

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

Fee-for-Service Plans (FFS)		1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Gov't pays	Empl. Pays	Change in empl. Payment	Total premium		Gov't pays	Empl. Pays	Change in empl. Payment	
Alliance Health Plan											
High Self	1R1	134.42	134.42	78.83	55.59	-6.77	291.24	291.24	170.80	120.44	-14.67
High Family	1R2	284.97	284.97	175.97	109.00	-15.58	617.44	617.44	381.27	236.17	-33.76
APWU Health Plan											
High Self	471	108.76	118.55	78.83	39.72	3.02	235.65	256.86	170.80	86.06	6.54
High Family	472	238.68	260.17	175.97	84.20	5.91	517.14	563.70	381.27	182.43	12.80
Blue Cross and Blue Shield											
High Self	101	135.63	145.12	78.83	66.29	2.72	293.87	314.43	170.80	143.63	5.89
High Family	102	290.01	310.32	175.97	134.35	4.73	628.36	672.36	381.27	291.09	10.24
Standard Self	104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
Standard Family	105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
GEHA Benefit Plan											
High Self	311	108.31	124.55	78.83	45.72	9.47	234.67	269.86	170.80	99.06	20.52
High Family	312	233.60	268.64	175.97	92.67	19.46	506.13	582.05	381.27	200.78	42.16
Mail Handlers											
High Self	451	110.95	124.26	78.83	45.43	6.54	240.39	269.23	170.80	98.43	14.17
High Family	452	234.02	262.10	175.97	86.13	12.50	507.04	567.88	381.27	186.61	27.08
Standard Self	454	76.67	84.33	63.25	21.08	1.91	166.12	182.72	137.04	45.68	4.15
Standard Family	455	166.40	183.04	137.28	45.76	4.16	360.53	396.59	297.44	99.15	9.02
NALC											
High Self	321	115.20	125.70	78.83	46.87	3.73	249.60	272.35	170.80	101.55	8.08
High Family	322	246.18	268.63	175.97	92.66	6.87	533.39	582.03	381.27	200.76	14.88
Postmasters											
High Self	361	187.83	200.98	78.83	122.15	6.38	406.97	435.46	170.80	264.66	13.82
High Family	362	405.27	433.64	175.97	257.67	12.79	878.09	939.55	381.27	558.28	27.70
Standard Self	364	113.90	122.44	78.83	43.61	1.77	246.78	265.29	170.80	94.49	3.84
Standard Family	365	246.38	264.86	175.97	88.89	2.90	533.82	573.86	381.27	192.59	6.28

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Foreign Service											
High Self	401	101.83	111.39	78.83	32.56	2.79	220.63	241.35	170.80	70.55	6.05
High Family	402	247.60	270.88	175.97	94.91	7.70	536.47	586.91	381.27	205.64	16.68
Panama Canal Area											
High Self	431	92.06	99.42	74.57	24.85	1.84	199.46	215.41	161.56	53.85	3.99
High Family	432	199.65	215.62	161.72	53.90	3.99	432.58	467.18	350.39	116.79	8.65
Rural Carrier Benefit Plan											
High Self	381	106.12	118.85	78.83	40.02	5.96	229.93	257.51	170.80	86.71	12.91
High Family	382	216.34	242.30	175.97	66.33	10.38	468.74	524.98	381.27	143.71	22.48
SAMBA											
High Self	441	111.78	124.63	78.83	45.80	6.08	242.19	270.03	170.80	99.23	13.17
High Family	442	263.24	293.52	175.97	117.55	14.70	570.35	635.96	381.27	254.69	31.85
Secret Service											
High Self	Y71	88.41	97.25	72.94	24.31	2.21	191.56	210.71	158.03	52.68	4.79
High Family	Y72	209.52	230.47	172.85	57.62	5.24	453.96	499.35	374.51	124.84	11.35

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HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
AL	Health Partners of Alabama											
	High Self	DF1	90.19	106.50	78.83	27.67	5.12	195.41	230.75	170.80	59.95	11.10
	High Family	DF2	230.87	272.64	175.97	96.67	26.19	500.22	590.72	381.27	209.45	56.74
AL	PrimeHealth of Alabama, Inc.											
	High Self	AA1	90.49	101.87	76.40	25.47	2.85	196.06	220.72	165.54	55.18	6.17
	High Family	AA2	223.32	249.98	175.97	74.01	11.08	483.86	541.62	381.27	160.35	24.00
AZ	Aetna U.S. Healthcare											
	High Self	WQ1	76.39	76.00	57.00	19.00	-0.10	165.51	164.67	123.50	41.17	-0.21
	High Family	WQ2	214.62	213.86	160.40	53.46	-0.77	465.01	463.36	347.52	115.84	-1.66
AZ	CIGNA HC of AZ-Phoenix											
	High Self	161	89.14	101.30	75.98	25.32	3.04	193.14	219.48	164.61	54.87	6.59
	High Family	162	222.84	238.02	175.97	62.05	-0.40	482.82	515.71	381.27	134.44	-0.87
AZ	Health Plan of Nevada											
	High Self	NM1	73.95	74.60	55.95	18.65	0.16	160.23	161.63	121.22	40.41	0.35
	High Family	NM2	170.04	190.96	143.22	47.74	5.23	368.42	413.75	310.31	103.44	11.34
AZ	HealthPartners Health Plans											
	High Self	2S1	65.80	77.55	58.16	19.39	2.94	142.57	168.03	126.02	42.01	6.37
	High Family	2S2	197.89	221.02	165.77	55.25	5.78	428.76	478.88	359.16	119.72	12.53
AZ	HealthPartners Health Plans											
	High Self	TD1	71.22	72.25	54.19	18.06	0.26	154.31	156.54	117.41	39.13	0.55
	High Family	TD2	199.43	202.29	151.72	50.57	0.71	432.10	438.30	328.73	109.57	1.55
AZ	Humana Health Plan of AZ											
	High Self	DY1	76.39	74.77	56.08	18.69	-0.41	165.51	162.00	121.50	40.50	-0.88
	High Family	DY2	207.76	203.37	152.53	50.84	-1.10	450.15	440.64	330.48	110.16	-2.38
AZ	Intergroup of Arizona, Inc.											
	High Self	A71	73.59	79.91	59.93	19.98	1.58	159.45	173.14	129.86	43.28	3.42
	High Family	A72	198.62	215.69	161.77	53.92	4.27	430.34	467.33	350.50	116.83	9.25
AZ	PacifiCare of Arizona											
	High Self	A31	64.23	81.59	61.19	20.40	4.34	139.17	176.78	132.59	44.19	9.40
	High Family	A32	179.86	228.43	171.32	57.11	12.15	389.70	494.93	371.20	123.73	26.31

