

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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
APWU Health Plan											
High Self	471	178.32	190.80	131.08	59.72	2.80	386.36	413.40	284.01	129.39	6.06
High Family	472	391.34	418.74	298.23	120.51	6.26	847.90	907.27	646.17	261.10	13.56
Consumer Driven Self	474	155.79	163.58	122.69	40.89	1.94	337.55	354.42	265.82	88.60	4.21
Consumer Driven Family	475	362.79	380.93	285.70	95.23	4.53	786.05	825.35	619.01	206.34	9.83
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	170.30	181.79	131.08	50.71	1.81	368.98	393.88	284.01	109.87	3.92
Standard Family	105	389.97	416.29	298.23	118.06	5.18	844.94	901.96	646.17	255.79	11.21
Basic Self	111	151.98	151.98	113.99	37.99	0.00	329.29	329.29	246.97	82.32	0.00
Basic Family	112	355.98	355.98	266.99	88.99	0.00	771.29	771.29	578.47	192.82	0.00
GEHA Benefit Plan											
High Self	311	197.64	220.37	131.08	89.29	13.05	428.22	477.47	284.01	193.46	28.27
High Family	312	430.14	479.61	298.23	181.38	28.33	931.97	1039.16	646.17	392.99	61.38
Standard Self	314	121.00	133.11	99.83	33.28	3.03	262.17	288.41	216.31	72.10	6.56
Standard Family	315	275.00	302.49	226.87	75.62	6.87	595.83	655.40	491.55	163.85	14.89
GEHA High Deductible Health Plan											
HDHP Self	341	New Plan	175.76	131.08	44.68	N/A	New Plan	380.81	284.01	96.80	N/A
HDHP Family	342	New Plan	401.44	298.23	103.21	N/A	New Plan	869.79	646.17	223.62	N/A
Mail Handlers Benefit Plan											
High Self	451	216.99	282.09	131.08	151.01	55.42	470.15	611.20	284.01	327.19	120.07
High Family	452	457.70	595.02	298.23	296.79	116.18	991.68	1289.21	646.17	643.04	251.72
Standard Self	454	128.64	176.24	131.08	45.16	13.00	278.72	381.85	284.01	97.84	28.16
Standard Family	455	279.25	382.57	286.93	95.64	25.83	605.04	828.90	621.68	207.22	55.96
Mail Handlers Benefit Plan Consumer Option											
HDHP Self	481	New Plan	169.02	126.77	42.25	N/A	New Plan	366.21	274.66	91.55	N/A
HDHP Family	482	New Plan	383.02	287.27	95.75	N/A	New Plan	829.88	622.41	207.47	N/A
NALC											
High Self	321	173.08	189.39	131.08	58.31	6.63	375.01	410.35	284.01	126.34	14.36
High Family	322	369.87	404.73	298.23	106.50	13.72	801.39	876.92	646.17	230.75	29.72

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PBP Health Plan											
High Self	361	304.46	304.46	131.08	173.38	-9.68	659.66	659.66	284.01	375.65	-20.98
High Family	362	656.87	656.87	298.23	358.64	-21.14	1423.22	1423.22	646.17	777.05	-45.81
Standard Self	364	189.30	204.44	131.08	73.36	5.46	410.15	442.95	284.01	158.94	11.82
Standard Family	365	428.79	463.09	298.23	164.86	13.16	929.05	1003.36	646.17	357.19	28.50
Association Benefit Plan											
High Self	421	180.16	191.51	131.08	60.43	1.67	390.35	414.94	284.01	130.93	3.61
High Family	422	415.01	441.16	298.23	142.93	5.01	899.19	955.85	646.17	309.68	10.85
Foreign Service Benefit Plan											
High Self	401	162.68	175.69	131.08	44.61	3.33	352.47	380.66	284.01	96.65	7.21
High Family	402	394.00	419.62	298.23	121.39	4.48	853.67	909.18	646.17	263.01	9.70
Panama Canal Area Benefit Plan											
High Self	431	152.21	159.83	119.87	39.96	1.91	329.79	346.30	259.73	86.57	4.12
High Family	432	317.72	333.61	250.21	83.40	3.97	688.39	722.82	542.12	180.70	8.60
Rural Carrier Benefit Plan											
High Self	381	199.94	208.58	131.08	77.50	-1.04	433.20	451.92	284.01	167.91	-2.26
High Family	382	406.82	424.39	298.23	126.16	-3.57	881.44	919.51	646.17	273.34	-7.74
SAMBA											
High Self	441	192.11	206.51	131.08	75.43	4.72	416.24	447.44	284.01	163.43	10.22
High Family	442	452.42	486.36	298.23	188.13	12.80	980.24	1053.78	646.17	407.61	27.73
Standard Self	444	New Plan	166.95	125.21	41.74	N/A	New Plan	361.73	271.30	90.43	N/A
Standard Family	445	New Plan	395.68	296.76	98.92	N/A	New Plan	857.31	642.98	214.33	N/A
AL Aetna HealthFund (CDHP/HDHP)											
CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
AK Aetna HealthFund (CDHP/HDHP)											
CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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AZ	Aetna											
	High Self	WQ1	115.49	140.84	105.63	35.21	6.34	250.23	305.15	228.86	76.29	13.73
	High Family	WQ2	317.23	352.07	264.05	88.02	8.71	687.33	762.82	572.12	190.70	18.87
AZ	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
AZ	Health Net of Arizona, Inc.											
	High Self	A71	141.63	151.42	113.57	37.85	2.44	306.87	328.08	246.06	82.02	5.30
	High Family	A72	358.85	383.69	287.77	95.92	6.21	777.51	831.33	623.50	207.83	13.45
AZ	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	DB1	91.27	93.28	69.96	23.32	0.50	197.75	202.11	151.58	50.53	1.09
	CDHP Family	DB2	209.91	214.50	160.88	53.62	1.14	454.81	464.75	348.56	116.19	2.49
AZ	PacifiCare of Arizona											
	High Self	A31	128.38	160.27	120.20	40.07	7.98	278.16	347.25	260.44	86.81	17.27
	High Family	A32	319.68	399.09	298.23	100.86	20.94	692.64	864.70	646.17	218.53	45.37
AR	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
CA	Aetna											
	High Self	2X1	108.27	115.02	86.27	28.75	1.68	234.59	249.21	186.91	62.30	3.65
	High Family	2X2	263.99	283.39	212.54	70.85	4.85	571.98	614.01	460.51	153.50	10.51
CA	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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Plan - Option - Enrollment Code												
CA	Blue Cross- HMO											
	High Self	M51	154.52	154.52	115.89	38.63	0.00	334.79	334.79	251.09	83.70	0.00
	High Family	M52	381.12	396.36	297.27	99.09	-4.94	825.76	858.78	644.09	214.69	-10.71
CA	Blue Shield of CA Access+											
	High Self	SJ1	134.87	159.14	119.36	39.78	6.06	292.22	344.80	258.60	86.20	13.15
	High Family	SJ2	334.55	394.76	296.07	98.69	15.05	724.86	855.31	641.48	213.83	32.62
CA	Health Net of California											
	High Self	LB1	142.95	153.75	115.31	38.44	2.70	309.73	333.13	249.85	83.28	5.85
	High Family	LB2	338.40	363.99	272.99	91.00	6.40	733.20	788.65	591.49	197.16	13.86
CA	Kaiser Foundation Health Plan, Inc.											
	High Self	591	157.97	170.39	127.79	42.60	3.11	342.27	369.18	276.89	92.29	6.72
	High Family	592	377.07	406.75	298.23	108.52	8.54	816.99	881.29	646.17	235.12	18.49
	Standard Self	594	New Plan	131.25	98.44	32.81	N/A	New Plan	284.38	213.29	71.09	N/A
	Standard Family	595	New Plan	313.30	234.98	78.32	N/A	New Plan	678.82	509.12	169.70	N/A
CA	Kaiser Foundation Health Plan, Inc.											
	High Self	621	148.21	155.77	116.83	38.94	1.89	321.12	337.50	253.13	84.37	4.09
	High Family	622	342.54	360.01	270.01	90.00	4.37	742.17	780.02	585.02	195.00	9.46
	Standard Self	624	New Plan	121.92	91.44	30.48	N/A	New Plan	264.16	198.12	66.04	N/A
	Standard Family	625	New Plan	281.78	211.34	70.44	N/A	New Plan	610.52	457.89	152.63	N/A
CA	PacifiCare of California											
	High Self	CY1	119.95	140.97	105.73	35.24	5.25	259.89	305.44	229.08	76.36	11.39
	High Family	CY2	278.29	327.06	245.30	81.76	12.19	602.96	708.63	531.47	177.16	26.42
CA	UHP Healthcare											
	High Self	C41	107.67	98.69	74.02	24.67	-2.25	233.29	213.83	160.37	53.46	-4.86
	High Family	C42	229.28	211.91	158.93	52.98	-4.34	496.77	459.14	344.36	114.78	-9.41
CA	Universal Care											
	High Self	6Q1	110.14	129.80	97.35	32.45	4.92	238.64	281.23	210.92	70.31	10.65
	High Family	6Q2	290.74	342.67	257.00	85.67	12.99	629.94	742.45	556.84	185.61	28.13
	HDHP Self	6Q4	New Plan	108.95	81.71	27.24	N/A	New Plan	236.06	177.05	59.01	N/A
	HDHP Family	6Q5	New Plan	287.62	215.72	71.90	N/A	New Plan	623.18	467.39	155.79	N/A

