

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

Fee-for-Service Plans (FFS)		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 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	161.38	178.32	121.40	56.92	4.84	349.66	386.36	263.03	123.33	10.49
High Family	472	354.15	391.34	277.09	114.25	9.72	767.33	847.90	600.36	247.54	21.05
Consumer-Driven Self	474	145.60	155.79	116.84	38.95	2.55	315.47	337.55	253.16	84.39	5.52
Consumer-Driven Family	475	335.92	362.79	272.09	90.70	4.40	727.83	786.05	589.54	196.51	9.52
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	154.96	170.30	121.40	48.90	3.24	335.75	368.98	263.03	105.95	7.02
Standard Family	105	354.84	389.97	277.09	112.88	7.66	768.82	844.94	600.36	244.58	16.60
Basic Self	111	139.98	151.98	113.99	37.99	3.00	303.29	329.29	246.97	82.32	6.50
Basic Family	112	329.10	355.98	266.99	88.99	6.72	713.05	771.29	578.47	192.82	14.56
GEHA Benefit Plan											
High Self	311	176.47	197.64	121.40	76.24	9.07	382.35	428.22	263.03	165.19	19.66
High Family	312	384.06	430.14	277.09	153.05	18.61	832.13	931.97	600.36	331.61	40.32
Standard Self	314	110.00	121.00	90.75	30.25	2.75	238.33	262.17	196.63	65.54	5.96
Standard Family	315	250.00	275.00	206.25	68.75	6.25	541.67	595.83	446.87	148.96	13.54
Mail Handlers											
High Self	451	173.59	216.99	121.40	95.59	31.30	376.11	470.15	263.03	207.12	67.83
High Family	452	366.16	457.70	277.09	180.61	64.07	793.35	991.68	600.36	391.32	138.81
Standard Self	454	112.35	128.64	96.48	32.16	4.07	243.43	278.72	209.04	69.68	8.82
Standard Family	455	243.89	279.25	209.44	69.81	8.84	528.43	605.04	453.78	151.26	19.15
NALC											
High Self	321	157.74	173.08	121.40	51.68	3.24	341.77	375.01	263.03	111.98	7.03
High Family	322	337.07	369.87	277.09	92.78	5.33	730.32	801.39	600.36	201.03	11.55
PBP Health Plan											
High Self	361	269.12	304.46	121.40	183.06	23.24	583.09	659.66	263.03	396.63	50.36
High Family	362	580.64	656.87	277.09	379.78	48.76	1258.05	1423.22	600.36	822.86	105.65
Standard Self	364	157.75	189.30	121.40	67.90	19.45	341.79	410.15	263.03	147.12	42.15
Standard Family	365	357.32	428.79	277.09	151.70	44.00	774.19	929.05	600.36	328.69	95.34

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Association Benefit Plan											
High Self	421	163.85	180.16	121.40	58.76	4.21	355.01	390.35	263.03	127.32	9.13
High Family	422	377.46	415.01	277.09	137.92	10.08	817.83	899.19	600.36	298.83	21.84
Foreign Service Benefit Plan											
High Self	401	148.56	162.68	121.40	41.28	2.02	321.88	352.47	263.03	89.44	4.38
High Family	402	360.81	394.00	277.09	116.91	5.72	781.76	853.67	600.36	253.31	12.39
Panama Canal Area Benefit Plan											
High Self	431	144.96	152.21	114.16	38.05	1.81	314.08	329.79	247.34	82.45	3.93
High Family	432	302.59	317.72	238.29	79.43	3.78	655.61	688.39	516.29	172.10	8.20
Rural Carrier Benefit Plan											
High Self	381	179.98	199.94	121.40	78.54	7.86	389.96	433.20	263.03	170.17	17.03
High Family	382	366.60	406.82	277.09	129.73	12.75	794.30	881.44	600.36	281.08	27.62
SAMBA											
High Self	441	182.96	192.11	121.40	70.71	-2.95	396.41	416.24	263.03	153.21	-6.38
High Family	442	430.88	452.42	277.09	175.33	-5.93	933.57	980.24	600.36	379.88	-12.85
Secret Service Employees Health Association											
High Self	Y71	146.45	175.74	121.40	54.34	17.19	317.31	380.77	263.03	117.74	37.25
High Family	Y72	347.08	416.50	277.09	139.41	41.95	752.01	902.42	600.36	302.06	90.89

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			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Location - Plan - Option - Enrollment Code											
AL	HealthSpring of Alabama, Inc.										
	High Self DF1	154.17	172.67	121.40	51.27	6.40	334.04	374.12	263.03	111.09	13.87
	High Family DF2	394.67	442.03	277.09	164.94	19.89	855.12	957.73	600.36	357.37	43.09
AZ	Aetna Health Inc.										
	High Self WQ1	104.45	115.49	86.62	28.87	2.76	226.31	250.23	187.67	62.56	5.98
	High Family WQ2	286.89	317.23	237.92	79.31	7.59	621.60	687.33	515.50	171.83	16.43
AZ	Health Net of Arizona, Inc.										
	High Self A71	127.59	141.63	106.22	35.41	3.51	276.45	306.87	230.15	76.72	7.61
	High Family A72	323.27	358.85	269.14	89.71	8.89	700.42	777.51	583.13	194.38	19.28
AZ	Humana CoverageFirst (Consumer Driven Plan)										
	High Self DB1 New Plan		91.27	68.45	22.82	N/A	New Plan	197.75	148.31	49.44	N/A
	High Family DB2 New Plan		209.91	157.43	52.48	N/A	New Plan	454.81	341.11	113.70	N/A
AZ	PacifiCare Desert Region (AZ & NV)										
	High Self A31	129.96	128.38	96.29	32.09	-0.40	281.58	278.16	208.62	69.54	-0.85
	High Family A32	356.94	319.68	239.76	79.92	-27.40	773.37	692.64	519.48	173.16	-59.37
CA	Aetna Health Inc.										
	High Self 2X1	107.98	108.27	81.20	27.07	0.08	233.96	234.59	175.94	58.65	0.16
	High Family 2X2	256.16	263.99	197.99	66.00	1.96	555.01	571.98	428.99	142.99	4.24
CA	Aetna HealthFund (Consumer Driven Plan)										
	High Self 221 New Plan		129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family 222 New Plan		297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
CA	Blue Cross- HMO										
	High Self M51	133.38	154.52	115.89	38.63	5.29	288.99	334.79	251.09	83.70	11.45
	High Family M52	340.29	381.12	277.09	104.03	13.36	737.30	825.76	600.36	225.40	28.94
CA	Blue Shield of CA Access+										
	High Self SJ1	130.94	134.87	101.15	33.72	0.99	283.70	292.22	219.17	73.05	2.13
	High Family SJ2	324.80	334.55	250.91	83.64	2.44	703.73	724.86	543.65	181.21	5.28
CA	Health Net of California										
	High Self LB1	125.90	142.95	107.21	35.74	4.27	272.78	309.73	232.30	77.43	9.24
	High Family LB2	298.02	338.40	253.80	84.60	10.10	645.71	733.20	549.90	183.30	21.87
CA	Kaiser Permanente										
	High Self 591	138.11	157.97	118.48	39.49	4.96	299.24	342.27	256.70	85.57	10.76
	High Family 592	329.68	377.07	277.09	99.98	17.56	714.31	816.99	600.36	216.63	38.05

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CA	Kaiser Permanente											
	High Self	621	129.31	148.21	111.16	37.05	4.72	280.17	321.12	240.84	80.28	10.24
	High Family	622	298.89	342.54	256.91	85.63	10.91	647.60	742.17	556.63	185.54	23.64
CA	PacifiCare of California											
	High Self	CY1	105.60	119.95	89.96	29.99	3.59	228.80	259.89	194.92	64.97	7.77
	High Family	CY2	273.30	278.29	208.72	69.57	1.25	592.15	602.96	452.22	150.74	2.70
CA	UHP Healthcare											
	High Self	C41	105.40	107.67	80.75	26.92	0.57	228.37	233.29	174.97	58.32	1.23
	High Family	C42	224.43	229.28	171.96	57.32	1.21	486.27	496.77	372.58	124.19	2.62
CA	Universal Care											
	High Self	6Q1	104.06	110.14	82.61	27.53	1.52	225.46	238.64	178.98	59.66	3.30
	High Family	6Q2	274.73	290.74	218.06	72.68	4.00	595.25	629.94	472.46	157.48	8.67
CO	Kaiser Permanente											
	High Self	651	134.31	143.02	107.27	35.75	2.17	291.01	309.88	232.41	77.47	4.72
	High Family	652	351.88	369.00	276.75	92.25	-10.01	762.41	799.50	599.63	199.87	-21.70
CO	PacifiCare of Colorado											
	High Self	D61	145.28	155.99	116.99	39.00	2.68	314.77	337.98	253.49	84.49	5.80
	High Family	D62	377.71	372.83	277.09	95.74	-32.35	818.37	807.80	600.36	207.44	-70.09
CT	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
CT	ConnectiCare											
	High Self	TE1	134.67	152.36	114.27	38.09	4.42	291.79	330.11	247.58	82.53	9.58
	High Family	TE2	352.67	399.02	277.09	121.93	18.88	764.12	864.54	600.36	264.18	40.90
DC	Aetna Health Inc.											
	High Self	JN1	141.44	160.96	120.72	40.24	4.88	306.45	348.75	261.56	87.19	10.58
	High Family	JN2	318.55	362.51	271.88	90.63	10.99	690.19	785.44	589.08	196.36	23.81
	Standard Self	JN4	105.74	105.75	79.31	26.44	0.01	229.10	229.13	171.85	57.28	0.01
	Standard Family	JN5	247.46	247.47	185.60	61.87	0.01	536.16	536.19	402.14	134.05	0.01
DC	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A