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* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
AZ	Premier HealthCare of Arizona											
	High Self	9A1	60.64	63.39	47.54	15.85	0.69	131.39	137.35	103.01	34.34	1.49
	High Family	9A2	166.90	174.67	131.00	43.67	1.95	361.62	378.45	283.84	94.61	4.21
AZ	Premier HealthCare of Arizona											
	High Self	9B1	75.89	91.83	68.87	22.96	3.99	164.43	198.97	149.23	49.74	8.63
	High Family	9B2	211.96	256.48	175.97	80.51	27.52	459.25	555.71	381.27	174.44	59.63
AR	QCA Health Plan											
	High Self	8Q1	90.24	101.07	75.80	25.27	2.71	195.52	218.99	164.24	54.75	5.87
	High Family	8Q2	220.32	246.76	175.97	70.79	10.86	477.36	534.65	381.27	153.38	23.53
CA	Aetna U.S. Healthcare											
	High Self	2X1	83.91	80.77	60.58	20.19	-0.79	181.81	175.00	131.25	43.75	-1.70
	High Family	2X2	196.36	188.61	141.46	47.15	-1.94	425.45	408.66	306.50	102.16	-4.20
CA	Aetna U.S. Healthcare											
	High Self	BU1	100.38	112.75	78.83	33.92	5.60	217.49	244.29	170.80	73.49	12.13
	High Family	BU2	225.24	252.48	175.97	76.51	11.66	488.02	547.04	381.27	165.77	25.26
CA	Blue Shield of CA Access+HMO											
	High Self	SJ1	73.70	81.96	61.47	20.49	2.07	159.68	177.58	133.19	44.39	4.47
	High Family	SJ2	182.85	203.33	152.50	50.83	5.12	396.18	440.55	330.41	110.14	11.10
CA	CaliforniaCare											
	High Self	M51	74.12	90.28	67.71	22.57	4.04	160.59	195.61	146.71	48.90	8.75
	High Family	M52	189.12	230.35	172.76	57.59	10.31	409.76	499.09	374.32	124.77	22.33
CA	CIGNA HealthCare of California											
	High Self	9T1	91.66	90.41	67.81	22.60	-0.31	198.60	195.89	146.92	48.97	-0.68
	High Family	9T2	196.49	198.92	149.19	49.73	0.61	425.73	430.99	323.24	107.75	1.32
CA	Health Net											
	High Self	LB1	80.34	81.70	61.28	20.42	0.34	174.07	177.02	132.77	44.25	0.73
	High Family	LB2	190.16	193.39	145.04	48.35	0.81	412.01	419.01	314.26	104.75	1.75
CA	Kaiser Permanente											
	High Self	591	80.30	86.67	65.00	21.67	1.60	173.98	187.79	140.84	46.95	3.46
	High Family	592	191.68	206.90	155.18	51.72	3.80	415.31	448.28	336.21	112.07	8.24

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* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
CA Kaiser Permanente												
High Self 621	88.70	93.10	69.83	23.27	1.10	192.18	201.72	151.29	50.43	2.39		
High Family 622	205.02	215.18	161.39	53.79	2.54	444.21	466.22	349.67	116.55	5.50		
CA Maxicare Southern California												
High Self CM1	66.59	73.70	55.28	18.42	1.77	144.28	159.68	119.76	39.92	3.85		
High Family CM2	168.53	187.24	140.43	46.81	4.68	365.15	405.69	304.27	101.42	10.13		
CA National HMO Health Plan												
High Self MN1	71.23	62.02	46.52	15.50	-2.31	154.33	134.38	100.79	33.59	-4.99		
High Family MN2	188.40	163.52	122.64	40.88	-6.22	408.20	354.29	265.72	88.57	-13.48		
CA PacifiCare of California												
High Self CY1	74.76	77.83	58.37	19.46	0.77	161.98	168.63	126.47	42.16	1.67		
High Family CY2	193.75	193.20	144.90	48.30	-0.14	419.79	418.60	313.95	104.65	-0.30		
CA United Health Plan												
High Self C41	65.18	67.80	50.85	16.95	0.66	141.22	146.90	110.18	36.72	1.42		
High Family C42	141.11	144.47	108.35	36.12	0.84	305.74	313.02	234.77	78.25	1.82		
CA Universal Care												
High Self 6Q1	New Plan	72.77	54.58	18.19	N/A	New Plan	157.67	118.25	39.42	N/A		
High Family 6Q2	New Plan	174.66	131.00	43.66	N/A	New Plan	378.43	283.82	94.61	N/A		
CA Western Health Advantage												
High Self 5Z1	77.10	78.28	58.71	19.57	0.30	167.05	169.61	127.21	42.40	0.64		
High Family 5Z2	185.02	187.86	140.90	46.96	0.71	400.88	407.03	305.27	101.76	1.54		
CO Aetna U.S. Healthcare												
High Self 6F1	73.79	78.68	59.01	19.67	1.22	159.88	170.47	127.85	42.62	2.65		
High Family 6F2	196.47	207.79	155.84	51.95	2.83	425.69	450.21	337.66	112.55	6.13		
CO CIGNA HealthCare of CO												
High Self 1C1	84.25	87.96	65.97	21.99	0.93	182.54	190.58	142.94	47.64	2.01		
High Family 1C2	202.18	215.48	161.61	53.87	3.33	438.06	466.87	350.15	116.72	7.21		
CO HMO Colorado/Nevada												
High Self L21	83.43	103.32	77.49	25.83	4.97	180.77	223.86	167.90	55.96	10.77		
High Family L22	208.58	258.34	175.97	82.37	30.23	451.92	559.74	381.27	178.47	65.49		

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* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
CO	Kaiser Permanente											
	High Self	651	79.74	80.54	60.41	20.13	0.20	172.77	174.50	130.88	43.62	0.43
	High Family	652	203.55	205.59	154.19	51.40	0.51	441.03	445.45	334.09	111.36	1.10
CO	PacifiCare of Colorado											
	High Self	D61	78.15	87.53	65.65	21.88	2.34	169.33	189.65	142.24	47.41	5.08
	High Family	D62	202.22	226.48	169.86	56.62	6.07	438.14	490.71	368.03	122.68	13.15
	Standard Self	D64	62.21	68.43	51.32	17.11	1.56	134.79	148.27	111.20	37.07	3.37
	Standard Family	D65	161.21	177.33	133.00	44.33	4.03	349.29	384.22	288.17	96.05	8.73
CO	QualMed of Colorado											
	High Self	2D1	82.82	81.85	61.39	20.46	-0.24	179.44	177.34	133.01	44.33	-0.53
	High Family	2D2	210.16	207.93	155.95	51.98	-0.56	455.35	450.52	337.89	112.63	-1.21
CO	Rocky Mountain HMO											
	High Self	881	108.80	101.35	76.01	25.34	-11.40	235.73	219.59	164.69	54.90	-24.70
	High Family	882	254.46	237.04	175.97	61.07	-33.00	551.33	513.59	381.27	132.32	-71.50
CT	Aetna U.S. Healthcare											
	High Self	H11	109.44	112.63	78.83	33.80	-3.58	237.12	244.03	170.80	73.23	-7.76
	High Family	H12	294.28	303.21	175.97	127.24	-6.65	637.61	656.96	381.27	275.69	-14.41
CT	Blue Cross and Blue Shield											
	Standard Self	104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family	105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
CT	ConnectiCare											
	High Self	TE1	92.01	95.64	71.73	23.91	0.91	199.36	207.22	155.42	51.80	1.96
	High Family	TE2	204.47	250.45	175.97	74.48	23.36	443.02	542.64	381.27	161.37	50.62
CT	Harvard Pilgrim Health Care											
	High Self	681	104.62	129.05	78.83	50.22	17.66	226.68	279.61	170.80	108.81	38.26
	High Family	682	277.26	342.00	175.97	166.03	49.16	600.73	741.00	381.27	359.73	106.51
CT	Health New England											
	High Self	DJ1	101.77	107.07	78.83	28.24	-1.47	220.50	231.99	170.80	61.19	-3.18
	High Family	DJ2	224.91	236.61	175.97	60.64	-3.88	487.31	512.66	381.27	131.39	-8.41
CT	Physicians Health Services/CT											
	High Self	DP1	112.66	112.23	78.83	33.40	-7.20	244.10	243.17	170.80	72.37	-15.60
	High Family	DP2	314.84	313.64	175.97	137.67	-16.78	682.15	679.55	381.27	298.28	-36.36

