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

Health Management Organizations (HMO)		2015 Total Biweekly Premium	2016 Biweekly premium rates				2015 Total Monthly Premium	2016 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
Arkansas QualChoice											
High Self	DH1	271.99	312.81	213.37	99.44	29.46	589.31	677.76	462.30	215.46	63.84
High Self & Family	DH2	636.95	815.90	488.50	327.40	139.02	1380.06	1767.78	1058.42	709.36	301.20
High Self Plus One	DH3	-	607.64	455.73	151.91	-	-	1316.55	987.41	329.14	-
Standard Self	DH4	231.48	243.98	182.99	60.99	3.12	501.54	528.62	396.47	132.15	6.77
Standard Self & Family	DH5	542.08	636.37	477.28	159.09	23.57	1174.51	1378.80	1034.10	344.70	51.07
Standard Self Plus One	DH6	-	473.93	355.45	118.48	-	-	1026.85	770.14	256.71	-
Arkansas United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	KK1	New Plan	245.00	183.75	61.25	New Plan	New Plan	530.83	398.12	132.71	New Plan
High Self & Family	KK2	New Plan	686.98	488.50	198.48	New Plan	New Plan	1488.46	1058.42	430.04	New Plan
High Self Plus One	KK3	New Plan	478.48	358.86	119.62	New Plan	New Plan	1036.71	777.53	259.18	New Plan
Arkansas United Healthcare Insurance Company, Inc. (HDHP Choice Plus)											
HDHP Self	LS1	New Plan	234.69	176.02	58.67	New Plan	New Plan	508.50	381.38	127.12	New Plan
HDHP Self & Family	LS2	New Plan	658.05	488.50	169.55	New Plan	New Plan	1425.78	1058.42	367.36	New Plan
HDHP Self Plus One	LS3	New Plan	458.33	343.75	114.58	New Plan	New Plan	993.05	744.79	248.26	New Plan
California Aetna Direct											
CDHP Self	N61	210.05	218.45	163.84	54.61	2.10	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	474.42	550.93	413.20	137.73	19.13	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	479.08	359.31	119.77	-	-	1038.01	778.51	259.50	-
California Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	340.51	403.55	213.37	190.18	51.68	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	773.27	919.90	488.50	431.40	106.70	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	910.79	461.02	449.77	-	-	1973.38	998.88	974.50	-
Basic Self	JS4	279.09	301.31	213.37	87.94	10.86	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	633.78	687.86	488.50	199.36	14.15	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	681.04	461.02	220.02	-	-	1475.59	998.88	476.71	-

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California Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	180.11	60.04	3.33	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	496.83	529.73	397.30	132.43	8.22	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	519.34	389.51	129.83	-	-	1125.24	843.93	281.31	-
California Aetna Open Access											
High Self	2X1	279.15	288.61	213.37	75.24	-1.90	604.83	625.32	462.30	163.02	-4.12
High Self & Family	2X2	651.14	677.55	488.50	189.05	-13.52	1410.80	1468.03	1058.42	409.61	-29.29
High Self Plus One	2X3	-	664.27	461.02	203.25	-	-	1439.25	998.88	440.37	-
California Anthem Blue Cross Select HMO											
High Self	B31	322.76	337.07	213.37	123.70	2.95	699.31	730.32	462.30	268.02	6.40
High Self & Family	B32	693.93	715.63	488.50	227.13	-18.23	1503.52	1550.53	1058.42	492.11	-39.51
High Self Plus One	B33	-	674.21	461.02	213.19	-	-	1460.79	998.88	461.91	-
California Blue Shield of CA Access+HMO											
High Self	SI1	309.25	331.36	213.37	117.99	10.75	670.04	717.95	462.30	255.65	23.30
High Self & Family	SI2	695.83	745.57	488.50	257.07	9.81	1507.63	1615.40	1058.42	556.98	21.25
High Self Plus One	SI3	-	729.00	461.02	267.98	-	-	1579.50	998.88	580.62	-
California Health Net of California											
High Self	LB1	585.00	600.60	213.37	387.23	4.24	1267.50	1301.30	462.30	839.00	9.19
High Self & Family	LB2	1352.56	1441.45	488.50	952.95	48.96	2930.55	3123.14	1058.42	2064.72	106.07
High Self Plus One	LB3	-	1321.33	461.02	860.31	-	-	2862.88	998.88	1864.00	-
Standard Self	LB4	557.14	570.43	213.37	357.06	1.93	1207.14	1235.93	462.30	773.63	4.18
Standard Self & Family	LB5	1288.14	1369.04	488.50	880.54	40.97	2790.97	2966.25	1058.42	1907.83	88.76
Standard Self Plus One	LB6	-	1254.95	461.02	793.93	-	-	2719.06	998.88	1720.18	-

