

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

Fee-for-Service Plans (FFS)		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 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	
Alliance Health Plan											
High Self	1R1	158.08	181.79	109.30	72.49	12.27	342.51	393.88	236.82	157.06	26.58
High Family	1R2	335.13	385.40	249.62	135.78	24.06	726.12	835.03	540.84	294.19	52.13
APWU Health Plan											
High Self	471	146.70	161.38	109.30	52.08	3.24	317.85	349.66	236.82	112.84	7.02
High Family	472	321.95	354.15	249.62	104.53	5.99	697.56	767.33	540.84	226.49	12.99
Consumer-Driven Self	474	New code	145.60	109.20	36.40	N/A	New code	315.47	236.60	78.87	N/A
Consumer-Driven Family	475	New code	335.92	249.62	86.30	N/A	New code	727.83	540.84	186.99	N/A
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	138.98	154.96	109.30	45.66	4.54	301.12	335.75	236.82	98.93	9.84
Standard Family	105	318.24	354.84	249.62	105.22	10.39	689.52	768.82	540.84	227.98	22.52
Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	126.46	139.98	104.99	34.99	3.38	274.00	303.29	227.47	75.82	7.32
Basic Family	112	299.15	329.10	246.83	82.27	6.53	648.16	713.05	534.79	178.26	14.16
GEHA Benefit Plan											
High Self	311	157.56	176.47	109.30	67.17	7.47	341.38	382.35	236.82	145.53	16.18
High Family	312	342.91	384.06	249.62	134.44	14.94	742.97	832.13	540.84	291.29	32.38
Standard Self	314	110.00	110.00	82.50	27.50	0.00	238.33	238.33	178.75	59.58	0.00
Standard Family	315	250.00	250.00	187.50	62.50	0.00	541.67	541.67	406.25	135.42	0.00
Mail Handlers											
High Self	451	152.94	173.59	109.30	64.29	9.21	331.37	376.11	236.82	139.29	19.95
High Family	452	322.61	366.16	249.62	116.54	17.34	698.99	793.35	540.84	252.51	37.58
Standard Self	454	102.61	112.35	84.26	28.09	2.44	222.32	243.43	182.57	60.86	5.28
Standard Family	455	222.72	243.89	182.92	60.97	5.29	482.56	528.43	396.32	132.11	11.47
NALC											
High Self	321	143.73	157.74	109.30	48.44	2.57	311.42	341.77	236.82	104.95	5.56
High Family	322	307.13	337.07	249.62	87.45	3.73	665.45	730.32	540.84	189.48	8.09

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Postmasters Benefit Plan (PBP)											
High Self	361	261.28	269.12	109.30	159.82	-3.60	566.11	583.09	236.82	346.27	-7.81
High Family	362	563.73	580.64	249.62	331.02	-9.30	1221.42	1258.05	540.84	717.21	-20.15
Standard Self	364	148.81	157.75	109.30	48.45	-2.50	322.42	341.79	236.82	104.97	-5.42
Standard Family	365	321.91	357.32	249.62	107.70	9.20	697.47	774.19	540.84	233.35	19.94
Association Benefit Plan											
High Self	421	145.13	163.85	109.30	54.55	7.28	314.45	355.01	236.82	118.19	15.77
High Family	422	334.33	377.46	249.62	127.84	16.92	724.38	817.83	540.84	276.99	36.67
Foreign Service Benefit Plan											
High Self	401	135.30	148.56	109.30	39.26	1.82	293.15	321.88	236.82	85.06	3.94
High Family	402	328.60	360.81	249.62	111.19	6.00	711.97	781.76	540.84	240.92	13.01
Panama Canal Area Benefit Plan											
High Self	431	135.47	144.96	108.72	36.24	-1.37	293.52	314.08	235.56	78.52	-2.97
High Family	432	293.78	302.59	226.94	75.65	2.21	636.52	655.61	491.71	163.90	4.77
Rural Carrier Benefit Plan											
High Self	381	158.02	179.98	109.30	70.68	10.52	342.38	389.96	236.82	153.14	22.79
High Family	382	321.86	366.60	249.62	116.98	18.53	697.36	794.30	540.84	253.46	40.16
SAMBA Health Benefit Plan											
High Self	441	164.83	182.96	109.30	73.66	6.69	357.13	396.41	236.82	159.59	14.49
High Family	442	388.17	430.88	249.62	181.26	16.50	841.04	933.57	540.84	392.73	35.75
SEEHA Health Benefit Plan											
High Self	Y71	123.34	146.45	109.30	37.15	6.32	267.24	317.31	236.82	80.49	13.68
High Family	Y72	292.32	347.08	249.62	97.46	24.38	633.36	752.01	540.84	211.17	52.83

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HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
Location - 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	
AL	PrimeHealth of Alabama, Inc.											
	High Self	AA1	126.25	106.42	79.82	26.60	-4.96	273.54	230.58	172.94	57.64	-10.74
	High Family	AA2	323.46	272.68	204.51	68.17	-31.88	700.83	590.81	443.11	147.70	-69.07
AL	The Oath - A Health Plan for Alabama, Inc.											
	High Self	DF1	132.11	154.17	109.30	44.87	10.62	286.24	334.04	236.82	97.22	23.01
	High Family	DF2	338.19	394.67	249.62	145.05	30.27	732.75	855.12	540.84	314.28	65.59
AZ	Aetna Health Inc.											
	High Self	WQ1	103.22	104.45	78.34	26.11	0.31	223.64	226.31	169.73	56.58	0.67
	High Family	WQ2	290.49	286.89	215.17	71.72	-0.90	629.40	621.60	466.20	155.40	-1.95
AZ	Health Net of Arizona, Inc.											
	High Self	A71	116.28	127.59	95.69	31.90	2.83	251.94	276.45	207.34	69.11	6.13
	High Family	A72	313.76	323.27	242.45	80.82	-9.53	679.81	700.42	525.32	175.10	-20.65
AZ	PacifiCare Health Plans											
	High Self	A31	115.99	129.96	97.47	32.49	3.49	251.31	281.58	211.19	70.39	7.56
	High Family	A32	325.07	356.94	249.62	107.32	5.66	704.32	773.37	540.84	232.53	12.27
CA	Aetna Health Inc.											
	High Self	2X1	95.99	107.98	80.99	26.99	2.99	207.98	233.96	175.47	58.49	6.50
	High Family	2X2	224.22	256.16	192.12	64.04	7.99	485.81	555.01	416.26	138.75	17.30
CA	Blue Cross- HMO											
	High Self	M51	105.27	133.38	100.04	33.34	7.02	228.09	288.99	216.74	72.25	15.23
	High Family	M52	268.58	340.29	249.62	90.67	23.53	581.92	737.30	540.84	196.46	50.98
CA	Blue Shield of CA Access+											
	High Self	SJ1	112.07	130.94	98.21	32.73	4.71	242.82	283.70	212.78	70.92	10.22
	High Family	SJ2	278.01	324.80	243.60	81.20	11.70	602.36	703.73	527.80	175.93	25.34
CA	CIGNA HealthCare of California											
	High Self	9T1	116.64	133.92	100.44	33.48	4.32	252.72	290.16	217.62	72.54	9.36
	High Family	9T2	256.61	294.67	221.00	73.67	9.52	555.99	638.45	478.84	159.61	20.61