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DE	Aetna U.S. Healthcare											
	High Self	NK1	119.68	148.13	78.83	69.30	21.68	259.31	320.95	170.80	150.15	46.97
	High Family	NK2	332.13	403.61	175.97	227.64	55.90	719.62	874.49	381.27	493.22	121.11
DC	Aetna U.S. Healthcare											
	High Self	JN1	93.18	108.20	78.83	29.37	6.08	201.89	234.43	170.80	63.63	13.16
	High Family	JN2	218.99	253.30	175.97	77.33	18.73	474.48	548.82	381.27	167.55	40.58
	Standard Self	JN4	65.85	74.69	56.02	18.67	2.21	142.68	161.83	121.37	40.46	4.79
	Standard Family	JN5	154.75	175.20	131.40	43.80	5.11	335.29	379.60	284.70	94.90	11.08
DC	CapitalCare											
	High Self	2G1	98.29	103.45	77.59	25.86	-0.37	212.96	224.14	168.11	56.03	-0.80
	High Family	2G2	270.31	253.44	175.97	77.47	-32.45	585.67	549.12	381.27	167.85	-70.31
DC	Free State Health Plan											
	High Self	LD1	95.48	124.90	78.83	46.07	22.20	206.87	270.62	170.80	99.82	48.10
	High Family	LD2	246.49	284.79	175.97	108.82	22.72	534.06	617.05	381.27	235.78	49.23
DC	George Washington Univ HP											
	High Self	E51	106.10	97.46	73.10	24.36	-9.68	229.88	211.16	158.37	52.79	-20.96
	High Family	E52	232.08	238.88	175.97	62.91	-8.78	502.84	517.57	381.27	136.30	-19.03
DC	Kaiser Permanente											
	High Self	E31	87.33	94.00	70.50	23.50	1.67	189.22	203.67	152.75	50.92	3.62
	High Family	E32	215.66	232.40	174.30	58.10	2.83	467.26	503.53	377.65	125.88	6.13
DC	MD-IPA											
	High Self	JP1	93.15	104.61	78.46	26.15	2.86	201.83	226.66	170.00	56.66	6.20
	High Family	JP2	223.58	251.12	175.97	75.15	11.96	484.42	544.09	381.27	162.82	25.91
DC	Prudential HealthCare HMO											
	High Self	JB1	92.26	112.09	78.83	33.26	10.20	199.90	242.86	170.80	72.06	22.09
	High Family	JB2	203.07	246.72	175.97	70.75	19.98	439.99	534.56	381.27	153.29	43.29
FL	Av-Med Health Plan											
	High Self	EM1	79.38	89.06	66.80	22.26	2.42	171.99	192.96	144.72	48.24	5.24
	High Family	EM2	218.30	244.92	175.97	68.95	11.04	472.98	530.66	381.27	149.39	23.92
FL	Av-Med Health Plan											
	High Self	GP1	77.45	89.88	67.41	22.47	3.11	167.81	194.74	146.06	48.68	6.73
	High Family	GP2	212.95	247.17	175.97	71.20	17.96	461.39	535.54	381.27	154.27	38.92

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FL	Av-Med Health Plan											
	High Self	H51	77.39	96.44	72.33	24.11	4.76	167.68	208.95	156.71	52.24	10.32
	High Family	H52	212.80	265.18	175.97	89.21	36.01	461.07	574.56	381.27	193.29	78.02
FL	Av-Med Health Plan											
	High Self	HW1	79.27	98.76	74.07	24.69	4.87	171.75	213.98	160.49	53.49	10.55
	High Family	HW2	217.98	271.60	175.97	95.63	38.04	472.29	588.47	381.27	207.20	82.42
FL	Av-Med Health Plan											
	High Self	JF1	85.24	100.05	75.04	25.01	3.70	184.69	216.78	162.59	54.19	8.02
	High Family	JF2	234.44	275.10	175.97	99.13	25.08	507.95	596.05	381.27	214.78	54.34
FL	Beacon Health Plan											
	High Self	4K1	68.02	72.90	54.68	18.22	1.22	147.38	157.95	118.46	39.49	2.65
	High Family	4K2	190.52	205.25	153.94	51.31	3.68	412.79	444.71	333.53	111.18	7.98
FL	Capital Health Plan											
	High Self	EA1	75.21	84.91	63.68	21.23	2.43	162.96	183.97	137.98	45.99	5.25
	High Family	EA2	200.83	226.72	170.04	56.68	6.47	435.13	491.23	368.42	122.81	14.03
FL	Foundation Health											
	High Self	5C1	73.24	87.92	65.94	21.98	3.67	158.69	190.49	142.87	47.62	7.95
	High Family	5C2	206.76	248.22	175.97	72.25	20.56	447.98	537.81	381.27	156.54	44.55
FL	Foundation Health											
	High Self	5D1	80.13	88.42	66.32	22.10	2.07	173.62	191.58	143.69	47.89	4.49
	High Family	5D2	225.69	249.15	175.97	73.18	7.88	489.00	539.83	381.27	158.56	17.07
FL	Foundation Health											
	High Self	5E1	69.17	73.09	54.82	18.27	0.98	149.87	158.36	118.77	39.59	2.12
	High Family	5E2	190.20	201.01	150.76	50.25	2.70	412.10	435.52	326.64	108.88	5.86
FL	HIP Health Plan of FL											
	High Self	3N1	New Area	124.96	78.83	46.13	N/A	New Area	270.75	170.80	99.95	N/A
	High Family	3N2	New Area	345.46	175.97	169.49	N/A	New Area	748.50	381.27	367.23	N/A
FL	HIP Health Plan of FL											
	High Self	K71	78.61	102.92	77.19	25.73	6.08	170.32	222.99	167.24	55.75	13.17
	High Family	K72	219.63	284.53	175.97	108.56	49.32	475.87	616.48	381.27	235.21	106.85

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

HMO and POS Plans*			1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
FL	Humana Medical Plan											
	High Self	7F1	73.12	74.83	56.12	18.71	0.43	158.43	162.13	121.60	40.53	0.92
	High Family	7F2	204.76	210.24	157.68	52.56	1.37	443.65	455.52	341.64	113.88	2.97
FL	Humana Medical Plan											
	High Self	9D1	New Area	87.30	65.48	21.82	N/A	New Area	189.15	141.86	47.29	N/A
	High Family	9D2	New Area	218.24	163.68	54.56	N/A	New Area	472.85	354.64	118.21	N/A
FL	Humana Medical Plan											
	High Self	EE1	83.64	81.06	60.80	20.26	-0.65	181.22	175.63	131.72	43.91	-1.39
	High Family	EE2	209.09	202.65	151.99	50.66	-1.61	453.03	439.08	329.31	109.77	-3.49
FL	Humana Medical Plan											
	High Self	JH1	84.79	101.35	76.01	25.34	4.14	183.71	219.59	164.69	54.90	8.97
	High Family	JH2	211.99	253.40	175.97	77.43	24.43	459.31	549.03	381.27	167.76	52.93
FL	Humana Medical Plan											
	High Self	P51	93.04	107.65	78.83	28.82	5.56	201.59	233.24	170.80	62.44	12.04
	High Family	P52	232.58	269.13	175.97	93.16	20.97	503.92	583.12	381.27	201.85	45.44
FL	Humana Medical Plan											
	High Self	P71	92.93	111.06	78.83	32.23	9.00	201.35	240.63	170.80	69.83	19.49
	High Family	P72	232.36	277.67	175.97	101.70	29.73	503.45	601.62	381.27	220.35	64.41
FL	Prudential HealthCare HMO											
	High Self	EC1	66.12	77.29	57.97	19.32	2.79	143.26	167.46	125.60	41.86	6.05
	High Family	EC2	181.81	212.46	159.35	53.11	7.66	393.92	460.33	345.25	115.08	16.60
FL	Prudential HealthCare HMO											
	High Self	EH1	73.85	90.32	67.74	22.58	4.12	160.01	195.69	146.77	48.92	8.92
	High Family	EH2	206.72	252.81	175.97	76.84	25.16	447.89	547.76	381.27	166.49	54.52
FL	Prudential HealthCare HMO											
	High Self	HE1	85.73	91.36	68.52	22.84	1.41	185.75	197.95	148.46	49.49	3.05
	High Family	HE2	240.00	252.27	175.97	76.30	-3.31	520.00	546.59	381.27	165.32	-7.17
FL	Total Health Choice											
	High Self	4A1	New Plan	78.54	58.91	19.63	N/A	New Plan	170.17	127.63	42.54	N/A
	High Family	4A2	New Plan	195.56	146.67	48.89	N/A	New Plan	423.71	317.78	105.93	N/A