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California Health Net of California											
High Self	LP1	344.22	350.22	213.37	136.85	-5.36	745.81	758.81	462.30	296.51	-11.61
High Self & Family	LP2	795.88	840.52	488.50	352.02	4.71	1724.41	1821.13	1058.42	762.71	10.20
High Self Plus One	LP3	-	770.47	461.02	309.45	-	-	1669.35	998.88	670.47	-
Standard Self	LP4	327.38	332.20	213.37	118.83	-6.54	709.32	719.77	462.30	257.47	-14.16
Standard Self & Family	LP5	756.94	797.30	488.50	308.80	0.43	1640.04	1727.48	1058.42	669.06	0.92
Standard Self Plus One	LP6	-	730.85	461.02	269.83	-	-	1583.51	998.88	584.63	-
California Health Net of California											
Basic Self	P61	**New Plan**	132.81	99.61	33.20	**New Plan**	**New Plan**	287.76	215.82	71.94	**New Plan**
Basic Self & Family	P62	**New Plan**	318.73	239.05	79.68	**New Plan**	**New Plan**	690.58	517.94	172.64	**New Plan**
Basic Self Plus One	P63	**New Plan**	292.17	219.13	73.04	**New Plan**	**New Plan**	633.04	474.78	158.26	**New Plan**
California Kaiser Foundation Health Plan											
High Self	591	359.81	377.23	213.37	163.86	6.06	779.59	817.33	462.30	355.03	13.13
High Self & Family	592	858.89	900.50	488.50	412.00	1.68	1860.93	1951.08	1058.42	892.66	3.63
High Self Plus One	593	-	900.50	461.02	439.48	-	-	1951.08	998.88	952.20	-
Standard Self	594	301.78	315.31	213.37	101.94	2.17	653.86	683.17	462.30	220.87	4.70
Standard Self & Family	595	706.16	737.83	488.50	249.33	-8.26	1530.01	1598.63	1058.42	540.21	-17.90
Standard Self Plus One	596	-	737.83	461.02	276.81	-	-	1598.63	998.88	599.75	-
California Kaiser Foundation Health Plan											
High Self	621	266.38	275.88	206.91	68.97	2.38	577.16	597.74	448.31	149.43	5.14
High Self & Family	622	615.65	637.61	478.21	159.40	-7.68	1333.91	1381.49	1036.12	345.37	-16.64
High Self Plus One	623	-	637.61	461.02	176.59	-	-	1381.49	998.88	382.61	-
Standard Self	624	172.81	178.91	134.18	44.73	1.53	374.42	387.64	290.73	96.91	3.31
Standard Self & Family	625	399.39	413.50	310.13	103.37	3.52	865.35	895.92	671.94	223.98	7.64
Standard Self Plus One	626	-	413.50	310.13	103.37	-	-	895.92	671.94	223.98	-

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California Kaiser Foundation Health Plan											
Basic Self	KC1	281.11	281.33	211.00	70.33	-8.77	609.07	609.55	457.16	152.39	-18.99
Basic Self & Family	KC2	657.80	658.31	488.50	169.81	-39.42	1425.23	1426.34	1058.42	367.92	-85.41
Basic Self Plus One	KC3	-	658.31	461.02	197.29	-	-	1426.34	998.88	427.46	-
California Kaiser Foundation Health Plan											
High Self	NZ1	266.38	279.39	209.54	69.85	3.26	577.16	605.35	454.01	151.34	7.05
High Self & Family	NZ2	615.65	645.73	484.30	161.43	-5.65	1333.91	1399.08	1049.31	349.77	-12.24
High Self Plus One	NZ3	-	645.73	461.02	184.71	-	-	1399.08	998.88	400.20	-
Standard Self	NZ4	172.81	181.26	135.95	45.31	2.11	374.42	392.73	294.55	98.18	4.58
Standard Self & Family	NZ5	399.39	418.94	314.21	104.73	4.88	865.35	907.70	680.78	226.92	10.58
Standard Self Plus One	NZ6	-	418.94	314.21	104.73	-	-	907.70	680.78	226.92	-
California UnitedHealthcare of California											
High Self	CY1	297.25	286.34	213.37	72.97	-22.27	644.04	620.40	462.30	158.10	-48.25
High Self & Family	CY2	679.23	802.88	488.50	314.38	83.72	1471.67	1739.57	1058.42	681.15	181.38
High Self Plus One	CY3	-	559.21	419.41	139.80	-	-	1211.62	908.72	302.90	-
Standard Self	CY4	251.45	257.47	193.10	64.37	1.51	544.81	557.85	418.39	139.46	3.26
Standard Self & Family	CY5	576.15	721.97	488.50	233.47	89.43	1248.33	1564.27	1058.42	505.85	193.77
Standard Self Plus One	CY6	-	502.85	377.14	125.71	-	-	1089.51	817.13	272.38	-
Colorado Aetna Direct											
CDHP Self	N61	210.05	218.45	163.84	54.61	2.10	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	474.42	550.93	413.20	137.73	19.13	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	479.08	359.31	119.77	-	-	1038.01	778.51	259.50	-