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DC	CareFirst BlueChoice											
	High Self	2G1	160.71	181.64	121.40	60.24	8.83	348.21	393.55	263.03	130.52	19.13
	High Family	2G2	361.58	408.63	277.09	131.54	19.58	783.42	885.37	600.36	285.01	42.43
DC	Kaiser Permanente											
	High Self	E31	123.23	145.98	109.49	36.49	5.68	267.00	316.29	237.22	79.07	12.32
	High Family	E32	293.29	347.45	260.59	86.86	13.54	635.46	752.81	564.61	188.20	29.34
DC	M.D. IPA											
	High Self	JP1	138.80	146.81	110.11	36.70	2.00	300.73	318.09	238.57	79.52	4.34
	High Family	JP2	333.17	352.37	264.28	88.09	4.54	721.87	763.47	572.60	190.87	9.84
FL	Av-Med Health Plan											
	High Self	ML1	125.51	146.82	110.12	36.70	5.32	271.94	318.11	238.58	79.53	11.55
	High Family	ML2	345.12	403.68	277.09	126.59	31.09	747.76	874.64	600.36	274.28	67.36
FL	Capital Health Plan											
	High Self	EA1	142.02	148.52	111.39	37.13	1.63	307.71	321.79	241.34	80.45	3.52
	High Family	EA2	377.53	393.61	277.09	116.52	-11.39	817.98	852.82	600.36	252.46	-24.68
FL	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	MJ1	New Plan	100.88	75.66	25.22	N/A	New Plan	218.57	163.93	54.64	N/A
	High Family	MJ2	New Plan	232.01	174.01	58.00	N/A	New Plan	502.69	377.02	125.67	N/A
FL	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	MQ1	New Plan	105.68	79.26	26.42	N/A	New Plan	228.97	171.73	57.24	N/A
	High Family	MQ2	New Plan	243.06	182.30	60.76	N/A	New Plan	526.63	394.97	131.66	N/A
FL	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	QP1	New Plan	96.08	72.06	24.02	N/A	New Plan	208.17	156.13	52.04	N/A
	High Family	QP2	New Plan	220.97	165.73	55.24	N/A	New Plan	478.77	359.08	119.69	N/A
FL	Humana Medical Plan											
	High Self	EE1	118.86	150.59	112.94	37.65	7.94	257.53	326.28	244.71	81.57	17.19
	High Family	EE2	297.15	346.38	259.79	86.59	12.30	643.83	750.49	562.87	187.62	26.66
FL	JMH Health Plan											
	High Self	J81	96.91	132.66	99.50	33.16	8.93	209.97	287.43	215.57	71.86	19.37
	High Family	J82	238.39	328.29	246.22	82.07	22.47	516.51	711.30	533.48	177.82	48.69
FL	Total Health Choice											
	High Self	4A1	116.80	116.79	87.59	29.20	0.00	253.07	253.05	189.79	63.26	-0.01
	High Family	4A2	291.01	291.00	218.25	72.75	0.00	630.52	630.50	472.88	157.62	-0.01

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Location - Plan - Option - Enrollment Code												
FL	Vista Healthplan											
	High Self	3N1	137.77	162.29	121.40	40.89	6.45	298.50	351.63	263.03	88.60	13.98
	High Family	3N2	384.39	446.18	277.09	169.09	34.32	832.85	966.72	600.36	366.36	74.35
FL	Vista Healthplan											
	High Self	RK1	129.42	158.65	118.99	39.66	7.31	280.41	343.74	257.81	85.93	15.83
	High Family	RK2	345.56	423.61	277.09	146.52	50.58	748.71	917.82	600.36	317.46	109.59
FL	Vista Healthplan											
	High Self	UL1	New Code	126.45	94.84	31.61	N/A	New Code	273.98	205.49	68.49	N/A
	High Family	UL2	New Code	337.63	253.22	84.41	N/A	New Code	731.53	548.65	182.88	N/A
FL	Vista Healthplan											
	High Self	Y91	New Code	119.15	89.36	29.79	N/A	New Code	258.16	193.62	64.54	N/A
	High Family	Y92	New Code	318.16	238.62	79.54	N/A	New Code	689.35	517.01	172.34	N/A
FL	Vista Healthplan of South Florida											
	High Self	5E	91.06	112.51	84.38	28.13	5.37	197.30	243.77	182.83	60.94	11.62
	High Family	5E	250.43	309.41	232.06	77.35	14.74	542.60	670.39	502.79	167.60	31.95
GA	Aetna Health Inc.											
	High Self	2U1	139.51	133.61	100.21	33.40	-1.48	302.27	289.49	217.12	72.37	-3.20
	High Family	2U2	336.53	322.31	241.73	80.58	-6.33	729.15	698.34	523.76	174.58	-13.73
GA	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
GA	Kaiser Permanente											
	High Self	F81	115.17	128.53	96.40	32.13	3.34	249.54	278.48	208.86	69.62	7.24
	High Family	F82	292.39	326.31	244.73	81.58	8.48	633.51	707.01	530.26	176.75	18.37
GU	PacifiCare Asia Pacific											
	High Self	JK1	118.50	144.58	108.44	36.14	6.52	256.75	313.26	234.95	78.31	14.12
	High Family	JK2	311.38	379.92	277.09	102.83	24.99	674.66	823.16	600.36	222.80	54.14
	Standard Self	JK4	101.10	113.98	85.49	28.49	3.22	219.05	246.96	185.22	61.74	6.98
	Standard Family	JK5	266.96	301.00	225.75	75.25	8.51	578.41	652.17	489.13	163.04	18.44
HI	HMSA											
	High Self	871	120.47	134.93	101.20	33.73	3.61	261.02	292.35	219.26	73.09	7.84
	High Family	872	268.17	300.35	225.26	75.09	8.05	581.04	650.76	488.07	162.69	17.43

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Location - Plan - Option - Enrollment Code												
HI	Kaiser Permanente											
	High Self	631	143.19	161.12	120.84	40.28	4.48	310.25	349.09	261.82	87.27	9.71
	High Family	632	307.86	346.40	259.80	86.60	9.64	667.03	750.53	562.90	187.63	20.87
	Standard Self	634	108.72	129.55	97.16	32.39	5.21	235.56	280.69	210.52	70.17	11.28
	Standard Family	635	233.75	278.53	208.90	69.63	11.19	506.46	603.48	452.61	150.87	24.26
ID	Group Health Cooperative											
	High Self	VR1	144.97	159.23	119.42	39.81	3.57	314.10	345.00	258.75	86.25	7.73
	High Family	VR2	372.32	388.22	277.09	111.13	-11.57	806.69	841.14	600.36	240.78	-25.07
	Standard Self	VR4	New Code	137.99	103.49	34.50	N/A	New Code	298.98	224.24	74.74	N/A
	Standard Family	VR5	New Code	317.38	238.04	79.34	N/A	New Code	687.66	515.75	171.91	N/A
IL	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
IL	BlueCHOICE											
	High Self	9G1	139.61	153.68	115.26	38.42	3.52	302.49	332.97	249.73	83.24	7.62
	High Family	9G2	302.26	332.73	249.55	83.18	7.62	654.90	720.92	540.69	180.23	16.51
IL	Group Health Plan											
	High Self	MM1	166.14	197.52	121.40	76.12	19.28	359.97	427.96	263.03	164.93	41.78
	High Family	MM2	358.86	426.63	277.09	149.54	40.30	777.53	924.37	600.36	324.01	87.32
IL	Health Alliance HMO											
	High Self	FX1	151.25	169.40	121.40	48.00	6.05	327.71	367.03	263.03	104.00	13.11
	High Family	FX2	353.01	395.37	277.09	118.28	14.89	764.86	856.64	600.36	256.28	32.26
IL	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	MW1	New Plan	76.86	57.65	19.21	N/A	New Plan	166.53	124.90	41.63	N/A
	High Family	MW2	New Plan	176.77	132.58	44.19	N/A	New Plan	383.00	287.25	95.75	N/A
IL	Humana Health Plan Inc.											
	High Self	751	134.52	155.99	116.99	39.00	5.37	291.46	337.98	253.49	84.49	11.63
	High Family	752	322.63	358.77	269.08	89.69	9.03	699.03	777.34	583.01	194.33	19.57
	Standard Self	754	102.11	119.60	89.70	29.90	4.37	221.24	259.13	194.35	64.78	9.47
	Standard Family	755	244.89	275.06	206.30	68.76	7.54	530.60	595.96	446.97	148.99	16.34

