

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

Fee-for-Service Plans (FFS)		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
Plan - Option - Enrollment Code												
Alliance Health Plan												
High Self	1R1	141.14	158.08	97.86	60.22	5.67	305.80	342.51	212.03	130.48	12.29	
High Family	1R2	299.22	335.13	223.41	111.72	8.32	648.31	726.12	484.06	242.06	18.03	
APWU Health Plan												
High Self	471	133.37	146.70	97.86	48.84	2.06	288.97	317.85	212.03	105.82	4.46	
High Family	472	292.69	321.95	223.41	98.54	1.67	634.16	697.56	484.06	213.50	3.62	
Blue Cross and Blue Shield Service Benefit Plan												
Standard Self	104	120.85	138.98	97.86	41.12	6.86	261.84	301.12	212.03	89.09	14.86	
Standard Family	105	276.73	318.24	223.41	94.83	13.92	599.58	689.52	484.06	205.46	30.16	
Basic Self	111	New code	126.46	94.85	31.61	N/A	New code	274.00	205.50	68.50	N/A	
Basic Family	112	New code	299.15	223.41	75.74	N/A	New code	648.16	484.06	164.10	N/A	
GEHA Benefit Plan												
High Self	311	137.01	157.56	97.86	59.70	9.28	296.86	341.38	212.03	129.35	20.10	
High Family	312	298.18	342.91	223.41	119.50	17.14	646.06	742.97	484.06	258.91	37.13	
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 Benefit Plan												
High Self	451	133.58	152.94	97.86	55.08	8.09	289.42	331.37	212.03	119.34	17.53	
High Family	452	281.76	322.61	223.41	99.20	13.26	610.48	698.99	484.06	214.93	28.73	
Standard Self	454	87.70	102.61	76.96	25.65	3.73	190.02	222.32	166.74	55.58	8.08	
Standard Family	455	190.36	222.72	167.04	55.68	8.09	412.45	482.56	361.92	120.64	17.53	
NALC Health Benefit Plan												
High Self	321	135.60	143.73	97.86	45.87	-3.14	293.80	311.42	212.03	99.39	-6.80	
High Family	322	289.74	307.13	223.41	83.72	-10.20	627.77	665.45	484.06	181.39	-22.10	
Postmasters Benefit Plan (PBP)												
High Self	361	261.28	261.28	97.86	163.42	-11.27	566.11	566.11	212.03	354.08	-24.42	
High Family	362	563.73	563.73	223.41	340.32	-27.59	1221.42	1221.42	484.06	737.36	-59.78	
Standard Self	364	144.48	148.81	97.86	50.95	-6.94	313.04	322.42	212.03	110.39	-15.04	
Standard Family	365	312.53	321.91	223.41	98.50	-18.21	677.15	697.47	484.06	213.41	-39.46	

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Association Benefit Plan											
High Self	421	127.54	145.13	97.86	47.27	6.32	276.34	314.45	212.03	102.42	13.69
High Family	422	293.78	334.33	223.41	110.92	12.96	636.52	724.38	484.06	240.32	28.08
Foreign Service Benefit Plan											
High Self	401	121.35	135.30	97.86	37.44	2.68	262.93	293.15	212.03	81.12	5.80
High Family	402	294.70	328.60	223.41	105.19	6.31	638.52	711.97	484.06	227.91	13.67
Panama Canal Area Benefit Plan											
High Self	431	124.28	135.47	97.86	37.61	-0.08	269.27	293.52	212.03	81.49	-0.17
High Family	432	269.53	293.78	220.34	73.44	-0.27	583.98	636.52	477.39	159.13	-0.57
Rural Carrier Benefit Plan											
High Self	381	137.40	158.02	97.86	60.16	9.35	297.70	342.38	212.03	130.35	20.26
High Family	382	279.87	321.86	223.41	98.45	14.40	606.39	697.36	484.06	213.30	31.19
SAMBA Health Benefit Plan											
High Self	441	143.33	164.83	97.86	66.97	10.23	310.55	357.13	212.03	145.10	22.16
High Family	442	337.54	388.17	223.41	164.76	23.04	731.34	841.04	484.06	356.98	49.92
Secret Service - SEEHA Health Benefit Plan											
High Self	Y71	110.86	123.34	92.51	30.83	3.12	240.20	267.24	200.43	66.81	6.76
High Family	Y72	262.74	292.32	219.24	73.08	6.16	569.27	633.36	475.02	158.34	13.35

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Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
AL	PrimeHealth of Alabama, Inc.											
	High Self	AA1	102.63	126.25	94.69	31.56	5.90	222.37	273.54	205.16	68.38	12.79
	High Family	AA2	262.95	323.46	223.41	100.05	32.92	569.73	700.83	484.06	216.77	71.32
AL	The Oath - A Health Plan for Alabama, Inc.											
	High Self	DF1	127.39	132.11	97.86	34.25	-6.55	276.01	286.24	212.03	74.21	-14.19
	High Family	DF2	326.12	338.19	223.41	114.78	-15.52	706.59	732.75	484.06	248.69	-33.62
AZ	Aetna U. S. Healthcare, Inc.											
	High Self	WQ1	86.91	103.22	77.42	25.80	4.07	188.31	223.64	167.73	55.91	8.83
	High Family	WQ2	244.61	290.49	217.87	72.62	11.47	529.99	629.40	472.05	157.35	24.85
AZ	Health Net of Arizona, Inc.											
	High Self	A71	96.01	116.28	87.21	29.07	5.07	208.02	251.94	188.96	62.98	10.98
	High Family	A72	259.05	313.76	223.41	90.35	25.59	561.28	679.81	484.06	195.75	55.43
AZ	PacifiCare Health Plans											
	High Self	A31	88.93	115.99	86.99	29.00	6.77	192.68	251.31	188.48	62.83	14.66
	High Family	A32	248.99	325.07	223.41	101.66	39.41	539.48	704.32	484.06	220.26	85.39
CA	Aetna U. S. Healthcare, Inc.											
	High Self	2X1	85.24	95.99	71.99	24.00	2.69	184.69	207.98	155.99	51.99	5.82
	High Family	2X2	198.96	224.22	168.17	56.05	6.31	431.08	485.81	364.36	121.45	13.68
CA	Blue Cross- HMO											
	High Self	M51	94.08	105.27	78.95	26.32	2.80	203.84	228.09	171.07	57.02	6.06
	High Family	M52	240.02	268.58	201.44	67.14	7.14	520.04	581.92	436.44	145.48	15.47
CA	Blue Shield of CA Access+											
	High Self	SJ1	90.16	112.07	84.05	28.02	5.48	195.35	242.82	182.12	60.70	11.86
	High Family	SJ2	223.66	278.01	208.51	69.50	13.59	484.60	602.36	451.77	150.59	29.44
CA	CIGNA HealthCare of California											
	High Self	9T1	97.35	116.64	87.48	29.16	4.82	210.93	252.72	189.54	63.18	10.45
	High Family	9T2	214.18	256.61	192.46	64.15	10.61	464.06	555.99	416.99	139.00	22.99
CA	Health Net											
	High Self	LB1	93.01	115.04	86.28	28.76	5.51	201.52	249.25	186.94	62.31	11.93
	High Family	LB2	220.17	272.33	204.25	68.08	13.04	477.04	590.05	442.54	147.51	28.25