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
FL	United HealthCare of Florida											
	High Self	QK1	90.25	93.56	70.17	23.39	0.83	195.54	202.71	152.03	50.68	1.80
	High Family	QK2	239.16	247.93	175.97	71.96	-6.81	518.18	537.18	381.27	155.91	-14.76
GA	Aetna U.S. Healthcare											
	High Self	2U1	83.54	94.46	70.85	23.61	2.73	181.00	204.66	153.50	51.16	5.91
	High Family	2U2	215.37	243.43	175.97	67.46	12.48	466.64	527.43	381.27	146.16	27.03
GA	Athens Area Health Plan Select											
	High Self	8Y1	78.02	86.40	64.80	21.60	2.10	169.04	187.20	140.40	46.80	4.54
	High Family	8Y2	200.19	221.72	166.29	55.43	5.38	433.75	480.39	360.29	120.10	11.66
GA	Blue Cross and Blue Shield											
	Standard Self	104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family	105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
GA	Kaiser Permanente											
	High Self	F81	84.20	91.16	68.37	22.79	1.74	182.43	197.51	148.13	49.38	3.77
	High Family	F82	213.75	231.42	173.57	57.85	4.41	463.13	501.41	376.06	125.35	9.57
GA	Prudential HealthCare HMO											
	High Self	EZ1	69.52	80.04	60.03	20.01	2.63	150.63	173.42	130.07	43.35	5.69
	High Family	EZ2	190.23	219.00	164.25	54.75	7.19	412.17	474.50	355.88	118.62	15.58
GU	Guam Memorial Health Plan											
	High Self	ZA1	101.55	111.70	78.83	32.87	3.38	220.03	242.02	170.80	71.22	7.32
	High Family	ZA2	257.42	283.16	175.97	107.19	10.16	557.74	613.51	381.27	232.24	22.01
	Standard Self	ZA4	74.50	81.94	61.46	20.48	1.86	161.42	177.54	133.16	44.38	4.03
	Standard Family	ZA5	212.11	233.32	174.99	58.33	5.30	459.57	505.53	379.15	126.38	11.49
GU	PacifiCare Asia Pacific											
	High Self	JK1	85.76	100.12	75.09	25.03	3.59	185.81	216.93	162.70	54.23	7.78
	High Family	JK2	226.05	244.60	175.97	68.63	2.97	489.78	529.97	381.27	148.70	6.43
	Standard Self	JK4	New Option	62.38	46.79	15.59	15.59	New Option	135.16	101.37	33.79	33.79
	Standard Family	JK5	New Option	186.32	139.74	46.58	46.58	New Option	403.69	302.77	100.92	100.92
HI	HMSA											
	High Self	871	86.34	91.25	68.44	22.81	1.23	187.07	197.71	148.28	49.43	2.66
	High Family	872	200.75	203.10	152.33	50.77	0.58	434.96	440.05	330.04	110.01	1.27

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
HI	Kaiser Permanente											
	High Self	631	111.56	119.15	78.83	40.32	0.82	241.71	258.16	170.80	87.36	1.78
	High Family	632	239.86	256.17	175.97	80.20	0.73	519.70	555.04	381.27	173.77	1.58
	Standard Self	634	94.18	99.82	74.87	24.95	1.41	204.06	216.28	162.21	54.07	3.06
	Standard Family	635	202.49	214.61	160.96	53.65	3.03	438.73	464.99	348.74	116.25	6.57
ID	Group Health Cooperative											
	High Self	VR1	101.31	109.16	78.83	30.33	1.08	219.51	236.51	170.80	65.71	2.33
	High Family	VR2	260.82	281.20	175.97	105.23	4.80	565.11	609.27	381.27	228.00	10.40
ID	Premera HealthPlus											
	High Self	8F1	89.16	99.67	74.75	24.92	2.63	193.18	215.95	161.96	53.99	5.70
	High Family	8F2	222.49	240.86	175.97	64.89	2.79	482.06	521.86	381.27	140.59	6.04
IL	Aetna U.S. Healthcare											
	High Self	6T1	New Area	78.85	59.14	N/A	19.71	New Area	170.84	128.13	42.71	N/A
	High Family	6T2	New Area	209.57	157.18	N/A	52.39	New Area	454.07	340.55	113.52	N/A
IL	Aetna U.S. Healthcare											
	High Self	XC1	71.51	70.08	52.56	17.52	-0.36	154.94	151.84	113.88	37.96	-0.77
	High Family	XC2	225.71	221.98	166.49	55.49	-9.83	489.04	480.96	360.72	120.24	-21.29
IL	American HMO											
	High Self	AC1	86.18	88.43	66.32	22.11	0.57	186.72	191.60	143.70	47.90	1.22
	High Family	AC2	206.84	247.63	175.97	71.66	19.95	448.15	536.53	381.27	155.26	43.22
IL	Group Health Plan											
	High Self	MM1	98.42	101.95	76.46	25.49	-0.87	213.24	220.89	165.67	55.22	-1.89
	High Family	MM2	246.01	222.25	166.69	55.56	-30.06	533.02	481.54	361.16	120.38	-65.13
IL	Health Alliance HMO											
	High Self	FX1	101.59	110.73	78.83	31.90	2.37	220.11	239.92	170.80	69.12	5.14
	High Family	FX2	237.12	258.46	175.97	82.49	5.76	513.76	560.00	381.27	178.73	12.48
IL	Health Partners of the Midwest											
	High Self	RN1	105.25	113.44	78.83	34.61	1.42	228.04	245.79	170.80	74.99	3.08
	High Family	RN2	228.37	246.17	175.97	70.20	2.22	494.80	533.37	381.27	152.10	4.81
IL	Humana Health Plan Inc.											
	High Self	751	96.17	100.03	75.02	25.01	0.90	208.37	216.73	162.55	54.18	1.94
	High Family	752	230.81	239.90	175.97	63.93	-6.49	500.09	519.78	381.27	138.51	-14.07