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
IL	John Deere Health Plan											
	High Self	YH1	124.17	142.23	106.67	35.56	4.52	269.04	308.17	231.13	77.04	9.78
	High Family	YH2	304.21	348.46	261.35	87.11	11.06	659.12	755.00	566.25	188.75	23.97
IL	Mercy Health Plans/Premier Health Plans											
	High Self	7M1	174.24	193.54	121.40	72.14	7.20	377.52	419.34	263.03	156.31	15.61
	High Family	7M2	405.29	418.06	277.09	140.97	-14.70	878.13	905.80	600.36	305.44	-31.85
IL	OSF HealthPlans											
	High Self	9F1	113.59	130.78	98.09	32.69	4.29	246.11	283.36	212.52	70.84	9.31
	High Family	9F2	298.71	343.94	257.96	85.98	11.30	647.21	745.20	558.90	186.30	24.50
IL	PersonalCare's HMO											
	High Self	GE1	117.80	137.72	103.29	34.43	4.98	255.23	298.39	223.79	74.60	10.79
	High Family	GE2	303.02	354.10	265.58	88.52	12.77	656.54	767.22	575.42	191.80	27.67
IL	Unicare HMO											
	High Self	171	122.22	146.30	109.73	36.57	6.02	264.81	316.98	237.74	79.24	13.04
	High Family	172	350.19	398.16	277.09	121.07	20.50	758.75	862.68	600.36	262.32	44.41
IL	Union Health Service											
	High Self	761	107.28	123.70	92.78	30.92	4.10	232.44	268.02	201.02	67.00	8.89
	High Family	762	266.02	306.74	230.06	76.68	10.18	576.38	664.60	498.45	166.15	22.06
IN	Advantage Health Plan, Inc.											
	High Self	6Y1	146.02	169.02	121.40	47.62	10.90	316.38	366.21	263.03	103.18	23.62
	High Family	6Y2	342.85	396.85	277.09	119.76	26.53	742.84	859.84	600.36	259.48	57.48
IN	Aetna Health Inc.											
	High Self	RD1	139.97	151.00	113.25	37.75	2.76	303.27	327.17	245.38	81.79	5.97
	High Family	RD2	343.99	371.08	277.09	93.99	-0.38	745.31	804.01	600.36	203.65	-0.82
IN	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
IN	Arnett HMO											
	High Self	G21	139.82	127.96	95.97	31.99	-2.96	302.94	277.25	207.94	69.31	-6.42
	High Family	G22	363.57	332.72	249.54	83.18	-30.77	787.74	720.89	540.67	180.22	-66.68
IN	Health Alliance HMO											
	High Self	FX1	151.25	169.40	121.40	48.00	6.05	327.71	367.03	263.03	104.00	13.11
	High Family	FX2	353.01	395.37	277.09	118.28	14.89	764.86	856.64	600.36	256.28	32.26
IN	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	BM1	New Plan	115.28	86.46	28.82	N/A	New Plan	249.77	187.33	62.44	N/A

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location	Plan - Option - Enrollment Code											
High Family	BM2	New Plan	265.16	198.87	66.29	N/A	New Plan	574.51	430.88	143.63	N/A	High Family
IN	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	MW1	New Plan	76.86	57.65	19.21	N/A	New Plan	166.53	124.90	41.63	N/A
	High Family	MW2	New Plan	176.77	132.58	44.19	N/A	New Plan	383.00	287.25	95.75	N/A
IN	Humana Health Plan											
	High Self	D21	146.69	178.07	121.40	56.67	19.28	317.83	385.82	263.03	122.79	41.78
	High Family	D22	366.78	409.53	277.09	132.44	15.28	794.69	887.32	600.36	286.96	33.11
IN	Humana Health Plan Inc.											
	High Self	751	134.52	155.99	116.99	39.00	5.37	291.46	337.98	253.49	84.49	11.63
	High Family	752	322.63	358.77	269.08	89.69	9.03	699.03	777.34	583.01	194.33	19.57
	Standard Self	754	102.11	119.60	89.70	29.90	4.37	221.24	259.13	194.35	64.78	9.47
	Standard Family	755	244.89	275.06	206.30	68.76	7.54	530.60	595.96	446.97	148.99	16.34
IN	M*Plan											
	High Self	IN1	169.54	188.25	121.40	66.85	6.61	367.34	407.88	263.03	144.85	14.33
	High Family	IN2	389.11	432.04	277.09	154.95	15.46	843.07	936.09	600.36	335.73	33.50
IN	Physicians Health Plan of Northern Indiana											
	High Self	DQ1	129.52	154.74	116.06	38.68	6.30	280.63	335.27	251.45	83.82	13.66
	High Family	DQ2	291.09	347.45	260.59	86.86	14.09	630.70	752.81	564.61	188.20	30.53
IN	Unicare HMO											
	High Self	171	122.22	146.30	109.73	36.57	6.02	264.81	316.98	237.74	79.24	13.04
	High Family	172	350.19	398.16	277.09	121.07	20.50	758.75	862.68	600.36	262.32	44.41
IA	Avera Health Plans											
	High Self	AV1	118.18	144.77	108.58	36.19	6.65	256.06	313.67	235.25	78.42	14.41
	High Family	AV2	275.98	338.08	253.56	84.52	15.53	597.96	732.51	549.38	183.13	33.64
IA	Coventry Health Care of Iowa											
	High Self	SV1	116.65	134.14	100.61	33.53	4.37	252.74	290.64	217.98	72.66	9.48
	High Family	SV2	315.02	362.26	271.70	90.56	11.81	682.54	784.90	588.68	196.22	25.59
IA	Health Alliance HMO											
	High Self	FX1	151.25	169.40	121.40	48.00	6.05	327.71	367.03	263.03	104.00	13.11
	High Family	FX2	353.01	395.37	277.09	118.28	14.89	764.86	856.64	600.36	256.28	32.26
IA	John Deere Health Plan											
	High Self	YH1	124.17	142.23	106.67	35.56	4.52	269.04	308.17	231.13	77.04	9.78
	High Family	YH2	304.21	348.46	261.35	87.11	11.06	659.12	755.00	566.25	188.75	23.97