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CO	Aetna												
	High Self	9E1	New Plan	158.35	118.76	39.59	N/A	New Plan	343.09	257.32	85.77	N/A	
	High Family	9E2	New Plan	407.61	298.23	109.38	N/A	New Plan	883.16	646.17	236.99	N/A	
CO	Aetna HealthFund (CDHP/HDHP)												
	CDHP Self	221		129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222		297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan		153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan		353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
CO	Humana CoverageFirst (Consumer Driven Plan)												
	CDHP Self	7T1	New Plan		107.98	80.99	26.99	N/A	New Plan	233.96	175.47	58.49	N/A
	CDHP Family	7T2	New Plan		248.38	186.29	62.09	N/A	New Plan	538.16	403.62	134.54	N/A
CO	Kaiser Permanente												
	High Self	651		143.02	160.88	120.66	40.22	4.47	309.88	348.57	261.43	87.14	9.67
	High Family	652		369.00	387.69	290.77	96.92	4.67	799.50	840.00	630.00	210.00	10.13
	Standard Self	654	New Plan		122.13	91.60	30.53	N/A	New Plan	264.62	198.47	66.15	N/A
	Standard Family	655	New Plan		294.32	220.74	73.58	N/A	New Plan	637.69	478.27	159.42	N/A
CO	PacifiCare of Colorado												
	High Self	D61		155.99	173.50	130.13	43.37	4.37	337.98	375.92	281.94	93.98	9.49
	High Family	D62		372.83	410.53	298.23	112.30	16.56	807.80	889.48	646.17	243.31	35.87
CT	Aetna HealthFund (CDHP/HDHP)												
	CDHP Self	221		129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222		297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan		153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan		353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
CT	ConnectiCare												
	High Self	TE1		152.36	168.29	126.22	42.07	3.98	330.11	364.63	273.47	91.16	8.63
	High Family	TE2		399.02	425.79	298.23	127.56	5.63	864.54	922.55	646.17	276.38	12.20
DE	Aetna HealthFund (CDHP/HDHP)												
	CDHP Self	221		129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222		297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan		153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan		353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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DE Coventry Health Care of Delaware												
High Self	2J1	New Plan	193.32	131.08	62.24	N/A	New Plan	418.86	284.01	134.85	N/A	
High Family	2J2	New Plan	488.13	298.23	189.90	N/A	New Plan	1057.62	646.17	411.45	N/A	
HDHP Self	2J4	New Plan	159.40	119.55	39.85	N/A	New Plan	345.37	259.03	86.34	N/A	
HDHP Family	2J5	New Plan	391.87	293.90	97.97	N/A	New Plan	849.05	636.79	212.26	N/A	
DC Aetna HealthFund (CDHP/HDHP)												
CDHP Self	221		129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
CDHP Family	222		297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
HDHP Self	224	New Plan	153.73	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
HDHP Family	225	New Plan	353.59	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
DC Aetna Open Access												
High Self	JN1		160.96	176.00	131.08	44.92	4.68	348.75	381.33	284.01	97.32	10.13
High Family	JN2		362.51	394.23	295.67	98.56	7.93	785.44	854.17	640.63	213.54	17.18
Basic Self	JN4		105.75	115.88	86.91	28.97	2.53	229.13	251.07	188.30	62.77	5.49
Basic Family	JN5		247.47	271.17	203.38	67.79	5.92	536.19	587.54	440.66	146.88	12.83
DC CareFirst BlueChoice												
High Self	2G1		181.64	181.64	131.08	50.56	-9.68	393.55	393.55	284.01	109.54	-20.98
High Family	2G2		408.63	408.63	298.23	110.40	-21.14	885.37	885.37	646.17	239.20	-45.81
DC Kaiser Permanente												
High Self	E31		145.98	159.22	119.42	39.80	3.31	316.29	344.98	258.74	86.24	7.17
High Family	E32		347.45	378.96	284.22	94.74	7.88	752.81	821.08	615.81	205.27	17.07
Standard Self	E34	New Plan	128.15	128.15	96.11	32.04	N/A	New Plan	277.66	208.25	69.41	N/A
Standard Family	E35	New Plan	305.00	305.00	228.75	76.25	N/A	New Plan	660.83	495.62	165.21	N/A
DC M.D. IPA												
High Self	JP1		146.81	161.10	120.83	40.27	3.57	318.09	349.05	261.79	87.26	7.74
High Family	JP2		352.37	386.69	290.02	96.67	8.58	763.47	837.83	628.37	209.46	18.59
FL Aetna HealthFund (CDHP/HDHP)												
CDHP Self	221		129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
CDHP Family	222		297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
HDHP Self	224	New Plan	153.73	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
HDHP Family	225	New Plan	353.59	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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FL	Av-Med Health Plan											
	High Self	ML1	146.82	157.08	117.81	39.27	2.57	318.11	340.34	255.26	85.08	5.55
	High Family	ML2	403.68	408.39	298.23	110.16	-16.43	874.64	884.85	646.17	238.68	-35.60
	Standard Self	ML4	New Plan	125.52	94.14	31.38	N/A	New Plan	271.96	203.97	67.99	N/A
	Standard Family	ML5	New Plan	326.33	244.75	81.58	N/A	New Plan	707.05	530.29	176.76	N/A
FL	Capital Health Plan											
	High Self	EA1	148.52	163.02	122.27	40.75	3.62	321.79	353.21	264.91	88.30	7.85
	High Family	EA2	393.61	432.00	298.23	133.77	17.25	852.82	936.00	646.17	289.83	37.37
FL	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	MJ1	100.88	103.08	77.31	25.77	0.55	218.57	223.34	167.51	55.83	1.19
	CDHP Family	MJ2	232.01	237.09	177.82	59.27	1.27	502.69	513.70	385.28	128.42	2.75
FL	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	MQ1	105.68	107.98	80.99	26.99	0.57	228.97	233.96	175.47	58.49	1.25
	CDHP Family	MQ2	243.06	248.38	186.29	62.09	1.33	526.63	538.16	403.62	134.54	2.88
FL	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	QP1	96.08	98.18	73.64	24.54	0.52	208.17	212.72	159.54	53.18	1.14
	CDHP Family	QP2	220.97	225.80	169.35	56.45	1.21	478.77	489.23	366.92	122.31	2.62
FL	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	YG1	New Plan	112.91	84.68	28.23	N/A	New Plan	244.64	183.48	61.16	N/A
	CDHP Family	YG2	New Plan	259.67	194.75	64.92	N/A	New Plan	562.62	421.97	140.65	N/A
FL	Humana Medical Plan											
	High Self	EE1	150.59	151.86	113.90	37.96	0.31	326.28	329.03	246.77	82.26	0.69
	High Family	EE2	346.38	349.28	261.96	87.32	0.73	750.49	756.77	567.58	189.19	1.57
FL	JMH Health Plan											
	High Self	J81	132.66	146.92	110.19	36.73	3.57	287.43	318.33	238.75	79.58	7.72
	High Family	J82	328.29	363.52	272.64	90.88	8.81	711.30	787.63	590.72	196.91	19.09
FL	Total Health Choice											
	High Self	4A1	116.79	132.64	99.48	33.16	3.96	253.05	287.39	215.54	71.85	8.59
	High Family	4A2	291.00	330.48	247.86	82.62	9.87	630.50	716.04	537.03	179.01	21.39
FL	Vista Healthplan											
	High Self	3N1	162.29	179.64	131.08	48.56	7.67	351.63	389.22	284.01	105.21	16.61
	High Family	3N2	446.18	493.88	298.23	195.65	26.56	966.72	1070.07	646.17	423.90	57.54

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
FL	Vista Healthplan											
	High Self	UL1	126.45	157.61	118.21	39.40	7.79	273.98	341.49	256.12	85.37	16.88
	High Family	UL2	337.63	420.83	298.23	122.60	38.19	731.53	911.80	646.17	265.63	82.75
FL	Vista Healthplan											
	High Self	Y91	119.15	132.19	99.14	33.05	3.26	258.16	286.41	214.81	71.60	7.06
	High Family	Y92	318.16	353.00	264.75	88.25	8.71	689.35	764.83	573.62	191.21	18.87
FL	Vista Healthplan of South Florida											
	High Self	5E1	112.51	134.08	100.56	33.52	5.39	243.77	290.51	217.88	72.63	11.69
	High Family	5E2	309.41	368.73	276.55	92.18	14.83	670.39	798.92	599.19	199.73	32.13
GA	Aetna											
	High Self	2U1	133.61	152.77	114.58	38.19	4.79	289.49	331.00	248.25	82.75	10.38
	High Family	2U2	322.31	368.52	276.39	92.13	11.55	698.34	798.46	598.85	199.61	25.03
GA	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
GA	Coventry Health Care of Georgia (HDHP)											
	HDHP Self	L51	New Plan	112.58	84.44	28.14	N/A	New Plan	243.92	182.94	60.98	N/A
	HDHP Family	L52	New Plan	258.95	194.21	64.74	N/A	New Plan	561.06	420.80	140.26	N/A
GA	Kaiser Permanente											
	High Self	F81	128.53	140.97	105.73	35.24	3.11	278.48	305.44	229.08	76.36	6.74
	High Family	F82	326.31	357.90	268.43	89.47	7.89	707.01	775.45	581.59	193.86	17.11
	Standard Self	F84	New Plan	106.11	79.58	26.53	N/A	New Plan	229.91	172.43	57.48	N/A
	Standard Family	F85	New Plan	269.39	202.04	67.35	N/A	New Plan	583.68	437.76	145.92	N/A
GU	PacifiCare Asia Pacific											
	High Self	JK1	144.58	193.16	131.08	62.08	25.94	313.26	418.51	284.01	134.50	56.19
	High Family	JK2	379.92	461.88	298.23	163.65	60.82	823.16	1000.74	646.17	354.57	131.77
	Standard Self	JK4	113.98	136.85	102.64	34.21	5.72	246.96	296.51	222.38	74.13	12.39
	Standard Family	JK5	301.00	361.38	271.04	90.34	15.09	652.17	782.99	587.24	195.75	32.71

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
Plan	Option - Enrollment Code											
HI	HMSA											
	High Self	871	134.93	147.75	110.81	36.94	3.21	292.35	320.13	240.10	80.03	6.94
	High Family	872	300.35	328.89	246.67	82.22	7.13	650.76	712.60	534.45	178.15	15.46
HI	Kaiser Permanente											
	High Self	631	161.12	170.76	128.07	42.69	2.41	349.09	369.98	277.49	92.49	5.22
	High Family	632	346.40	367.13	275.35	91.78	5.18	750.53	795.45	596.59	198.86	11.23
	Standard Self	634	129.55	132.57	99.43	33.14	0.75	280.69	287.24	215.43	71.81	1.64
	Standard Family	635	278.53	285.03	213.77	71.26	1.63	603.48	617.57	463.18	154.39	3.52
ID	Group Health Cooperative											
	High Self	VR1	159.23	173.91	130.43	43.48	3.67	345.00	376.81	282.61	94.20	7.95
	High Family	VR2	388.22	424.02	298.23	125.79	14.66	841.14	918.71	646.17	272.54	31.76
	Standard Self	VR4	137.99	147.12	110.34	36.78	2.28	298.98	318.76	239.07	79.69	4.95
	Standard Family	VR5	317.38	338.36	253.77	84.59	5.25	687.66	733.11	549.83	183.28	11.37
IL	Aetna											
	High Self	IK1	New Plan	152.11	114.08	38.03	N/A	New Plan	329.57	247.18	82.39	N/A
	High Family	IK2	New Plan	375.42	281.57	93.85	N/A	New Plan	813.41	610.06	203.35	N/A
IL	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
IL	BlueCHOICE											
	High Self	9G1	153.68	177.50	131.08	46.42	8.00	332.97	384.58	284.01	100.57	17.33
	High Family	9G2	332.73	384.30	288.23	96.07	12.89	720.92	832.65	624.49	208.16	27.93
IL	Group Health Plan											
	High Self	MM1	197.52	205.81	131.08	74.73	-1.39	427.96	445.92	284.01	161.91	-3.02
	High Family	MM2	426.63	444.53	298.23	146.30	-3.24	924.37	963.15	646.17	316.98	-7.03
	HDHP Self	MM4	New Plan	170.30	127.73	42.57	N/A	New Plan	368.98	276.74	92.24	N/A
	HDHP Family	MM5	New Plan	364.62	273.47	91.15	N/A	New Plan	790.01	592.51	197.50	N/A