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	1999 Total Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
IL John Deere Health Plan											
High Self 3J1	90.95	94.86	71.15	23.71	0.97	197.06	205.53	154.15	51.38	2.12	
High Family 3J2	245.54	256.12	175.97	80.15	-5.00	532.00	554.93	381.27	173.66	-10.83	
IL Mercy Health Plans/Premier											
High Self 7M1	88.17	98.80	74.10	24.70	2.66	191.04	214.07	160.55	53.52	5.76	
High Family 7M2	205.09	229.81	172.36	57.45	6.18	444.36	497.92	373.44	124.48	13.39	
IL OSF HealthPlans											
High Self 9F1	81.46	76.86	57.65	19.21	-1.15	176.50	166.53	124.90	41.63	-2.49	
High Family 9F2	214.22	202.10	151.58	50.52	-3.31	464.14	437.88	328.41	109.47	-7.16	
IL PersonalCare's HMO											
High Self GE1	77.15	78.94	59.21	19.73	0.44	167.16	171.04	128.28	42.76	0.97	
High Family GE2	198.39	203.02	152.27	50.75	1.15	429.85	439.88	329.91	109.97	2.51	
IL Prudential HealthCare HMO											
High Self VZ1	70.06	80.00	60.00	20.00	2.49	151.80	173.33	130.00	43.33	5.38	
High Family VZ2	176.96	202.02	151.52	50.50	6.26	383.41	437.71	328.28	109.43	13.58	
IL Rush Prudential HMO											
High Self 171	85.77	88.90	66.68	22.22	0.78	185.84	192.62	144.47	48.15	1.69	
High Family 172	206.34	230.72	173.04	57.68	6.10	447.07	499.89	374.92	124.97	13.20	
IL Union Health Service											
High Self 761	80.10	83.08	62.31	20.77	0.75	173.55	180.01	135.01	45.00	1.61	
High Family 762	198.66	206.91	155.18	51.73	2.07	430.43	448.31	336.23	112.08	4.47	
IN Aetna U.S. Healthcare											
High Self RD1	96.01	104.29	78.22	26.07	2.07	208.02	225.96	169.47	56.49	4.49	
High Family RD2	234.99	258.14	175.97	82.17	7.57	509.15	559.30	381.27	178.03	16.39	
IN Aetna U.S. Healthcare											
High Self XC1	71.51	70.08	52.56	17.52	-0.36	154.94	151.84	113.88	37.96	-0.77	
High Family XC2	225.71	221.98	166.49	55.49	-9.83	489.04	480.96	360.72	120.24	-21.29	
IN American HMO											
High Self AC1	86.18	88.43	66.32	22.11	0.57	186.72	191.60	143.70	47.90	1.22	
High Family AC2	206.84	247.63	175.97	71.66	19.95	448.15	536.53	381.27	155.26	43.22	

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
IN	Arnett HMO											
	High Self	G21	101.39	106.43	78.83	27.60	-1.73	219.68	230.60	170.80	59.80	-3.75
	High Family	G22	263.62	276.75	175.97	100.78	-2.45	571.18	599.63	381.27	218.36	-5.31
IN	Health Alliance HMO											
	High Self	FX1	101.59	110.73	78.83	31.90	2.37	220.11	239.92	170.80	69.12	5.14
	High Family	FX2	237.12	258.46	175.97	82.49	5.76	513.76	560.00	381.27	178.73	12.48
IN	Humana Care Plan											
	High Self	181	97.03	101.89	76.42	25.47	0.50	210.23	220.76	165.57	55.19	1.09
	High Family	182	242.59	254.75	175.97	78.78	-3.42	525.61	551.96	381.27	170.69	-7.41
IN	Humana Health Plan											
	High Self	D21	97.45	107.94	78.83	29.11	3.72	211.14	233.87	170.80	63.07	8.06
	High Family	D22	243.62	269.83	175.97	93.86	10.63	527.84	584.63	381.27	203.36	23.03
IN	Humana Health Plan Inc.											
	High Self	751	96.17	100.03	75.02	25.01	0.90	208.37	216.73	162.55	54.18	1.94
	High Family	752	230.81	239.90	175.97	63.93	-6.49	500.09	519.78	381.27	138.51	-14.07
IN	Maxicare Indiana											
	High Self	GK1	86.28	96.34	72.26	24.08	2.51	186.94	208.74	156.56	52.18	5.45
	High Family	GK2	203.11	226.21	169.66	56.55	5.77	440.07	490.12	367.59	122.53	12.51
IN	PARTNERS Nat'l HPs of IN											
	High Self	MC1	80.52	90.26	67.70	22.56	2.43	174.46	195.56	146.67	48.89	5.28
	High Family	MC2	210.09	234.73	175.97	58.76	6.24	455.20	508.58	381.27	127.31	13.51
IN	Physicians HP of N. Indiana											
	High Self	DQ1	101.31	105.33	78.83	26.50	-2.75	219.51	228.22	170.80	57.42	-5.96
	High Family	DQ2	228.52	237.41	175.97	61.44	-6.69	495.13	514.39	381.27	133.12	-14.50
IN	Prudential HealthCare HMO Midwest											
	High Self	S31	76.99	96.41	72.31	24.10	4.85	166.81	208.89	156.67	52.22	10.52
	High Family	S32	199.92	250.34	175.97	74.37	24.39	433.16	542.40	381.27	161.13	52.84
IN	Rush Prudential HMO											
	High Self	171	85.77	88.90	66.68	22.22	0.78	185.84	192.62	144.47	48.15	1.69
	High Family	172	206.34	230.72	173.04	57.68	6.10	447.07	499.89	374.92	124.97	13.20

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
IN	The M*Plan											
	High Self	IN1	92.05	103.83	77.87	25.96	2.95	199.44	224.97	168.73	56.24	6.38
	High Family	IN2	198.56	231.16	173.37	57.79	8.15	430.21	500.85	375.64	125.21	17.66
IN	Welborn HMO											
	High Self	H31	83.84	93.06	69.80	23.26	2.30	181.65	201.63	151.22	50.41	5.00
	High Family	H32	216.72	240.56	175.97	64.59	8.26	469.56	521.21	381.27	139.94	17.89
IA	Care Choices											
	High Self	FA1	89.50	89.25	66.94	22.31	-0.06	193.92	193.38	145.04	48.34	-0.14
	High Family	FA2	240.76	240.24	175.97	64.27	-16.10	521.65	520.52	381.27	139.25	-34.89
IA	Health Alliance HMO											
	High Self	7X1	82.38	90.62	67.97	22.65	2.06	178.49	196.34	147.26	49.08	4.46
	High Family	7X2	199.80	219.78	164.84	54.94	4.99	432.90	476.19	357.14	119.05	10.83
IA	John Deere Health Plan											
	High Self	3J1	90.95	94.86	71.15	23.71	0.97	197.06	205.53	154.15	51.38	2.12
	High Family	3J2	245.54	256.12	175.97	80.15	-5.00	532.00	554.93	381.27	173.66	-10.83
IA	Principal Health Care of Iowa											
	High Self	SV1	80.76	83.98	62.99	20.99	0.80	174.98	181.96	136.47	45.49	1.75
	High Family	SV2	218.07	226.79	170.09	56.70	-0.98	472.49	491.38	368.54	122.84	-2.14
IA	SecureCare of Iowa											
	High Self	3Q1	68.85	79.70	59.78	19.92	2.71	149.18	172.68	129.51	43.17	5.88
	High Family	3Q2	180.36	208.79	156.59	52.20	7.11	390.78	452.38	339.29	113.09	15.40
KS	Aetna U.S. Healthcare											
	High Self	7K1	New Area	84.46	63.35	21.11	N/A	New Area	183.00	137.25	45.75	N/A
	High Family	7K2	New Area	223.74	167.81	55.93	N/A	New Area	484.77	363.58	121.19	N/A
KS	Blue Cross and Blue Shield											
	Standard Self	104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family	105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
KS	Humana Kansas City, Inc.											
	High Self	MS1	92.30	94.16	70.62	23.54	0.47	199.98	204.01	153.01	51.00	1.01
	High Family	MS2	221.53	225.89	169.42	56.47	-4.67	479.98	489.43	367.07	122.36	-10.11
	Standard Self	MS4	85.97	88.63	66.47	22.16	0.67	186.27	192.03	144.02	48.01	1.44
	Standard Family	MS5	206.32	212.62	159.47	53.15	1.57	447.03	460.68	345.51	115.17	3.41