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CA	Kaiser Permanente											
	High Self 591	90.30	106.31	79.73	26.58	4.01	195.65	230.34	172.76	57.58	8.67	
	High Family 592	215.57	253.78	190.34	63.44	9.55	467.07	549.86	412.40	137.46	20.69	
CA	Kaiser Permanente											
	High Self 621	94.39	111.97	83.98	27.99	4.39	204.51	242.60	181.95	60.65	9.52	
	High Family 622	218.16	258.77	194.08	64.69	10.15	472.68	560.67	420.50	140.17	22.00	
CA	PacifiCare Health Plans											
	High Self CY1	80.26	93.38	70.04	23.34	3.28	173.90	202.32	151.74	50.58	7.11	
	High Family CY2	209.30	243.50	182.63	60.87	8.55	453.48	527.58	395.69	131.89	18.52	
CA	UHP HEALTHCARE											
	High Self C41	75.22	79.74	59.81	19.93	1.13	162.98	172.77	129.58	43.19	2.45	
	High Family C42	160.28	169.90	127.43	42.47	2.40	347.27	368.12	276.09	92.03	5.21	
CA	Universal Care											
	High Self 6Q1	76.47	84.00	63.00	21.00	1.88	165.69	182.00	136.50	45.50	4.08	
	High Family 6Q2	201.94	221.83	166.37	55.46	4.98	437.54	480.63	360.47	120.16	10.78	
CA	Western Health Advantage											
	High Self 5Z1	89.76	108.88	81.66	27.22	4.78	194.48	235.91	176.93	58.98	10.36	
	High Family 5Z2	215.42	261.31	195.98	65.33	11.48	466.74	566.17	424.63	141.54	24.86	
CO	Kaiser Permanente											
	High Self 651	86.81	116.69	87.52	29.17	7.47	188.09	252.83	189.62	63.21	16.19	
	High Family 652	221.36	297.55	223.16	74.39	19.05	479.61	644.69	483.52	161.17	41.27	
CO	PacifiCare of Colorado											
	High Self D61	102.41	130.06	97.55	32.51	6.91	221.89	281.80	211.35	70.45	14.98	
	High Family D62	264.98	340.19	223.41	116.78	47.62	574.12	737.08	484.06	253.02	103.18	
	Standard Self D64	77.29	77.30	57.98	19.32	0.00	167.46	167.48	125.61	41.87	0.01	
	Standard Family D65	200.21	200.19	150.14	50.05	0.00	433.79	433.75	325.31	108.44	-0.01	

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CO	Rocky Mountain HMO											
	High Self XJ1	136.82	158.43	97.86	60.57	10.34	296.44	343.27	212.03	131.24	22.41	
	High Family XJ2	320.00	370.54	223.41	147.13	22.95	693.33	802.84	484.06	318.78	49.73	
	Standard Self XJ4	New code	142.59	97.86	44.73	N/A	New code	308.95	212.03	96.92	N/A	
	Standard Family XJ5	New code	333.49	223.41	110.08	N/A	New code	722.56	484.06	238.50	N/A	
CT	ConnectiCare											
	High Self TE1	98.31	112.14	84.11	28.03	3.45	213.01	242.97	182.23	60.74	7.49	
	High Family TE2	257.45	293.70	220.28	73.42	9.06	557.81	636.35	477.26	159.09	19.64	
CT	Health Net, Inc.											
	High Self DP1	137.69	148.62	97.86	50.76	-0.34	298.33	322.01	212.03	109.98	-0.74	
	High Family DP2	384.76	415.31	223.41	191.90	2.96	833.65	899.84	484.06	415.78	6.41	
CT	Health New England											
	High Self DJ1	122.27	138.11	97.86	40.25	4.57	264.92	299.24	212.03	87.21	9.90	
	High Family DJ2	304.72	344.49	223.41	121.08	12.18	660.23	746.40	484.06	262.34	26.39	
DC	Aetna U. S. Healthcare, Inc.											
	High Self JN1	114.25	131.73	97.86	33.87	5.31	247.54	285.42	212.03	73.39	11.51	
	High Family JN2	264.25	304.69	223.41	81.28	12.85	572.54	660.16	484.06	176.10	27.84	
	Standard Self JN4	83.16	95.89	71.92	23.97	3.18	180.18	207.76	155.82	51.94	6.90	
	Standard Family JN5	194.60	224.38	168.29	56.09	7.44	421.63	486.16	364.62	121.54	16.13	
DC	CareFirst BlueChoice											
	High Self 2G1	119.01	127.57	95.68	31.89	-0.53	257.86	276.40	207.30	69.10	-1.15	
	High Family 2G2	273.72	286.99	215.24	71.75	-6.15	593.06	621.81	466.36	155.45	-13.33	
DC	Kaiser Permanente											
	High Self E31	105.76	107.05	80.29	26.76	0.32	229.15	231.94	173.96	57.98	0.69	
	High Family E32	261.22	264.42	198.32	66.10	0.70	565.98	572.91	429.68	143.23	1.53	
DC	MD-IPA											
	High Self JP1	108.91	120.55	90.41	30.14	2.91	235.97	261.19	195.89	65.30	6.31	
	High Family JP2	261.41	289.36	217.02	72.34	6.75	566.39	626.95	470.21	156.74	14.63	

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FL	Av-Med Health Plan											
	High Self EM1	115.29	122.89	92.17	30.72	1.90	249.80	266.26	199.70	66.56	4.11	
	High Family EM2	317.13	337.92	223.41	114.51	-6.80	687.12	732.16	484.06	248.10	-14.74	
FL	Capital Health Plan											
	High Self EA1	93.85	113.85	85.39	28.46	5.00	203.34	246.68	185.01	61.67	10.84	
	High Family EA2	250.55	303.96	223.41	80.55	17.91	542.86	658.58	484.06	174.52	38.81	
FL	Foundation Health											
	High Self 5E1	74.97	80.06	60.05	20.01	1.27	162.44	173.46	130.10	43.36	2.75	
	High Family 5E2	206.19	220.17	165.13	55.04	3.49	446.75	477.04	357.78	119.26	7.57	
FL	HIP Health Plan of FL											
	High Self 3N1	108.01	108.56	81.42	27.14	0.14	234.02	235.21	176.41	58.80	0.30	
	High Family 3N2	298.60	302.88	223.41	79.47	-23.31	646.97	656.24	484.06	172.18	-50.51	
FL	Humana Medical Plan											
	High Self EE1	101.46	106.50	79.88	26.62	1.26	219.83	230.75	173.06	57.69	2.73	
	High Family EE2	253.66	266.25	199.69	66.56	3.15	549.60	576.88	432.66	144.22	6.82	
FL	Total Health Choice											
	High Self 4A1	90.31	94.24	70.68	23.56	0.98	195.67	204.19	153.14	51.05	2.13	
	High Family 4A2	224.89	234.67	176.00	58.67	2.45	487.26	508.45	381.34	127.11	5.30	
GA	Aetna U. S. Healthcare, Inc.											
	High Self 2U1	96.13	111.91	83.93	27.98	3.95	208.28	242.47	181.85	60.62	8.55	
	High Family 2U2	252.52	293.95	220.46	73.49	10.36	547.13	636.89	477.67	159.22	22.44	
GA	Kaiser Permanente											
	High Self F81	96.76	105.68	79.26	26.42	2.23	209.65	228.97	171.73	57.24	4.83	
	High Family F82	245.64	268.29	201.22	67.07	5.66	532.22	581.30	435.98	145.32	12.27	
GU	PacifiCare Asia Pacific											
	High Self JK1	109.08	134.62	97.86	36.76	9.49	236.34	291.68	212.03	79.65	20.57	
	High Family JK2	286.60	353.69	223.41	130.28	39.50	620.97	766.33	484.06	282.27	85.58	
	Standard Self JK4	71.80	110.39	82.79	27.60	9.65	155.57	239.18	179.39	59.79	20.90	
	Standard Family JK5	189.58	291.51	218.63	72.88	25.49	410.76	631.61	473.71	157.90	55.21	

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HI	HMSA											
	High Self	871	98.69	107.57	80.68	26.89	2.22	213.83	233.07	174.80	58.27	4.81
	High Family	872	219.67	239.44	179.58	59.86	4.94	475.95	518.79	389.09	129.70	10.71
HI	Kaiser Permanente											
	High Self	631	119.45	122.21	91.66	30.55	-2.31	258.81	264.79	198.59	66.20	-5.00
	High Family	632	256.81	262.75	197.06	65.69	1.49	556.42	569.29	426.97	142.32	3.22
	Standard Self	634	90.85	93.28	69.96	23.32	0.61	196.84	202.11	151.58	50.53	1.32
	Standard Family	635	195.34	200.55	150.41	50.14	1.31	423.24	434.53	325.90	108.63	2.82
ID	Group Health Cooperative											
	High Self	VR1	119.48	119.27	89.45	29.82	-3.07	258.87	258.42	193.82	64.60	-6.66
	High Family	VR2	307.47	306.62	223.41	83.21	-28.44	666.19	664.34	484.06	180.28	-61.63
IL	Group Health Plan											
	High Self	MM1	127.58	149.12	97.86	51.26	10.27	276.42	323.09	212.03	111.06	22.25
	High Family	MM2	276.86	322.09	223.41	98.68	17.64	599.86	697.86	484.06	213.80	38.22
IL	Health Alliance HMO											
	High Self	FX1	121.80	138.25	97.86	40.39	5.18	263.90	299.54	212.03	87.51	11.22
	High Family	FX2	284.30	322.68	223.41	99.27	10.79	615.98	699.14	484.06	215.08	23.38
IL	Humana Health Plan Inc.											
	High Self	751	111.90	109.06	81.80	27.26	-0.71	242.45	236.30	177.23	59.07	-1.54
	High Family	752	268.36	261.56	196.17	65.39	-7.15	581.45	566.71	425.03	141.68	-15.49
IL	John Deere Health Plan											
	High Self	YH1	113.76	126.82	95.12	31.70	3.26	246.48	274.78	206.09	68.69	7.07
	High Family	YH2	307.15	326.76	223.41	103.35	-7.98	665.49	707.98	484.06	223.92	-17.29
IL	Mercy Health Plans/Premier											
	High Self	7M1	103.64	134.08	97.86	36.22	10.31	224.55	290.51	212.03	78.48	22.34
	High Family	7M2	241.06	311.85	223.41	88.44	28.18	522.30	675.68	484.06	191.62	61.05
IL	OSF HealthPlans											
	High Self	9F1	96.83	113.62	85.22	28.40	4.19	209.80	246.18	184.64	61.54	9.09
	High Family	9F2	254.71	298.80	223.41	75.39	11.71	551.87	647.40	484.06	163.34	25.37