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
IL	Health Alliance HMO											
	High Self	FX1	169.40	181.36	131.08	50.28	2.28	367.03	392.95	284.01	108.94	4.94
	High Family	FX2	395.37	423.25	298.23	125.02	6.74	856.64	917.04	646.17	270.87	14.59
IL	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	MW1	76.86	78.54	58.91	19.63	0.42	166.53	170.17	127.63	42.54	0.91
	CDHP Family	MW2	176.77	180.64	135.48	45.16	0.97	383.00	391.39	293.54	97.85	2.10
IL	Humana Health Plan Inc.											
	High Self	751	155.99	171.78	128.84	42.94	3.94	337.98	372.19	279.14	93.05	8.56
	High Family	752	358.77	395.11	296.33	98.78	9.09	777.34	856.07	642.05	214.02	19.69
	Standard Self	754	119.60	121.84	91.38	30.46	0.56	259.13	263.99	197.99	66.00	1.22
	Standard Family	755	275.06	280.22	210.17	70.05	1.29	595.96	607.14	455.36	151.78	2.79
IL	John Deere Health Plan											
	High Self	YH1	142.23	151.51	113.63	37.88	2.32	308.17	328.27	246.20	82.07	5.03
	High Family	YH2	348.46	371.19	278.39	92.80	5.69	755.00	804.25	603.19	201.06	12.31
IL	Mercy Health Plans/Premier Health Plans											
	High Self	7M1	193.54	216.77	131.08	85.69	13.55	419.34	469.67	284.01	185.66	29.35
	High Family	7M2	418.06	468.23	298.23	170.00	29.03	905.80	1014.50	646.17	368.33	62.89
IL	OSF HealthPlans											
	High Self	9F1	130.78	164.47	123.35	41.12	8.43	283.36	356.35	267.26	89.09	18.25
	High Family	9F2	343.94	432.52	298.23	134.29	48.31	745.20	937.13	646.17	290.96	104.66
	HDHP Self	9F4	New Plan	148.24	111.18	37.06	N/A	New Plan	321.19	240.89	80.30	N/A
	HDHP Family	9F5	New Plan	368.61	276.46	92.15	N/A	New Plan	798.66	599.00	199.66	N/A
IL	PersonalCare's HMO											
	High Self	GE1	137.72	132.38	99.29	33.09	-1.34	298.39	286.82	215.12	71.70	-2.90
	High Family	GE2	354.10	340.23	255.17	85.06	-3.46	767.22	737.17	552.88	184.29	-7.51
IL	Unicare HMO											
	High Self	171	146.30	167.51	125.63	41.88	5.31	316.98	362.94	272.21	90.73	11.49
	High Family	172	398.16	430.02	298.23	131.79	10.72	862.68	931.71	646.17	285.54	23.22
IL	Union Health Service											
	High Self	761	123.70	131.19	98.39	32.80	1.88	268.02	284.25	213.19	71.06	4.06
	High Family	762	306.74	325.36	244.02	81.34	4.66	664.60	704.95	528.71	176.24	10.09

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
IN	Advantage Health Solutions, Inc.											
	High Self	6Y1	169.02	183.68	131.08	52.60	4.98	366.21	397.97	284.01	113.96	10.78
	High Family	6Y2	396.85	431.28	298.23	133.05	13.29	859.84	934.44	646.17	288.27	28.79
	HDHP Self	6Y4	New Plan	174.45	130.84	43.61	N/A	New Plan	377.98	283.49	94.49	N/A
	HDHP Family	6Y5	New Plan	396.49	297.37	99.12	N/A	New Plan	859.06	644.30	214.76	N/A
IN	Aetna											
	High Self	IK1	New Plan	152.11	114.08	38.03	38.03	New Plan	329.57	247.18	82.39	N/A
	High Family	IK2	New Plan	375.42	281.57	93.85	93.85	New Plan	813.41	610.06	203.35	N/A
IN	Aetna											
	High Self	RD1	151.00	162.03	121.52	40.51	2.76	327.17	351.07	263.30	87.77	5.98
	High Family	RD2	371.08	393.74	295.31	98.43	4.44	804.01	853.10	639.83	213.27	9.62
IN	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
IN	Arnett HMO											
	High Self	G21	127.96	144.38	108.29	36.09	4.10	277.25	312.82	234.62	78.20	8.89
	High Family	G22	332.72	375.40	281.55	93.85	10.67	720.89	813.37	610.03	203.34	23.12
IN	Health Alliance HMO											
	High Self	FX1	169.40	181.36	131.08	50.28	2.28	367.03	392.95	284.01	108.94	4.94
	High Family	FX2	395.37	423.25	298.23	125.02	6.74	856.64	917.04	646.17	270.87	14.59
IN	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	BM1	115.28	117.81	88.36	29.45	0.63	249.77	255.26	191.45	63.81	1.37
	CDHP Family	BM2	265.16	270.96	203.22	67.74	1.45	574.51	587.08	440.31	146.77	3.14
IN	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	L81	96.08	98.18	73.64	24.54	0.52	208.17	212.72	159.54	53.18	1.14
	CDHP Family	L82	220.97	225.80	169.35	56.45	1.21	478.77	489.23	366.92	122.31	2.62
IN	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	MW1	76.86	78.54	58.91	19.63	0.42	166.53	170.17	127.63	42.54	0.91
	CDHP Family	MW2	176.77	180.64	135.48	45.16	0.97	383.00	391.39	293.54	97.85	2.10

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
IN	Humana Health Plan											
	High Self	D21	178.07	198.88	131.08	67.80	11.13	385.82	430.91	284.01	146.90	24.11
	High Family	D22	409.53	457.42	298.23	159.19	26.75	887.32	991.08	646.17	344.91	57.95
IN	Humana Health Plan Inc.											
	High Self	751	155.99	171.78	128.84	42.94	3.94	337.98	372.19	279.14	93.05	8.56
	High Family	752	358.77	395.11	296.33	98.78	9.09	777.34	856.07	642.05	214.02	19.69
	Standard Self	754	119.60	121.84	91.38	30.46	0.56	259.13	263.99	197.99	66.00	1.22
	Standard Family	755	275.06	280.22	210.17	70.05	1.29	595.96	607.14	455.36	151.78	2.79
IN	M*Plan											
	High Self	IN1	188.25	204.85	131.08	73.77	6.92	407.88	443.84	284.01	159.83	14.98
	High Family	IN2	432.04	470.12	298.23	171.89	16.94	936.09	1018.59	646.17	372.42	36.69
IN	Physicians Health Plan of Northern Indiana											
	High Self	DQ1	154.74	216.09	131.08	85.01	46.33	335.27	468.20	284.01	184.19	100.37
	High Family	DQ2	347.45	485.23	298.23	187.00	100.14	752.81	1051.33	646.17	405.16	216.96
IN	Unicare HMO											
	High Self	171	146.30	167.51	125.63	41.88	5.31	316.98	362.94	272.21	90.73	11.49
	High Family	172	398.16	430.02	298.23	131.79	10.72	862.68	931.71	646.17	285.54	23.22
IA	Avera Health Plans											
	High Self	AV1	144.77	194.74	131.08	63.66	27.47	313.67	421.94	284.01	137.93	59.51
	High Family	AV2	338.08	454.78	298.23	156.55	72.03	732.51	985.36	646.17	339.19	156.06
IA	Coventry Health Care of Iowa											
	High Self	SV1	134.14	151.36	113.52	37.84	4.31	290.64	327.95	245.96	81.99	9.33
	High Family	SV2	362.26	408.77	298.23	110.54	19.98	784.90	885.67	646.17	239.50	43.28
	HDHP Self	SV4	New Plan	121.75	91.31	30.44	N/A	New Plan	263.79	197.84	65.95	N/A
	HDHP Family	SV5	New Plan	314.65	235.99	78.66	N/A	New Plan	681.74	511.31	170.43	N/A
IA	Health Alliance HMO											
	High Self	FX1	169.40	181.36	131.08	50.28	2.28	367.03	392.95	284.01	108.94	4.94
	High Family	FX2	395.37	423.25	298.23	125.02	6.74	856.64	917.04	646.17	270.87	14.59
IA	John Deere Health Plan											
	High Self	YH1	142.23	151.51	113.63	37.88	2.32	308.17	328.27	246.20	82.07	5.03
	High Family	YH2	348.46	371.19	278.39	92.80	5.69	755.00	804.25	603.19	201.06	12.31

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
Plan - Option - Enrollment Code												
IA	Sioux Valley Health Plan											
	High Self	AU1	213.66	222.21	131.08	91.13	-1.13	462.93	481.46	284.01	197.45	-2.45
	High Family	AU2	491.25	511.33	298.23	213.10	-1.06	1064.38	1107.88	646.17	461.71	-2.31
	Standard Self	AU4	181.32	199.46	131.08	68.38	8.46	392.86	432.16	284.01	148.15	18.32
	Standard Family	AU5	416.83	458.52	298.23	160.29	20.55	903.13	993.46	646.17	347.29	44.52
KS	Aetna											
	High Self	KS1	New Plan	144.33	108.25	36.08	N/A	New Plan	312.72	234.54	78.18	N/A
	High Family	KS2	New Plan	370.81	278.11	92.70	N/A	New Plan	803.42	602.57	200.85	N/A
KS	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
KS	Coventry Health Care of KS-Wichita/Salinas (HDHP)											
	HDHP Self	7G1	New Plan	121.04	90.78	30.26	N/A	New Plan	262.25	196.69	65.56	N/A
	HDHP Family	7G2	New Plan	298.91	224.18	74.73	N/A	New Plan	647.64	485.73	161.91	N/A
KS	Coventry Health Care of Kansas-Wichita/Salinas											
	High Self	7W1	New Plan	157.04	117.78	39.26	N/A	New Plan	340.25	255.19	85.06	N/A
	High Family	7W2	New Plan	400.45	298.23	102.22	N/A	New Plan	867.64	646.17	221.47	N/A
	Standard Self	7W4	New Plan	148.70	111.53	37.17	N/A	New Plan	322.18	241.64	80.54	N/A
	Standard Family	7W5	New Plan	379.17	284.38	94.79	N/A	New Plan	821.54	616.16	205.38	N/A
KS	Coventry Health Care of KS-Kansas City (HDHP)											
	HDHP Self	9H1	New Plan	128.89	96.67	32.22	N/A	New Plan	279.26	209.45	69.81	N/A
	HDHP Family	9H2	New Plan	332.53	249.40	83.13	N/A	New Plan	720.48	540.36	180.12	N/A
KS	Coventry Health Care of Kansas-Kansas City											
	High Self	HA1	132.36	148.84	111.63	37.21	4.12	286.78	322.49	241.87	80.62	8.93
	High Family	HA2	341.54	384.11	288.08	96.03	10.65	740.00	832.24	624.18	208.06	23.06
	Standard Self	HA4	New Plan	140.97	105.73	35.24	N/A	New Plan	305.44	229.08	76.36	N/A
	Standard Family	HA5	New Plan	363.79	272.84	90.95	N/A	New Plan	788.21	591.16	197.05	N/A
KS	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	PH1	76.86	78.54	58.91	19.63	0.42	166.53	170.17	127.63	42.54	0.91
	CDHP Family	PH2	176.77	180.64	135.48	45.16	0.97	383.00	391.39	293.54	97.85	2.10