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	1999 Total Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment		
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
KS	Kaiser Permanente											
	High Self	HA1	70.10	80.13	60.10	20.03	2.51	151.88	173.62	130.22	43.40	5.43
	High Family	HA2	180.84	206.75	155.06	51.69	6.48	391.82	447.96	335.97	111.99	14.04
KS	Preferred Plus of Kansas											
	High Self	VA1	92.86	103.93	77.95	25.98	2.77	201.20	225.18	168.89	56.29	5.99
	High Family	VA2	247.01	276.44	175.97	100.47	13.85	535.19	598.95	381.27	217.68	30.00
KS	Principal Health Care of KC											
	High Self	7W1	91.16	85.33	64.00	21.33	-1.46	197.51	184.88	138.66	46.22	-3.16
	High Family	7W2	232.47	217.61	163.21	54.40	-17.68	503.69	471.49	353.62	117.87	-38.31
KS	Prudential HealthCare HMO											
	High Self	1K1	90.13	94.75	71.06	23.69	1.16	195.28	205.29	153.97	51.32	2.50
	High Family	1K2	215.91	227.01	170.26	56.75	1.23	467.81	491.86	368.90	122.96	2.66
KY	Advantage Care, Inc.											
	High Self	XW1	101.43	94.02	70.52	23.50	-5.87	219.77	203.71	152.78	50.93	-12.71
	High Family	XW2	263.49	244.23	175.97	68.26	-34.84	570.90	529.17	381.27	147.90	-75.49
KY	Aetna U.S. Healthcare											
	High Self	RD1	96.01	104.29	78.22	26.07	2.07	208.02	225.96	169.47	56.49	4.49
	High Family	RD2	234.99	258.14	175.97	82.17	7.57	509.15	559.30	381.27	178.03	16.39
KY	Bluegrass Family Health											
	High Self	2B1	86.08	106.95	78.83	28.12	6.60	186.51	231.73	170.80	60.93	14.30
	High Family	2B2	204.54	218.07	163.55	54.52	3.39	443.17	472.49	354.37	118.12	7.33
KY	Humana Care Plan											
	High Self	181	97.03	101.89	76.42	25.47	0.50	210.23	220.76	165.57	55.19	1.09
	High Family	182	242.59	254.75	175.97	78.78	-3.42	525.61	551.96	381.27	170.69	-7.41
KY	Humana Care Plan											
	High Self	HR1	88.93	101.17	75.88	25.29	3.06	192.68	219.20	164.40	54.80	6.63
	High Family	HR2	222.31	252.91	175.97	76.94	15.02	481.67	547.97	381.27	166.70	32.54
KY	Humana Health Plan											
	High Self	D21	97.45	107.94	78.83	29.11	3.72	211.14	233.87	170.80	63.07	8.06
	High Family	D22	243.62	269.83	175.97	93.86	10.63	527.84	584.63	381.27	203.36	23.03

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

HMO and POS Plans*		1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
KY	PacifiCare of Ohio, Inc.										
	High Self R81	88.85	89.95	67.46	22.49	0.28	192.51	194.89	146.17	48.72	0.59
	High Family R82	208.81	191.56	143.67	47.89	-4.31	452.42	415.05	311.29	103.76	-9.34
KY	Prudential HealthCare HMO Midwest										
	High Self S31	76.99	96.41	72.31	24.10	4.85	166.81	208.89	156.67	52.22	10.52
	High Family S32	199.92	250.34	175.97	74.37	24.39	433.16	542.40	381.27	161.13	52.84
KY	United Health Care of Ohio										
	High Self 3U1	101.84	106.96	78.83	28.13	-1.65	220.65	231.75	170.80	60.95	-3.57
	High Family 3U2	234.20	246.01	175.97	70.04	-3.77	507.43	533.02	381.27	151.75	-8.17
LA	Aetna U.S. Healthcare										
	High Self NG1	80.80	90.93	68.20	22.73	2.53	175.07	197.02	147.77	49.25	5.48
	High Family NG2	210.07	236.37	175.97	60.40	7.88	455.15	512.14	381.27	130.87	17.08
LA	Aetna U.S. Healthcare										
	High Self TK1	66.76	70.93	53.20	17.73	1.04	144.65	153.68	115.26	38.42	2.26
	High Family TK2	216.93	231.42	173.57	57.85	1.31	470.02	501.41	376.06	125.35	2.84
LA	Blue Cross and Blue Shield										
	Standard Self 104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family 105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
LA	Maxicare Louisiana										
	High Self JA1	75.05	81.53	61.15	20.38	1.62	162.61	176.65	132.49	44.16	3.51
	High Family JA2	174.66	189.35	142.01	47.34	3.68	378.43	410.26	307.70	102.56	7.95
ME	Aetna U.S. Healthcare										
	High Self 9M1	100.69	124.43	78.83	45.60	16.97	218.16	269.60	170.80	98.80	36.77
	High Family 9M2	224.54	276.94	175.97	100.97	36.82	486.50	600.04	381.27	218.77	79.78
ME	Harvard Pilgrim Health Care										
	High Self 681	104.62	129.05	78.83	50.22	17.66	226.68	279.61	170.80	108.81	38.26
	High Family 682	277.26	342.00	175.97	166.03	49.16	600.73	741.00	381.27	359.73	106.51
MD	Aetna U.S. Healthcare										
	High Self JN1	93.18	108.20	78.83	29.37	6.08	201.89	234.43	170.80	63.63	13.16
	High Family JN2	218.99	253.30	175.97	77.33	18.73	474.48	548.82	381.27	167.55	40.58
	Standard Self JN4	65.85	74.69	56.02	18.67	2.21	142.68	161.83	121.37	40.46	4.79
	Standard Family JN5	154.75	175.20	131.40	43.80	5.11	335.29	379.60	284.70	94.90	11.08

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
MD	CapitalCare											
	High Self	2G1	98.29	103.45	77.59	25.86	-0.37	212.96	224.14	168.11	56.03	-0.80
	High Family	2G2	270.31	253.44	175.97	77.47	-32.45	585.67	549.12	381.27	167.85	-70.31
MD	Free State Health Plan											
	High Self	LD1	95.48	124.90	78.83	46.07	22.20	206.87	270.62	170.80	99.82	48.10
	High Family	LD2	246.49	284.79	175.97	108.82	22.72	534.06	617.05	381.27	235.78	49.23
MD	George Washington Univ HP											
	High Self	E51	106.10	97.46	73.10	24.36	-9.68	229.88	211.16	158.37	52.79	-20.96
	High Family	E52	232.08	238.88	175.97	62.91	-8.78	502.84	517.57	381.27	136.30	-19.03
MD	Kaiser Permanente											
	High Self	E31	87.33	94.00	70.50	23.50	1.67	189.22	203.67	152.75	50.92	3.62
	High Family	E32	215.66	232.40	174.30	58.10	2.83	467.26	503.53	377.65	125.88	6.13
MD	MD-IPA											
	High Self	JP1	93.15	104.61	78.46	26.15	2.86	201.83	226.66	170.00	56.66	6.20
	High Family	JP2	223.58	251.12	175.97	75.15	11.96	484.42	544.09	381.27	162.82	25.91
MD	Prudential HealthCare HMO											
	High Self	JB1	92.26	112.09	78.83	33.26	10.20	199.90	242.86	170.80	72.06	22.09
	High Family	JB2	203.07	246.72	175.97	70.75	19.98	439.99	534.56	381.27	153.29	43.29
MA	Aetna U.S. Healthcare											
	High Self	NE1	106.05	116.40	78.83	37.57	3.58	229.78	252.20	170.80	81.40	7.75
	High Family	NE2	286.47	309.08	175.97	133.11	7.03	620.69	669.67	381.27	288.40	15.22
MA	Blue Chip, Coord Hlth Partners											
	High Self	DA1	88.65	100.26	75.20	25.06	2.90	192.08	217.23	162.92	54.31	6.29
	High Family	DA2	226.96	256.69	175.97	80.72	14.15	491.75	556.16	381.27	174.89	30.65
MA	Blue Cross and Blue Shield											
	Standard Self	104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family	105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
MA	Fallon Community Health Plan											
	High Self	JV1	80.03	87.40	65.55	21.85	1.84	173.40	189.37	142.03	47.34	3.99
	High Family	JV2	206.48	225.23	168.92	56.31	4.69	447.37	488.00	366.00	122.00	10.16