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IL	PersonalCare's HMO											
	High Self GE1	78.43	90.39	67.79	22.60	2.99	169.93	195.85	146.89	48.96	6.48	
	High Family GE2	201.64	232.43	174.32	58.11	7.70	436.89	503.60	377.70	125.90	16.68	
IL	UNICARE HMO											
	High Self 171	83.03	84.05	63.04	21.01	0.25	179.90	182.11	136.58	45.53	0.56	
	High Family 172	215.52	262.07	196.55	65.52	11.64	466.96	567.82	425.87	141.95	25.21	
IL	Union Health Service											
	High Self 761	89.74	97.08	72.81	24.27	1.84	194.44	210.34	157.76	52.58	3.97	
	High Family 762	222.56	240.78	180.59	60.19	4.55	482.21	521.69	391.27	130.42	9.87	
IN	Advantage Health Plan, Inc.											
	High Self 6Y1	106.11	122.57	91.93	30.64	4.11	229.91	265.57	199.18	66.39	8.91	
	High Family 6Y2	249.15	287.79	215.84	71.95	9.66	539.83	623.55	467.66	155.89	20.93	
IN	Aetna U. S. Healthcare, Inc.											
	High Self 7L1	99.22	115.11	86.33	28.78	3.98	214.98	249.41	187.06	62.35	8.61	
	High Family 7L2	245.12	284.37	213.28	71.09	9.81	531.09	616.14	462.11	154.03	21.26	
IN	Aetna U. S. Healthcare, Inc.											
	High Self RD1	112.56	141.42	97.86	43.56	15.42	243.88	306.41	212.03	94.38	33.41	
	High Family RD2	284.70	357.69	223.41	134.28	45.40	616.85	775.00	484.06	290.94	98.37	
IN	Arnett HMO											
	High Self G21	121.20	125.25	93.94	31.31	-3.30	262.60	271.38	203.54	67.84	-7.15	
	High Family G22	315.14	325.67	223.41	102.26	-17.06	682.80	705.62	484.06	221.56	-36.96	
IN	Health Alliance HMO											
	High Self FX1	121.80	138.25	97.86	40.39	5.18	263.90	299.54	212.03	87.51	11.22	
	High Family FX2	284.30	322.68	223.41	99.27	10.79	615.98	699.14	484.06	215.08	23.38	
IN	Humana Health Plan											
	High Self D21	115.09	124.82	93.62	31.20	2.43	249.36	270.44	202.83	67.61	5.27	
	High Family D22	287.73	312.08	223.41	88.67	-3.24	623.42	676.17	484.06	192.11	-7.03	
IN	Humana Health Plan Inc.											
	High Self 751	111.90	109.06	81.80	27.26	-0.71	242.45	236.30	177.23	59.07	-1.54	
	High Family 752	268.36	261.56	196.17	65.39	-7.15	581.45	566.71	425.03	141.68	-15.49	

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
IN	M*Plan											
	High Self	IN1	120.62	139.52	97.86	41.66	7.63	261.34	302.29	212.03	90.26	16.53
	High Family	IN2	269.25	320.16	223.41	96.75	23.32	583.38	693.68	484.06	209.62	50.52
IN	Physicians HP of N. Indiana											
	High Self	DQ1	123.50	122.34	91.76	30.58	-6.33	267.58	265.07	198.80	66.27	-13.70
	High Family	DQ2	278.04	274.91	206.18	68.73	-13.49	602.42	595.64	446.73	148.91	-29.23
IN	UNICARE HMO											
	High Self	171	83.03	84.05	63.04	21.01	0.25	179.90	182.11	136.58	45.53	0.56
	High Family	172	215.52	262.07	196.55	65.52	11.64	466.96	567.82	425.87	141.95	25.21
IN	Welborn HMO											
	High Self	H31	117.73	134.36	97.86	36.50	5.36	255.08	291.11	212.03	79.08	11.61
	High Family	H32	304.32	347.35	223.41	123.94	15.44	659.36	752.59	484.06	268.53	33.45
IA	Coventry Health Care of Iowa											
	High Self	SV1	83.98	116.65	87.49	29.16	8.17	181.96	252.74	189.56	63.18	17.69
	High Family	SV2	226.79	315.02	223.41	91.61	34.91	491.38	682.54	484.06	198.48	75.64
IA	John Deere Health Plan											
	High Self	YH1	113.76	126.82	95.12	31.70	3.26	246.48	274.78	206.09	68.69	7.07
	High Family	YH2	307.15	326.76	223.41	103.35	-7.98	665.49	707.98	484.06	223.92	-17.29
IA	SecureCare of Iowa											
	High Self	3Q1	100.53	100.89	75.67	25.22	0.09	217.82	218.60	163.95	54.65	0.20
	High Family	3Q2	263.35	264.30	198.23	66.07	-1.46	570.59	572.65	429.49	143.16	-3.15
KS	Coventry HC Kansas Cty formerly Kaiser											
	High Self	HA1	84.83	87.55	65.66	21.89	0.68	183.80	189.69	142.27	47.42	1.47
	High Family	HA2	218.86	225.87	169.40	56.47	1.76	474.20	489.39	367.04	122.35	3.80
KS	Coventry Health Care of Kansas											
	High Self	7W1	98.95	121.21	90.91	30.30	5.56	214.39	262.62	196.97	65.65	12.05
	High Family	7W2	252.31	309.09	223.41	85.68	22.60	546.67	669.70	484.06	185.64	48.97

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
KS	Humana Kansas City, Inc.											
	High Self	MS1	113.43	113.69	85.27	28.42	0.06	245.77	246.33	184.75	61.58	0.14
	High Family	MS2	272.13	272.75	204.56	68.19	-8.12	589.62	590.96	443.22	147.74	-17.60
	Standard Self	MS4	87.92	86.65	64.99	21.66	-0.32	190.49	187.74	140.81	46.93	-0.69
	Standard Family	MS5	210.91	207.85	155.89	51.96	-0.77	456.97	450.34	337.76	112.58	-1.66
KS	Preferred Plus of Kansas											
	High Self	VA1	113.71	138.01	97.86	40.15	11.72	246.37	299.02	212.03	86.99	25.40
	High Family	VA2	302.45	367.09	223.41	143.68	37.05	655.31	795.36	484.06	311.30	80.27
KY	Aetna U. S. Healthcare, Inc.											
	High Self	7L1	99.22	115.11	86.33	28.78	3.98	214.98	249.41	187.06	62.35	8.61
	High Family	7L2	245.12	284.37	213.28	71.09	9.81	531.09	616.14	462.11	154.03	21.26
KY	Aetna U. S. Healthcare, Inc.											
	High Self	RD1	112.56	141.42	97.86	43.56	15.42	243.88	306.41	212.03	94.38	33.41
	High Family	RD2	284.70	357.69	223.41	134.28	45.40	616.85	775.00	484.06	290.94	98.37
KY	Humana Health Plan											
	High Self	D21	115.09	124.82	93.62	31.20	2.43	249.36	270.44	202.83	67.61	5.27
	High Family	D22	287.73	312.08	223.41	88.67	-3.24	623.42	676.17	484.06	192.11	-7.03
KY	United Health Care of Ohio, Inc.											
	High Self	3U1	121.45	148.76	97.86	50.90	16.04	263.14	322.31	212.03	110.28	34.75
	High Family	3U2	279.33	342.15	223.41	118.74	35.23	605.22	741.33	484.06	257.27	76.33
LA	Amcare Health Plans											
	High Self	ZH1	84.06	91.03	68.27	22.76	1.75	182.13	197.23	147.92	49.31	3.78
	High Family	ZH2	218.56	238.39	178.79	59.60	4.96	473.55	516.51	387.38	129.13	10.74
LA	Amcare Health Plans											
	High Self	ZQ1	95.09	110.50	82.88	27.62	3.85	206.03	239.42	179.57	59.85	8.34
	High Family	ZQ2	247.22	289.39	217.04	72.35	10.55	535.64	627.01	470.26	156.75	22.84
LA	Coventry Healthcare Louisiana former Maxicare LA											
	High Self	BJ1	New area	115.50	86.63	28.87	N/A	New area	250.25	187.69	62.56	N/A
	High Family	BJ2	New area	268.26	201.20	67.06	N/A	New area	581.23	435.92	145.31	N/A