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CA	Health Net											
	High Self	LB1	115.04	125.90	94.43	31.47	2.71	249.25	272.78	204.59	68.19	5.88
	High Family	LB2	272.33	298.02	223.52	74.50	6.42	590.05	645.71	484.28	161.43	13.92
CA	Kaiser Permanente											
	High Self	591	106.31	138.11	103.58	34.53	7.95	230.34	299.24	224.43	74.81	17.23
	High Family	592	253.78	329.68	247.26	82.42	18.98	549.86	714.31	535.73	178.58	41.12
CA	Kaiser Permanente											
	High Self	621	111.97	129.31	96.98	32.33	4.34	242.60	280.17	210.13	70.04	9.39
	High Family	622	258.77	298.89	224.17	74.72	10.03	560.67	647.60	485.70	161.90	21.73
CA	PacifiCare Health Plans											
	High Self	CY1	93.38	105.60	79.20	26.40	3.06	202.32	228.80	171.60	57.20	6.62
	High Family	CY2	243.50	273.30	204.98	68.32	7.45	527.58	592.15	444.11	148.04	16.15
CA	UHP Healthcare											
	High Self	C41	79.74	105.40	79.05	26.35	6.42	172.77	228.37	171.28	57.09	13.90
	High Family	C42	169.90	224.43	168.32	56.11	13.64	368.12	486.27	364.70	121.57	29.54
CA	Universal Care											
	High Self	6Q1	84.00	104.06	78.05	26.01	5.01	182.00	225.46	169.10	56.36	10.86
	High Family	6Q2	221.83	274.73	206.05	68.68	13.22	480.63	595.25	446.44	148.81	28.65
CO	Kaiser Permanente											
	High Self	651	116.69	134.31	100.73	33.58	4.41	252.83	291.01	218.26	72.75	9.54
	High Family	652	297.55	351.88	249.62	102.26	27.87	644.69	762.41	540.84	221.57	60.40
CO	PacifiCare of Colorado											
	High Self	D61	130.06	145.28	108.96	36.32	3.81	281.80	314.77	236.08	78.69	8.24
	High Family	D62	340.19	377.71	249.62	128.09	11.31	737.08	818.37	540.84	277.53	24.51
	Standard Self	D64	77.30	103.78	77.84	25.94	6.62	167.48	224.86	168.65	56.21	14.34
	Standard Family	D65	200.19	269.79	202.34	67.45	17.40	433.75	584.55	438.41	146.14	37.70
CT	ConnectiCare											
	High Self	TE1	112.14	134.67	101.00	33.67	5.64	242.97	291.79	218.84	72.95	12.21
	High Family	TE2	293.70	352.67	249.62	103.05	29.63	636.35	764.12	540.84	223.28	64.19

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Location - Plan - Option - Enrollment Code												
DC	Aetna Health Inc.											
	High Self	JN1	131.73	141.44	106.08	35.36	1.49	285.42	306.45	229.84	76.61	3.22
	High Family	JN2	304.69	318.55	238.91	79.64	-1.64	660.16	690.19	517.64	172.55	-3.55
	Standard Self	JN4	95.89	105.74	79.31	26.43	2.46	207.76	229.10	171.83	57.27	5.33
	Standard Family	JN5	224.38	247.46	185.60	61.86	5.77	486.16	536.16	402.12	134.04	12.50
DC	CareFirst BlueChoice											
	High Self	2G1	127.57	160.71	109.30	51.41	19.52	276.40	348.21	236.82	111.39	42.29
	High Family	2G2	286.99	361.58	249.62	111.96	40.21	621.81	783.42	540.84	242.58	87.13
DC	Kaiser Permanente											
	High Self	E31	107.05	123.23	92.42	30.81	4.05	231.94	267.00	200.25	66.75	8.77
	High Family	E32	264.42	293.29	219.97	73.32	7.22	572.91	635.46	476.60	158.86	15.63
DC	MD-IPA											
	High Self	JP1	120.55	138.80	104.10	34.70	4.56	261.19	300.73	225.55	75.18	9.88
	High Family	JP2	289.36	333.17	249.62	83.55	11.21	626.95	721.87	540.84	181.03	24.29
FL	Av-Med Health Plan (North Florida)											
	High Self	EM1	122.89	141.92	106.44	35.48	4.76	266.26	307.49	230.62	76.87	10.31
	High Family	EM2	337.92	390.30	249.62	140.68	26.17	732.16	845.65	540.84	304.81	56.71
FL	Av-Med Health Plan (South Florida)											
	High Self	ML1	New code	125.51	94.13	31.38	N/A	New code	271.94	203.96	67.98	N/A
	High Family	ML2	New code	345.12	249.62	95.50	N/A	New code	747.76	540.84	206.92	N/A
FL	Capital Health Plan											
	High Self	EA1	113.85	142.02	106.52	35.50	7.04	246.68	307.71	230.78	76.93	15.26
	High Family	EA2	303.96	377.53	249.62	127.91	47.36	658.58	817.98	540.84	277.14	102.62
FL	Foundation Health											
	High Self	5E1	80.06	91.06	68.30	22.76	2.75	173.46	197.30	147.98	49.32	5.96
	High Family	5E2	220.17	250.43	187.82	62.61	7.57	477.04	542.60	406.95	135.65	16.39
FL	Healthplan Southeast											
	High Self	RK1	New Plan	129.42	97.07	32.35	N/A	New Plan	280.41	210.31	70.10	N/A
	High Family	RK2	New Plan	345.56	249.62	95.94	N/A	New Plan	748.71	540.84	207.87	N/A

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Location - Plan - Option - Enrollment Code												
FL	Humana Medical Plan											
	High Self	EE1	106.50	118.86	89.15	29.71	3.09	230.75	257.53	193.15	64.38	6.69
	High Family	EE2	266.25	297.15	222.86	74.29	7.73	576.88	643.83	482.87	160.96	16.74
FL	JMH Health Plan											
	High Self	J81	New Plan	96.91	72.68	24.23	N/A	New Plan	209.97	157.48	52.49	N/A
	High Family	J82	New Plan	238.39	178.79	59.60	N/A	New Plan	516.51	387.38	129.13	N/A
FL	Total Health Choice											
	High Self	4A1	94.24	116.80	87.60	29.20	5.64	204.19	253.07	189.80	63.27	12.22
	High Family	4A2	234.67	291.01	218.26	72.75	14.08	508.45	630.52	472.89	157.63	30.52
FL	Vista Healthplan											
	High Self	3N1	108.56	137.77	103.33	34.44	7.30	235.21	298.50	223.88	74.62	15.82
	High Family	3N2	302.88	384.39	249.62	134.77	55.30	656.24	832.85	540.84	292.01	119.83
GA	Aetna Health Inc.											
	High Self	2U1	111.91	139.51	104.63	34.88	6.90	242.47	302.27	226.70	75.57	14.95
	High Family	2U2	293.95	336.53	249.62	86.91	13.42	636.89	729.15	540.84	188.31	29.09
GA	Kaiser Permanente											
	High Self	F81	105.68	115.17	86.38	28.79	2.37	228.97	249.54	187.16	62.38	5.14
	High Family	F82	268.29	292.39	219.29	73.10	6.03	581.30	633.51	475.13	158.38	13.06
GU	PacifiCare Asia Pacific											
	High Self	JK1	134.62	118.50	88.88	29.62	-7.14	291.68	256.75	192.56	64.19	-15.46
	High Family	JK2	353.69	311.38	233.54	77.84	-52.44	766.33	674.66	506.00	168.66	-113.61
	Standard Self	JK4	110.39	101.10	75.83	25.27	-2.33	239.18	219.05	164.29	54.76	-5.03
	Standard Family	JK5	291.51	266.96	200.22	66.74	-6.14	631.61	578.41	433.81	144.60	-13.30
HI	HMSA											
	High Self	871	107.57	120.47	90.35	30.12	3.23	233.07	261.02	195.77	65.25	6.98
	High Family	872	239.44	268.17	201.13	67.04	7.18	518.79	581.04	435.78	145.26	15.56