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

HMO and POS Plans*			1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
MA	Harvard Pilgrim Health Care											
	High Self	681	104.62	129.05	78.83	50.22	17.66	226.68	279.61	170.80	108.81	38.26
	High Family	682	277.26	342.00	175.97	166.03	49.16	600.73	741.00	381.27	359.73	106.51
MA	Harvard Pilgrim Hlth Care-NE											
	High Self	701	86.79	111.81	78.83	32.98	11.28	188.05	242.26	170.80	71.46	24.45
	High Family	702	208.28	268.36	175.97	92.39	40.32	451.27	581.45	381.27	200.18	87.36
MA	Health New England											
	High Self	DJ1	101.77	107.07	78.83	28.24	-1.47	220.50	231.99	170.80	61.19	-3.18
	High Family	DJ2	224.91	236.61	175.97	60.64	-3.88	487.31	512.66	381.27	131.39	-8.41
MI	Aetna U.S. Healthcare											
	High Self	8Z1	82.70	85.40	64.05	21.35	0.68	179.18	185.03	138.77	46.26	1.47
	High Family	8Z2	215.75	222.80	167.10	55.70	0.34	467.46	482.73	362.05	120.68	0.73
MI	Blue Care Network West MI											
	High Self	G71	113.30	123.97	78.83	45.14	3.90	245.48	268.60	170.80	97.80	8.45
	High Family	G72	286.61	313.02	175.97	137.05	10.83	620.99	678.21	381.27	296.94	23.46
MI	Blue Care Network West MI											
	High Self	K51	87.55	96.08	72.06	24.02	2.13	189.69	208.17	156.13	52.04	4.62
	High Family	K52	219.40	267.79	175.97	91.82	32.81	475.37	580.21	381.27	198.94	71.08
MI	Blue Care Network West MI											
	High Self	KF1	79.98	81.55	61.16	20.39	0.40	173.29	176.69	132.52	44.17	0.85
	High Family	KF2	220.50	223.79	167.84	55.95	-4.16	477.75	484.88	363.66	121.22	-9.02
MI	Blue Care Network West MI											
	High Self	KN1	81.26	97.60	73.20	24.40	4.09	176.06	211.47	158.60	52.87	8.86
	High Family	KN2	243.11	272.07	175.97	96.10	13.38	526.74	589.49	381.27	208.22	28.99
MI	Blue Care Network West MI											
	High Self	KR1	78.48	89.51	67.13	22.38	2.76	170.04	193.94	145.46	48.48	5.97
	High Family	KR2	227.08	257.47	175.97	81.50	14.81	492.01	557.85	381.27	176.58	32.08
MI	Blue Care Network West MI											
	High Self	LN1	91.66	104.20	78.15	26.05	3.14	198.60	225.77	169.33	56.44	6.79
	High Family	LN2	220.75	250.58	175.97	74.61	14.25	478.29	542.92	381.27	161.65	30.87

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
MI	Blue Care Network West MI											
	High Self	LX1	61.61	65.86	49.40	16.46	1.06	133.49	142.70	107.03	35.67	2.30
	High Family	LX2	203.81	215.81	161.86	53.95	3.00	441.59	467.59	350.69	116.90	6.50
MI	Grand Valley Health Plan											
	High Self	RL1	86.43	92.11	69.08	23.03	1.42	187.27	199.57	149.68	49.89	3.07
	High Family	RL2	218.55	235.45	175.97	59.48	1.32	473.53	510.14	381.27	128.87	2.85
MI	Health Alliance											
	High Self	521	80.33	88.28	66.21	22.07	1.99	174.05	191.27	143.45	47.82	4.31
	High Family	522	212.83	233.93	175.45	58.48	5.27	461.13	506.85	380.14	126.71	11.43
MI	HealthPlus MI											
	High Self	X51	104.61	100.70	75.53	25.17	-7.38	226.66	218.18	163.64	54.54	-15.99
	High Family	X52	256.45	246.88	175.97	70.91	-25.15	555.64	534.91	381.27	153.64	-54.49
MI	M-Care											
	High Self	EG1	76.38	87.37	65.53	21.84	2.75	165.49	189.30	141.98	47.32	5.95
	High Family	EG2	202.58	231.60	173.70	57.90	7.26	438.92	501.80	376.35	125.45	15.72
MI	OmniCare											
	High Self	KA1	73.72	70.77	53.08	17.69	-0.74	159.73	153.34	115.01	38.33	-1.60
	High Family	KA2	184.28	176.95	132.71	44.24	-1.83	399.27	383.39	287.54	95.85	-3.97
MI	Physicians Health Plan											
	High Self	U81	87.20	77.68	58.26	19.42	-2.38	188.93	168.31	126.23	42.08	-5.15
	High Family	U82	209.32	186.18	139.64	46.54	-5.79	453.53	403.39	302.54	100.85	-12.53
MI	Priority Health											
	High Self	BQ1	81.92	105.37	78.83	26.54	6.06	177.49	228.30	170.80	57.50	13.13
	High Family	BQ2	231.46	297.73	175.97	121.76	50.69	501.50	645.08	381.27	263.81	109.82
MI	SelectCare HMO											
	High Self	K61	73.66	72.80	54.60	18.20	-0.21	159.60	157.73	118.30	39.43	-0.47
	High Family	K62	206.27	203.87	152.90	50.97	-0.60	446.92	441.72	331.29	110.43	-1.30
MI	The Wellness Plan											
	High Self	K31	74.52	78.45	58.84	19.61	0.98	161.46	169.98	127.49	42.49	2.13
	High Family	K32	203.42	213.40	160.05	53.35	2.50	440.74	462.37	346.78	115.59	5.41

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
MI	Total Health Care											
	High Self	N21	78.01	78.46	58.85	19.61	0.11	169.02	170.00	127.50	42.50	0.25
	High Family	N22	196.42	198.99	149.24	49.75	0.65	425.58	431.15	323.36	107.79	1.40
MN	APWU Health Plan											
	High Self	471	108.76	118.55	78.83	39.72	3.02	235.65	256.86	170.80	86.06	6.54
	High Family	472	238.68	260.17	175.97	84.20	5.91	517.14	563.70	381.27	182.43	12.80
MN	Blue Cross and Blue Shield											
	Standard Self	104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family	105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
MN	HealthPartners Classic											
	High Self	531	98.29	110.97	78.83	32.14	5.91	212.96	240.44	170.80	69.64	12.81
	High Family	532	235.88	266.30	175.97	90.33	14.84	511.07	576.98	381.27	195.71	32.15
	Standard Self	534	83.17	94.85	71.14	23.71	2.92	180.20	205.51	154.13	51.38	6.33
	Standard Family	535	199.59	227.60	170.70	56.90	7.00	432.45	493.13	369.85	123.28	15.17
MN	HealthPartners Health Plan											
	High Self	HQ1	103.51	122.30	78.83	43.47	12.02	224.27	264.98	170.80	94.18	26.04
	High Family	HQ2	248.44	293.55	175.97	117.58	29.53	538.29	636.03	381.27	254.76	63.98
MS	Prudential HealthCare HMO											
	High Self	UB1	68.46	77.92	58.44	19.48	2.37	148.33	168.83	126.62	42.21	5.13
	High Family	UB2	208.66	237.45	175.97	61.48	9.32	452.10	514.48	381.27	133.21	20.19
MO	Aetna U.S. Healthcare											
	High Self	6T1	New Area	78.85	59.14	19.71	N/A	New Area	170.84	128.13	42.71	N/A
	High Family	6T2	New Area	209.57	157.18	52.39	N/A	New Area	454.07	340.55	113.52	N/A
MO	BlueCHOICE											
	High Self	9G1	102.93	111.52	78.83	32.69	1.82	223.02	241.63	170.80	70.83	3.94
	High Family	9G2	222.83	241.44	175.97	65.47	3.03	482.80	523.12	381.27	141.85	6.56
MO	Group Health Plan											
	High Self	MM1	98.42	101.95	76.46	25.49	-0.87	213.24	220.89	165.67	55.22	-1.89
	High Family	MM2	246.01	222.25	166.69	55.56	-30.06	533.02	481.54	361.16	120.38	-65.13

