2015 NationwideFEDVIP Dental and Vision Rates

Plan - Name	2015 Biweekly Premium Rates			2015 Monthly Premium Rates		
	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna High PPO	15.89	31.80	47.68	34.43	68.90	103.31
Delta Dental High PPO	24.88	49.77	74.65	53.91	107.84	161.74
Delta Dental Standard PPO	12.37	24.74	37.11	26.80	53.60	80.41
FEP Blue Dental Standard PPO	12.52	25.04	37.56	27.13	54.25	81.38
FEP Blue Dental High PPO	21.80	43.61	65.41	47.23	94.49	141.72
GEHA Standard PPO	11.27	22.53	33.79	24.42	48.82	73.21
GEHA High PPO	20.59	41.19	61.81	44.61	89.25	133.92
Metlife Standard PPO	13.14	26.28	39.43	28.47	56.94	85.43
Metlife High PPO	24.50	49.00	73.50	53.08	106.17	159.25
United Concordia PPO	17.13	34.26	51.41	37.12	74.23	111.39
Humana	14.49	28.98	43.47	31.40	62.79	94.19
Vision						
Aetna Standard	3.18	6.08	8.93	6.89	13.17	19.35
Aetna High	6.17	11.75	17.25	13.37	25.46	37.38
FEP Blue Standard	3.73	7.45	11.18	8.08	16.14	24.22
FEP Blue High	4.71	9.42	14.14	10.21	20.41	30.64
UnitedHealthcare Standard	2.91	5.69	8.47	6.31	12.33	18.35
UnitedHealthcare High	4.12	8.04	11.97	8.93	17.42	25.94
VSPStandard	3.67	7.33	11.01	7.95	15.88	23.86
VSP High	6.34	12.69	19.04	13.74	27.50	41.25

