

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

Health Management Organizations (HMO)			2013 Total Biweekly Premium	2014 Biweekly premium rates				2013 Total Monthly Premium	2014 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
Hawaii Kaiser Foundation Health Plan of Hawaii	High Self	631	250.17	263.67	196.68	66.99	4.45	542.04	571.29	426.14	145.15	9.64
	High Family	632	557.91	587.98	437.62	150.36	10.88	1208.81	1273.96	948.18	325.78	23.58
	Standard Self	634	128.50	139.45	104.59	34.86	2.74	278.42	302.14	226.61	75.53	5.93
	Standard Family	635	286.56	311.00	233.25	77.75	6.11	620.88	673.83	505.37	168.46	13.24
Idaho Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Idaho Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Idaho Altius Health Plans	High Self	9K1	288.15	288.15	196.68	91.47	-5.84	624.33	624.33	426.14	198.19	-12.65
	High Family	9K2	633.97	633.97	437.62	196.35	-12.67	1373.60	1373.60	948.18	425.42	-27.45
	HDHP Self	9K4	160.70	160.70	120.53	40.17	.00	348.18	348.18	261.14	87.04	.00
	HDHP Family	9K5	332.92	332.92	249.69	83.23	.00	721.33	721.33	541.00	180.33	.00
Idaho Altius Health Plans	Standard Self	DK4	208.43	217.81	163.36	54.45	2.34	451.60	471.92	353.94	117.98	5.08
	Standard Family	DK5	458.53	479.16	359.37	119.79	5.16	993.48	1038.18	778.64	259.54	11.17
Idaho Group Health Cooperative	High Self	541	302.54	321.62	196.68	124.94	13.24	655.50	696.84	426.14	270.70	28.69
	High Family	542	650.48	691.51	437.62	253.89	28.36	1409.37	1498.27	948.18	550.09	61.45
	Standard Self	544	194.54	216.78	162.59	54.19	5.56	421.50	469.69	352.27	117.42	12.05
	Standard Family	545	439.21	489.39	367.04	122.35	12.55	951.62	1060.35	795.26	265.09	27.19
Idaho SelectHealth	High Self	SF1	285.34	285.34	196.68	88.66	-5.84	618.24	618.24	426.14	192.10	-12.65
	High Family	SF2	636.52	636.52	437.62	198.90	-12.67	1379.13	1379.13	948.18	430.95	-27.45
	Standard Self	SF4	255.09	229.58	172.19	57.39	-6.86	552.70	497.42	373.07	124.35	-14.86
	Standard Family	SF5	569.04	512.14	384.11	128.03	-16.06	1232.92	1109.64	832.23	277.41	-34.78
Illinois Aetna HealthFund	HDHP Self	224	191.55	218.88	164.16	54.72	6.83	415.03	474.24	355.68	118.56	14.80
	HDHP Family	225	419.48	479.36	359.52	119.84	14.97	908.87	1038.61	778.96	259.65	32.43
Illinois Aetna HealthFund CDHP and Value Plan	CDHP Self	H41	263.70	271.62	196.68	74.94	2.08	571.35	588.51	426.14	162.37	4.51
	CDHP Family	H42	598.85	616.82	437.62	179.20	5.30	1297.51	1336.44	948.18	388.26	11.48
	Value Self	H44	230.19	241.71	181.28	60.43	2.88	498.75	523.71	392.78	130.93	6.24
	Value Family	H45	522.77	548.90	411.68	137.22	6.53	1132.67	1189.28	891.96	297.32	14.15
Illinois Blue Cross and Blue Shield of Illinois	High Self	A21	320.00	337.37	196.68	140.69	11.53	693.33	730.97	426.14	304.83	24.99
	High Family	A22	726.44	765.87	437.62	328.25	26.76	1573.95	1659.39	948.18	711.21	57.99
Illinois Blue Preferred Plus POS	High Self	9G1	322.05	345.10	196.68	148.42	17.21	697.78	747.72	426.14	321.58	37.29
	High Family	9G2	697.26	747.17	437.62	309.55	37.24	1510.73	1618.87	948.18	670.69	80.69
Illinois Health Alliance HMO	High Self	FX1	320.98	320.98	196.68	124.30	-5.84	695.46	695.46	426.14	269.32	-12.65
	High Family	FX2	748.21	748.21	437.62	310.59	-12.67	1621.12	1621.12	948.18	672.94	-27.45
Illinois Health Alliance HMO	Standard Self	K84	New Plan	290.48	196.68	93.80	New Plan	New Plan	629.37	426.14	203.23	New Plan
	Standard Family	K85	New Plan	677.12	437.62	239.50	New Plan	New Plan	1467.09	948.18	518.91	New Plan
Illinois Humana Benefit Plan of Illinois, Inc.	High Self	9F1	385.96	435.78	196.68	239.10	43.98	836.25	944.19	426.14	518.05	95.29
	High Family	9F2	858.77	969.61	437.62	531.99	98.17	1860.67	2100.82	948.18	1152.64	212.70
Illinois Humana Benefit Plan of Illinois, Inc.	Standard Self	AB4	252.63	269.72	196.68	73.04	9.88	547.37	584.39	426.14	158.25	21.41
	Standard Family	AB5	562.09	600.13	437.62	162.51	21.99	1217.86	1300.28	948.18	352.10	47.64