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
KS	Humana Health Plan, Inc.											
	High Self	MS1	170.71	192.85	131.08	61.77	12.46	369.87	417.84	284.01	133.83	26.99
	High Family	MS2	392.64	443.55	298.23	145.32	29.77	850.72	961.03	646.17	314.86	64.50
	Standard Self	MS4	122.89	127.14	95.36	31.78	1.06	266.26	275.47	206.60	68.87	2.31
	Standard Family	MS5	282.64	292.44	219.33	73.11	2.45	612.39	633.62	475.22	158.40	5.30
KS	Preferred Plus of Kansas											
	High Self	VA1	212.27	219.52	131.08	88.44	-2.43	459.92	475.63	284.01	191.62	-5.27
	High Family	VA2	564.64	583.94	298.23	285.71	-1.84	1223.39	1265.20	646.17	619.03	-4.00
KY	Aetna											
	High Self	RD1	151.00	162.03	121.52	40.51	2.76	327.17	351.07	263.30	87.77	5.98
	High Family	RD2	371.08	393.74	295.31	98.43	4.44	804.01	853.10	639.83	213.27	9.62
KY	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
KY	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	6N1	New Plan	122.71	92.03	30.68	N/A	New Plan	265.87	199.40	66.47	N/A
	CDHP Family	6N2	New Plan	282.26	211.70	70.56	N/A	New Plan	611.56	458.67	152.89	N/A
KY	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	BM1	115.28	117.81	88.36	29.45	0.63	249.77	255.26	191.45	63.81	1.37
	CDHP Family	BM2	265.16	270.96	203.22	67.74	1.45	574.51	587.08	440.31	146.77	3.14
KY	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	L81	96.08	98.18	73.64	24.54	0.52	208.17	212.72	159.54	53.18	1.14
	CDHP Family	L82	220.97	225.80	169.35	56.45	1.21	478.77	489.23	366.92	122.31	2.62
KY	Humana Health Plan											
	High Self	D21	178.07	198.88	131.08	67.80	11.13	385.82	430.91	284.01	146.90	24.11
	High Family	D22	409.53	457.42	298.23	159.19	26.75	887.32	991.08	646.17	344.91	57.95

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
Plan	Option - Enrollment Code											
KY	United Healthcare of Ohio, Inc.											
	High Self	3U1	197.49	251.27	131.08	120.19	44.10	427.90	544.42	284.01	260.41	95.54
	High Family	3U2	454.23	554.90	298.23	256.67	79.53	984.17	1202.28	646.17	556.11	172.30
	Standard Self	3U4	New Plan	202.19	131.08	71.11	N/A	New Plan	438.08	284.01	154.07	N/A
	Standard Family	3U5	New Plan	440.78	298.23	142.55	N/A	New Plan	955.02	646.17	308.85	N/A
LA	Coventry Healthcare Louisiana											
	High Self	BJ1	122.31	155.12	116.34	38.78	8.20	265.01	336.09	252.07	84.02	17.77
	High Family	BJ2	284.08	360.26	270.20	90.06	19.04	615.51	780.56	585.42	195.14	41.26
	HDHP Self	BJ4	New Plan	123.19	92.39	30.80	N/A	New Plan	266.91	200.18	66.73	N/A
	HDHP Family	BJ5	New Plan	286.11	214.58	71.53	N/A	New Plan	619.91	464.93	154.98	N/A
LA	Coventry Healthcare Louisiana											
	High Self	JA1	170.49	162.59	121.94	40.65	-8.44	369.40	352.28	264.21	88.07	-18.30
	High Family	JA2	395.95	377.62	283.22	94.40	-24.46	857.89	818.18	613.64	204.54	-52.99
	HDHP Self	JA4	New Plan	130.53	97.90	32.63	N/A	New Plan	282.82	212.12	70.70	N/A
	HDHP Family	JA5	New Plan	303.17	227.38	75.79	N/A	New Plan	656.87	492.65	164.22	N/A
LA	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	9J1	New Plan	93.28	69.96	23.32	N/A	New Plan	202.11	151.58	50.53	N/A
	CDHP Family	9J2	New Plan	214.50	160.88	53.62	N/A	New Plan	464.75	348.56	116.19	N/A
LA	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	9L1	New Plan	112.91	84.68	28.23	N/A	New Plan	244.64	183.48	61.16	N/A
	CDHP Family	9L2	New Plan	259.67	194.75	64.92	N/A	New Plan	562.62	421.97	140.65	N/A
LA	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	9S1	New Plan	127.63	95.72	31.91	31.91	New Plan	276.53	207.40	69.13	N/A
	CDHP Family	9S2	New Plan	293.54	220.16	73.38	73.38	New Plan	636.00	477.00	159.00	N/A
LA	Vantage Health Plan											
	High Self	MV1	178.03	187.55	131.08	56.47	-0.16	385.73	406.36	284.01	122.35	-0.35
	High Family	MV2	462.87	431.38	298.23	133.15	-52.63	1002.89	934.66	646.17	288.49	-114.04
MD	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
MD	Aetna Open Access											
	High Self	JN1	160.96	176.00	131.08	44.92	4.68	348.75	381.33	284.01	97.32	10.13
	High Family	JN2	362.51	394.23	295.67	98.56	7.93	785.44	854.17	640.63	213.54	17.18
	Basic Self	JN4	105.75	115.88	86.91	28.97	2.53	229.13	251.07	188.30	62.77	5.49
	Basic Family	JN5	247.47	271.17	203.38	67.79	5.92	536.19	587.54	440.66	146.88	12.83
MD	CareFirst BlueChoice											
	High Self	2G1	181.64	181.64	131.08	50.56	-9.68	393.55	393.55	284.01	109.54	-20.98
	High Family	2G2	408.63	408.63	298.23	110.40	-21.14	885.37	885.37	646.17	239.20	-45.81
MD	Coventry Health Care of Delaware											
	High Self	IG1	New Plan	192.75	131.08	61.67	N/A	New Plan	417.63	284.01	133.62	N/A
	High Family	IG2	New Plan	486.68	298.23	188.45	N/A	New Plan	1054.47	646.17	408.30	N/A
	HDHP Self	IG4	New Plan	153.46	115.10	38.36	N/A	New Plan	332.50	249.38	83.12	N/A
	HDHP Family	IG5	New Plan	376.90	282.68	94.22	N/A	New Plan	816.62	612.47	204.15	N/A
MD	Kaiser Permanente											
	High Self	E31	145.98	159.22	119.42	39.80	3.31	316.29	344.98	258.74	86.24	7.17
	High Family	E32	347.45	378.96	284.22	94.74	7.88	752.81	821.08	615.81	205.27	17.07
	Standard Self	E34	New Plan	128.15	96.11	32.04	N/A	New Plan	277.66	208.25	69.41	N/A
	Standard Family	E35	New Plan	305.00	228.75	76.25	N/A	New Plan	660.83	495.62	165.21	N/A
MD	M.D. IPA											
	High Self	JP1	146.81	161.10	120.83	40.27	3.57	318.09	349.05	261.79	87.26	7.74
	High Family	JP2	352.37	386.69	290.02	96.67	8.58	763.47	837.83	628.37	209.46	18.59
MA	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
MA	BlueChip, Coordinated Health Partners, Inc.											
	High Self	DA1	182.84	188.40	131.08	57.32	-4.12	396.15	408.20	284.01	124.19	-8.93
	High Family	DA2	468.17	499.23	298.23	201.00	9.92	1014.37	1081.67	646.17	435.50	21.49
MA	ConnectiCare											
	High Self	TE1	152.36	168.29	126.22	42.07	3.98	330.11	364.63	273.47	91.16	8.63
	High Family	TE2	399.02	425.79	298.23	127.56	5.63	864.54	922.55	646.17	276.38	12.20

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

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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	
MA	Fallon Community Health Plan											
	High Self	JV1	178.66	188.05	131.08	56.97	-0.29	387.10	407.44	284.01	123.43	-0.64
	High Family	JV2	434.23	457.06	298.23	158.83	1.69	940.83	990.30	646.17	344.13	3.66
	Standard Self	JV4	New Plan	162.24	121.68	40.56	N/A	New Plan	351.52	263.64	87.88	N/A
	Standard Family	JV5	New Plan	394.31	295.73	98.58	N/A	New Plan	854.34	640.76	213.58	N/A
MI	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
MI	Bluecare Network of MI											
	High Self	K51	158.49	155.56	116.67	38.89	-0.73	343.40	337.05	252.79	84.26	-1.59
	High Family	K52	443.59	435.35	298.23	137.12	-29.38	961.11	943.26	646.17	297.09	-63.66
MI	Bluecare Network of MI											
	High Self	KR1	192.86	208.88	131.08	77.80	6.34	417.86	452.57	284.01	168.56	13.73
	High Family	KR2	557.12	603.62	298.23	305.39	25.36	1207.09	1307.84	646.17	661.67	54.94
MI	Bluecare Network of MI											
	High Self	LN1	209.53	212.46	131.08	81.38	-6.75	453.98	460.33	284.01	176.32	-14.63
	High Family	LN2	504.56	511.63	298.23	213.40	-14.07	1093.21	1108.53	646.17	462.36	-30.49
MI	Bluecare Network of MI											
	High Self	LX1	119.55	130.94	98.21	32.73	2.84	259.03	283.70	212.78	70.92	6.16
	High Family	LX2	357.60	391.83	293.87	97.96	8.56	774.80	848.97	636.73	212.24	18.54
MI	Grand Valley Health Plan											
	High Self	RL1	149.80	166.77	125.08	41.69	4.24	324.57	361.34	271.01	90.33	9.19
	High Family	RL2	420.54	469.05	298.23	170.82	27.37	911.17	1016.28	646.17	370.11	59.30
MI	Health Alliance Plan											
	High Self	521	134.48	140.85	105.64	35.21	1.59	291.37	305.18	228.89	76.29	3.45
	High Family	522	356.34	373.24	279.93	93.31	4.23	772.07	808.69	606.52	202.17	9.15
MI	HealthPlus MI											
	High Self	X51	176.89	201.60	131.08	70.52	15.03	383.26	436.80	284.01	152.79	32.56
	High Family	X52	403.96	460.39	298.23	162.16	35.29	875.25	997.51	646.17	351.34	76.45

