
FEP Blue Dental High PPO	**21.77**	**43.57**	**65.34**	**47.17**	**94.40**	**141.57**
GEHA Standard PPO	12.13	24.28	36.41	26.28	52.61	78.89
GEHA High PPO	20.56	41.15	61.74	44.55	89.16	133.77
Metlife Standard PPO	12.73	25.48	38.21	27.58	55.21	82.79
Metlife High PPO	23.74	47.50	71.24	51.44	102.92	154.35
United Concordia PPO	17.10	34.22	51.34	37.05	74.14	111.24
Humana	14.75	29.52	44.28	31.96	63.96	95.94
Vision						
FEP Blue Standard	3.69	7.39	11.08	8.00	16.01	24.01
FEP Blue High	4.67	9.36	14.04	10.12	20.28	30.42
UnitedHealthcare Standard	2.87	5.63	8.37	6.22	12.20	18.14
UnitedHealthcare High	4.08	7.98	11.87	8.84	17.29	25.72
VSPStandard	3.56	7.14	10.71	7.71	15.47	23.21
VSP High	6.18	12.39	18.58	13.39	26.85	40.26