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HI	Kaiser Permanente											
	High Self	631	122.21	143.19	107.39	35.80	5.25	264.79	310.25	232.69	77.56	11.36
	High Family	632	262.75	307.86	230.90	76.96	11.27	569.29	667.03	500.27	166.76	24.44
	Standard Self	634	93.28	108.72	81.54	27.18	3.86	202.11	235.56	176.67	58.89	8.36
	Standard Family	635	200.55	233.75	175.31	58.44	8.30	434.53	506.46	379.85	126.61	17.98
ID	Group Health Cooperative											
	High Self	VR1	119.27	144.97	108.73	36.24	6.42	258.42	314.10	235.58	78.52	13.92
	High Family	VR2	306.62	372.32	249.62	122.70	39.49	664.34	806.69	540.84	265.85	85.57
IL	BlueCHOICE											
	High Self	9G1	122.67	139.61	104.71	34.90	4.23	265.79	302.49	226.87	75.62	9.17
	High Family	9G2	265.58	302.26	226.70	75.56	9.17	575.42	654.90	491.18	163.72	19.87
IL	Group Health Plan											
	High Self	MM1	149.12	166.14	109.30	56.84	5.58	323.09	359.97	236.82	123.15	12.09
	High Family	MM2	322.09	358.86	249.62	109.24	10.56	697.86	777.53	540.84	236.69	22.89
IL	Health Alliance HMO											
	High Self	FX1	138.25	151.25	109.30	41.95	1.56	299.54	327.71	236.82	90.89	3.38
	High Family	FX2	322.68	353.01	249.62	103.39	4.12	699.14	764.86	540.84	224.02	8.94
IL	Humana Health Plan Inc.											
	High Self	751	109.06	134.52	100.89	33.63	6.37	236.30	291.46	218.60	72.86	13.79
	High Family	752	261.56	322.63	241.97	80.66	15.27	566.71	699.03	524.27	174.76	33.08
	Standard Self	754	New Code	102.11	76.58	25.53	N/A	New Code	221.24	165.93	55.31	N/A
	Standard Family	755	New Code	244.89	183.67	61.22	N/A	New Code	530.60	397.95	132.65	N/A
IL	John Deere Health Plan											
	High Self	YH1	126.82	124.17	93.13	31.04	-0.66	274.78	269.04	201.78	67.26	-1.43
	High Family	YH2	326.76	304.21	228.16	76.05	-27.30	707.98	659.12	494.34	164.78	-59.14
IL	Mercy Health Plans/Premier Health Plans											
	High Self	7M1	134.08	174.24	109.30	64.94	28.72	290.51	377.52	236.82	140.70	62.22
	High Family	7M2	311.85	405.29	249.62	155.67	67.23	675.68	878.13	540.84	337.29	145.67

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Location - Plan - Option - Enrollment Code												
IL	OSF HealthPlans											
	High Self	9F1	113.62	113.59	85.19	28.40	0.00	246.18	246.11	184.58	61.53	-0.01
	High Family	9F2	298.80	298.71	224.03	74.68	-0.71	647.40	647.21	485.41	161.80	-1.54
IL	PersonalCare's HMO											
	High Self	GE1	90.39	117.80	88.35	29.45	6.85	195.85	255.23	191.42	63.81	14.85
	High Family	GE2	232.43	303.02	227.27	75.75	17.64	503.60	656.54	492.41	164.13	38.23
IL	Unicare HMO											
	High Self	171	84.05	122.22	91.67	30.55	9.54	182.11	264.81	198.61	66.20	20.67
	High Family	172	262.07	350.19	249.62	100.57	35.05	567.82	758.75	540.84	217.91	75.96
IL	Union Health Service											
	High Self	761	97.08	107.28	80.46	26.82	2.55	210.34	232.44	174.33	58.11	5.53
	High Family	762	240.78	266.02	199.52	66.50	6.31	521.69	576.38	432.29	144.09	13.67
IN	Advantage Health Plan, Inc.											
	High Self	6Y1	122.57	146.02	109.30	36.72	6.08	265.57	316.38	236.82	79.56	13.17
	High Family	6Y2	287.79	342.85	249.62	93.23	21.28	623.55	742.84	540.84	202.00	46.11
IN	Aetna Health Inc.											
	High Self	RD1	141.42	139.97	104.98	34.99	-8.57	306.41	303.27	227.45	75.82	-18.56
	High Family	RD2	357.69	343.99	249.62	94.37	-39.91	775.00	745.31	540.84	204.47	-86.47
IN	Arnett HMO											
	High Self	G21	125.25	139.82	104.87	34.95	3.64	271.38	302.94	227.21	75.73	7.89
	High Family	G22	325.67	363.57	249.62	113.95	11.69	705.62	787.74	540.84	246.90	25.34
IN	Health Alliance HMO											
	High Self	FX1	138.25	151.25	109.30	41.95	1.56	299.54	327.71	236.82	90.89	3.38
	High Family	FX2	322.68	353.01	249.62	103.39	4.12	699.14	764.86	540.84	224.02	8.94
IN	Humana Health Plan											
	High Self	D21	124.82	146.69	109.30	37.39	6.19	270.44	317.83	236.82	81.01	13.40
	High Family	D22	312.08	366.78	249.62	117.16	28.49	676.17	794.69	540.84	253.85	61.74

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
Location - 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	
IN	Humana Health Plan Inc.											
	High Self	751	109.06	134.52	100.89	33.63	6.37	236.30	291.46	218.60	72.86	13.79
	High Family	752	261.56	322.63	241.97	80.66	15.27	566.71	699.03	524.27	174.76	33.08
	Standard Self	754	New code	102.11	76.58	25.53	N/A	New code	221.24	165.93	55.31	N/A
	Standard Family	755	New code	244.89	183.67	61.22	N/A	New code	530.60	397.95	132.65	N/A
IN	M*Plan											
	High Self	IN1	139.52	169.54	109.30	60.24	18.58	302.29	367.34	236.82	130.52	40.26
	High Family	IN2	320.16	389.11	249.62	139.49	42.74	693.68	843.07	540.84	302.23	92.61
IN	Physicians Health Plan of Northern Indiana											
	High Self	DQ1	122.34	129.52	97.14	32.38	1.80	265.07	280.63	210.47	70.16	3.89
	High Family	DQ2	274.91	291.09	218.32	72.77	4.04	595.64	630.70	473.03	157.67	8.76
IN	Welborn HMO											
	High Self	H31	134.36	135.72	101.79	33.93	-2.57	291.11	294.06	220.55	73.51	-5.57
	High Family	H32	347.35	350.88	249.62	101.26	-22.68	752.59	760.24	540.84	219.40	-49.13
IA	Avera Health Plans											
	High Self	AV1	105.20	118.18	88.64	29.54	3.24	227.93	256.06	192.05	64.01	7.03
	High Family	AV2	241.44	275.98	206.99	68.99	8.63	523.12	597.96	448.47	149.49	18.71
IA	Coventry Health Care of Iowa											
	High Self	SV1	116.65	116.65	87.49	29.16	0.00	252.74	252.74	189.56	63.18	0.00
	High Family	SV2	315.02	315.02	236.27	78.75	-12.86	682.54	682.54	511.91	170.63	-27.85
IA	Health Alliance HMO											
	High Self	FX1	138.25	151.25	109.30	41.95	1.56	299.54	327.71	236.82	90.89	3.38
	High Family	FX2	322.68	353.01	249.62	103.39	4.12	699.14	764.86	540.84	224.02	8.94
IA	John Deere Health Plan											
	High Self	YH1	126.82	124.17	93.13	31.04	-0.66	274.78	269.04	201.78	67.26	-1.43
	High Family	YH2	326.76	304.21	228.16	76.05	-27.30	707.98	659.12	494.34	164.78	-59.14
KS	Coventry Health Care of Kansas											
	High Self	7W1	121.21	156.49	109.30	47.19	16.89	262.62	339.06	236.82	102.24	36.59
	High Family	7W2	309.09	399.04	249.62	149.42	63.74	669.70	864.59	540.84	323.75	138.11