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
MI	M-Care											
	High Self	EG1	126.66	134.33	100.75	33.58	1.92	274.43	291.05	218.29	72.76	4.15
	High Family	EG2	335.61	355.97	266.98	88.99	5.09	727.16	771.27	578.45	192.82	11.03
MI	Total Health Care											
	High Self	N21	115.69	123.92	92.94	30.98	2.06	250.66	268.49	201.37	67.12	4.46
	High Family	N22	284.21	304.40	228.30	76.10	5.05	615.79	659.53	494.65	164.88	10.93
MN	Avera Health Plans											
	High Self	AV1	144.77	194.74	131.08	63.66	27.47	313.67	421.94	284.01	137.93	59.51
	High Family	AV2	338.08	454.78	298.23	156.55	72.03	732.51	985.36	646.17	339.19	156.06
MN	HealthPartners Classic											
	High Self	531	193.43	232.12	131.08	101.04	29.01	419.10	502.93	284.01	218.92	62.85
	High Family	532	464.22	557.07	298.23	258.84	71.71	1005.81	1206.99	646.17	560.82	155.37
MN	HealthPartners Open Access Deductible											
	Standard Self	534	163.96	180.36	131.08	49.28	6.72	355.25	390.78	284.01	106.77	14.55
	Standard Family	535	393.48	432.85	298.23	134.62	18.23	852.54	937.84	646.17	291.67	39.49
MN	HealthPartners Primary Clinic Plan											
	High Self	HQ1	239.89	288.03	131.08	156.95	38.46	519.76	624.07	284.01	340.06	83.33
	High Family	HQ2	575.72	691.27	298.23	393.04	94.41	1247.39	1497.75	646.17	851.58	204.55
MS	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
MO	Aetna											
	High Self	KS1	New Plan	144.33	108.25	36.08	N/A	New Plan	312.72	234.54	78.18	N/A
	High Family	KS2	New Plan	370.81	278.11	92.70	N/A	New Plan	803.42	602.57	200.85	N/A
MO	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
MO	BlueCHOICE											
	High Self	9G1	153.68	177.50	131.08	46.42	8.00	332.97	384.58	284.01	100.57	17.33
	High Family	9G2	332.73	384.30	288.23	96.07	12.89	720.92	832.65	624.49	208.16	27.93
MO	Community Health Plan											
	High Self	IC1	New Plan	138.65	103.99	34.66	N/A	New Plan	300.41	225.31	75.10	N/A
	High Family	IC2	New Plan	381.71	286.28	95.43	N/A	New Plan	827.04	620.28	206.76	N/A
MO	Coventry Health Care of Kansas-Kansas City											
	High Self	HA1	132.36	148.84	111.63	37.21	4.12	286.78	322.49	241.87	80.62	8.93
	High Family	HA2	341.54	384.11	288.08	96.03	10.65	740.00	832.24	624.18	208.06	23.06
	HDHP Self	HA4	New Plan	140.97	105.73	35.24	N/A	New Plan	305.44	229.08	76.36	N/A
	HDHP Family	HA5	New Plan	363.79	272.84	90.95	N/A	New Plan	788.21	591.16	197.05	N/A
MO	Group Health Plan											
	High Self	MM1	197.52	205.81	131.08	74.73	-1.39	427.96	445.92	284.01	161.91	-3.02
	High Family	MM2	426.63	444.53	298.23	146.30	-3.24	924.37	963.15	646.17	316.98	-7.03
	HDHP Self	MM4	New Plan	170.30	127.73	42.57	N/A	New Plan	368.98	276.74	92.24	N/A
	HDHP Family	MM5	New Plan	364.62	273.47	91.15	N/A	New Plan	790.01	592.51	197.50	N/A
MO	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	PH1	76.86	78.54	58.91	19.63	0.42	166.53	170.17	127.63	42.54	0.91
	CDHP Family	PH2	176.77	180.64	135.48	45.16	0.97	383.00	391.39	293.54	97.85	2.10
MO	Humana Health Plan, Inc.											
	High Self	MS1	170.71	192.85	131.08	61.77	12.46	369.87	417.84	284.01	133.83	26.99
	High Family	MS2	392.64	443.55	298.23	145.32	29.77	850.72	961.03	646.17	314.86	64.50
	Standard Self	MS4	122.89	127.14	95.36	31.78	1.06	266.26	275.47	206.60	68.87	2.31
	Standard Family	MS5	282.64	292.44	219.33	73.11	2.45	612.39	633.62	475.22	158.40	5.30
MO	Mercy Health Plans/Premier Health Plans											
	High Self	7M1	193.54	216.77	131.08	85.69	13.55	419.34	469.67	284.01	185.66	29.35
	High Family	7M2	418.06	468.23	298.23	170.00	29.03	905.80	1014.50	646.17	368.33	62.89
MT	New West Health Services											
	High Self	NV1	153.25	168.68	126.51	42.17	3.86	332.04	365.47	274.10	91.37	8.36
	High Family	NV2	340.98	360.30	270.23	90.07	4.83	738.79	780.65	585.49	195.16	10.46

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
NE	Coventry Health Care of Nebraska											
	High Self	IE1	New Plan	168.95	126.71	42.24	N/A	New Plan	366.06	274.55	91.51	N/A
	High Family	IE2	New Plan	425.18	298.23	126.95	N/A	New Plan	921.22	646.17	275.05	N/A
NV	Aetna											
	High Self	Y11	134.50	154.67	116.00	38.67	5.05	291.42	335.12	251.34	83.78	10.93
	High Family	Y12	334.89	385.13	288.85	96.28	12.56	725.60	834.45	625.84	208.61	27.21
NV	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
NV	Health Plan of Nevada											
	High Self	2L1	New Plan	157.62	118.22	39.40	N/A	New Plan	341.51	256.13	85.38	N/A
	High Family	2L2	New Plan	403.53	298.23	105.30	N/A	New Plan	874.32	646.17	228.15	N/A
NV	Health Plan of Nevada											
	High Self	NM1	91.96	92.61	69.46	23.15	0.16	199.25	200.66	150.50	50.16	0.35
	High Family	NM2	235.45	237.12	177.84	59.28	0.42	510.14	513.76	385.32	128.44	0.91
NV	NEVADACARE											
	High Self	IF1	New Plan	165.46	124.10	41.36	N/A	New Plan	358.50	268.88	89.62	N/A
	High Family	IF2	New Plan	402.74	298.23	104.51	N/A	New Plan	872.60	646.17	226.43	N/A
NV	PACIFICARE OF NEVADA											
	High Self	K91	125.10	139.07	104.30	34.77	3.50	271.05	301.32	225.99	75.33	7.57
	High Family	K92	283.97	315.69	236.77	78.92	7.93	615.27	684.00	513.00	171.00	17.18
NH	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
NJ	Aetna											
	High Self	P31	158.90	185.14	131.08	54.06	14.34	344.28	401.14	284.01	117.13	31.06
	High Family	P32	383.43	446.74	298.23	148.51	42.17	830.77	967.94	646.17	321.77	91.36

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
NJ	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
NJ	AmeriHealth HMO											
	High Self	FK1	151.24	164.81	123.61	41.20	3.39	327.69	357.09	267.82	89.27	7.35
	High Family	FK2	361.10	393.35	295.01	98.34	8.07	782.38	852.26	639.20	213.06	17.47
NJ	Coventry Health Care of Delaware (HDHP)											
	High Self	2J1	New Plan	193.32	131.08	62.24	N/A	New Plan	418.86	284.01	134.85	N/A
	High Family	2J2	New Plan	488.13	298.23	189.90	N/A	New Plan	1057.62	646.17	411.45	N/A
	HDHP Self	2J4	New Plan	159.40	119.55	39.85	N/A	New Plan	345.37	259.03	86.34	N/A
	HDHP Family	2J5	New Plan	391.87	293.90	97.97	N/A	New Plan	849.05	636.79	212.26	N/A
NJ	GHI Health Plan											
	High Self	801	185.17	200.91	131.08	69.83	6.06	401.20	435.31	284.01	151.30	13.13
	High Family	802	462.92	502.28	298.23	204.05	18.22	1002.99	1088.27	646.17	442.10	39.47
NM	Cimarron Health Plan											
	High Self	PX1	160.25	176.23	131.08	45.15	5.09	347.21	381.83	284.01	97.82	11.02
	High Family	PX2	420.83	423.11	298.23	124.88	-18.86	911.80	916.74	646.17	270.57	-40.87
NM	Lovelace Health Plan											
	High Self	Q11	153.91	153.91	115.43	38.48	0.00	333.47	333.47	250.10	83.37	0.00
	High Family	Q12	377.69	377.69	283.27	94.42	-6.18	818.33	818.33	613.75	204.58	-13.39
NM	Presbyterian Health Plan											
	High Self	P21	144.35	166.62	124.97	41.65	5.56	312.76	361.01	270.76	90.25	12.06
	High Family	P22	376.45	434.50	298.23	136.27	36.91	815.64	941.42	646.17	295.25	79.97
NY	Aetna											
	High Self	JC1	161.50	177.65	131.08	46.57	6.20	349.92	384.91	284.01	100.90	13.42
	High Family	JC2	397.55	437.30	298.23	139.07	18.61	861.36	947.48	646.17	301.31	40.31