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
LA	Coventry Healthcare Louisiana former Maxicare LA											
	High Self	JA1	93.88	134.24	97.86	36.38	12.91	203.41	290.85	212.03	78.82	27.97
	High Family	JA2	218.04	311.77	223.41	88.36	33.85	472.42	675.50	484.06	191.44	73.34
LA	Vantage Health Plan											
	High Self	AQ1	New plan	138.02	97.86	40.16	N/A	New plan	299.04	212.03	87.01	N/A
	High Family	AQ2	New plan	370.28	223.41	146.87	N/A	New plan	802.27	484.06	318.21	N/A
LA	Vantage Health Plan											
	High Self	MV1	New plan	146.30	97.86	48.44	N/A	New plan	316.98	212.03	104.95	N/A
	High Family	MV2	New plan	392.50	223.41	169.09	N/A	New plan	850.42	484.06	366.36	N/A
MD	Aetna U. S. Healthcare, Inc.											
	High Self	JN1	114.25	131.73	97.86	33.87	5.31	247.54	285.42	212.03	73.39	11.51
	High Family	JN2	264.25	304.69	223.41	81.28	12.85	572.54	660.16	484.06	176.10	27.84
	Standard Self	JN4	83.16	95.89	71.92	23.97	3.18	180.18	207.76	155.82	51.94	6.90
	Standard Family	JN5	194.60	224.38	168.29	56.09	7.44	421.63	486.16	364.62	121.54	16.13
MD	CareFirst BlueChoice											
	High Self	2G1	119.01	127.57	95.68	31.89	-0.53	257.86	276.40	207.30	69.10	-1.15
	High Family	2G2	273.72	286.99	215.24	71.75	-6.15	593.06	621.81	466.36	155.45	-13.33
MD	Kaiser Permanente											
	High Self	E31	105.76	107.05	80.29	26.76	0.32	229.15	231.94	173.96	57.98	0.69
	High Family	E32	261.22	264.42	198.32	66.10	0.70	565.98	572.91	429.68	143.23	1.53
MD	MD-IPA											
	High Self	JP1	108.91	120.55	90.41	30.14	2.91	235.97	261.19	195.89	65.30	6.31
	High Family	JP2	261.41	289.36	217.02	72.34	6.75	566.39	626.95	470.21	156.74	14.63
MA	Blue Chip, Coord Hlth Partners											
	High Self	DA1	118.77	131.41	97.86	33.55	1.37	257.34	284.72	212.03	72.69	2.96
	High Family	DA2	304.12	336.46	223.41	113.05	4.75	658.93	729.00	484.06	244.94	10.29
MA	Fallon Community Health Plan											
	High Self	JV1	105.24	138.70	97.86	40.84	14.53	228.02	300.52	212.03	88.49	31.49
	High Family	JV2	270.87	302.99	223.41	79.58	4.53	586.89	656.48	484.06	172.42	9.81

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment
Location - Plan - Option - Enrollment Code											
MA	Health New England										
	High Self DJ1	122.27	138.11	97.86	40.25	4.57	264.92	299.24	212.03	87.21	9.90
	High Family DJ2	304.72	344.49	223.41	121.08	12.18	660.23	746.40	484.06	262.34	26.39
MI	Bluecare Network of MI										
	High Self G71	148.51	213.55	97.86	115.69	53.77	321.77	462.69	212.03	250.66	116.50
	High Family G72	375.34	540.03	223.41	316.62	137.10	813.24	1170.07	484.06	686.01	297.05
MI	Bluecare Network of MI										
	High Self K51	109.56	120.70	90.53	30.17	2.78	237.38	261.52	196.14	65.38	6.04
	High Family K52	305.96	337.46	223.41	114.05	3.91	662.91	731.16	484.06	247.10	8.47
MI	Bluecare Network of MI										
	High Self KF1	116.06	151.67	97.86	53.81	24.34	251.46	328.62	212.03	116.59	52.74
	High Family KF2	319.20	417.59	223.41	194.18	70.80	691.60	904.78	484.06	420.72	153.40
MI	Bluecare Network of MI										
	High Self KN1	114.78	129.42	97.07	32.35	3.66	248.69	280.41	210.31	70.10	7.93
	High Family KN2	320.57	361.76	223.41	138.35	13.60	694.57	783.81	484.06	299.75	29.46
MI	Bluecare Network of MI										
	High Self KR1	120.73	130.68	97.86	32.82	-1.32	261.58	283.14	212.03	71.11	-2.86
	High Family KR2	348.29	377.35	223.41	153.94	1.47	754.63	817.59	484.06	333.53	3.18
MI	Bluecare Network of MI										
	High Self LN1	135.74	159.59	97.86	61.73	12.58	294.10	345.78	212.03	133.75	27.26
	High Family LN2	326.72	384.26	223.41	160.85	29.95	707.89	832.56	484.06	348.50	64.89
MI	Bluecare Network of MI										
	High Self LX1	78.80	89.09	66.82	22.27	2.57	170.73	193.03	144.77	48.26	5.58
	High Family LX2	259.01	266.49	199.87	66.62	1.87	561.19	577.40	433.05	144.35	4.05
MI	Grand Valley Health Plan										
	High Self RL1	104.10	116.96	87.72	29.24	3.22	225.55	253.41	190.06	63.35	6.96
	High Family RL2	262.39	328.80	223.41	105.39	38.82	568.51	712.40	484.06	228.34	84.11
MI	Health Alliance										
	High Self 521	95.62	123.73	92.80	30.93	7.03	207.18	268.08	201.06	67.02	15.23
	High Family 522	253.41	327.83	223.41	104.42	41.07	549.06	710.30	484.06	226.24	88.98

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
MI	HealthPlus MI											
	High Self	X51	108.91	124.26	93.20	31.06	3.83	235.97	269.23	201.92	67.31	8.32
	High Family	X52	266.98	304.64	223.41	81.23	10.07	578.46	660.05	484.06	175.99	21.81
MI	M-Care											
	High Self	EG1	95.40	101.48	76.11	25.37	1.52	206.70	219.87	164.90	54.97	3.30
	High Family	EG2	252.80	268.91	201.68	67.23	4.03	547.73	582.64	436.98	145.66	8.73
MI	OmniCare											
	High Self	KA1	90.78	102.65	76.99	25.66	2.97	196.69	222.41	166.81	55.60	6.43
	High Family	KA2	227.88	257.66	193.25	64.41	7.44	493.74	558.26	418.70	139.56	16.13
MI	The Wellness Plan											
	High Self	K31	93.41	91.04	68.28	22.76	-0.59	202.39	197.25	147.94	49.31	-1.29
	High Family	K32	255.73	247.63	185.72	61.91	-2.02	554.08	536.53	402.40	134.13	-4.39
MI	Total Health Care											
	High Self	N21	88.56	105.64	79.23	26.41	4.27	191.88	228.89	171.67	57.22	9.25
	High Family	N22	224.13	265.83	199.37	66.46	10.43	485.62	575.97	431.98	143.99	22.59
MN	HealthPartners Classic											
	High Self	531	130.10	143.73	97.86	45.87	2.36	281.88	311.42	212.03	99.39	5.12
	High Family	532	312.25	344.92	223.41	121.51	5.08	676.54	747.33	484.06	263.27	11.01
	Standard Self	534	109.24	138.34	97.86	40.48	13.17	236.69	299.74	212.03	87.71	28.54
	Standard Family	535	262.18	332.02	223.41	108.61	42.25	568.06	719.38	484.06	235.32	91.54
MN	HealthPartners Health Plan											
	High Self	HQ1	145.23	165.96	97.86	68.10	9.46	314.67	359.58	212.03	147.55	20.49
	High Family	HQ2	348.54	398.31	223.41	174.90	22.18	755.17	863.01	484.06	378.95	48.06
MS	Aetna U. S. Healthcare, Inc.											
	High Self	UB1	76.93	103.56	77.67	25.89	6.66	166.68	224.38	168.29	56.09	14.42
	High Family	UB2	234.37	315.54	223.41	92.13	33.54	507.80	683.67	484.06	199.61	72.66
MO	BlueCHOICE											
	High Self	9G1	111.52	122.67	92.00	30.67	2.79	241.63	265.79	199.34	66.45	6.04
	High Family	9G2	241.44	265.58	199.19	66.39	6.03	523.12	575.42	431.57	143.85	13.07