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
KS	Coventry Health Care of Kansas - Kansas City											
	High Self	HA1	87.55	113.98	85.49	28.49	6.60	189.69	246.96	185.22	61.74	14.32
	High Family	HA2	225.87	294.08	220.56	73.52	17.05	489.39	637.17	477.88	159.29	36.94
KS	Humana Health Plan, Inc.											
	High Self	MS1	113.69	140.81	105.61	35.20	6.78	246.33	305.09	228.82	76.27	14.69
	High Family	MS2	272.75	337.82	249.62	88.20	20.01	590.96	731.94	540.84	191.10	43.36
	Standard Self	MS4	86.65	81.88	61.41	20.47	-1.19	187.74	177.41	133.06	44.35	-2.58
	Standard Family	MS5	207.85	196.42	147.32	49.10	-2.86	450.34	425.58	319.19	106.39	-6.19
KS	Preferred Plus of Kansas											
	High Self	VA1	138.01	146.16	109.30	36.86	-3.29	299.02	316.68	236.82	79.86	-7.13
	High Family	VA2	367.09	388.79	249.62	139.17	-4.51	795.36	842.38	540.84	301.54	-9.76
KY	Humana Health Plan											
	High Self	D21	124.82	146.69	109.30	37.39	6.19	270.44	317.83	236.82	81.01	13.40
	High Family	D22	312.08	366.78	249.62	117.16	28.49	676.17	794.69	540.84	253.85	61.74
KY	United Healthcare of Ohio, Inc.											
	High Self	3U1	148.76	177.82	109.30	68.52	17.62	322.31	385.28	236.82	148.46	38.18
	High Family	3U2	342.15	409.00	249.62	159.38	40.64	741.33	886.17	540.84	345.33	88.06
LA	Amcare Health Plans											
	High Self	ZH1	91.03	132.27	99.20	33.07	10.31	197.23	286.59	214.94	71.65	22.34
	High Family	ZH2	238.39	343.89	249.62	94.27	34.67	516.51	745.10	540.84	204.26	75.13
LA	Amcare Health Plans											
	High Self	ZQ1	110.50	155.73	109.30	46.43	18.81	239.42	337.42	236.82	100.60	40.75
	High Family	ZQ2	289.39	404.89	249.62	155.27	82.92	627.01	877.26	540.84	336.42	179.67
LA	Coventry Healthcare Louisiana											
	High Self	BJ1	115.50	129.89	97.42	32.47	3.60	250.25	281.43	211.07	70.36	7.80
	High Family	BJ2	268.26	301.65	226.24	75.41	8.35	581.23	653.58	490.19	163.39	18.08
LA	Coventry Healthcare Louisiana											
	High Self	JA1	134.24	136.92	102.69	34.23	-2.15	290.85	296.66	222.50	74.16	-4.66
	High Family	JA2	311.77	317.98	238.49	79.49	-8.87	675.50	688.96	516.72	172.24	-19.20

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
LA	Vantage Health Plan											
	High Self	AQ1	138.02	153.18	109.30	43.88	3.72	299.04	331.89	236.82	95.07	8.06
	High Family	AQ2	370.28	410.96	249.62	161.34	14.47	802.27	890.41	540.84	349.57	31.36
LA	Vantage Health Plan											
	High Self	MV1	146.30	162.35	109.30	53.05	4.61	316.98	351.76	236.82	114.94	9.99
	High Family	MV2	392.50	435.59	249.62	185.97	16.88	850.42	943.78	540.84	402.94	36.58
MD	Aetna Health Inc.											
	High Self	JN1	131.73	141.44	106.08	35.36	1.49	285.42	306.45	229.84	76.61	3.22
	High Family	JN2	304.69	318.55	238.91	79.64	-1.64	660.16	690.19	517.64	172.55	-3.55
	Standard Self	JN4	95.89	105.74	79.31	26.43	2.46	207.76	229.10	171.83	57.27	5.33
	Standard Family	JN5	224.38	247.46	185.60	61.86	5.77	486.16	536.16	402.12	134.04	12.50
MD	CareFirst BlueChoice											
	High Self	2G1	127.57	160.71	109.30	51.41	19.52	276.40	348.21	236.82	111.39	42.29
	High Family	2G2	286.99	361.58	249.62	111.96	40.21	621.81	783.42	540.84	242.58	87.13
MD	Kaiser Permanente											
	High Self	E31	107.05	123.23	92.42	30.81	4.05	231.94	267.00	200.25	66.75	8.77
	High Family	E32	264.42	293.29	219.97	73.32	7.22	572.91	635.46	476.60	158.86	15.63
MD	MD-IPA											
	High Self	JP1	120.55	138.80	104.10	34.70	4.56	261.19	300.73	225.55	75.18	9.88
	High Family	JP2	289.36	333.17	249.62	83.55	11.21	626.95	721.87	540.84	181.03	24.29
MA	Blue Chip, Coord Hlth Partners											
	High Self	DA1	131.41	162.39	109.30	53.09	19.54	284.72	351.85	236.82	115.03	42.34
	High Family	DA2	336.46	415.78	249.62	166.16	53.11	729.00	900.86	540.84	360.02	115.08
MA	ConnectiCare											
	High Self	TE1	112.14	134.67	101.00	33.67	5.64	242.97	291.79	218.84	72.95	12.21
	High Family	TE2	293.70	352.67	249.62	103.05	29.63	636.35	764.12	540.84	223.28	64.19
MA	Fallon Community Health Plan											
	High Self	JV1	138.70	141.30	105.98	35.32	-5.52	300.52	306.15	229.61	76.54	-11.95
	High Family	JV2	302.99	363.15	249.62	113.53	33.95	656.48	786.83	540.84	245.99	73.57

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
MI	Bluecare Network of MI											
	High Self	G71	213.55	242.08	109.30	132.78	17.09	462.69	524.51	236.82	287.69	37.03
	High Family	G72	540.03	612.14	249.62	362.52	45.90	1170.07	1326.30	540.84	785.46	99.45
MI	Bluecare Network of MI											
	High Self	K51	120.70	132.31	99.23	33.08	2.91	261.52	286.67	215.00	71.67	6.29
	High Family	K52	337.46	369.83	249.62	120.21	6.16	731.16	801.30	540.84	260.46	13.36
MI	Bluecare Network of MI											
	High Self	KF1	151.67	174.35	109.30	65.05	11.24	328.62	377.76	236.82	140.94	24.35
	High Family	KF2	417.59	480.01	249.62	230.39	36.21	904.78	1040.02	540.84	499.18	78.46
MI	Bluecare Network of MI											
	High Self	KN1	129.42	141.49	106.12	35.37	3.02	280.41	306.56	229.92	76.64	6.54
	High Family	KN2	361.76	395.47	249.62	145.85	7.50	783.81	856.85	540.84	316.01	16.26
MI	Bluecare Network of MI											
	High Self	KR1	130.68	146.01	109.30	36.71	3.89	283.14	316.36	236.82	79.54	8.43
	High Family	KR2	377.35	421.72	249.62	172.10	18.16	817.59	913.73	540.84	372.89	39.36
MI	Bluecare Network of MI											
	High Self	LN1	159.59	177.69	109.30	68.39	6.66	345.78	385.00	236.82	148.18	14.43
	High Family	LN2	384.26	427.86	249.62	178.24	17.39	832.56	927.03	540.84	386.19	37.69
MI	Bluecare Network of MI											
	High Self	LX1	89.09	102.68	77.01	25.67	3.40	193.03	222.47	166.85	55.62	7.36
	High Family	LX2	266.49	307.06	230.30	76.76	10.14	577.40	665.30	498.98	166.32	21.97
MI	Grand Valley Health Plan											
	High Self	RL1	116.96	134.62	100.97	33.65	4.41	253.41	291.68	218.76	72.92	9.57
	High Family	RL2	328.80	377.98	249.62	128.36	22.97	712.40	818.96	540.84	278.12	49.78
MI	Health Alliance Plan											
	High Self	521	123.73	123.51	92.63	30.88	-0.05	268.08	267.61	200.71	66.90	-0.12
	High Family	522	327.83	327.25	245.44	81.81	-22.61	710.30	709.04	531.78	177.26	-48.98
MI	HealthPlus MI											
	High Self	X51	124.26	150.07	109.30	40.77	9.71	269.23	325.15	236.82	88.33	21.02
	High Family	X52	304.64	367.91	249.62	118.29	37.06	660.05	797.14	540.84	256.30	80.31