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
IA	Sioux Valley Health Plan											
	High Self	AU1	167.09	213.66	121.40	92.26	34.47	362.03	462.93	263.03	199.90	74.69
	High Family	AU2	382.64	491.25	277.09	214.16	81.14	829.05	1064.38	600.36	464.02	175.81
	Standard Self	AU4	New Code	181.32	121.40	59.92	N/A	New Code	392.86	263.03	129.83	N/A
	Standard Family	AU5	New Code	416.83	277.09	139.74	N/A	New Code	903.13	600.36	302.77	N/A
KS	Coventry Health Care of Kansas											
	High Self	7W1	156.49	150.91	113.18	37.73	-9.46	339.06	326.97	245.23	81.74	-20.50
	High Family	7W2	399.04	384.84	277.09	107.75	-41.67	864.59	833.82	600.36	233.46	-90.29
KS	Coventry Health Care of Kansas - Kansas City											
	High Self	HA1	113.98	132.36	99.27	33.09	4.60	246.96	286.78	215.09	71.69	9.95
	High Family	HA2	294.08	341.54	256.16	85.38	11.86	637.17	740.00	555.00	185.00	25.71
KS	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	PH1	New Plan	76.86	57.65	19.21	N/A	New Plan	166.53	124.90	41.63	N/A
	High Family	PH2	New Plan	176.77	132.58	44.19	N/A	New Plan	383.00	287.25	95.75	N/A
KS	Humana Health Plan, Inc.											
	High Self	MS1	140.81	170.71	121.40	49.31	14.11	305.09	369.87	263.03	106.84	30.57
	High Family	MS2	337.82	392.64	277.09	115.55	27.35	731.94	850.72	600.36	250.36	59.26
	Standard Self	MS4	81.88	122.89	92.17	30.72	10.25	177.41	266.26	199.70	66.56	22.21
	Standard Family	MS5	196.42	282.64	211.98	70.66	21.56	425.58	612.39	459.29	153.10	46.71
KS	Preferred Plus of Kansas											
	High Self	VA1	146.16	212.27	121.40	90.87	54.01	316.68	459.92	263.03	196.89	117.03
	High Family	VA2	388.79	564.64	277.09	287.55	148.38	842.38	1223.39	600.36	623.03	321.49
KY	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	BM1	New Plan	115.28	86.46	28.82	N/A	New Plan	249.77	187.33	62.44	N/A
	High Family	BM2	New Plan	265.16	198.87	66.29	N/A	New Plan	574.51	430.88	143.63	N/A
KY	Humana Health Plan											
	High Self	D21	146.69	178.07	121.40	56.67	19.28	317.83	385.82	263.03	122.79	41.78
	High Family	D22	366.78	409.53	277.09	132.44	15.28	794.69	887.32	600.36	286.96	33.11
KY	United Healthcare of Ohio, Inc.											
	High Self	3U1	177.82	197.49	121.40	76.09	7.57	385.28	427.90	263.03	164.87	16.41
	High Family	3U2	409.00	454.23	277.09	177.14	17.76	886.17	984.17	600.36	383.81	38.48

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
LA	Coventry Healthcare Louisiana											
	High Self	BJ1	129.89	122.31	91.73	30.58	-1.89	281.43	265.01	198.76	66.25	-4.11
	High Family	BJ2	301.65	284.08	213.06	71.02	-4.39	653.58	615.51	461.63	153.88	-9.51
LA	Coventry Healthcare Louisiana											
	High Self	JA1	136.92	170.49	121.40	49.09	14.86	296.66	369.40	263.03	106.37	32.21
	High Family	JA2	317.98	395.95	277.09	118.86	39.37	688.96	857.89	600.36	257.53	85.29
LA	Vantage Health Plan											
	High Self	MV1	162.35	178.03	121.40	56.63	3.58	351.76	385.73	263.03	122.70	7.76
	High Family	MV2	435.59	462.87	277.09	185.78	-0.19	943.78	1002.89	600.36	402.53	-0.41
MD	Aetna Health Inc.											
	High Self	JN1	141.44	160.96	120.72	40.24	4.88	306.45	348.75	261.56	87.19	10.58
	High Family	JN2	318.55	362.51	271.88	90.63	10.99	690.19	785.44	589.08	196.36	23.81
	Standard Self	JN4	105.74	105.75	79.31	26.44	0.01	229.10	229.13	171.85	57.28	0.01
	Standard Family	JN5	247.46	247.47	185.60	61.87	0.01	536.16	536.19	402.14	134.05	0.01
MD	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
MD	CareFirst BlueChoice											
	High Self	2G1	160.71	181.64	121.40	60.24	8.83	348.21	393.55	263.03	130.52	19.13
	High Family	2G2	361.58	408.63	277.09	131.54	19.58	783.42	885.37	600.36	285.01	42.43
MD	Kaiser Permanente											
	High Self	E31	123.23	145.98	109.49	36.49	5.68	267.00	316.29	237.22	79.07	12.32
	High Family	E32	293.29	347.45	260.59	86.86	13.54	635.46	752.81	564.61	188.20	29.34
MD	M.D. IPA											
	High Self	JP1	138.80	146.81	110.11	36.70	2.00	300.73	318.09	238.57	79.52	4.34
	High Family	JP2	333.17	352.37	264.28	88.09	4.54	721.87	763.47	572.60	190.87	9.84
MA	Blue Chip, Coord Hlth Partners											
	High Self	DA1	162.39	182.84	121.40	61.44	8.35	351.85	396.15	263.03	133.12	18.09
	High Family	DA2	415.78	468.17	277.09	191.08	24.92	900.86	1014.37	600.36	414.01	53.99
MA	ConnectiCare											
	High Self	TE1	134.67	152.36	114.27	38.09	4.42	291.79	330.11	247.58	82.53	9.58
	High Family	TE2	352.67	399.02	277.09	121.93	18.88	764.12	864.54	600.36	264.18	40.90

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
MA	Fallon Community Health Plan											
	High Self	JV1	141.30	178.66	121.40	57.26	21.94	306.15	387.10	263.03	124.07	47.53
	High Family	JV2	363.15	434.23	277.09	157.14	43.61	786.83	940.83	600.36	340.47	94.48
MI	Bluecare Network of MI											
	High Self	K51	132.31	158.49	118.87	39.62	6.54	286.67	343.40	257.55	85.85	14.18
	High Family	K52	369.83	443.59	277.09	166.50	46.29	801.30	961.11	600.36	360.75	100.29
MI	Bluecare Network of MI											
	High Self	KF1	174.35	199.32	121.40	77.92	12.87	377.76	431.86	263.03	168.83	27.89
	High Family	KF2	480.01	557.72	277.09	280.63	50.24	1040.02	1208.39	600.36	608.03	108.85
MI	Bluecare Network of MI											
	High Self	KN1	141.49	168.51	121.40	47.11	11.74	306.56	365.11	263.03	102.08	25.44
	High Family	KN2	395.47	471.09	277.09	194.00	48.15	856.85	1020.70	600.36	420.34	104.33
MI	Bluecare Network of MI											
	High Self	KR1	146.01	192.86	121.40	71.46	34.75	316.36	417.86	263.03	154.83	75.29
	High Family	KR2	421.72	557.12	277.09	280.03	107.93	913.73	1207.09	600.36	606.73	233.84
MI	Bluecare Network of MI											
	High Self	LN1	177.69	209.53	121.40	88.13	19.74	385.00	453.98	263.03	190.95	42.77
	High Family	LN2	427.86	504.56	277.09	227.47	49.23	927.03	1093.21	600.36	492.85	106.66
MI	Bluecare Network of MI											
	High Self	LX1	102.68	119.55	89.66	29.89	4.22	222.47	259.03	194.27	64.76	9.14
	High Family	LX2	307.06	357.60	268.20	89.40	12.64	665.30	774.80	581.10	193.70	27.38
MI	Grand Valley Health Plan											
	High Self	RL1	134.62	149.80	112.35	37.45	3.80	291.68	324.57	243.43	81.14	8.22
	High Family	RL2	377.98	420.54	277.09	143.45	15.09	818.96	911.17	600.36	310.81	32.69
MI	Health Alliance Plan											
	High Self	521	123.51	134.48	100.86	33.62	2.74	267.61	291.37	218.53	72.84	5.94
	High Family	522	327.25	356.34	267.26	89.08	7.27	709.04	772.07	579.05	193.02	15.76
MI	HealthPlus MI											
	High Self	X51	150.07	176.89	121.40	55.49	14.72	325.15	383.26	263.03	120.23	31.90
	High Family	X52	367.91	403.96	277.09	126.87	8.58	797.14	875.25	600.36	274.89	18.59
MI	M-Care											
	High Self	EG1	119.16	126.66	95.00	31.66	1.87	258.18	274.43	205.82	68.61	4.07
	High Family	EG2	315.79	335.61	251.71	83.90	4.95	684.21	727.16	545.37	181.79	10.74