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment
MO	Coventry HC Kansas Cty formerly Kaiser										
	High Self	HA1 84.83	87.55	65.66	21.89	0.68	183.80	189.69	142.27	47.42	1.47
	High Family	HA2 218.86	225.87	169.40	56.47	1.76	474.20	489.39	367.04	122.35	3.80
MO	Group Health Plan										
	High Self	MM1 127.58	149.12	97.86	51.26	10.27	276.42	323.09	212.03	111.06	22.25
	High Family	MM2 276.86	322.09	223.41	98.68	17.64	599.86	697.86	484.06	213.80	38.22
MO	Humana Kansas City, Inc.										
	High Self	MS1 113.43	113.69	85.27	28.42	0.06	245.77	246.33	184.75	61.58	0.14
	High Family	MS2 272.13	272.75	204.56	68.19	-8.12	589.62	590.96	443.22	147.74	-17.60
	Standard Self	MS4 87.92	86.65	64.99	21.66	-0.32	190.49	187.74	140.81	46.93	-0.69
	Standard Family	MS5 210.91	207.85	155.89	51.96	-0.77	456.97	450.34	337.76	112.58	-1.66
MO	Mercy Health Plans/Premier										
	High Self	7M1 103.64	134.08	97.86	36.22	10.31	224.55	290.51	212.03	78.48	22.34
	High Family	7M2 241.06	311.85	223.41	88.44	28.18	522.30	675.68	484.06	191.62	61.05
NV	Aetna U. S. Healthcare, Inc.										
	High Self	8L1 92.52	112.46	84.35	28.11	4.98	200.46	243.66	182.75	60.91	10.80
	High Family	8L2 242.32	292.18	219.14	73.04	12.46	525.03	633.06	474.80	158.26	27.00
NV	Health Plan of Nevada										
	High Self	NM1 90.60	97.82	73.37	24.45	1.80	196.30	211.94	158.96	52.98	3.91
	High Family	NM2 231.95	250.47	187.85	62.62	4.63	502.56	542.69	407.02	135.67	10.03
NV	PacifiCare Health Plans										
	High Self	K91 90.25	118.09	88.57	29.52	6.96	195.54	255.86	191.90	63.96	15.08
	High Family	K92 228.66	300.71	223.41	77.30	20.14	495.43	651.54	484.06	167.48	43.62
NJ	Aetna U. S. Healthcare, Inc.										
	High Self	P31 136.48	143.88	97.86	46.02	-3.87	295.71	311.74	212.03	99.71	-8.39
	High Family	P32 352.02	374.09	223.41	150.68	-5.52	762.71	810.53	484.06	326.47	-11.96
NJ	AmeriHealth HMO										
	High Self	FK1 161.48	126.66	95.00	31.66	-43.23	349.87	274.43	205.82	68.61	-93.65
	High Family	FK2 358.35	301.93	223.41	78.52	-84.01	776.43	654.18	484.06	170.12	-182.03

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
NJ	GHI Health Plan											
	High Self	801	117.19	144.14	97.86	46.28	15.68	253.91	312.30	212.03	100.27	33.97
	High Family	802	292.96	360.34	223.41	136.93	39.79	634.75	780.74	484.06	296.68	86.21
NJ	PHS Health Plans (QualMed Plans for Hlth)											
	High Self	271	140.20	150.77	97.86	52.91	-0.70	303.77	326.67	212.03	114.64	-1.52
	High Family	272	325.94	354.35	223.41	130.94	0.82	706.20	767.76	484.06	283.70	1.78
NM	Cimarron Health Plan											
	High Self	PX1	79.77	113.30	84.98	28.32	8.38	172.84	245.48	184.11	61.37	18.16
	High Family	PX2	210.51	297.95	223.41	74.54	21.91	456.11	645.56	484.06	161.50	47.47
NM	Lovelace Health Plan											
	High Self	Q11	109.95	112.34	84.26	28.08	0.59	238.23	243.40	182.55	60.85	1.29
	High Family	Q12	285.86	292.09	219.07	73.02	-17.02	619.36	632.86	474.65	158.21	-36.87
NM	Presbyterian Health Plan											
	High Self	P21	97.54	108.45	81.34	27.11	2.73	211.34	234.98	176.24	58.74	5.91
	High Family	P22	254.38	282.83	212.12	70.71	7.12	551.16	612.80	459.60	153.20	15.41
NY	Aetna U. S. Healthcare, Inc.											
	High Self	JC1	106.31	112.09	84.07	28.02	1.44	230.34	242.86	182.15	60.71	3.13
	High Family	JC2	266.07	281.88	211.41	70.47	0.22	576.49	610.74	458.06	152.68	0.47
NY	Aetna U. S. Healthcare, Inc.											
	High Self	TG1	103.72	100.65	75.49	25.16	-0.77	224.73	218.08	163.56	54.52	-1.66
	High Family	TG2	260.15	253.88	190.41	63.47	-1.57	563.66	550.07	412.55	137.52	-3.39
NY	Blue Choice											
	High Self	MK1	109.35	131.91	97.86	34.05	6.71	236.93	285.81	212.03	73.78	14.55
	High Family	MK2	273.68	330.53	223.41	107.12	29.26	592.97	716.15	484.06	232.09	63.40
NY	C.D.P.H.P.											
	High Self	PW1	104.53	118.91	89.18	29.73	3.60	226.48	257.64	193.23	64.41	7.79
	High Family	PW2	266.60	304.40	223.41	80.99	10.21	577.63	659.53	484.06	175.47	22.12
NY	C.D.P.H.P.											
	High Self	QB1	116.38	123.68	92.76	30.92	1.13	252.16	267.97	200.98	66.99	2.44
	High Family	QB2	298.99	317.55	223.41	94.14	-9.03	647.81	688.03	484.06	203.97	-19.56

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
NY	C.D.P.H.P.											
	High Self	SG1	104.02	117.81	88.36	29.45	3.45	225.38	255.26	191.45	63.81	7.47
	High Family	SG2	266.42	301.77	223.41	78.36	7.76	577.24	653.84	484.06	169.78	16.82
NY	GHI Health Plan											
	High Self	801	117.19	144.14	97.86	46.28	15.68	253.91	312.30	212.03	100.27	33.97
	High Family	802	292.96	360.34	223.41	136.93	39.79	634.75	780.74	484.06	296.68	86.21
NY	GHI HMO Select											
	High Self	6V1	151.17	128.19	96.14	32.05	-32.53	327.54	277.75	208.31	69.44	-70.49
	High Family	6V2	332.22	322.32	223.41	98.91	-37.49	719.81	698.36	484.06	214.30	-81.23
NY	GHI HMO Select											
	High Self	X41	104.00	114.23	85.67	28.56	2.56	225.33	247.50	185.63	61.87	5.54
	High Family	X42	257.21	294.49	220.87	73.62	9.32	557.29	638.06	478.55	159.51	20.19
NY	Health Net, Inc.											
	High Self	PD1	121.46	168.88	97.86	71.02	36.15	263.16	365.91	212.03	153.88	78.33
	High Family	PD2	313.98	436.54	223.41	213.13	94.97	680.29	945.84	484.06	461.78	205.77
NY	HIP of Greater New York											
	High Self	511	93.27	108.93	81.70	27.23	3.91	202.09	236.02	177.02	59.00	8.48
	High Family	512	279.81	326.79	223.41	103.38	19.39	606.26	708.05	484.06	223.99	42.01
NY	HMO Blue											
	High Self	AH1	120.98	123.75	92.81	30.94	-3.45	262.12	268.13	201.10	67.03	-7.48
	High Family	AH2	307.29	316.95	223.41	93.54	-17.93	665.80	686.73	484.06	202.67	-38.85
NY	HMO-CNY											
	High Self	EB1	110.83	131.70	97.86	33.84	6.13	240.13	285.35	212.03	73.32	13.29
	High Family	EB2	293.83	349.27	223.41	125.86	27.85	636.63	756.75	484.06	272.69	60.34
NY	Independent Health Assoc											
	High Self	QA1	76.24	93.96	70.47	23.49	4.43	165.19	203.58	152.69	50.89	9.59
	High Family	QA2	214.03	261.94	196.46	65.48	11.97	463.73	567.54	425.66	141.88	25.95
NY	MVP Health Plan											
	High Self	GA1	101.87	114.71	86.03	28.68	3.21	220.72	248.54	186.41	62.13	6.95
	High Family	GA2	262.65	296.28	222.21	74.07	7.24	569.08	641.94	481.46	160.48	15.68