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

Plan - Option - Enrollment Code		2015 Biweekly Premium Rates				2015 Monthly Premium Rates			
		Premium	Govt Pays	Empl Pays	Rate Change	Total Prem	Govt Pays	Empl Pays	Rate Change
CA Aetna Direct									
CDHP Self	**N61**	**210.05**	**157.54**	**52.51**	**New Plan**	**455.11**	**341.33**	**113.78**	**New Plan**
CDHP Family	**N62**	**474.42**	**355.82**	**118.60**	**New Plan**	**1027.91**	**770.93**	**256.98**	**New Plan**
CA Aetna Healthfund HDHP									
HDHP Self	224	226.86	170.15	**56.71**	1.99	491.53	368.65	**122.88**	4.32
HDHP Family	225	496.83	372.62	**124.21**	4.37	1076.47	807.35	**269.12**	9.47
CA Aetna Healthfund CDHP and Value Plan									
CDHP Self	JS1	340.51	202.01	**138.50**	33.33	737.77	437.69	**300.08**	72.21
CDHP Family	JS2	773.27	448.57	**324.70**	76.85	1675.42	971.90	**703.52**	166.51
Value Self	JS4	279.09	202.01	**77.08**	**-2.57**	604.70	437.69	**167.01**	**-5.57**
Value Family	JS5	633.78	448.57	**185.21**	**-4.67**	1373.19	971.90	**401.29**	**-10.11**
CA Aetna Open Access									
High Self	2X1	279.15	202.01	**77.14**	3.57	604.83	437.69	**167.14**	7.74
High Family	2X2	651.14	448.57	**202.57**	9.79	1410.80	971.90	**438.90**	21.21
CA Anthem Blue Cross Select HMO									
High Self	B31	322.76	202.01	**120.75**	36.78	699.31	437.69	**261.62**	79.68
High Family	B32	693.93	448.57	**245.36**	43.09	1503.52	971.90	**531.62**	93.37
CA Blue Shield of CA Access+ HMO									
High Self	S11	309.25	202.01	**107.24**	22.11	670.04	437.69	**232.35**	47.90
High Family	S12	695.83	448.57	**247.26**	50.80	1507.63	971.90	**535.73**	110.07
Health Net of California									
High Self	LP1	344.22	202.01	**142.21**	0.58	745.81	437.69	**308.12**	1.25
High Family	LP2	795.88	448.57	**347.31**	2.71	1724.41	971.90	**752.51**	5.88
Standard Self	LP4	327.38	202.01	**125.37**	0.63	709.32	437.69	**271.63**	1.36
Standard Family	LP5	756.94	448.57	**308.37**	2.84	1640.04	971.90	**668.14**	6.16
Kaiser Foundation Health Plan of California									
High Self	621	266.38	199.79	**66.59**	1.64	577.16	432.87	**144.29**	3.56
High Family	622	615.65	448.57	**167.08**	4.19	1333.91	971.90	**362.01**	9.08
Standard Self	624	172.81	129.61	**43.20**	1.58	374.42	280.82	**93.60**	3.41
Standard Family	625	399.39	299.54	**99.85**	3.64	865.35	649.01	**216.34**	7.89
United Healthcare of California									
High Self	CY1	297.25	202.01	**95.24**	**-10.08**	644.04	437.69	**206.35**	**-21.84**
High Family	CY2	679.23	448.57	**230.66**	**-21.80**	1471.67	971.90	**499.77**	**-47.22**
Standard Self	CY4	251.45	188.59	**62.86**	2.36	544.81	408.61	**136.20**	5.11
Standard Family	CY5	576.15	432.11	**144.04**	5.41	1248.33	936.25	**312.08**	11.72
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 Code	2015 Biweekly Premium Rates				2015 Monthly Premium Rates			
		Premium	Govt Pays	Empl Pays	Rate Change	Total Prem	Govt Pays	Empl Pays	Rate Change
APWU Health Plan									
High Self	471	258.69	194.02	**64.67**	1.58	560.50	420.38	**140.12**	3.42
High Family	472	584.92	438.69	**146.23**	3.57	1267.33	950.50	**316.83**	7.73
CDHP Self	474	185.24	138.93	**46.31**	1.35	401.35	301.01	**100.34**	2.92
CDHP Family	475	416.73	312.55	**104.18**	3.03	902.92	677.19	**225.73**	6.58
Compass Rose health Plan*									
High Self	421	279.49	202.01	**77.48**	5.42	605.56	437.69	**167.87**	11.74
High Family	422	642.51	448.57	**193.94**	13.76	1392.11	971.90	**420.21**	29.82
Blue Cross and Blue Shield									
Standard Self	104	293.04	202.01	**91.03**	3.21	634.92	437.69	**197.23**	6.95
Standard Family	105	661.88	448.57	**213.31**	8.33	1434.07	971.90	**462.17**	18.05
Basic Self	111	253.62	190.22	**63.40**	2.44	549.51	412.13	**137.38**	5.29
Basic Family	112	593.86	445.40	**148.46**	5.71	1286.70	965.03	**321.67**	12.37
Foreign Service Benefit Plan									
High Self	401	240.67	180.50	**60.17**	2.32	521.45	391.09	**130.36**	5.01
High Family	402	593.00	444.75	**148.25**	5.70	1284.83	963.62	**321.21**	12.36
GEHA Benefit Plan									
High Self	311	296.26	202.01	**94.25**	0.48	641.90	437.69	**204.21**	1.04
High Family	312	673.80	448.57	**225.23**	2.26	1459.90	971.90	**488.00**	4.90
Standard Self	314	196.18	147.14	**49.04**	0.96	425.06	318.80	**106.26**	2.08
Standard Family	315	446.12	334.59	**111.53**	2.19	966.59	724.94	**241.65**	4.74
GEHA High Deductible Health Plan									
HDHP Self	341	203.47	152.60	**50.87**	0.00	440.85	330.64	**110.21**	0.00
HDHP Family	342	464.72	348.54	**116.18**	0.00	1,006.89	755.17	**251.72**	0.00
Mail Handlers Benefit Plan - MHBP									
Standard Self	454	294.66	202.01	**92.65**	**-3.87**	638.43	437.69	**200.74**	**-8.39**
Standard Family	455	674.36	448.57	**225.79**	**-7.59**	1461.11	971.90	**489.21**	**-16.44**
Mail Handlers Benefit Plan Consumer Option									
HDHP Self	481	256.90	192.68	**64.22**	1.26	556.62	417.47	**139.15**	2.73
HDHP Family	482	582.10	436.58	**145.52**	2.85	1261.22	945.92	**315.30**	6.18
Mail Handlers Benefit Plan Value Option									
Value Option Self	414	227.44	170.58	**56.86**	4.70	492.79	369.59	**123.20**	10.18
Value Option Family	415	542.24	406.68	**135.56**	11.20	1174.85	881.14	**293.71**	24.25

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

Plan - Option	Enrollment Code	2015 Biweekly Premium Rates				2015 Monthly Premium Rates			
		Premium	Govt Pays	Empl Pays	Rate Change	Total Prem	Govt Pays	Empl Pays	Rate Change
NALC									
High Self	321	278.95	202.01	76.94	2.53	604.39	437.69	166.70	5.48
High Family	322	604.27	448.57	155.70	4.65	1309.25	971.90	337.35	10.08
CDHP Self	324	200.24	150.18	50.06	1.81	433.85	325.39	108.46	3.92
CDHP Family	325	434.79	326.09	108.70	3.93	942.05	706.54	235.51	8.51
NALC Value Option									
Value Self	KM1	172.40	129.30	43.10	1.56	373.53	280.15	93.38	3.37
Value Family	KM2	374.38	280.79	93.59	3.38	811.16	608.37	202.79	7.33
Panama Canal Area Benefit Plan									
High Self	431	222.72	167.04	55.68	4.13	482.56	361.92	120.64	8.94
High Family	432	464.88	348.66	116.22	8.61	1,007.24	755.43	251.81	18.65
Rural Carrier Benefit Plan									
High Self	381	292.49	202.01	90.48	3.19	633.73	437.69	196.04	6.91
High Family	382	557.72	418.29	139.43	0.00	1208.39	906.29	302.10	0.00
SAMBA									
High Self	441	339.89	202.01	137.88	10.85	736.43	437.69	298.74	23.51
High Family	442	800.46	448.57	351.89	27.17	1734.33	971.90	762.43	58.87
Standard Self	444	243.16	182.37	60.79	0.00	526.85	395.14	131.71	0.00
Standard Family	445	555.35	416.51	138.84	0.00	1203.26	902.45	300.81	0.00