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
NY	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
NY	Blue Choice											
	High Self	MK1	120.09	130.07	97.55	32.52	2.50	260.20	281.82	211.37	70.45	5.40
	High Family	MK2	301.02	325.87	244.40	81.47	6.22	652.21	706.05	529.54	176.51	13.46
NY	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN											
	High Self	SG1	147.61	155.33	116.50	38.83	1.93	319.82	336.55	252.41	84.14	4.19
	High Family	SG2	378.03	391.44	293.58	97.86	-3.08	819.07	848.12	636.09	212.03	-6.68
NY	GHI Health Plan											
	High Self	801	185.17	200.91	131.08	69.83	6.06	401.20	435.31	284.01	151.30	13.13
	High Family	802	462.92	502.28	298.23	204.05	18.22	1002.99	1088.27	646.17	442.10	39.47
	Standard Self	804	158.87	170.15	127.61	42.54	2.82	344.22	368.66	276.50	92.16	6.11
	Standard Family	805	397.20	397.20	297.90	99.30	-20.81	860.60	860.60	645.45	215.15	-45.09
NY	GHI HMO Select											
	High Self	6V1	176.30	183.75	131.08	52.67	-2.23	381.98	398.13	284.01	114.12	-4.83
	High Family	6V2	438.01	467.78	298.23	169.55	8.63	949.02	1013.52	646.17	367.35	18.69
	Standard Self	6V4	New Plan	157.70	118.28	39.42	N/A	New Plan	341.68	256.26	85.42	N/A
	Standard Family	6V5	New Plan	401.46	298.23	103.23	N/A	New Plan	869.83	646.17	223.66	N/A
NY	GHI HMO Select											
	High Self	X41	164.94	169.75	127.31	42.44	-1.10	357.37	367.79	275.84	91.95	-2.39
	High Family	X42	423.59	437.49	298.23	139.26	-7.24	917.78	947.90	646.17	301.73	-15.69
	Standard Self	X44	New Plan	154.35	115.76	38.59	N/A	New Plan	334.43	250.82	83.61	N/A
	Standard Family	X45	New Plan	390.30	292.73	97.57	N/A	New Plan	845.65	634.24	211.41	N/A
NY	HIP of Greater New York											
	High Self	511	146.09	159.41	119.56	39.85	3.33	316.53	345.39	259.04	86.35	7.22
	High Family	512	409.03	446.35	298.23	148.12	16.18	886.23	967.09	646.17	320.92	35.05
	Standard Self	514	116.96	131.51	98.63	32.88	3.64	253.41	284.94	213.71	71.23	7.88
	Standard Family	515	327.48	368.23	276.17	92.06	10.19	709.54	797.83	598.37	199.46	22.08

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
NY	HMO Blue											
	High Self	AH1	211.03	173.97	130.48	43.49	-46.14	457.23	376.94	282.71	94.23	-99.97
	High Family	AH2	538.88	442.45	298.23	144.22	-117.57	1167.57	958.64	646.17	312.47	-254.74
NY	HMOBlue-CNY											
	High Self	EB1	183.47	172.49	129.37	43.12	-18.95	397.52	373.73	280.30	93.43	-41.06
	High Family	EB2	424.46	441.23	298.23	143.00	-4.37	919.66	956.00	646.17	309.83	-9.47
NY	Independent Health Assoc											
	High Self	QA1	105.08	129.64	97.23	32.41	6.14	227.67	280.89	210.67	70.22	13.30
	High Family	QA2	294.17	355.56	266.67	88.89	15.35	637.37	770.38	577.79	192.59	33.25
NY	MVP Health Care											
	High Self	GA1	123.70	148.03	111.02	37.01	6.09	268.02	320.73	240.55	80.18	13.18
	High Family	GA2	319.47	382.28	286.71	95.57	15.70	692.19	828.27	621.20	207.07	34.02
NY	MVP Health Care											
	High Self	M91	140.28	161.06	120.80	40.26	5.19	303.94	348.96	261.72	87.24	11.26
	High Family	M92	362.22	415.92	298.23	117.69	27.14	784.81	901.16	646.17	254.99	58.79
NY	MVP Health Care											
	High Self	MX1	144.06	166.04	124.53	41.51	5.50	312.13	359.75	269.81	89.94	11.91
	High Family	MX2	372.09	428.80	298.23	130.57	35.57	806.20	929.07	646.17	282.90	77.06
NY	Preferred Care											
	High Self	GV1	119.56	127.06	95.30	31.76	1.87	259.05	275.30	206.48	68.82	4.06
	High Family	GV2	319.21	339.21	254.41	84.80	5.00	691.62	734.96	551.22	183.74	10.84
NY	Univera Healthcare											
	High Self	KQ1	144.68	146.79	110.09	36.70	0.53	313.47	318.05	238.54	79.51	1.14
	High Family	KQ2	383.27	388.88	291.66	97.22	-8.96	830.42	842.57	631.93	210.64	-19.42
NY	Univera Healthcare											
	High Self	Q81	114.15	117.88	88.41	29.47	0.93	247.33	255.41	191.56	63.85	2.02
	High Family	Q82	323.66	334.24	250.68	83.56	2.65	701.26	724.19	543.14	181.05	5.74
NY	Vytra Health Plans											
	High Self	J61	175.53	190.63	131.08	59.55	5.42	380.32	413.03	284.01	129.02	11.73
	High Family	J62	460.32	500.08	298.23	201.85	18.62	997.36	1083.51	646.17	437.34	40.34

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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		
NC	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
ND	Heart of America Health Plan											
	High Self	RU1	118.42	125.18	93.89	31.29	1.69	256.58	271.22	203.42	67.80	3.66
	High Family	RU2	304.34	321.73	241.30	80.43	4.35	659.40	697.08	522.81	174.27	9.42
OH	Aetna											
	High Self	7D1	141.10	148.35	111.26	37.09	1.82	305.72	321.43	241.07	80.36	3.93
	High Family	7D2	339.83	353.07	264.80	88.27	3.31	736.30	764.99	573.74	191.25	7.18
OH	Aetna											
	High Self	ND1	New Plan	164.58	123.44	41.14	N/A	New Plan	356.59	267.44	89.15	N/A
	High Family	ND2	New Plan	430.12	298.23	131.89	N/A	New Plan	931.93	646.17	285.76	N/A
OH	Aetna											
	High Self	RD1	151.00	162.03	121.52	40.51	2.76	327.17	351.07	263.30	87.77	5.98
	High Family	RD2	371.08	393.74	295.31	98.43	4.44	804.01	853.10	639.83	213.27	9.62
OH	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
OH	AultCare HMO											
	High Self	3A1	145.88	161.47	121.10	40.37	3.90	316.07	349.85	262.39	87.46	8.44
	High Family	3A2	358.16	396.39	297.29	99.10	9.56	776.01	858.85	644.14	214.71	20.71
	HDHP Self	3A4	New Plan	168.53	126.40	42.13	N/A	New Plan	365.15	273.86	91.29	N/A
	HDHP Family	3A5	New Plan	337.69	253.27	84.42	N/A	New Plan	731.66	548.75	182.91	N/A
OH	Blue HMO											
	High Self	R51	173.71	194.55	131.08	63.47	11.16	376.37	421.53	284.01	137.52	24.18
	High Family	R52	431.43	453.00	298.23	154.77	0.43	934.77	981.50	646.17	335.33	0.92

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
OH	HMO Health Ohio											
	High Self	L41	151.14	165.90	124.43	41.47	3.69	327.47	359.45	269.59	89.86	7.99
	High Family	L42	386.65	424.39	298.23	126.16	16.60	837.74	919.51	646.17	273.34	35.96
OH	Hometown Health Plan											
	High Self	MZ1	129.67	135.28	101.46	33.82	1.40	280.95	293.11	219.83	73.28	3.04
	High Family	MZ2	324.19	338.22	253.67	84.55	3.50	702.41	732.81	549.61	183.20	7.60
OH	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	L81	96.08	98.18	73.64	24.54	0.52	208.17	212.72	159.54	53.18	1.14
	CDHP Family	L82	220.97	225.80	169.35	56.45	1.21	478.77	489.23	366.92	122.31	2.62
OH	Kaiser Permanente											
	High Self	641	151.78	171.87	128.90	42.97	5.03	328.86	372.39	279.29	93.10	10.89
	High Family	642	372.47	421.77	298.23	123.54	28.16	807.02	913.84	646.17	267.67	61.01
OH	Paramount Health Care											
	High Self	U21	154.56	166.24	124.68	41.56	2.92	334.88	360.19	270.14	90.05	6.33
	High Family	U22	409.23	440.16	298.23	141.93	9.79	886.67	953.68	646.17	307.51	21.20
OH	SummaCare Health Plan											
	High Self	5W1	145.43	182.53	131.08	51.45	15.09	315.10	395.48	284.01	111.47	32.70
	High Family	5W2	399.92	419.84	298.23	121.61	-1.22	866.49	909.65	646.17	263.48	-2.65
OH	SuperMed HMO											
	High Self	5M1	168.06	224.03	131.08	92.95	46.29	364.13	485.40	284.01	201.39	100.29
	High Family	5M2	429.89	573.06	298.23	274.83	122.03	931.43	1241.63	646.17	595.46	264.39
OH	The Health Plan of the Upper Ohio Valley											
	High Self	U41	154.45	145.32	108.99	36.33	-2.28	334.64	314.86	236.15	78.71	-4.95
	High Family	U42	355.20	334.22	250.67	83.55	-5.25	769.60	724.14	543.11	181.03	-11.37
OH	United Healthcare of Ohio, Inc.											
	High Self	3U1	197.49	251.27	131.08	120.19	44.10	427.90	544.42	284.01	260.41	95.54
	High Family	3U2	454.23	554.90	298.23	256.67	79.53	984.17	1202.28	646.17	556.11	172.30
	Standard Self	3U4	New Plan	202.19	131.08	71.11	N/A	New Plan	438.08	284.01	154.07	N/A
	Standard Family	3U5	New Plan	440.78	298.23	142.55	N/A	New Plan	955.02	646.17	308.85	N/A
OK	Aetna											
	High Self	SL1	157.06	171.40	128.55	42.85	3.59	340.30	371.37	278.53	92.84	7.77
	High Family	SL2	383.08	397.68	298.23	99.45	-6.54	830.01	861.64	646.17	215.47	-14.18