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment
NY	MVP Health Plan										
	High Self M91	101.42	118.39	88.79	29.60	4.25	219.74	256.51	192.38	64.13	9.20
	High Family M92	261.52	305.73	223.41	82.32	16.62	566.63	662.42	484.06	178.36	36.01
NY	MVP Health Plan										
	High Self MX1	113.84	129.66	97.25	32.41	3.95	246.65	280.93	210.70	70.23	8.57
	High Family MX2	293.55	334.88	223.41	111.47	13.74	636.03	725.57	484.06	241.51	29.76
NY	Preferred Care										
	High Self GV1	101.72	118.82	89.12	29.70	4.27	220.39	257.44	193.08	64.36	9.26
	High Family GV2	258.03	317.34	223.41	93.93	29.42	559.07	687.57	484.06	203.51	63.74
NY	Univera Healthcare - CNY										
	High Self QE1	108.51	130.32	97.74	32.58	5.45	235.11	282.36	211.77	70.59	11.81
	High Family QE2	287.79	345.51	223.41	122.10	30.13	623.55	748.61	484.06	264.55	65.28
NY	Univera Healthcare - CNY										
	High Self SH1	106.88	130.32	97.74	32.58	5.86	231.57	282.36	211.77	70.59	12.70
	High Family SH2	283.45	345.51	223.41	122.10	34.47	614.14	748.61	484.06	264.55	74.69
NY	Univera Healthcare - WNY										
	High Self Q81	81.63	102.71	77.03	25.68	5.27	176.87	222.54	166.91	55.63	11.41
	High Family Q82	231.30	291.28	218.46	72.82	15.00	501.15	631.11	473.33	157.78	32.49
NY	Vytra Health Plans										
	High Self J61	125.93	148.36	97.86	50.50	11.16	272.85	321.45	212.03	109.42	24.18
	High Family J62	330.00	388.73	223.41	165.32	31.14	715.00	842.25	484.06	358.19	67.47
NC	PARTNERS NHP of NC										
	High Self EQ1	116.21	138.44	97.86	40.58	10.96	251.79	299.95	212.03	87.92	23.74
	High Family EQ2	261.49	311.51	223.41	88.10	22.43	566.56	674.94	484.06	190.88	48.60
ND	Heart of America HMO										
	High Self RU1	105.67	106.17	79.63	26.54	0.12	228.95	230.04	172.53	57.51	0.27
	High Family RU2	254.36	272.85	204.64	68.21	4.62	551.11	591.18	443.39	147.79	10.01
OH	Aetna U. S. Healthcare, Inc.										
	High Self 7D1	117.26	135.57	97.86	37.71	7.04	254.06	293.74	212.03	81.71	15.26
	High Family 7D2	289.80	335.04	223.41	111.63	17.65	627.90	725.92	484.06	241.86	38.24

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment
OH	Aetna U. S. Healthcare, Inc.										
	High Self	RD1 112.56	141.42	97.86	43.56	15.42	243.88	306.41	212.03	94.38	33.41
	High Family	RD2 284.70	357.69	223.41	134.28	45.40	616.85	775.00	484.06	290.94	98.37
OH	AultCare HMO										
	High Self	3A1 100.51	95.23	71.42	23.81	-1.32	217.77	206.33	154.75	51.58	-2.86
	High Family	3A2 261.32	238.54	178.91	59.63	-5.87	566.19	516.84	387.63	129.21	-12.70
OH	Health Maintenance Plan(HMP)										
	High Self	R51 114.81	134.33	97.86	36.47	7.77	248.76	291.05	212.03	79.02	16.83
	High Family	R52 259.45	316.52	223.41	93.11	28.25	562.14	685.79	484.06	201.73	61.20
OH	Health Plan Upper OH Valley										
	High Self	U41 102.24	117.33	88.00	29.33	3.77	221.52	254.22	190.67	63.55	8.17
	High Family	U42 281.16	322.66	223.41	99.25	13.91	609.18	699.10	484.06	215.04	30.14
OH	HMO Health Ohio										
	High Self	L41 102.21	128.80	96.60	32.20	6.65	221.46	279.07	209.30	69.77	14.41
	High Family	L42 261.45	329.45	223.41	106.04	40.41	566.48	713.81	484.06	229.75	87.55
OH	Kaiser Permanente										
	High Self	641 100.21	117.77	88.33	29.44	4.39	217.12	255.17	191.38	63.79	9.51
	High Family	642 245.93	289.01	216.76	72.25	10.77	532.85	626.19	469.64	156.55	23.34
OH	Paramount Health Care										
	High Self	U21 111.33	129.75	97.31	32.44	4.61	241.22	281.13	210.85	70.28	9.98
	High Family	U22 295.18	344.03	223.41	120.62	21.26	639.56	745.40	484.06	261.34	46.06
OH	SummaCare Health Plan										
	High Self	5W1 89.66	100.57	75.43	25.14	2.73	194.26	217.90	163.43	54.47	5.91
	High Family	5W2 246.55	276.57	207.43	69.14	7.50	534.19	599.24	449.43	149.81	16.26
OH	SuperMed HMO										
	High Self	5M1 97.49	144.93	97.86	47.07	22.70	211.23	314.02	212.03	101.99	49.18
	High Family	5M2 249.36	370.72	223.41	147.31	84.97	540.28	803.23	484.06	319.17	184.10
OH	United Health Care of Ohio, Inc.										
	High Self	3U1 121.45	148.76	97.86	50.90	16.04	263.14	322.31	212.03	110.28	34.75
	High Family	3U2 279.33	342.15	223.41	118.74	35.23	605.22	741.33	484.06	257.27	76.33

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
OK	Amcare Health Plans											
	High Self	ZX1	88.85	103.16	77.37	25.79	3.58	192.51	223.51	167.63	55.88	7.75
	High Family	ZX2	230.98	270.15	202.61	67.54	9.80	500.46	585.33	439.00	146.33	21.22
OK	Healthcare Oklahoma											
	High Self	6W1	78.49	94.63	70.97	23.66	4.04	170.06	205.03	153.77	51.26	8.75
	High Family	6W2	203.94	247.84	185.88	61.96	10.98	441.87	536.99	402.74	134.25	23.78
OK	PacifiCare Health Plans											
	High Self	2N1	88.87	102.43	76.82	25.61	3.39	192.55	221.93	166.45	55.48	7.34
	High Family	2N2	232.18	267.82	200.87	66.95	8.91	503.06	580.28	435.21	145.07	19.31
OR	Kaiser Permanente											
	High Self	571	122.05	134.10	97.86	36.24	0.78	264.44	290.55	212.03	78.52	1.69
	High Family	572	280.10	307.75	223.41	84.34	0.06	606.88	666.79	484.06	182.73	0.13
	Standard Self	574	107.13	120.00	90.00	30.00	3.22	232.12	260.00	195.00	65.00	6.97
	Standard Family	575	245.87	275.40	206.55	68.85	7.38	532.72	596.70	447.53	149.17	15.99
OR	PacifiCare Health Plans											
	High Self	7Z1	126.72	166.91	97.86	69.05	28.92	274.56	361.64	212.03	149.61	62.66
	High Family	7Z2	280.77	369.81	223.41	146.40	61.45	608.34	801.26	484.06	317.20	133.14
PN	Panama Canal Area											
	High Self	431	124.28	135.47	97.86	37.61	-0.08	269.27	293.52	212.03	81.49	-0.17
	High Family	432	269.53	293.78	220.34	73.44	-0.27	583.98	636.52	477.39	159.13	-0.57
PA	Aetna U. S. Healthcare, Inc.											
	High Self	P31	136.48	143.88	97.86	46.02	-3.87	295.71	311.74	212.03	99.71	-8.39
	High Family	P32	352.02	374.09	223.41	150.68	-5.52	762.71	810.53	484.06	326.47	-11.96
PA	HealthAmerica Pennsylvania											
	High Self	261	92.94	115.38	86.54	28.84	5.61	201.37	249.99	187.49	62.50	12.16
	High Family	262	241.66	299.96	223.41	76.55	16.14	523.60	649.91	484.06	165.85	34.95
PA	HealthAmerica Pennsylvania											
	High Self	SW1	99.27	124.14	93.11	31.03	6.21	215.09	268.97	201.73	67.24	13.47
	High Family	SW2	258.08	322.78	223.41	99.37	34.85	559.17	699.36	484.06	215.30	75.51