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
MI	M-Care											
	High Self	EG1	101.48	119.16	89.37	29.79	4.42	219.87	258.18	193.64	64.54	9.57
	High Family	EG2	268.91	315.79	236.84	78.95	11.72	582.64	684.21	513.16	171.05	25.39
MI	OmniCare											
	High Self	KA1	102.65	120.15	90.11	30.04	4.38	222.41	260.33	195.25	65.08	9.48
	High Family	KA2	257.66	295.57	221.68	73.89	9.48	558.26	640.40	480.30	160.10	20.54
MI	The Wellness Plan											
	High Self	K31	91.04	98.66	74.00	24.66	1.90	197.25	213.76	160.32	53.44	4.13
	High Family	K32	247.63	266.65	199.99	66.66	4.75	536.53	577.74	433.31	144.43	10.30
MI	Total Health Care											
	High Self	N21	105.64	118.50	88.88	29.62	3.21	228.89	256.75	192.56	64.19	6.97
	High Family	N22	265.83	301.40	226.05	75.35	8.89	575.97	653.03	489.77	163.26	19.27
MN	Avera Health Plans											
	High Self	AV1	105.20	118.18	88.64	29.54	3.24	227.93	256.06	192.05	64.01	7.03
	High Family	AV2	241.44	275.98	206.99	68.99	8.63	523.12	597.96	448.47	149.49	18.71
MN	HealthPartners Classic											
	High Self	531	143.73	163.13	109.30	53.83	7.96	311.42	353.45	236.82	116.63	17.24
	High Family	532	344.92	391.51	249.62	141.89	20.38	747.33	848.27	540.84	307.43	44.16
MN	HealthPartners Primary Clinic Plan											
	High Self	HQ1	165.96	203.05	109.30	93.75	25.65	359.58	439.94	236.82	203.12	55.57
	High Family	HQ2	398.31	487.31	249.62	237.69	62.79	863.01	1055.84	540.84	515.00	136.05
MO	BlueCHOICE											
	High Self	9G1	122.67	139.61	104.71	34.90	4.23	265.79	302.49	226.87	75.62	9.17
	High Family	9G2	265.58	302.26	226.70	75.56	9.17	575.42	654.90	491.18	163.72	19.87
MO	Coventry Health Care of Kansas - Kansas City											
	High Self	HA1	87.55	113.98	85.49	28.49	6.60	189.69	246.96	185.22	61.74	14.32
	High Family	HA2	225.87	294.08	220.56	73.52	17.05	489.39	637.17	477.88	159.29	36.94
MO	Group Health Plan											
	High Self	MM1	149.12	166.14	109.30	56.84	5.58	323.09	359.97	236.82	123.15	12.09
	High Family	MM2	322.09	358.86	249.62	109.24	10.56	697.86	777.53	540.84	236.69	22.89

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
Location - 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	
MO	Humana Health Plan, Inc.											
	High Self	MS1	113.69	140.81	105.61	35.20	6.78	246.33	305.09	228.82	76.27	14.69
	High Family	MS2	272.75	337.82	249.62	88.20	20.01	590.96	731.94	540.84	191.10	43.36
	Standard Self	MS4	86.65	81.88	61.41	20.47	-1.19	187.74	177.41	133.06	44.35	-2.58
	Standard Family	MS5	207.85	196.42	147.32	49.10	-2.86	450.34	425.58	319.19	106.39	-6.19
MO	Mercy Health Plans/Premier Health Plans											
	High Self	7M1	134.08	174.24	109.30	64.94	28.72	290.51	377.52	236.82	140.70	62.22
	High Family	7M2	311.85	405.29	249.62	155.67	67.23	675.68	878.13	540.84	337.29	145.67
MT	New West Health Plan											
	High Self	NV1	New Plan	133.18	99.89	33.29	N/A	New Plan	288.56	216.42	72.14	N/A
	High Family	NV2	New Plan	296.36	222.27	74.09	N/A	New Plan	642.11	481.58	160.53	N/A
NV	Health Plan of Nevada											
	High Self	NM1	97.82	97.82	73.37	24.45	0.00	211.94	211.94	158.96	52.98	0.00
	High Family	NM2	250.47	250.47	187.85	62.62	0.00	542.69	542.69	407.02	135.67	0.00
NV	PacifiCare Health Plans											
	High Self	K91	118.09	124.49	93.37	31.12	1.60	255.86	269.73	202.30	67.43	3.47
	High Family	K92	300.71	334.24	249.62	84.62	7.32	651.54	724.19	540.84	183.35	15.87
NJ	Aetna Health Inc.											
	High Self	P31	143.88	148.51	109.30	39.21	-6.81	311.74	321.77	236.82	84.95	-14.76
	High Family	P32	374.09	358.34	249.62	108.72	-41.96	810.53	776.40	540.84	235.56	-90.91
NJ	AmeriHealth HMO											
	High Self	FK1	126.66	147.27	109.30	37.97	6.31	274.43	319.09	236.82	82.27	13.66
	High Family	FK2	301.93	351.00	249.62	101.38	22.86	654.18	760.50	540.84	219.66	49.54
NJ	GHI Health Plan											
	High Self	801	144.14	168.65	109.30	59.35	13.07	312.30	365.41	236.82	128.59	28.32
	High Family	802	360.34	421.60	249.62	171.98	35.05	780.74	913.47	540.84	372.63	75.95
NM	Cimarron Health Plan											
	High Self	PX1	113.30	130.46	97.85	32.61	4.29	245.48	282.66	212.00	70.66	9.29
	High Family	PX2	297.95	343.06	249.62	93.44	18.90	645.56	743.30	540.84	202.46	40.96

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
NM	Lovelace Health Plan											
	High Self	Q11	112.34	133.84	100.38	33.46	5.38	243.40	289.99	217.49	72.50	11.65
	High Family	Q12	292.09	347.98	249.62	98.36	25.34	632.86	753.96	540.84	213.12	54.91
NM	Presbyterian Health Plan											
	High Self	P21	108.45	124.11	93.08	31.03	3.92	234.98	268.91	201.68	67.23	8.49
	High Family	P22	282.83	323.68	242.76	80.92	10.21	612.80	701.31	525.98	175.33	22.13
NY	Aetna Health Inc.											
	High Self	JC1	112.09	132.37	99.28	33.09	5.07	242.86	286.80	215.10	71.70	10.99
	High Family	JC2	281.88	331.29	248.47	82.82	12.35	610.74	717.80	538.35	179.45	26.77
NY	Blue Choice											
	High Self	MK1	131.91	135.23	101.42	33.81	-0.24	285.81	293.00	219.75	73.25	-0.53
	High Family	MK2	330.53	338.72	249.62	89.10	-18.02	716.15	733.89	540.84	193.05	-39.04
NY	Capital District Physicians Health Plan											
	High Self	PW1	118.91	137.60	103.20	34.40	4.67	257.64	298.13	223.60	74.53	10.12
	High Family	PW2	304.40	351.92	249.62	102.30	21.31	659.53	762.49	540.84	221.65	46.18
NY	Capital District Physicians Health Plan											
	High Self	QB1	123.68	132.29	99.22	33.07	2.15	267.97	286.63	214.97	71.66	4.67
	High Family	QB2	317.55	339.93	249.62	90.31	-3.83	688.03	736.52	540.84	195.68	-8.29
NY	Capital District Physicians Health Plan											
	High Self	SG1	117.81	128.69	96.52	32.17	2.72	255.26	278.83	209.12	69.71	5.90
	High Family	SG2	301.77	329.49	247.12	82.37	4.01	653.84	713.90	535.43	178.47	8.69
NY	GHI Health Plan											
	High Self	801	144.14	168.65	109.30	59.35	13.07	312.30	365.41	236.82	128.59	28.32
	High Family	802	360.34	421.60	249.62	171.98	35.05	780.74	913.47	540.84	372.63	75.95
NY	GHI HMO Select											
	High Self	6V1	128.19	154.16	109.30	44.86	12.81	277.75	334.01	236.82	97.19	27.75
	High Family	6V2	322.32	394.39	249.62	144.77	45.86	698.36	854.51	540.84	313.67	99.37
NY	GHI HMO Select											
	High Self	X41	114.23	140.06	105.05	35.01	6.45	247.50	303.46	227.60	75.86	13.99
	High Family	X42	294.49	333.67	249.62	84.05	10.43	638.06	722.95	540.84	182.11	22.60