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
MI	OmniCare											
	High Self	KA1	120.15	126.53	94.90	31.63	1.59	260.33	274.15	205.61	68.54	3.46
	High Family	KA2	295.57	311.26	233.45	77.81	3.92	640.40	674.40	505.80	168.60	8.50
MI	Total Health Care											
	High Self	N21	118.50	115.69	86.77	28.92	-0.70	256.75	250.66	188.00	62.66	-1.53
	High Family	N22	301.40	284.21	213.16	71.05	-4.30	653.03	615.79	461.84	153.95	-9.31
MN	Avera Health Plans											
	High Self	AV1	118.18	144.77	108.58	36.19	6.65	256.06	313.67	235.25	78.42	14.41
	High Family	AV2	275.98	338.08	253.56	84.52	15.53	597.96	732.51	549.38	183.13	33.64
MN	HealthPartners Classic											
	High Self	531	163.13	193.43	121.40	72.03	18.20	353.45	419.10	263.03	156.07	39.44
	High Family	532	391.51	464.22	277.09	187.13	45.24	848.27	1005.81	600.36	405.45	98.02
	Standard Self	534	New Code	163.96	121.40	42.56	N/A	New Code	355.25	263.03	92.22	N/A
	Standard Family	535	New Code	393.48	277.09	116.39	N/A	New Code	852.54	600.36	252.18	N/A
MN	HealthPartners Primary Clinic Plan											
	High Self	HQ1	203.05	239.89	121.40	118.49	24.74	439.94	519.76	263.03	256.73	53.61
	High Family	HQ2	487.31	575.72	277.09	298.63	60.94	1055.84	1247.39	600.36	647.03	132.03
MO	BlueCHOICE											
	High Self	9G1	139.61	153.68	115.26	38.42	3.52	302.49	332.97	249.73	83.24	7.62
	High Family	9G2	302.26	332.73	249.55	83.18	7.62	654.90	720.92	540.69	180.23	16.51
MO	Coventry Health Care of Kansas - Kansas City											
	High Self	HA1	113.98	132.36	99.27	33.09	4.60	246.96	286.78	215.09	71.69	9.95
	High Family	HA2	294.08	341.54	256.16	85.38	11.86	637.17	740.00	555.00	185.00	25.71
MO	Group Health Plan											
	High Self	MM1	166.14	197.52	121.40	76.12	19.28	359.97	427.96	263.03	164.93	41.78
	High Family	MM2	358.86	426.63	277.09	149.54	40.30	777.53	924.37	600.36	324.01	87.32
MO	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	PH1	New Plan	76.86	57.65	19.21	N/A	New Plan	166.53	124.90	41.63	N/A
	High Family	PH2	New Plan	176.77	132.58	44.19	N/A	New Plan	383.00	287.25	95.75	N/A

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
MO	Humana Health Plan, Inc.											
	High Self	MS1	140.81	170.71	121.40	49.31	14.11	305.09	369.87	263.03	106.84	30.57
	High Family	MS2	337.82	392.64	277.09	115.55	27.35	731.94	850.72	600.36	250.36	59.26
	Standard Self	MS4	81.88	122.89	92.17	30.72	10.25	177.41	266.26	199.70	66.56	22.21
	Standard Family	MS5	196.42	282.64	211.98	70.66	21.56	425.58	612.39	459.29	153.10	46.71
MO	Mercy Health Plans/Premier Health Plans											
	High Self	7M1	174.24	193.54	121.40	72.14	7.20	377.52	419.34	263.03	156.31	15.61
	High Family	7M2	405.29	418.06	277.09	140.97	-14.70	878.13	905.80	600.36	305.44	-31.85
MT	New West Health Plan											
	High Self	NV1	133.18	153.25	114.94	38.31	5.02	288.56	332.04	249.03	83.01	10.87
	High Family	NV2	296.36	340.98	255.74	85.24	11.15	642.11	738.79	554.09	184.70	24.17
NV	Aetna Health Inc.											
	High Self	Y11	New Code	134.50	100.88	33.62	N/A	New Code	291.42	218.57	72.85	N/A
	High Family	Y12	New Code	334.89	251.17	83.72	N/A	New Code	725.60	544.20	181.40	N/A
NV	Health Plan of Nevada											
	High Self	NM1	97.82	91.96	68.97	22.99	-1.46	211.94	199.25	149.44	49.81	-3.17
	High Family	NM2	250.47	235.45	176.59	58.86	-3.76	542.69	510.14	382.61	127.53	-8.14
NV	PacifiCare Desert Region (AZ & NV)											
	High Self	K91	124.49	125.10	93.83	31.27	0.15	269.73	271.05	203.29	67.76	0.33
	High Family	K92	334.24	283.97	212.98	70.99	-13.63	724.19	615.27	461.45	153.82	-29.53
NJ	Aetna Health Inc.											
	High Self	P31	148.51	158.90	119.18	39.72	0.51	321.77	344.28	258.21	86.07	1.12
	High Family	P32	358.34	383.43	277.09	106.34	-2.38	776.40	830.77	600.36	230.41	-5.15
NJ	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
NJ	AmeriHealth HMO											
	High Self	FK1	147.27	151.24	113.43	37.81	-0.16	319.09	327.69	245.77	81.92	-0.35
	High Family	FK2	351.00	361.10	270.83	90.27	-11.11	760.50	782.38	586.79	195.59	-24.07

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
NJ	GHI Health Plan											
	High Self	801	168.65	185.17	121.40	63.77	4.42	365.41	401.20	263.03	138.17	9.58
	High Family	802	421.60	462.92	277.09	185.83	13.85	913.47	1002.99	600.36	402.63	30.00
NM	Cimarron Health Plan											
	High Self	PX1	130.46	160.25	120.19	40.06	7.45	282.66	347.21	260.41	86.80	16.14
	High Family	PX2	343.06	420.83	277.09	143.74	50.30	743.30	911.80	600.36	311.44	108.98
NM	Lovelace Health Plan											
	High Self	Q11	133.84	153.91	115.43	38.48	5.02	289.99	333.47	250.10	83.37	10.87
	High Family	Q12	347.98	377.69	277.09	100.60	2.24	753.96	818.33	600.36	217.97	4.85
NM	Presbyterian Health Plan											
	High Self	P21	124.11	144.35	108.26	36.09	5.06	268.91	312.76	234.57	78.19	10.96
	High Family	P22	323.68	376.45	277.09	99.36	18.44	701.31	815.64	600.36	215.28	39.95
NY	Aetna Health Inc.											
	High Self	JC1	132.37	161.50	121.13	40.37	7.28	286.80	349.92	262.44	87.48	15.78
	High Family	JC2	331.29	397.55	277.09	120.46	37.64	717.80	861.36	600.36	261.00	81.55
NY	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
NY	Blue Choice											
	High Self	MK1	135.23	120.09	90.07	30.02	-3.79	293.00	260.20	195.15	65.05	-8.20
	High Family	MK2	338.72	301.02	225.77	75.25	-13.85	733.89	652.21	489.16	163.05	-30.00
NY	Capital District Physicians' Health Plan											
	High Self	PW1	137.60	156.93	117.70	39.23	4.83	298.13	340.02	255.02	85.00	10.47
	High Family	PW2	351.92	401.55	277.09	124.46	22.16	762.49	870.03	600.36	269.67	48.02
NY	Capital District Physicians' Health Plan											
	High Self	QB1	132.29	152.26	114.20	38.06	4.99	286.63	329.90	247.43	82.47	10.81
	High Family	QB2	339.93	390.16	277.09	113.07	22.76	736.52	845.35	600.36	244.99	49.31
NY	Capital District Physicians' Health Plan											
	High Self	SG1	128.69	147.61	110.71	36.90	4.73	278.83	319.82	239.87	79.95	10.24
	High Family	SG2	329.49	378.03	277.09	100.94	18.57	713.90	819.07	600.36	218.71	40.24

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
NY	GHI Health Plan											
	High Self	801	168.65	185.17	121.40	63.77	4.42	365.41	401.20	263.03	138.17	9.58
	High Family	802	421.60	462.92	277.09	185.83	13.85	913.47	1002.99	600.36	402.63	30.00
	Standard Self	804	New Code	158.87	119.15	39.72	N/A	New Code	344.22	258.17	86.05	N/A
	Standard Family	805	New Code	397.20	277.09	120.11	N/A	New Code	860.60	600.36	260.24	N/A
NY	GHI HMO Select											
	High Self	6V1	154.16	176.30	121.40	54.90	10.04	334.01	381.98	263.03	118.95	21.76
	High Family	6V2	394.39	438.01	277.09	160.92	16.15	854.51	949.02	600.36	348.66	34.99
NY	GHI HMO Select											
	High Self	X41	140.06	164.94	121.40	43.54	8.53	303.46	357.37	263.03	94.34	18.48
	High Family	X42	333.67	423.59	277.09	146.50	62.45	722.95	917.78	600.36	317.42	135.31
NY	HIP of Greater New York											
	High Self	511	134.40	146.09	109.57	36.52	2.92	291.20	316.53	237.40	79.13	6.33
	High Family	512	376.99	409.03	277.09	131.94	4.57	816.81	886.23	600.36	285.87	9.90
	Standard Self	514	107.50	116.96	87.72	29.24	2.37	232.92	253.41	190.06	63.35	5.12
	Standard Family	515	301.02	327.48	245.61	81.87	6.62	652.21	709.54	532.16	177.38	14.33
NY	HMO Blue											
	High Self	AH1	157.63	211.03	121.40	89.63	41.30	341.53	457.23	263.03	194.20	89.49
	High Family	AH2	401.64	538.88	277.09	261.79	109.77	870.22	1167.57	600.36	567.21	237.83
NY	HMOBlue-CNY											
	High Self	EB1	158.67	183.47	121.40	62.07	12.70	343.79	397.52	263.03	134.49	27.52
	High Family	EB2	420.45	424.46	277.09	147.37	-23.46	910.98	919.66	600.36	319.30	-50.84
NY	Independent Health Assoc											
	High Self	QA1	101.31	105.08	78.81	26.27	0.94	219.51	227.67	170.75	56.92	2.04
	High Family	QA2	281.01	294.17	220.63	73.54	3.29	608.86	637.37	478.03	159.34	7.13
NY	MVP Health Care											
	High Self	GA1	118.79	123.70	92.78	30.92	1.22	257.38	268.02	201.02	67.00	2.66
	High Family	GA2	306.83	319.47	239.60	79.87	3.16	664.80	692.19	519.14	173.05	6.85
NY	MVP Health Care											
	High Self	M91	128.06	140.28	105.21	35.07	3.06	277.46	303.94	227.96	75.98	6.62
	High Family	M92	330.74	362.22	271.67	90.55	7.87	716.60	784.81	588.61	196.20	17.05