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
PA	HealthGuard											
	High Self	NQ1	92.31	99.57	74.68	24.89	1.81	200.01	215.74	161.81	53.93	3.93
	High Family	NQ2	240.73	258.90	194.18	64.72	4.54	521.58	560.95	420.71	140.24	9.85
PA	Keystone Health Plan Central											
	High Self	S41	115.94	145.19	97.86	47.33	17.98	251.20	314.58	212.03	102.55	38.96
	High Family	S42	280.60	351.30	223.41	127.89	43.11	607.97	761.15	484.06	277.09	93.40
PA	Keystone Health Plan East											
	High Self	ED1	107.01	128.60	96.45	32.15	5.40	231.86	278.63	208.97	69.66	11.70
	High Family	ED2	282.00	338.90	223.41	115.49	29.31	611.00	734.28	484.06	250.22	63.50
PA	KeystoneBlue											
	High Self	EF1	110.84	145.49	97.86	47.63	19.92	240.15	315.23	212.03	103.20	43.16
	High Family	EF2	328.82	431.62	223.41	208.21	75.21	712.44	935.18	484.06	451.12	162.96
PA	PHS Health Plans (QualMed Plans for Hlth)											
	High Self	271	140.20	150.77	97.86	52.91	-0.70	303.77	326.67	212.03	114.64	-1.52
	High Family	272	325.94	354.35	223.41	130.94	0.82	706.20	767.76	484.06	283.70	1.78
PA	PHS Health Plans (QualMed Plans for Hlth)											
	High Self	2K1	116.28	129.17	96.88	32.29	2.60	251.94	279.87	209.90	69.97	5.64
	High Family	2K2	282.32	317.03	223.41	93.62	7.12	611.69	686.90	484.06	202.84	15.43
PA	UPMC Health Plan											
	High Self	8W1	81.32	93.52	70.14	23.38	3.05	176.19	202.63	151.97	50.66	6.61
	High Family	8W2	207.44	238.56	178.92	59.64	7.78	449.45	516.88	387.66	129.22	16.86
PR	Triple-S											
	High Self	891	91.15	91.15	68.36	22.79	0.00	197.49	197.49	148.12	49.37	0.00
	High Family	892	195.76	195.76	146.82	48.94	0.00	424.15	424.15	318.11	106.04	0.00
RI	Blue Chip, Coord Hlth Partners											
	High Self	DA1	118.77	131.41	97.86	33.55	1.37	257.34	284.72	212.03	72.69	2.96
	High Family	DA2	304.12	336.46	223.41	113.05	4.75	658.93	729.00	484.06	244.94	10.29
SC	PARTNERS NHP of NC											
	High Self	EQ1	116.21	138.44	97.86	40.58	10.96	251.79	299.95	212.03	87.92	23.74
	High Family	EQ2	261.49	311.51	223.41	88.10	22.43	566.56	674.94	484.06	190.88	48.60

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
SD	Avera Health Plan											
	High Self	AV1	New plan	105.20	78.90	26.30	N/A	New plan	227.93	170.95	56.98	N/A
	High Family	AV2	New plan	241.44	181.08	60.36	N/A	New plan	523.12	392.34	130.78	N/A
SD	Sioux Valley Health Plan											
	High Self	AU1	New plan	154.02	97.86	56.16	N/A	New plan	333.71	212.03	121.68	N/A
	High Family	AU2	New plan	329.62	223.41	106.21	N/A	New plan	714.18	484.06	230.12	N/A
TN	Aetna U. S. Healthcare, Inc.											
	High Self	6J1	104.47	125.35	94.01	31.34	5.22	226.35	271.59	203.69	67.90	11.31
	High Family	6J2	291.13	349.32	223.41	125.91	30.60	630.78	756.86	484.06	272.80	66.30
TN	Aetna U. S. Healthcare, Inc.											
	High Self	UB1	76.93	103.56	77.67	25.89	6.66	166.68	224.38	168.29	56.09	14.42
	High Family	UB2	234.37	315.54	223.41	92.13	33.54	507.80	683.67	484.06	199.61	72.66
TN	HealthSpring HMO											
	High Self	6K1	New plan	116.38	87.29	29.09	N/A	New plan	252.16	189.12	63.04	N/A
	High Family	6K2	New plan	324.30	223.41	100.89	N/A	New plan	702.65	484.06	218.59	N/A
TX	Amcare Health Plans											
	High Self	2V1	91.22	102.89	77.17	25.72	2.92	197.64	222.93	167.20	55.73	6.32
	High Family	2V2	237.16	269.46	202.10	67.36	8.07	513.85	583.83	437.87	145.96	17.50
TX	Amcare Health Plans											
	High Self	ZG1	84.06	101.76	76.32	25.44	4.43	182.13	220.48	165.36	55.12	9.59
	High Family	ZG2	218.56	266.52	199.89	66.63	11.99	473.55	577.46	433.10	144.36	25.97
TX	FIRSTCARE											
	High Self	6U1	117.09	136.01	97.86	38.15	7.65	253.70	294.69	212.03	82.66	16.57
	High Family	6U2	251.52	292.18	219.14	73.04	10.16	544.96	633.06	474.80	158.26	22.02
TX	FIRSTCARE											
	High Self	CK1	153.89	151.17	97.86	53.31	-13.99	333.43	327.54	212.03	115.51	-30.31
	High Family	CK2	330.55	324.72	223.41	101.31	-33.42	716.19	703.56	484.06	219.50	-72.41
TX	HMO Blue Texas											
	High Self	YM1	100.87	119.59	89.69	29.90	4.68	218.55	259.11	194.33	64.78	10.14
	High Family	YM2	246.92	292.74	219.56	73.18	11.45	534.99	634.27	475.70	158.57	24.82