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
OK	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
OK	Globalhealth, Inc.											
	High Self	IM1	New Plan	150.01	112.51	37.50	N/A	New Plan	325.02	243.77	81.25	N/A
	High Family	IM2	New Plan	361.55	271.16	90.39	N/A	New Plan	783.36	587.52	195.84	N/A
OK	PacifiCare Southwest Region (OK & TX)											
	High Self	2N1	162.14	170.39	127.79	42.60	1.86	351.30	369.18	276.89	92.29	4.02
	High Family	2N2	390.79	407.54	298.23	109.31	-4.39	846.71	883.00	646.17	236.83	-9.52
OR	Kaiser Permanente											
	High Self	571	170.62	172.99	129.74	43.25	-5.97	369.68	374.81	281.11	93.70	-12.95
	High Family	572	391.57	394.77	296.08	98.69	-15.79	848.40	855.34	641.51	213.83	-34.21
	Standard Self	574	149.67	158.89	119.17	39.72	2.30	324.29	344.26	258.20	86.06	4.99
	Standard Family	575	343.49	362.58	271.94	90.64	4.77	744.23	785.59	589.19	196.40	10.34
OR	PacifiCare Northwest Region (Oregon/Washington)											
	High Self	7Z1	167.15	186.09	131.08	55.01	9.26	362.16	403.20	284.01	119.19	20.06
	High Family	7Z2	376.10	416.41	298.23	118.18	19.17	814.88	902.22	646.17	256.05	41.53
PA	Aetna											
	High Self	P31	158.90	185.14	131.08	54.06	14.34	344.28	401.14	284.01	117.13	31.06
	High Family	P32	383.43	446.74	298.23	148.51	42.17	830.77	967.94	646.17	321.77	91.36
PA	Aetna											
	High Self	YE1	123.99	134.23	100.67	33.56	2.56	268.65	290.83	218.12	72.71	5.55
	High Family	YE2	341.92	370.14	277.61	92.53	7.05	740.83	801.97	601.48	200.49	15.28
PA	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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		
PA	Coventry Health Care of Delaware												
	High Self	2J1	New Plan	193.32	131.08	62.24	N/A	New Plan	418.86	284.01	134.85	N/A	
	High Family	2J2	New Plan	488.13	298.23	189.90	N/A	New Plan	1057.62	646.17	411.45	N/A	
	HDHP Self	2J4	New Plan	159.40	119.55	39.85	N/A	New Plan	345.37	259.03	86.34	N/A	
	HDHP Family	2J5	New Plan	391.87	293.90	97.97	N/A	New Plan	849.05	636.79	212.26	N/A	
PA	HealthAmerica Pennsylvania												
	High Self	261		164.23	170.32	127.74	42.58	-0.25	355.83	369.03	276.77	92.26	-0.54
	High Family	262		418.79	434.34	298.23	136.11	-5.59	907.38	941.07	646.17	294.90	-12.12
	Standard Self	264		147.93	158.98	119.24	39.74	2.76	320.52	344.46	258.35	86.11	5.98
	Standard Family	265		377.22	405.41	298.23	107.18	7.05	817.31	878.39	646.17	232.22	15.27
PA	HealthAmerica Pennsylvania												
	High Self	4N1		179.14	238.06	131.08	106.98	49.24	388.14	515.80	284.01	231.79	106.68
	High Family	4N2		444.26	547.54	298.23	249.31	82.14	962.56	1186.34	646.17	540.17	177.97
	Standard Self	4N4		161.50	211.05	131.08	79.97	39.60	349.92	457.28	284.01	173.27	85.79
	Standard Family	4N5		400.52	485.42	298.23	187.19	63.76	867.79	1051.74	646.17	405.57	138.14
PA	HealthAmerica Pennsylvania - HDHP												
	HDHP Self	9N1	New Plan	183.76	131.08	52.68	N/A	New Plan	398.15	284.01	114.14	N/A	
	HDHP Family	9N2	New Plan	414.45	298.23	116.22	N/A	New Plan	897.98	646.17	251.81	N/A	
PA	HealthAmerica Pennsylvania												
	High Self	PN1	New Plan	233.60	131.08	102.52	N/A	New Plan	506.13	284.01	222.12	N/A	
	High Family	PN2	New Plan	536.37	298.23	238.14	N/A	New Plan	1162.14	646.17	515.97	N/A	
	Standard Self	PN4	New Plan	209.40	131.08	78.32	N/A	New Plan	453.70	284.01	169.69	N/A	
	Standard Family	PN5	New Plan	480.70	298.23	182.47	N/A	New Plan	1041.52	646.17	395.35	N/A	
PA	HealthAmerica Pennsylvania												
	High Self	SW1		177.20	202.73	131.08	71.65	15.85	383.93	439.25	284.01	155.24	34.34
	High Family	SW2		429.17	466.28	298.23	168.05	15.97	929.87	1010.27	646.17	364.10	34.59
	Standard Self	SW4		159.17	186.46	131.08	55.38	15.59	344.87	404.00	284.01	119.99	33.77
	Standard Family	SW5		385.51	428.86	298.23	130.63	22.21	835.27	929.20	646.17	283.03	48.12
PA	HealthAmerica Pennsylvania - HDHP												
	HDHP Self	Y61	New Plan	151.89	113.92	37.97	N/A	New Plan	329.10	246.83	82.27	N/A	
	HDHP Family	Y62	New Plan	373.42	280.07	93.35	N/A	New Plan	809.08	606.81	202.27	N/A	

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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
PA	HealthAmerica Pennsylvania - HDHP										
	HDHP Self YN1	New Plan	190.76	131.08	59.68	N/A	New Plan	413.31	284.01	129.30	N/A
	HDHP Family YN2	New Plan	431.16	298.23	132.93	N/A	New Plan	934.18	646.17	288.01	N/A
PA	HealthAmerica Pennsylvania - HDHP										
	HDHP Self YW1	New Plan	171.59	128.69	42.90	N/A	New Plan	371.78	278.84	92.94	N/A
	HDHP Family YW2	New Plan	387.10	290.33	96.77	N/A	New Plan	838.72	629.04	209.68	N/A
PA	Keystone Health Plan Central										
	High Self S41	174.21	208.21	131.08	77.13	24.32	377.46	451.12	284.01	167.11	52.68
	High Family S42	418.17	496.79	298.23	198.56	57.48	906.04	1076.38	646.17	430.21	124.53
PA	Keystone Health Plan East										
	High Self ED1	160.74	164.60	123.45	41.15	0.97	348.27	356.63	267.47	89.16	2.09
	High Family ED2	423.86	434.06	298.23	135.83	-10.94	918.36	940.46	646.17	294.29	-23.71
PA	UPMC Health Plan										
	High Self 8W1	156.11	170.97	128.23	42.74	3.71	338.24	370.44	277.83	92.61	8.05
	High Family 8W2	398.21	436.07	298.23	137.84	16.72	862.79	944.82	646.17	298.65	36.22
PR	Humana Health Plans of Puerto Rico										
	High Self ZJ1	83.50	93.52	70.14	23.38	2.51	180.92	202.63	151.97	50.66	5.43
	High Family ZJ2	192.06	215.10	161.33	53.77	5.76	416.13	466.05	349.54	116.51	12.48
PR	Triple-S										
	High Self 891	112.92	118.57	88.93	29.64	1.41	244.66	256.90	192.68	64.22	3.06
	High Family 892	242.55	254.68	191.01	63.67	3.03	525.53	551.81	413.86	137.95	6.57
RI	BlueChip, Coordinated Health Partners, Inc.										
	High Self DA1	182.84	188.40	131.08	57.32	-4.12	396.15	408.20	284.01	124.19	-8.93
	High Family DA2	468.17	499.23	298.23	201.00	9.92	1014.37	1081.67	646.17	435.50	21.49
SC	Aetna HealthFund (CDHP/HDHP)										
	CDHP Self 221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family 222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self 224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family 225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
SC	Carolina Care										
	High Self IB1	New Plan	173.99	130.49	43.50	N/A	New Plan	376.98	282.74	94.24	N/A
	High Family IB2	New Plan	391.35	293.51	97.84	N/A	New Plan	847.93	635.95	211.98	N/A

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
SD	Avera Health Plans											
	High Self	AV1	144.77	194.74	131.08	63.66	27.47	313.67	421.94	284.01	137.93	59.51
	High Family	AV2	338.08	454.78	298.23	156.55	72.03	732.51	985.36	646.17	339.19	156.06
SD	Sioux Valley Health Plan											
	High Self	AU1	213.66	222.21	131.08	91.13	-1.13	462.93	481.46	284.01	197.45	-2.45
	High Family	AU2	491.25	511.33	298.23	213.10	-1.06	1064.38	1107.88	646.17	461.71	-2.31
	Standard Self	AU4	181.32	199.46	131.08	68.38	8.46	392.86	432.16	284.01	148.15	18.32
	Standard Family	AU5	416.83	458.52	298.23	160.29	20.55	903.13	993.46	646.17	347.29	44.52
TN	Aetna											
	High Self	6J1	138.44	177.96	131.08	46.88	12.27	299.95	385.58	284.01	101.57	26.58
	High Family	6J2	333.84	405.78	298.23	107.55	24.09	723.32	879.19	646.17	233.02	52.19
TN	Aetna											
	High Self	UB1	132.57	148.69	111.52	37.17	4.03	287.24	322.16	241.62	80.54	8.73
	High Family	UB2	354.70	379.16	284.37	94.79	6.12	768.52	821.51	616.13	205.38	13.25
TN	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
TN	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	L61	96.08	98.18	73.64	24.54	0.52	208.17	212.72	159.54	53.18	1.14
	CDHP Family	L62	220.97	225.80	169.35	56.45	1.21	478.77	489.23	366.92	122.31	2.62
TX	Aetna											
	High Self	8G1	New Plan	171.57	128.68	42.89	N/A	New Plan	371.74	278.81	92.93	N/A
	High Family	8G2	New Plan	428.34	298.23	130.11	N/A	New Plan	928.07	646.17	281.90	N/A
TX	Aetna											
	High Self	P11	127.80	154.64	115.98	38.66	6.71	276.90	335.05	251.29	83.76	14.54
	High Family	P12	321.96	389.57	292.18	97.39	16.90	697.58	844.07	633.05	211.02	36.63
TX	Aetna											
	High Self	PU1	153.58	178.16	131.08	47.08	8.69	332.76	386.01	284.01	102.00	18.81
	High Family	PU2	383.42	437.09	298.23	138.86	32.53	830.74	947.03	646.17	300.86	70.48

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
TX	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
TX	FIRSTCARE											
	High Self	6U1	149.84	160.02	120.02	40.00	2.54	324.65	346.71	260.03	86.68	5.52
	High Family	6U2	321.89	343.77	257.83	85.94	5.47	697.43	744.84	558.63	186.21	11.85
TX	FIRSTCARE											
	High Self	CK1	189.09	212.34	131.08	81.26	13.57	409.70	460.07	284.01	176.06	29.39
	High Family	CK2	406.17	456.11	298.23	157.88	28.80	880.04	988.24	646.17	342.07	62.39
TX	HMO Blue Texas											
	High Self	YM1	154.79	183.46	131.08	52.38	13.68	335.38	397.50	284.01	113.49	29.65
	High Family	YM2	378.93	449.08	298.23	150.85	49.01	821.02	973.01	646.17	326.84	106.18
TX	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	T21	115.28	117.81	88.36	29.45	0.63	249.77	255.26	191.45	63.81	1.37
	CDHP Family	T22	265.16	270.96	203.22	67.74	1.45	574.51	587.08	440.31	146.77	3.14
TX	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	T81	110.49	112.91	84.68	28.23	0.61	239.40	244.64	183.48	61.16	1.31
	CDHP Family	T82	254.11	259.67	194.75	64.92	1.39	550.57	562.62	421.97	140.65	3.01
TX	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	TP1	100.88	103.08	77.31	25.77	0.55	218.57	223.34	167.51	55.83	1.19
	CDHP Family	TP2	232.01	237.09	177.82	59.27	1.27	502.69	513.70	385.28	128.42	2.75
TX	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	TU1	96.08	98.18	73.64	24.54	0.52	208.17	212.72	159.54	53.18	1.14
	CDHP Family	TU2	220.97	225.80	169.35	56.45	1.21	478.77	489.23	366.92	122.31	2.62
TX	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	TV1	105.68	107.98	80.99	26.99	0.57	228.97	233.96	175.47	58.49	1.25
	CDHP Family	TV2	243.06	248.38	186.29	62.09	1.33	526.63	538.16	403.62	134.54	2.88