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
NY	HIP of Greater New York											
	High Self	511	108.93	134.40	100.80	33.60	6.37	236.02	291.20	218.40	72.80	13.80
	High Family	512	326.79	376.99	249.62	127.37	23.99	708.05	816.81	540.84	275.97	51.98
	Standard Self	514	New Code	107.50	80.63	26.87	N/A	New Code	232.92	174.69	58.23	N/A
	Standard Family	515	New Code	301.02	225.77	75.25	N/A	New Code	652.21	489.16	163.05	N/A
NY	HMO Blue											
	High Self	AH1	123.75	157.63	109.30	48.33	17.39	268.13	341.53	236.82	104.71	37.68
	High Family	AH2	316.95	401.64	249.62	152.02	58.48	686.73	870.22	540.84	329.38	126.71
NY	HMO-CNY											
	High Self	EB1	131.70	158.67	109.30	49.37	15.53	285.35	343.79	236.82	106.97	33.65
	High Family	EB2	349.27	420.45	249.62	170.83	44.97	756.75	910.98	540.84	370.14	97.45
NY	Independent Health Assoc											
	High Self	QA1	93.96	101.31	75.98	25.33	1.84	203.58	219.51	164.63	54.88	3.99
	High Family	QA2	261.94	281.01	210.76	70.25	4.77	567.54	608.86	456.65	152.21	10.33
NY	MVP Health Care											
	High Self	GA1	114.71	118.79	89.09	29.70	1.02	248.54	257.38	193.04	64.34	2.21
	High Family	GA2	296.28	306.83	230.12	76.71	2.64	641.94	664.80	498.60	166.20	5.72
NY	MVP Health Care											
	High Self	M91	118.39	128.06	96.05	32.01	2.41	256.51	277.46	208.10	69.36	5.23
	High Family	M92	305.73	330.74	248.06	82.68	0.36	662.42	716.60	537.45	179.15	0.79
NY	MVP Health Care											
	High Self	MX1	129.66	136.67	102.50	34.17	1.76	280.93	296.12	222.09	74.03	3.80
	High Family	MX2	334.88	352.99	249.62	103.37	-8.10	725.57	764.81	540.84	223.97	-17.54
NY	Preferred Care											
	High Self	GV1	118.82	108.86	81.65	27.21	-2.49	257.44	235.86	176.90	58.96	-5.40
	High Family	GV2	317.34	290.63	217.97	72.66	-21.27	687.57	629.70	472.28	157.42	-46.09
NY	Univera Healthcare											
	High Self	KQ1	New code	131.94	98.96	32.98	N/A	New code	285.87	214.40	71.47	N/A
	High Family	KQ2	New code	349.80	249.62	100.18	N/A	New code	757.90	540.84	217.06	N/A

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
NY	Univera Healthcare											
	High Self	Q81	102.71	111.03	83.27	27.76	2.08	222.54	240.57	180.43	60.14	4.51
	High Family	Q82	291.28	314.82	236.12	78.70	5.88	631.11	682.11	511.58	170.53	12.75
NY	Vytra Health Plans											
	High Self	J61	148.36	139.59	104.69	34.90	-15.60	321.45	302.45	226.84	75.61	-33.81
	High Family	J62	388.73	365.86	249.62	116.24	-49.08	842.25	792.70	540.84	251.86	-106.33
ND	Heart of America HMO											
	High Self	RU1	106.17	116.66	87.50	29.16	2.62	230.04	252.76	189.57	63.19	5.68
	High Family	RU2	272.85	288.14	216.11	72.03	3.82	591.18	624.30	468.23	156.07	8.28
OH	Aetna Health Inc.											
	High Self	7D1	135.57	139.73	104.80	34.93	-2.78	293.74	302.75	227.06	75.69	-6.02
	High Family	7D2	335.04	336.55	249.62	86.93	-24.70	725.92	729.19	540.84	188.35	-53.51
OH	Aetna Health Inc.											
	High Self	RD1	141.42	139.97	104.98	34.99	-8.57	306.41	303.27	227.45	75.82	-18.56
	High Family	RD2	357.69	343.99	249.62	94.37	-39.91	775.00	745.31	540.84	204.47	-86.47
OH	AultCare HMO											
	High Self	3A1	95.23	150.42	109.30	41.12	17.31	206.33	325.91	236.82	89.09	37.51
	High Family	3A2	238.54	380.95	249.62	131.33	71.70	516.84	825.39	540.84	284.55	155.34
OH	Blue HMO											
	High Self	R51	134.33	149.10	109.30	39.80	3.33	291.05	323.05	236.82	86.23	7.21
	High Family	R52	316.52	370.33	249.62	120.71	27.60	685.79	802.38	540.84	261.54	59.81
OH	Health Plan of the Upper Ohio Valley											
	High Self	U41	117.33	149.39	109.30	40.09	10.76	254.22	323.68	236.82	86.86	23.31
	High Family	U42	322.66	410.83	249.62	161.21	61.96	699.10	890.13	540.84	349.29	134.25
	Standard Self	U44	New Code	138.82	104.12	34.70	N/A	New Code	300.78	225.59	75.19	N/A
	Standard Family	U45	New Code	381.76	249.62	132.14	N/A	New Code	827.15	540.84	286.31	N/A
OH	HMO Health Ohio											
	High Self	L41	128.80	133.69	100.27	33.42	1.22	279.07	289.66	217.25	72.41	2.64
	High Family	L42	329.45	341.96	249.62	92.34	-13.70	713.81	740.91	540.84	200.07	-29.68

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
Location - 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	
OH	Kaiser Permanente											
	High Self	641	117.77	137.00	102.75	34.25	4.81	255.17	296.83	222.62	74.21	10.42
	High Family	642	289.01	336.18	249.62	86.56	14.31	626.19	728.39	540.84	187.55	31.00
OH	Paramount Health Care											
	High Self	U21	129.75	140.20	105.15	35.05	2.61	281.13	303.77	227.83	75.94	5.66
	High Family	U22	344.03	371.19	249.62	121.57	0.95	745.40	804.25	540.84	263.41	2.07
OH	SummaCare Health Plan											
	High Self	5W1	100.57	132.62	99.47	33.15	8.01	217.90	287.34	215.51	71.83	17.36
	High Family	5W2	276.57	364.66	249.62	115.04	45.90	599.24	790.10	540.84	249.26	99.45
OH	SuperMed HMO											
	High Self	5M1	144.93	154.60	109.30	45.30	-1.77	314.02	334.97	236.82	98.15	-3.84
	High Family	5M2	370.72	395.45	249.62	145.83	-1.48	803.23	856.81	540.84	315.97	-3.20
OH	United Healthcare of Ohio, Inc.											
	High Self	3U1	148.76	177.82	109.30	68.52	17.62	322.31	385.28	236.82	148.46	38.18
	High Family	3U2	342.15	409.00	249.62	159.38	40.64	741.33	886.17	540.84	345.33	88.06
OK	PacifiCare Health Plans											
	High Self	2N1	102.43	148.28	109.30	38.98	13.37	221.93	321.27	236.82	84.45	28.97
	High Family	2N2	267.82	374.64	249.62	125.02	58.07	580.28	811.72	540.84	270.88	125.81
OR	Kaiser Permanente											
	High Self	571	134.10	153.30	109.30	44.00	7.76	290.55	332.15	236.82	95.33	16.81
	High Family	572	307.75	351.81	249.62	102.19	17.85	666.79	762.26	540.84	221.42	38.69
	Standard Self	574	120.00	137.06	102.80	34.26	4.26	260.00	296.96	222.72	74.24	9.24
	Standard Family	575	275.40	314.57	235.93	78.64	9.79	596.70	681.57	511.18	170.39	21.22
OR	PacifiCare Health Plans											
	High Self	7Z1	166.91	162.08	109.30	52.78	-16.27	361.64	351.17	236.82	114.35	-35.26
	High Family	7Z2	369.81	359.10	249.62	109.48	-36.92	801.26	778.05	540.84	237.21	-79.99
PA	Aetna Health Inc.											
	High Self	P31	143.88	148.51	109.30	39.21	-6.81	311.74	321.77	236.82	84.95	-14.76
	High Family	P32	374.09	358.34	249.62	108.72	-41.96	810.53	776.40	540.84	235.56	-90.91