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment
TX	HMO Blue Texas										
	High Self	YX1 116.78	133.48	97.86	35.62	5.43	253.02	289.21	212.03	77.18	11.77
	High Family	YX2 283.23	323.73	223.41	100.32	12.91	613.67	701.42	484.06	217.36	27.97
TX	Humana Health Plan of Texas										
	High Self	UR1 94.71	102.99	77.24	25.75	2.07	205.21	223.15	167.36	55.79	4.49
	High Family	UR2 243.44	264.74	198.56	66.18	5.32	527.45	573.60	430.20	143.40	11.54
TX	Mercy Health Plans/Premier										
	High Self	HM1 112.96	127.09	95.32	31.77	3.53	244.75	275.36	206.52	68.84	7.65
	High Family	HM2 282.42	317.73	223.41	94.32	7.72	611.91	688.42	484.06	204.36	16.73
TX	PacifiCare Health Plans										
	High Self	GF1 87.79	99.61	74.71	24.90	2.95	190.21	215.82	161.87	53.95	6.40
	High Family	GF2 229.31	260.42	195.32	65.10	7.77	496.84	564.24	423.18	141.06	16.85
TX	Texas Health Choice, L. C.										
	High Self	UK1 94.90	100.07	75.05	25.02	1.30	205.62	216.82	162.62	54.20	2.80
	High Family	UK2 242.92	256.16	192.12	64.04	3.31	526.33	555.01	416.26	138.75	7.17
UT	Altius Health Plans										
	High Self	9K1 132.17	146.67	97.86	48.81	3.23	286.37	317.79	212.03	105.76	7.00
	High Family	9K2 290.78	322.68	223.41	99.27	4.31	630.02	699.14	484.06	215.08	9.34
VT	MVP Health Plan										
	High Self	VW1 129.15	187.10	97.86	89.24	46.68	279.83	405.38	212.03	193.35	101.13
	High Family	VW2 333.09	483.26	223.41	259.85	122.58	721.70	1047.06	484.06	563.00	265.58
VA	Aetna U. S. Healthcare, Inc.										
	High Self	JN1 114.25	131.73	97.86	33.87	5.31	247.54	285.42	212.03	73.39	11.51
	High Family	JN2 264.25	304.69	223.41	81.28	12.85	572.54	660.16	484.06	176.10	27.84
	Standard Self	JN4 83.16	95.89	71.92	23.97	3.18	180.18	207.76	155.82	51.94	6.90
	Standard Family	JN5 194.60	224.38	168.29	56.09	7.44	421.63	486.16	364.62	121.54	16.13
VA	CareFirst BlueChoice										
	High Self	2G1 119.01	127.57	95.68	31.89	-0.53	257.86	276.40	207.30	69.10	-1.15
	High Family	2G2 273.72	286.99	215.24	71.75	-6.15	593.06	621.81	466.36	155.45	-13.33

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
Location - Plan - Option - Enrollment Code												
VA	HealthKeepers											
	High Self X81	104.44	113.12	84.84	28.28	2.17	226.29	245.09	183.82	61.27	4.70	
	High Family X82	265.21	287.26	215.45	71.81	2.42	574.62	622.40	466.80	155.60	5.26	
VA	Kaiser Permanente											
	High Self E31	105.76	107.05	80.29	26.76	0.32	229.15	231.94	173.96	57.98	0.69	
	High Family E32	261.22	264.42	198.32	66.10	0.70	565.98	572.91	429.68	143.23	1.53	
VA	MD-IPA											
	High Self JP1	108.91	120.55	90.41	30.14	2.91	235.97	261.19	195.89	65.30	6.31	
	High Family JP2	261.41	289.36	217.02	72.34	6.75	566.39	626.95	470.21	156.74	14.63	
VA	OPTIMA Health Plan											
	High Self 9R1	122.18	137.24	97.86	39.38	3.79	264.72	297.35	212.03	85.32	8.21	
	High Family 9R2	289.10	324.75	223.41	101.34	8.06	626.38	703.63	484.06	219.57	17.47	
VA	PARTNERS NHP of NC											
	High Self EQ1	116.21	138.44	97.86	40.58	10.96	251.79	299.95	212.03	87.92	23.74	
	High Family EQ2	261.49	311.51	223.41	88.10	22.43	566.56	674.94	484.06	190.88	48.60	
VA	Piedmont Community Healthcare											
	High Self 2C1	111.54	134.59	97.86	36.73	8.85	241.67	291.61	212.03	79.58	19.16	
	High Family 2C2	259.57	308.19	223.41	84.78	19.89	562.40	667.75	484.06	183.69	43.09	
WA	Aetna U. S. Healthcare, Inc.											
	High Self 8J1	88.62	110.73	83.05	27.68	5.53	192.01	239.92	179.94	59.98	11.98	
	High Family 8J2	229.63	287.91	215.93	71.98	14.57	497.53	623.81	467.86	155.95	31.57	
WA	Group Health Cooperative											
	High Self 541	115.33	128.95	96.71	32.24	3.41	249.88	279.39	209.54	69.85	7.38	
	High Family 542	260.22	290.97	218.23	72.74	7.69	563.81	630.44	472.83	157.61	16.66	
WA	Group Health Cooperative											
	High Self VR1	119.48	119.27	89.45	29.82	-3.07	258.87	258.42	193.82	64.60	-6.66	
	High Family VR2	307.47	306.62	223.41	83.21	-28.44	666.19	664.34	484.06	180.28	-61.63	

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
WA	Kaiser Permanente											
	High Self 571	122.05	134.10	97.86	36.24	0.78	264.44	290.55	212.03	78.52	1.69	
	High Family 572	280.10	307.75	223.41	84.34	0.06	606.88	666.79	484.06	182.73	0.13	
	Standard Self 574	107.13	120.00	90.00	30.00	3.22	232.12	260.00	195.00	65.00	6.97	
	Standard Family 575	245.87	275.40	206.55	68.85	7.38	532.72	596.70	447.53	149.17	15.99	
WA	Kitsap Physicians Service											
	High Self VT1	165.12	178.33	97.86	80.47	1.94	357.76	386.38	212.03	174.35	4.20	
	High Family VT2	353.18	381.44	223.41	158.03	0.67	765.22	826.45	484.06	342.39	1.45	
	Standard Self VT4	124.11	134.05	97.86	36.19	-1.33	268.91	290.44	212.03	78.41	-2.89	
	Standard Family VT5	271.21	292.91	219.68	73.23	-2.16	587.62	634.64	475.98	158.66	-4.68	
WA	PacifiCare Health Plans											
	High Self 7Z1	126.72	166.91	97.86	69.05	28.92	274.56	361.64	212.03	149.61	62.66	
	High Family 7Z2	280.77	369.81	223.41	146.40	61.45	608.34	801.26	484.06	317.20	133.14	
WA	PacifiCare Health Plans											
	High Self WB1	94.21	130.87	97.86	33.01	9.46	204.12	283.55	212.03	71.52	20.49	
	High Family WB2	246.01	343.09	223.41	119.68	58.18	533.02	743.36	484.06	259.30	126.05	
WV	Health Plan Upper OH Valley											
	High Self U41	102.24	117.33	88.00	29.33	3.77	221.52	254.22	190.67	63.55	8.17	
	High Family U42	281.16	322.66	223.41	99.25	13.91	609.18	699.10	484.06	215.04	30.14	
WI	Dean Health Plan											
	High Self WD1	110.32	118.35	88.76	29.59	2.01	239.03	256.43	192.32	64.11	4.35	
	High Family WD2	297.89	319.56	223.41	96.15	-5.92	645.43	692.38	484.06	208.32	-12.83	
WI	Group Health Coop											
	High Self WJ1	99.50	116.17	87.13	29.04	4.17	215.58	251.70	188.78	62.92	9.03	
	High Family WJ2	265.58	311.79	223.41	88.38	18.62	575.42	675.55	484.06	191.49	40.35	
WI	Group Hlth Coop/Eau Claire											
	High Self WT1	135.22	175.52	97.86	77.66	29.03	292.98	380.29	212.03	168.26	62.89	
	High Family WT2	348.94	452.91	223.41	229.50	76.38	756.04	981.31	484.06	497.25	165.49	

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

HMO Plans		2001 Total Biweekly Premium	2002 Biweekly premium rates				2001 Total Monthly Premium	2002 Monthly premium rates				
Location - Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in employee payment		Total Premium	Gov't Pays	Empl. Pays	Change in employee payment	
WI	HealthPartners Classic											
	High Self	531	130.10	143.73	97.86	45.87	2.36	281.88	311.42	212.03	99.39	5.12
	High Family	532	312.25	344.92	223.41	121.51	5.08	676.54	747.33	484.06	263.27	11.01
	Standard Self	534	109.24	138.34	97.86	40.48	13.17	236.69	299.74	212.03	87.71	28.54
	Standard Family	535	262.18	332.02	223.41	108.61	42.25	568.06	719.38	484.06	235.32	91.54
WI	HealthPartners Health Plan											
	High Self	HQ1	145.23	165.96	97.86	68.10	9.46	314.67	359.58	212.03	147.55	20.49
	High Family	HQ2	348.54	398.31	223.41	174.90	22.18	755.17	863.01	484.06	378.95	48.06
WI	Unity Health Plans											
	High Self	W41	109.01	137.33	97.86	39.47	12.22	236.19	297.55	212.03	85.52	26.47
	High Family	W42	288.88	363.94	223.41	140.53	47.47	625.91	788.54	484.06	304.48	102.85
WY	WINhealth Partners											
	High Self	PV1	New plan	115.18	86.39	28.79	N/A	New plan	249.56	187.17	62.39	N/A
	High Family	PV2	New plan	311.86	223.41	88.45	N/A	New plan	675.70	484.06	191.64	N/A