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
TX	Humana Health Plan of Texas											
	High Self	UR1	170.62	206.58	131.08	75.50	26.28	369.68	447.59	284.01	163.58	56.93
	High Family	UR2	392.44	475.14	298.23	176.91	61.56	850.29	1029.47	646.17	383.30	133.37
	Standard Self	UR4	137.00	148.36	111.27	37.09	2.84	296.83	321.45	241.09	80.36	6.15
	Standard Family	UR5	315.11	341.20	255.90	85.30	6.52	682.74	739.27	554.45	184.82	14.14
TX	Mercy Health Plans/Premier Health Plans											
	High Self	HM1	174.11	174.11	130.58	43.53	-9.18	377.24	377.24	282.93	94.31	-19.90
	High Family	HM2	435.29	435.29	298.23	137.06	-21.14	943.13	943.13	646.17	296.96	-45.81
TX	PacifiCare Southwest Region (OK & TX)											
	High Self	GF1	167.10	175.41	131.08	44.33	-1.37	362.05	380.06	284.01	96.05	-2.97
	High Family	GF2	385.95	402.82	298.23	104.59	-4.27	836.23	872.78	646.17	226.61	-9.26
UT	Altius Health Plans											
	High Self	9K1	181.37	193.20	131.08	62.12	2.15	392.97	418.60	284.01	134.59	4.65
	High Family	9K2	399.02	425.06	298.23	126.83	4.90	864.54	920.96	646.17	274.79	10.61
VT	MVP Health Care											
	High Self	VW1	166.11	200.73	131.08	69.65	24.94	359.91	434.92	284.01	150.91	54.03
	High Family	VW2	428.98	518.49	298.23	220.26	68.37	929.46	1123.40	646.17	477.23	148.13
VA	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
VA	Aetna Open Access											
	High Self	JN1	160.96	176.00	131.08	44.92	4.68	348.75	381.33	284.01	97.32	10.13
	High Family	JN2	362.51	394.23	295.67	98.56	7.93	785.44	854.17	640.63	213.54	17.18
	Basic Self	JN4	105.75	115.88	86.91	28.97	2.53	229.13	251.07	188.30	62.77	5.49
	Basic Family	JN5	247.47	271.17	203.38	67.79	5.92	536.19	587.54	440.66	146.88	12.83
VA	CareFirst BlueChoice											
	High Self	2G1	181.64	181.64	131.08	50.56	-9.68	393.55	393.55	284.01	109.54	-20.98
	High Family	2G2	408.63	408.63	298.23	110.40	-21.14	885.37	885.37	646.17	239.20	-45.81

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
VA	Kaiser Permanente											
	High Self	E31	145.98	159.22	119.42	39.80	3.31	316.29	344.98	258.74	86.24	7.17
	High Family	E32	347.45	378.96	284.22	94.74	7.88	752.81	821.08	615.81	205.27	17.07
	Standard Self	E34	New Plan	128.15	96.11	32.04	N/A	New Plan	277.66	208.25	69.41	N/A
	Standard Family	E35	New Plan	305.00	228.75	76.25	N/A	New Plan	660.83	495.62	165.21	N/A
VA	M.D. IPA											
	High Self	JP1	146.81	161.10	120.83	40.27	3.57	318.09	349.05	261.79	87.26	7.74
	High Family	JP2	352.37	386.69	290.02	96.67	8.58	763.47	837.83	628.37	209.46	18.59
VA	Optima Health Plan											
	High Self	9R1	166.75	179.60	131.08	48.52	3.17	361.29	389.13	284.01	105.12	6.86
	High Family	9R2	394.58	424.95	298.23	126.72	9.23	854.92	920.73	646.17	274.56	20.00
VA	Piedmont Community Healthcare											
	High Self	2C1	162.15	163.77	122.83	40.94	0.19	351.33	354.84	266.13	88.71	0.41
	High Family	2C2	371.30	375.01	281.26	93.75	-0.46	804.48	812.52	609.39	203.13	-0.99
WA	Aetna											
	High Self	8J1	118.93	139.14	104.36	34.78	5.05	257.68	301.47	226.10	75.37	10.95
	High Family	8J2	302.42	353.83	265.37	88.46	12.86	655.24	766.63	574.97	191.66	27.85
WA	Aetna HealthFund (CDHP/HDHP)											
	CDHP Self	221	129.44	136.80	102.60	34.20	1.84	280.45	296.40	222.30	74.10	3.99
	CDHP Family	222	297.73	314.65	235.99	78.66	4.23	645.08	681.74	511.31	170.43	9.16
	HDHP Self	224	New Plan	153.73	115.30	38.43	N/A	New Plan	333.08	249.81	83.27	N/A
	HDHP Family	225	New Plan	353.59	265.19	88.40	N/A	New Plan	766.11	574.58	191.53	N/A
WA	Group Health Cooperative											
	High Self	541	169.52	178.62	131.08	47.54	-0.58	367.29	387.01	284.01	103.00	-1.26
	High Family	542	382.68	403.24	298.23	105.01	-0.58	829.14	873.69	646.17	227.52	-1.26
	Standard Self	544	141.91	141.45	106.09	35.36	-0.12	307.47	306.48	229.86	76.62	-0.25
	Standard Family	545	320.37	319.34	239.51	79.83	-0.26	694.14	691.90	518.93	172.97	-0.56
WA	Group Health Cooperative											
	High Self	VR1	159.23	173.91	130.43	43.48	3.67	345.00	376.81	282.61	94.20	7.95
	High Family	VR2	388.22	424.02	298.23	125.79	14.66	841.14	918.71	646.17	272.54	31.76
	Standard Self	VR4	137.99	147.12	110.34	36.78	2.28	298.98	318.76	239.07	79.69	4.95
	Standard Family	VR5	317.38	338.36	253.77	84.59	5.25	687.66	733.11	549.83	183.28	11.37

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

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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	
WA	Kaiser Permanente											
	High Self	571	170.62	172.99	129.74	43.25	-5.97	369.68	374.81	281.11	93.70	-12.95
	High Family	572	391.57	394.77	296.08	98.69	-15.79	848.40	855.34	641.51	213.83	-34.21
	Standard Self	574	149.67	158.89	119.17	39.72	2.30	324.29	344.26	258.20	86.06	4.99
	Standard Family	575	343.49	362.58	271.94	90.64	4.77	744.23	785.59	589.19	196.40	10.34
WA	KPS Health Plans											
	High Self	VT1	178.87	187.92	131.08	56.84	-0.63	387.55	407.16	284.01	123.15	-1.37
	High Family	VT2	390.84	410.62	298.23	112.39	-1.36	846.82	889.68	646.17	243.51	-2.95
	Standard Self	L11	143.99	153.89	115.42	38.47	2.47	311.98	333.43	250.07	83.36	5.37
	Standard Family	L12	314.63	332.16	249.12	83.04	4.38	681.70	719.68	539.76	179.92	9.50
WA	PacifiCare Northwest Region (Oregon/Washington)											
	High Self	7Z1	167.15	186.09	131.08	55.01	9.26	362.16	403.20	284.01	119.19	20.06
	High Family	7Z2	376.10	416.41	298.23	118.18	19.17	814.88	902.22	646.17	256.05	41.53
WA	PacifiCare Northwest Region (Oregon/Washington)											
	High Self	SA1	New Plan	128.27	96.20	32.07	N/A	New Plan	277.92	208.44	69.48	N/A
	High Family	SA2	New Plan	299.84	224.88	74.96	N/A	New Plan	649.65	487.24	162.41	N/A
WV	The Health Plan of the Upper Ohio Valley											
	High Self	U41	154.45	145.32	108.99	36.33	-2.28	334.64	314.86	236.15	78.71	-4.95
	High Family	U42	355.20	334.22	250.67	83.55	-5.25	769.60	724.14	543.11	181.03	-11.37
WI	Dean Health Plan											
	High Self	WD1	135.34	156.99	117.74	39.25	5.42	293.24	340.15	255.11	85.04	11.73
	High Family	WD2	365.40	415.99	298.23	117.76	26.41	791.70	901.31	646.17	255.14	57.22
WI	Group Health Cooperative											
	High Self	WJ1	132.42	136.92	102.69	34.23	1.13	286.91	296.66	222.50	74.16	2.43
	High Family	WJ2	357.96	370.05	277.54	92.51	3.02	775.58	801.78	601.34	200.44	6.55
WI	HealthPartners Classic											
	High Self	531	193.43	232.12	131.08	101.04	29.01	419.10	502.93	284.01	218.92	62.85
	High Family	532	464.22	557.07	298.23	258.84	71.71	1005.81	1206.99	646.17	560.82	155.37
WI	HealthPartners Open Access Deductible											
	Standard Self	534	163.96	180.36	131.08	49.28	6.72	355.25	390.78	284.01	106.77	14.55
	Standard Family	535	393.48	432.85	298.23	134.62	18.23	852.54	937.84	646.17	291.67	39.49

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

Fee-for-Service Plans (FFS)	2004 Total Biweekly Premium	2005 Biweekly premium rates				2004 Total Monthly Premium	2005 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

WI	HealthPartners Primary Clinic Plan											
	High Self	HQ1	239.89	288.03	131.08	156.95	38.46	519.76	624.07	284.01	340.06	83.33
	High Family	HQ2	575.72	691.27	298.23	393.04	94.41	1247.39	1497.75	646.17	851.58	204.55
WI	Humana CoverageFirst (Consumer Driven Plan)											
	CDHP Self	FB1	105.68	107.98	80.99	26.99	0.57	228.97	233.96	175.47	58.49	1.25
	CDHP Family	FB2	243.06	248.38	186.29	62.09	1.33	526.63	538.16	403.62	134.54	2.88
WI	PREVEA HEALTH PLAN											
	High Self	ID1	New Plan	167.15	125.36	41.79	N/A	New Plan	362.16	271.62	90.54	N/A
	High Family	ID2	New Plan	415.85	298.23	117.62	N/A	New Plan	901.01	646.17	254.84	N/A
WY	WINhealth Partners											
	High Self	PV1	171.26	167.39	125.54	41.85	-8.01	371.06	362.68	272.01	90.67	-17.36
	High Family	PV2	462.38	453.80	298.23	155.57	-29.72	1001.82	983.23	646.17	337.06	-64.40