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location	Plan - Option - Enrollment Code											
NY	MVP Health Care											
	High Self	MX1	136.67	144.06	108.05	36.01	1.84	296.12	312.13	234.10	78.03	4.00
	High Family	MX2	352.99	372.09	277.09	95.00	-8.37	764.81	806.20	600.36	205.84	-18.13
NY	Preferred Care											
	High Self	GV1	108.86	119.56	89.67	29.89	2.68	235.86	259.05	194.29	64.76	5.80
	High Family	GV2	290.63	319.21	239.41	79.80	7.14	629.70	691.62	518.72	172.90	15.48
NY	Univera Healthcare											
	High Self	KQ1	131.94	144.68	108.51	36.17	3.19	285.87	313.47	235.10	78.37	6.90
	High Family	KQ2	349.80	383.27	277.09	106.18	6.00	757.90	830.42	600.36	230.06	13.00
NY	Univera Healthcare											
	High Self	Q81	111.03	114.15	85.61	28.54	0.78	240.57	247.33	185.50	61.83	1.69
	High Family	Q82	314.82	323.66	242.75	80.91	2.21	682.11	701.26	525.95	175.31	4.78
NY	Vytra Health Plans											
	High Self	J61	139.59	175.53	121.40	54.13	19.23	302.45	380.32	263.03	117.29	41.68
	High Family	J62	365.86	460.32	277.09	183.23	66.99	792.70	997.36	600.36	397.00	145.14
ND	Heart of America HMO											
	High Self	RU1	116.66	118.42	88.82	29.60	0.44	252.76	256.58	192.44	64.14	0.95
	High Family	RU2	288.14	304.34	228.26	76.08	4.05	624.30	659.40	494.55	164.85	8.78
OH	Aetna Health Inc.											
	High Self	7D1	139.73	141.10	105.83	35.27	0.34	302.75	305.72	229.29	76.43	0.74
	High Family	7D2	336.55	339.83	254.87	84.96	-1.97	729.19	736.30	552.23	184.07	-4.28
OH	Aetna Health Inc.											
	High Self	RD1	139.97	151.00	113.25	37.75	2.76	303.27	327.17	245.38	81.79	5.97
	High Family	RD2	343.99	371.08	277.09	93.99	-0.38	745.31	804.01	600.36	203.65	-0.82
OH	AultCare HMO											
	High Self	3A1	150.42	145.88	109.41	36.47	-4.65	325.91	316.07	237.05	79.02	-10.07
	High Family	3A2	380.95	358.16	268.62	89.54	-41.79	825.39	776.01	582.01	194.00	-90.55
OH	Blue HMO											
	High Self	R51	149.10	173.71	121.40	52.31	12.51	323.05	376.37	263.03	113.34	27.11
	High Family	R52	370.33	431.43	277.09	154.34	33.63	802.38	934.77	600.36	334.41	72.87
OH	HMO Health Ohio											
	High Self	L41	133.69	151.14	113.36	37.78	4.36	289.66	327.47	245.60	81.87	9.46
	High Family	L42	341.96	386.65	277.09	109.56	17.22	740.91	837.74	600.36	237.38	37.31

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
OH	HOMETOWN HEALTH PLAN											
	High Self	MZ1	New Plan	129.67	97.25	32.42	N/A	New Plan	280.95	210.71	70.24	N/A
	High Family	MZ2	New Plan	324.19	243.14	81.05	N/A	New Plan	702.41	526.81	175.60	N/A
OH	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	L81	New Plan	96.08	72.06	24.02	N/A	New Plan	208.17	156.13	52.04	N/A
	High Family	L82	New Plan	220.97	165.73	55.24	N/A	New Plan	478.77	359.08	119.69	N/A
OH	Kaiser Permanente											
	High Self	641	137.00	151.78	113.84	37.94	3.69	296.83	328.86	246.65	82.21	8.00
	High Family	642	336.18	372.47	277.09	95.38	8.82	728.39	807.02	600.36	206.66	19.11
OH	Paramount Health Care											
	High Self	U21	140.20	154.56	115.92	38.64	3.59	303.77	334.88	251.16	83.72	7.78
	High Family	U22	371.19	409.23	277.09	132.14	10.57	804.25	886.67	600.36	286.31	22.90
OH	SummaCare Health Plan											
	High Self	5W1	132.62	145.43	109.07	36.36	3.21	287.34	315.10	236.33	78.77	6.94
	High Family	5W2	364.66	399.92	277.09	122.83	7.79	790.10	866.49	600.36	266.13	16.87
OH	SuperMed HMO											
	High Self	5M1	154.60	168.06	121.40	46.66	1.36	334.97	364.13	263.03	101.10	2.95
	High Family	5M2	395.45	429.89	277.09	152.80	6.97	856.81	931.43	600.36	331.07	15.10
OH	The Health Plan of the Upper Ohio Valley											
	High Self	U41	149.39	154.45	115.84	38.61	-1.48	323.68	334.64	250.98	83.66	-3.20
	High Family	U42	410.83	355.20	266.40	88.80	-72.41	890.13	769.60	577.20	192.40	-156.89
OH	United Healthcare of Ohio, Inc.											
	High Self	3U1	177.82	197.49	121.40	76.09	7.57	385.28	427.90	263.03	164.87	16.41
	High Family	3U2	409.00	454.23	277.09	177.14	17.76	886.17	984.17	600.36	383.81	38.48
OK	Aetna Health Inc.											
	High Self	SL1	New code	157.06	117.80	39.26	N/A	New code	340.30	255.23	85.07	N/A
	High Family	SL2	New code	383.08	277.09	105.99	N/A	New code	830.01	600.36	229.65	N/A
OK	PacifiCare Southwest Region (OK & TX)											
	High Self	2N1	148.28	162.14	121.40	40.74	1.76	321.27	351.30	263.03	88.27	3.82
	High Family	2N2	374.64	390.79	277.09	113.70	-11.32	811.72	846.71	600.36	246.35	-24.53

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
OR	Kaiser Permanente											
	High Self	571	153.30	170.62	121.40	49.22	5.22	332.15	369.68	263.03	106.65	11.32
	High Family	572	351.81	391.57	277.09	114.48	12.29	762.26	848.40	600.36	248.04	26.62
	Standard Self	574	137.06	149.67	112.25	37.42	3.16	296.96	324.29	243.22	81.07	6.83
	Standard Family	575	314.57	343.49	257.62	85.87	7.23	681.57	744.23	558.17	186.06	15.67
OR	PacifiCare of Oregon											
	High Self	7Z1	162.08	167.15	121.40	45.75	-7.03	351.17	362.16	263.03	99.13	-15.22
	High Family	7Z2	359.10	376.10	277.09	99.01	-10.47	778.05	814.88	600.36	214.52	-22.69
PA	Aetna Health Inc.											
	High Self	P31	148.51	158.90	119.18	39.72	0.51	321.77	344.28	258.21	86.07	1.12
	High Family	P32	358.34	383.43	277.09	106.34	-2.38	776.40	830.77	600.36	230.41	-5.15
PA	Aetna Health Inc.											
	High Self	YE1	New Code	123.99	92.99	31.00	N/A	New Code	268.65	201.49	67.16	N/A
	High Family	YE2	New Code	341.92	256.44	85.48	N/A	New Code	740.83	555.62	185.21	N/A
PA	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
PA	HealthAmerica Pennsylvania											
	High Self	261	137.03	164.23	121.40	42.83	8.57	296.90	355.83	263.03	92.80	18.58
	High Family	262	356.28	418.79	277.09	141.70	35.04	771.94	907.38	600.36	307.02	75.92
	Standard Self	264	New Code	147.93	110.95	36.98	N/A	New Code	320.52	240.39	80.13	N/A
	Standard Family	265	New Code	377.22	277.09	100.13	N/A	New Code	817.31	600.36	216.95	N/A
PA	HealthAmerica Pennsylvania											
	High Self	4N1	New Code	179.14	121.40	57.74	N/A	New Code	388.14	263.03	125.11	N/A
	High Family	4N2	New Code	444.26	277.09	167.17	N/A	New Code	962.56	600.36	362.20	N/A
	Standard Self	4N4	New Code	161.50	121.13	40.37	N/A	New Code	349.92	262.44	87.48	N/A
	Standard Family	4N5	New code	400.52	277.09	123.43	N/A	New code	867.79	600.36	267.43	N/A
PA	HealthAmerica Pennsylvania											
	High Self	SW1	141.82	177.20	121.40	55.80	20.35	307.28	383.93	263.03	120.90	44.08