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
Location - 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	
PA	Health Net of Pennsylvania											
	High Self	2K1	129.17	146.49	109.30	37.19	4.90	279.87	317.40	236.82	80.58	10.61
	High Family	2K2	317.03	359.50	249.62	109.88	16.26	686.90	778.92	540.84	238.08	35.24
PA	HealthAmerica Pennsylvania											
	High Self	261	115.38	137.03	102.77	34.26	5.42	249.99	296.90	222.68	74.22	11.72
	High Family	262	299.96	356.28	249.62	106.66	30.11	649.91	771.94	540.84	231.10	65.25
PA	HealthAmerica Pennsylvania											
	High Self	SW1	124.14	141.82	106.37	35.45	4.42	268.97	307.28	230.46	76.82	9.58
	High Family	SW2	322.78	368.75	249.62	119.13	19.76	699.36	798.96	540.84	258.12	42.82
PA	HealthGuard											
	High Self	NQ1	99.57	120.79	90.59	30.20	5.31	215.74	261.71	196.28	65.43	11.50
	High Family	NQ2	258.90	314.65	235.99	78.66	13.94	560.95	681.74	511.31	170.43	30.19
PA	Keystone Health Plan Central											
	High Self	S41	145.19	156.21	109.30	46.91	-0.42	314.58	338.46	236.82	101.64	-0.91
	High Family	S42	351.30	378.36	249.62	128.74	0.85	761.15	819.78	540.84	278.94	1.85
PA	Keystone Health Plan East											
	High Self	ED1	128.60	146.63	109.30	37.33	5.18	278.63	317.70	236.82	80.88	11.22
	High Family	ED2	338.90	386.69	249.62	137.07	21.58	734.28	837.83	540.84	296.99	46.77
PA	UPMC Health Plan											
	High Self	8W1	93.52	138.90	104.18	34.72	11.34	202.63	300.95	225.71	75.24	24.58
	High Family	8W2	238.56	354.29	249.62	104.67	45.03	516.88	767.63	540.84	226.79	97.57
PR	Humana Health Plans of Puerto Rico											
	High Self	ZJ1	New Plan	75.91	56.93	18.98	N/A	New Plan	164.47	123.35	41.12	N/A
	High Family	ZJ2	New Plan	174.60	130.95	43.65	N/A	New Plan	378.30	283.73	94.57	N/A

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
PR	Triple-S											
	High Self	891	91.15	95.70	71.78	23.92	1.13	197.49	207.35	155.51	51.84	2.47
	High Family	892	195.76	205.55	154.16	51.39	2.45	424.15	445.36	334.02	111.34	5.30
RI	Blue Chip, Coord Hlth Partners											
	High Self	DA1	131.41	162.39	109.30	53.09	19.54	284.72	351.85	236.82	115.03	42.34
	High Family	DA2	336.46	415.78	249.62	166.16	53.11	729.00	900.86	540.84	360.02	115.08
SD	Avera Health Plans											
	High Self	AV1	105.20	118.18	88.64	29.54	3.24	227.93	256.06	192.05	64.01	7.03
	High Family	AV2	241.44	275.98	206.99	68.99	8.63	523.12	597.96	448.47	149.49	18.71
SD	Sioux Valley Health Plan											
	High Self	AU1	154.02	167.09	109.30	57.79	1.63	333.71	362.03	236.82	125.21	3.53
	High Family	AU2	329.62	382.64	249.62	133.02	26.81	714.18	829.05	540.84	288.21	58.09
TN	Aetna Health Inc.											
	High Self	6J1	125.35	118.30	88.73	29.57	-1.77	271.59	256.32	192.24	64.08	-3.82
	High Family	6J2	349.32	320.40	240.30	80.10	-45.81	756.86	694.20	520.65	173.55	-99.25
TN	Aetna Health Inc.											
	High Self	UB1	103.56	128.78	96.59	32.19	6.30	224.38	279.02	209.27	69.75	13.66
	High Family	UB2	315.54	344.56	249.62	94.94	2.81	683.67	746.55	540.84	205.71	6.10
TN	HealthSpring											
	High Self	6K1	116.38	148.29	109.30	38.99	9.90	252.16	321.30	236.82	84.48	21.44
	High Family	6K2	324.30	413.25	249.62	163.63	62.74	702.65	895.38	540.84	354.54	135.95
	Standard Self	6K4	New Code	123.79	92.84	30.95	N/A	New Code	268.21	201.16	67.05	N/A
	Standard Family	6K5	New Code	344.96	249.62	95.34	N/A	New Code	747.41	540.84	206.57	N/A
TX	Amcare Health Plans											
	High Self	2V1	102.89	138.17	103.63	34.54	8.82	222.93	299.37	224.53	74.84	19.11
	High Family	2V2	269.46	359.26	249.62	109.64	42.28	583.83	778.40	540.84	237.56	91.60
TX	Amcare Health Plans											
	High Self	ZG1	101.76	118.58	88.94	29.64	4.20	220.48	256.92	192.69	64.23	9.11
	High Family	ZG2	266.52	308.32	231.24	77.08	10.45	577.46	668.03	501.02	167.01	22.65

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
TX	FIRSTCARE											
	High Self	6U1	136.01	123.55	92.66	30.89	-7.26	294.69	267.69	200.77	66.92	-15.74
	High Family	6U2	292.18	265.41	199.06	66.35	-6.69	633.06	575.06	431.30	143.76	-14.50
TX	FIRSTCARE											
	High Self	CK1	151.17	176.51	109.30	67.21	13.90	327.54	382.44	236.82	145.62	30.11
	High Family	CK2	324.72	379.13	249.62	129.51	28.20	703.56	821.45	540.84	280.61	61.11
TX	HMO Blue Texas											
	High Self	YM1	119.59	138.49	103.87	34.62	4.72	259.11	300.06	225.05	75.01	10.23
	High Family	YM2	292.74	339.00	249.62	89.38	16.20	634.27	734.50	540.84	193.66	35.09
TX	Humana Health Plan of Texas											
	High Self	UR1	102.99	133.78	100.34	33.44	7.69	223.15	289.86	217.40	72.46	16.67
	High Family	UR2	264.74	343.86	249.62	94.24	28.06	573.60	745.03	540.84	204.19	60.79
	Standard Self	UR4	New Code	107.55	80.66	26.89	N/A	New Code	233.03	174.77	58.26	N/A
	Standard Family	UR5	New Code	276.45	207.34	69.11	N/A	New Code	598.98	449.24	149.74	N/A
TX	Mercy Health Plans/Premier Health Plans											
	High Self	HM1	127.09	174.11	109.30	64.81	33.04	275.36	377.24	236.82	140.42	71.58
	High Family	HM2	317.73	435.29	249.62	185.67	91.35	688.42	943.13	540.84	402.29	197.93
TX	PacifiCare Health Plans											
	High Self	GF1	99.61	143.10	107.33	35.77	10.87	215.82	310.05	232.54	77.51	23.56
	High Family	GF2	260.42	371.83	249.62	122.21	57.11	564.24	805.63	540.84	264.79	123.73
UT	Altius Health Plans											
	High Self	9K1	146.67	162.96	109.30	53.66	4.85	317.79	353.08	236.82	116.26	10.50
	High Family	9K2	322.68	358.52	249.62	108.90	9.63	699.14	776.79	540.84	235.95	20.87
VT	MVP Health Care											
	High Self	VW1	187.10	176.36	109.30	67.06	-22.18	405.38	382.11	236.82	145.29	-48.06
	High Family	VW2	483.26	455.49	249.62	205.87	-53.98	1047.06	986.90	540.84	446.06	-116.94