Non-Postal Premium Rates for the Federal Employees Health Benefits Program													
HMO Plans			2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
Location - Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	

High Family	SW2	368.75	429.17	277.09	152.08	32.95	798.96	929.87	600.36	329.51	71.39		
Standard Self Standard Family	SW4	New Code	SW4	New Code	159.17	119.38	39.79	N/A	New Code	344.87	258.65	86.22	
High Family	SW5	New Code	385.51	277.09	108.42	N/A	New Code	835.27	600.36	234.91	N/A	N/A	
High Family	VJ2	New Code	New Code	381.34	277.09	104.25	N/A	New Code	826.24	600.36	225.88	N/A	
Standard Self	VJ4	New Code	New Code	136.88	102.66	34.22	N/A	New Code	296.57	222.43	74.14	N/A	
Standard Family	VJ5	New Code	New Code	349.07	261.80	87.27	N/A	New Code	756.32	567.24	189.08	N/A	
PA Keystone Health Plan Central													
High Self	S41	156.21	174.21	121.40	52.81	5.90	338.46	377.46	263.03	114.43	12.79		
High Family	S42	378.36	418.17	277.09	141.08	12.34	819.78	906.04	600.36	305.68	26.74		
PA Keystone Health Plan East													
High Self	ED1	146.63	160.74	120.56	40.18	2.85	317.70	348.27	261.20	87.07	6.19		
High Family	ED2	386.69	423.86	277.09	146.77	9.70	837.83	918.36	600.36	318.00	21.01		
PA UPMC Health Plan													
High Self	8W1	138.90	156.11	117.08	39.03	4.31	300.95	338.24	253.68	84.56	9.32		
High Family	8W2	354.29	398.21	277.09	121.12	16.45	767.63	862.79	600.36	262.43	35.64		
PR Humana Health Plans of Puerto Rico													
High Self	ZJ1	75.91	83.50	62.63	20.87	1.89	164.47	180.92	135.69	45.23	4.11		
High Family	ZJ2	174.60	192.06	144.05	48.01	4.36	378.30	416.13	312.10	104.03	9.46		
PR Triple-S													
High Self	891	95.70	112.92	84.69	28.23	4.31	207.35	244.66	183.50	61.16	9.32		
High Family	892	205.55	242.55	181.91	60.64	9.25	445.36	525.53	394.15	131.38	20.04		
RI Blue Chip, Coord Hlth Partners													
High Self	DA1	162.39	182.84	121.40	61.44	8.35	351.85	396.15	263.03	133.12	18.09		
High Family	DA2	415.78	468.17	277.09	191.08	24.92	900.86	1014.37	600.36	414.01	53.99		
SD Avera Health Plans													
High Self	AV1	118.18	144.77	108.58	36.19	6.65	256.06	313.67	235.25	78.42	14.41		
High Family	AV2	275.98	338.08	253.56	84.52	15.53	597.96	732.51	549.38	183.13	33.64		
SD Sioux Valley Health Plan													
High Self	AU1	167.09	213.66	121.40	92.26	34.47	362.03	462.93	263.03	199.90	74.69		
High Family	AU2	382.64	491.25	277.09	214.16	81.14	829.05	1064.38	600.36	464.02	175.81		
Standard Self	AU4	New Code	New Code	181.32	121.40	59.92	N/A	New Code	392.86	263.03	129.83	N/A	
Standard Family	AU5	New Code	New Code	416.83	277.09	139.74	N/A	New Code	903.13	600.36	302.77	N/A	

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

HMO Plans			2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates			
Location - Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
TN	Aetna Health Inc.											
	High Self	6J1	118.30	138.44	103.83	34.61	5.04	256.32	299.95	224.96	74.99	10.91
	High Family	6J2	320.40	333.84	250.38	83.46	3.36	694.20	723.32	542.49	180.83	7.28
TN	Aetna Health Inc.											
	High Self	UB1	128.78	132.57	99.43	33.14	0.95	279.02	287.24	215.43	71.81	2.06
	High Family	UB2	344.56	354.70	266.03	88.67	-6.27	746.55	768.52	576.39	192.13	-13.58
TN	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	L61	New Plan	96.08	72.06	24.02	N/A	New Plan	208.17	156.13	52.04	N/A
	High Family	L62	New Plan	220.97	165.73	55.24	N/A	New Plan	478.77	359.08	119.69	N/A
TX	Aetna Health Inc.											
	High Self	P11	New Code	127.80	95.85	31.95	N/A	New Code	276.90	207.68	69.22	N/A
	High Family	P12	New Code	321.96	241.47	80.49	N/A	New Code	697.58	523.19	174.39	N/A
TX	Aetna Health Inc.											
	High Self	PU1	New Code	153.58	115.19	38.39	N/A	New Code	332.76	249.57	83.19	N/A
	High Family	PU2	New Code	383.42	277.09	106.33	N/A	New Code	830.74	600.36	230.38	N/A
TX	FIRSTCARE											
	High Self	6U1	123.55	149.84	112.38	37.46	6.57	267.69	324.65	243.49	81.16	14.24
	High Family	6U2	265.41	321.89	241.42	80.47	14.12	575.06	697.43	523.07	174.36	30.60
TX	FIRSTCARE											
	High Self	CK1	176.51	189.09	121.40	67.69	0.48	382.44	409.70	263.03	146.67	1.05
	High Family	CK2	379.13	406.17	277.09	129.08	-0.43	821.45	880.04	600.36	279.68	-0.93
TX	HMO Blue Texas											
	High Self	YM1	138.49	154.79	116.09	38.70	4.08	300.06	335.38	251.54	83.84	8.83
	High Family	YM2	339.00	378.93	277.09	101.84	12.46	734.50	821.02	600.36	220.66	27.00
TX	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	T21	New Plan	115.28	86.46	28.82	N/A	New Plan	249.77	187.33	62.44	N/A
	High Family	T22	New Plan	265.16	198.87	66.29	N/A	New Plan	574.51	430.88	143.63	N/A

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates					
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
Location - Plan - Option - Enrollment Code													
TX	Humana CoverageFirst (Consumer Driven Plan)												
	High Self	T81	New Plan	110.49	82.87	27.62	N/A	New Plan	239.40	179.55	59.85	N/A	
	High Family	T82	New Plan	254.11	190.58	63.53	N/A	New Plan	550.57	412.93	137.64	N/A	
TX	Humana CoverageFirst (Consumer Driven Plan)												
	High Self	TP1	New Plan	100.88	75.66	25.22	N/A	New Plan	218.57	163.93	54.64	N/A	
	High Family	TP2	New Plan	232.01	174.01	58.00	N/A	New Plan	502.69	377.02	125.67	N/A	
TX	Humana CoverageFirst (Consumer Driven Plan)												
	High Self	TU1	New Plan	96.08	72.06	24.02	N/A	New Plan	208.17	156.13	52.04	N/A	
	High Family	TU2	New Plan	220.97	165.73	55.24	N/A	New Plan	478.77	359.08	119.69	N/A	
TX	Humana CoverageFirst (Consumer Driven Plan)												
	High Self	TV1	New Plan	105.68	79.26	26.42	N/A	New Plan	228.97	171.73	57.24	N/A	
	High Family	TV2	New Plan	243.06	182.30	60.76	N/A	New Plan	526.63	394.97	131.66	N/A	
TX	Humana Health Plan of Texas												
	High Self	UR1		133.78	170.62	121.40	49.22	15.78	289.86	369.68	263.03	106.65	34.19
	High Family	UR2		343.86	392.44	277.09	115.35	21.11	745.03	850.29	600.36	249.93	45.74
	Standard Self	UR4		107.55	137.00	102.75	34.25	7.36	233.03	296.83	222.62	74.21	15.95
	Standard Family	UR5		276.45	315.11	236.33	78.78	9.67	598.98	682.74	512.06	170.68	20.94
TX	Mercy Health Plans/Premier Health Plans												
	High Self	HM1		174.11	174.11	121.40	52.71	-12.10	377.24	377.24	263.03	114.21	-26.21
	High Family	HM2		435.29	435.29	277.09	158.20	-27.47	943.13	943.13	600.36	342.77	-59.52
TX	PacifiCare Southwest Region (OK & TX)												
	High Self	GF1		143.10	167.10	121.40	45.70	9.93	310.05	362.05	263.03	99.02	21.51
	High Family	GF2		371.83	385.95	277.09	108.86	-13.35	805.63	836.23	600.36	235.87	-28.92
UT	Altius Health Plans												
	High Self	9K1		162.96	181.37	121.40	59.97	6.31	353.08	392.97	263.03	129.94	13.68
	High Family	9K2		358.52	399.02	277.09	121.93	13.03	776.79	864.54	600.36	264.18	28.23
VT	MVP Health Care												
	High Self	VW1		176.36	166.11	121.40	44.71	-22.35	382.11	359.91	263.03	96.88	-48.41
	High Family	VW2		455.49	428.98	277.09	151.89	-53.98	986.90	929.46	600.36	329.10	-116.96

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
VA	Aetna Health Inc.											
	High Self	JN1	141.44	160.96	120.72	40.24	4.88	306.45	348.75	261.56	87.19	10.58
	High Family	JN2	318.55	362.51	271.88	90.63	10.99	690.19	785.44	589.08	196.36	23.81
	Standard Self	JN4	105.74	105.75	79.31	26.44	0.01	229.10	229.13	171.85	57.28	0.01
	Standard Family	JN5	247.46	247.47	185.60	61.87	0.01	536.16	536.19	402.14	134.05	0.01
VA	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A
VA	CareFirst BlueChoice											
	High Self	2G1	160.71	181.64	121.40	60.24	8.83	348.21	393.55	263.03	130.52	19.13
	High Family	2G2	361.58	408.63	277.09	131.54	19.58	783.42	885.37	600.36	285.01	42.43
VA	Kaiser Permanente											
	High Self	E31	123.23	145.98	109.49	36.49	5.68	267.00	316.29	237.22	79.07	12.32
	High Family	E32	293.29	347.45	260.59	86.86	13.54	635.46	752.81	564.61	188.20	29.34
VA	M.D. IPA											
	High Self	JP1	138.80	146.81	110.11	36.70	2.00	300.73	318.09	238.57	79.52	4.34
	High Family	JP2	333.17	352.37	264.28	88.09	4.54	721.87	763.47	572.60	190.87	9.84
VA	Optima Health Plan											
	High Self	9R1	161.90	166.75	121.40	45.35	-7.25	350.78	361.29	263.03	98.26	-15.70
	High Family	9R2	383.08	394.58	277.09	117.49	-15.97	830.01	854.92	600.36	254.56	-34.61
VA	Piedmont Community Healthcare											
	High Self	2C1	160.86	162.15	121.40	40.75	-10.81	348.53	351.33	263.03	88.30	-23.41
	High Family	2C2	368.36	371.30	277.09	94.21	-24.53	798.11	804.48	600.36	204.12	-53.15
WA	Aetna Health Inc.											
	High Self	8J1	125.93	118.93	89.20	29.73	-1.75	272.85	257.68	193.26	64.42	-3.79
	High Family	8J2	320.23	302.42	226.82	75.60	-4.46	693.83	655.24	491.43	163.81	-9.65
WA	Aetna HealthFund (Consumer Driven Plan)											
	High Self	221	New Plan	129.44	97.08	32.36	N/A	New Code	280.45	210.34	70.11	N/A
	High Family	222	New Plan	297.73	223.30	74.43	N/A	New Code	645.08	483.81	161.27	N/A

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

HMO Plans		2003 Total Biweekly Premium	2004 Biweekly premium rates				2003 Total Monthly Premium	2004 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Location - Plan - Option - Enrollment Code												
WA	Group Health Cooperative											
	High Self	541	153.49	169.52	121.40	48.12	3.93	332.56	367.29	263.03	104.26	8.52
	High Family	542	346.52	382.68	277.09	105.59	8.69	750.79	829.14	600.36	228.78	18.83
	Standard Self	544	New Code	141.91	106.43	35.48	N/A	New Code	307.47	230.60	76.87	N/A
	Standard Family	545	New Code	320.37	240.28	80.09	N/A	New Code	694.14	520.61	173.53	N/A
WA	Group Health Cooperative											
	High Self	VR1	144.97	159.23	119.42	39.81	3.57	314.10	345.00	258.75	86.25	7.73
	High Family	VR2	372.32	388.22	277.09	111.13	-11.57	806.69	841.14	600.36	240.78	-25.07
	Standard Self	VR4	New Code	137.99	103.49	34.50	N/A	New Code	298.98	224.24	74.74	N/A
	Standard Family	VR5	New Code	317.38	238.04	79.34	N/A	New Code	687.66	515.75	171.91	N/A
WA	Kaiser Permanente											
	High Self	571	153.30	170.62	121.40	49.22	5.22	332.15	369.68	263.03	106.65	11.32
	High Family	572	351.81	391.57	277.09	114.48	12.29	762.26	848.40	600.36	248.04	26.62
	Standard Self	574	137.06	149.67	112.25	37.42	3.16	296.96	324.29	243.22	81.07	6.83
	Standard Family	575	314.57	343.49	257.62	85.87	7.23	681.57	744.23	558.17	186.06	15.67
WA	KPS Health Plans											
	High Self	VT1	222.64	178.87	121.40	57.47	-55.87	482.39	387.55	263.03	124.52	-121.05
	High Family	VT2	476.23	390.84	277.09	113.75	-112.86	1031.83	846.82	600.36	246.46	-244.53
	Standard Self	L11	New Code	143.99	107.99	36.00	N/A	New Code	311.98	233.99	77.99	N/A
	Standard Family	L12	New Code	314.63	235.97	78.66	N/A	New Code	681.70	511.28	170.42	N/A
WA	PacifiCare of Oregon											
	High Self	7Z1	162.08	167.15	121.40	45.75	-7.03	351.17	362.16	263.03	99.13	-15.22
	High Family	7Z2	359.10	376.10	277.09	99.01	-10.47	778.05	814.88	600.36	214.52	-22.69
WV	The Health Plan of the Upper Ohio Valley											
	High Self	U41	149.39	154.45	115.84	38.61	-1.48	323.68	334.64	250.98	83.66	-3.20
	High Family	U42	410.83	355.20	266.40	88.80	-72.41	890.13	769.60	577.20	192.40	-156.89
WI	Dean Health Plan											
	High Self	WD1	127.18	135.34	101.51	33.83	2.04	275.56	293.24	219.93	73.31	4.42
	High Family	WD2	343.36	365.40	274.05	91.35	-2.39	743.95	791.70	593.78	197.92	-5.19
WI	Group Health Cooperative											
	High Self	WJ1	130.29	132.42	99.32	33.10	0.53	282.30	286.91	215.18	71.73	1.16
	High Family	WJ2	349.42	357.96	268.47	89.49	-10.31	757.08	775.58	581.69	193.89	-22.35

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WI	HealthPartners Classic											
	High Self	531	163.13	193.43	121.40	72.03	18.20	353.45	419.10	263.03	156.07	39.44
	High Family	532	391.51	464.22	277.09	187.13	45.24	848.27	1005.81	600.36	405.45	98.02
	Standard Self	534	New Code	163.96	121.40	42.56	N/A	New Code	355.25	263.03	92.22	N/A
	Standard Family	535	New Code	393.48	277.09	116.39	N/A	New Code	852.54	600.36	252.18	N/A
WI	HealthPartners Primary Clinic Plan											
	High Self	HQ1	203.05	239.89	121.40	118.49	24.74	439.94	519.76	263.03	256.73	53.61
	High Family	HQ2	487.31	575.72	277.09	298.63	60.94	1055.84	1247.39	600.36	647.03	132.03
WI	Humana CoverageFirst (Consumer Driven Plan)											
	High Self	FB1	New Plan	105.68	79.26	26.42	N/A	New Plan	228.97	171.73	57.24	N/A
	High Family	FB2	New Plan	243.06	182.30	60.76	N/A	New Plan	526.63	394.97	131.66	N/A
WY	WINhealth Partners											
	High Self	PV1	123.61	171.26	121.40	49.86	18.96	267.82	371.06	263.03	108.03	41.08
	High Family	PV2	336.51	462.38	277.09	185.29	98.40	729.11	1001.82	600.36	401.46	213.19