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
VA	Aetna Health Inc.											
	High Self	JN1	131.73	141.44	106.08	35.36	1.49	285.42	306.45	229.84	76.61	3.22
	High Family	JN2	304.69	318.55	238.91	79.64	-1.64	660.16	690.19	517.64	172.55	-3.55
	Standard Self	JN4	95.89	105.74	79.31	26.43	2.46	207.76	229.10	171.83	57.27	5.33
	Standard Family	JN5	224.38	247.46	185.60	61.86	5.77	486.16	536.16	402.12	134.04	12.50
VA	CareFirst BlueChoice											
	High Self	2G1	127.57	160.71	109.30	51.41	19.52	276.40	348.21	236.82	111.39	42.29
	High Family	2G2	286.99	361.58	249.62	111.96	40.21	621.81	783.42	540.84	242.58	87.13
VA	Kaiser Permanente											
	High Self	E31	107.05	123.23	92.42	30.81	4.05	231.94	267.00	200.25	66.75	8.77
	High Family	E32	264.42	293.29	219.97	73.32	7.22	572.91	635.46	476.60	158.86	15.63
VA	MD-IPA											
	High Self	JP1	120.55	138.80	104.10	34.70	4.56	261.19	300.73	225.55	75.18	9.88
	High Family	JP2	289.36	333.17	249.62	83.55	11.21	626.95	721.87	540.84	181.03	24.29
VA	Optima Health Plan											
	High Self	9R1	137.24	161.90	109.30	52.60	13.22	297.35	350.78	236.82	113.96	28.64
	High Family	9R2	324.75	383.08	249.62	133.46	32.12	703.63	830.01	540.84	289.17	69.60
VA	Piedmont Community Healthcare											
	High Self	2C1	134.59	160.86	109.30	51.56	14.83	291.61	348.53	236.82	111.71	32.13
	High Family	2C2	308.19	368.36	249.62	118.74	33.96	667.75	798.11	540.84	257.27	73.58
WA	Aetna Health Inc.											
	High Self	8J1	110.73	125.93	94.45	31.48	3.80	239.92	272.85	204.64	68.21	8.23
	High Family	8J2	287.91	320.23	240.17	80.06	8.08	623.81	693.83	520.37	173.46	17.51
WA	Group Health Cooperative											
	High Self	541	128.95	153.49	109.30	44.19	11.95	279.39	332.56	236.82	95.74	25.89
	High Family	542	290.97	346.52	249.62	96.90	24.16	630.44	750.79	540.84	209.95	52.34
WA	Group Health Cooperative											
	High Self	VR1	119.27	144.97	108.73	36.24	6.42	258.42	314.10	235.58	78.52	13.92
	High Family	VR2	306.62	372.32	249.62	122.70	39.49	664.34	806.69	540.84	265.85	85.57

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
WA	Kaiser Permanente											
	High Self	571	134.10	153.30	109.30	44.00	7.76	290.55	332.15	236.82	95.33	16.81
	High Family	572	307.75	351.81	249.62	102.19	17.85	666.79	762.26	540.84	221.42	38.69
	Standard Self	574	120.00	137.06	102.80	34.26	4.26	260.00	296.96	222.72	74.24	9.24
	Standard Family	575	275.40	314.57	235.93	78.64	9.79	596.70	681.57	511.18	170.39	21.22
WA	Kitsap Physicians Service											
	High Self	VT1	178.33	222.64	109.30	113.34	32.87	386.38	482.39	236.82	245.57	71.22
	High Family	VT2	381.44	476.23	249.62	226.61	68.58	826.45	1031.83	540.84	490.99	148.60
	Standard Self	VT4	134.05	156.49	109.30	47.19	11.00	290.44	339.06	236.82	102.24	23.83
	Standard Family	VT5	292.91	341.94	249.62	92.32	19.09	634.64	740.87	540.84	200.03	41.37
WA	PacifiCare Health Plans											
	High Self	7Z1	166.91	162.08	109.30	52.78	-16.27	361.64	351.17	236.82	114.35	-35.26
	High Family	7Z2	369.81	359.10	249.62	109.48	-36.92	801.26	778.05	540.84	237.21	-79.99
WA	PacifiCare Health Plans											
	High Self	WB1	130.87	147.31	109.30	38.01	5.00	283.55	319.17	236.82	82.35	10.83
	High Family	WB2	343.09	350.89	249.62	101.27	-18.41	743.36	760.26	540.84	219.42	-39.88
WV	Health Plan of the Upper Ohio Valley											
	High Self	U41	117.33	149.39	109.30	40.09	10.76	254.22	323.68	236.82	86.86	23.31
	High Family	U42	322.66	410.83	249.62	161.21	61.96	699.10	890.13	540.84	349.29	134.25
	Standard Self	U44	New code	138.82	104.12	34.70	N/A	New code	300.78	225.59	75.19	N/A
	Standard Family	U45	New code	381.76	249.62	132.14	N/A	New code	827.15	540.84	286.31	N/A
WI	Dean Health Plan											
	High Self	WD1	118.35	127.18	95.39	31.79	2.20	256.43	275.56	206.67	68.89	4.78
	High Family	WD2	319.56	343.36	249.62	93.74	-2.41	692.38	743.95	540.84	203.11	-5.21
WI	Group Health Cooperative											
	High Self	WJ1	116.17	130.29	97.72	32.57	3.53	251.70	282.30	211.73	70.57	7.65
	High Family	WJ2	311.79	349.42	249.62	99.80	11.42	675.55	757.08	540.84	216.24	24.75

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

HMO Plans		2002 Total Biweekly Premium	2003 Biweekly premium rates				2002 Total Monthly Premium	2003 Monthly premium rates			
Location - 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	
WI	Group Health Cooperative/Eau Claire										
	High Self	WT1 175.52	183.97	109.30	74.67	-2.99	380.29	398.60	236.82	161.78	-6.48
	High Family	WT2 452.91	474.42	249.62	224.80	-4.70	981.31	1027.91	540.84	487.07	-10.18
WI	HealthPartners Classic										
	High Self	531 143.73	163.13	109.30	53.83	7.96	311.42	353.45	236.82	116.63	17.24
	High Family	532 344.92	391.51	249.62	141.89	20.38	747.33	848.27	540.84	307.43	44.16
WI	HealthPartners Primary Clinic Plan										
	High Self	HQ1 165.96	203.05	109.30	93.75	25.65	359.58	439.94	236.82	203.12	55.57
	High Family	HQ2 398.31	487.31	249.62	237.69	62.79	863.01	1055.84	540.84	515.00	136.05
WY	WINhealth Partners										
	High Self	PV1 115.18	123.61	92.71	30.90	2.11	249.56	267.82	200.87	66.95	4.56
	High Family	PV2 311.86	336.51	249.62	86.89	-1.56	675.70	729.11	540.84	188.27	-3.37