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	1999 Total Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment		
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
MO	Health Partners of the Midwest											
	High Self	RN1	105.25	113.44	78.83	34.61	1.42	228.04	245.79	170.80	74.99	3.08
	High Family	RN2	228.37	246.17	175.97	70.20	2.22	494.80	533.37	381.27	152.10	4.81
MO	Humana Kansas City, Inc.											
	High Self	MS1	92.30	94.16	70.62	23.54	0.47	199.98	204.01	153.01	51.00	1.01
	High Family	MS2	221.53	225.89	169.42	56.47	-4.67	479.98	489.43	367.07	122.36	-10.11
	Standard Self	MS4	85.97	88.63	66.47	22.16	0.67	186.27	192.03	144.02	48.01	1.44
	Standard Family	MS5	206.32	212.62	159.47	53.15	1.57	447.03	460.68	345.51	115.17	3.41
MO	Kaiser Permanente											
	High Self	HA1	70.10	80.13	60.10	20.03	2.51	151.88	173.62	130.22	43.40	5.43
	High Family	HA2	180.84	206.75	155.06	51.69	6.48	391.82	447.96	335.97	111.99	14.04
MO	Mercy Health Plans/Premier											
	High Self	7M1	88.17	98.80	74.10	24.70	2.66	191.04	214.07	160.55	53.52	5.76
	High Family	7M2	205.09	229.81	172.36	57.45	6.18	444.36	497.92	373.44	124.48	13.39
MO	Prudential HealthCare HMO											
	High Self	1K1	90.13	94.75	71.06	23.69	1.16	195.28	205.29	153.97	51.32	2.50
	High Family	1K2	215.91	227.01	170.26	56.75	1.23	467.81	491.86	368.90	122.96	2.66
MO	Prudential HealthCare HMO											
	High Self	VZ1	70.06	80.00	60.00	20.00	2.49	151.80	173.33	130.00	43.33	5.38
	High Family	VZ2	176.96	202.02	151.52	50.50	6.26	383.41	437.71	328.28	109.43	13.58
NE	Care Choices											
	High Self	FA1	89.50	89.25	66.94	22.31	-0.06	193.92	193.38	145.04	48.34	-0.14
	High Family	FA2	240.76	240.24	175.97	64.27	-16.10	521.65	520.52	381.27	139.25	-34.89
NE	GEHA Benefit Plan											
	High Self	311	108.31	124.55	78.83	45.72	9.47	234.67	269.86	170.80	99.06	20.52
	High Family	312	233.60	268.64	175.97	92.67	19.46	506.13	582.05	381.27	200.78	42.16
NV	Aetna U.S. Healthcare											
	High Self	8L1	75.46	73.42	55.07	18.35	-0.51	163.50	159.08	119.31	39.77	-1.10
	High Family	8L2	197.61	192.32	144.24	48.08	-1.32	428.16	416.69	312.52	104.17	-2.87
NV	Health Plan of Nevada											
	High Self	NM1	73.95	74.60	55.95	18.65	0.16	160.23	161.63	121.22	40.41	0.35
	High Family	NM2	170.04	190.96	143.22	47.74	5.23	368.42	413.75	310.31	103.44	11.34

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
NV	HMO Colorado/Nevada										
	High Self VS1	94.13	115.34	78.83	36.51	12.98	203.95	249.90	170.80	79.10	28.11
	High Family VS2	224.85	275.50	175.97	99.53	35.07	487.18	596.92	381.27	215.65	75.98
NV	Humana Health Plan, Inc.										
	High Self TL1	62.94	66.71	50.03	16.68	0.95	136.37	144.54	108.41	36.13	2.04
	High Family TL2	181.13	191.93	143.95	47.98	2.70	392.45	415.85	311.89	103.96	5.85
NV	PacifiCare of Nevada										
	High Self K91	72.54	76.48	57.36	19.12	0.99	157.17	165.71	124.28	41.43	2.14
	High Family K92	183.65	193.78	145.34	48.44	2.53	397.91	419.86	314.90	104.96	5.48
NH	Harvard Pilgrim Health Care										
	High Self 681	104.62	129.05	78.83	50.22	17.66	226.68	279.61	170.80	108.81	38.26
	High Family 682	277.26	342.00	175.97	166.03	49.16	600.73	741.00	381.27	359.73	106.51
NJ	Aetna U.S. Healthcare										
	High Self P31	132.17	136.79	78.83	57.96	-2.15	286.37	296.38	170.80	125.58	-4.66
	High Family P32	328.45	355.61	175.97	179.64	11.58	711.64	770.49	381.27	389.22	25.09
	Standard Self P34	87.20	101.89	76.42	25.47	3.67	188.93	220.76	165.57	55.19	7.96
	Standard Family P35	228.20	268.06	175.97	92.09	24.28	494.43	580.80	381.27	199.53	52.61
NJ	AmeriHealth HMO										
	High Self FK1	106.91	138.08	78.83	59.25	24.40	231.64	299.17	170.80	128.37	52.86
	High Family FK2	274.37	306.65	175.97	130.68	16.70	594.47	664.41	381.27	283.14	36.18
NJ	Blue Cross and Blue Shield										
	Standard Self 104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family 105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
NJ	CIGNA CoMED HealthCare										
	High Self P41	121.86	132.14	78.83	53.31	3.51	264.03	286.30	170.80	115.50	7.60
	High Family P42	255.90	277.48	175.97	101.51	6.00	554.45	601.21	381.27	219.94	13.00
NJ	First Option Hlth Plan of NJ										
	High Self 2F1	115.37	87.06	65.30	21.76	-21.55	249.97	188.63	141.47	47.16	-46.68
	High Family 2F2	279.17	208.92	156.69	52.23	-66.55	604.87	452.66	339.50	113.16	-144.20
NJ	GHI Health Plan										
	High Self 801	92.80	104.86	78.65	26.21	3.01	201.07	227.20	170.40	56.80	6.53
	High Family 802	231.99	262.15	175.97	86.18	14.58	502.65	567.99	381.27	186.72	31.58

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	1999 Total Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
NJ	Prudential HealthCare HMO										
	High Self 8P1	92.37	105.61	78.83	26.78	3.69	200.14	228.82	170.80	58.02	7.99
	High Family 8P2	232.98	266.38	175.97	90.41	17.82	504.79	577.16	381.27	195.89	38.61
NJ	QualMed Plans for Health										
	High Self 271	105.99	123.29	78.83	44.46	10.53	229.65	267.13	170.80	96.33	22.81
	High Family 272	246.44	286.63	175.97	110.66	24.61	533.95	621.03	381.27	239.76	53.32
NM	Lovelace Health Plan										
	High Self Q11	83.34	95.12	71.34	23.78	2.95	180.57	206.09	154.57	51.52	6.38
	High Family Q12	216.67	247.30	175.97	71.33	15.05	469.45	535.82	381.27	154.55	32.61
NM	Presbyterian Health Plan										
	High Self P21	68.05	82.40	61.80	20.60	3.59	147.44	178.53	133.90	44.63	7.77
	High Family P22	177.48	214.91	161.18	53.73	9.36	384.54	465.64	349.23	116.41	20.28
NM	QualMed Plans for Health										
	High Self PX1	69.38	76.91	57.68	19.23	1.89	150.32	166.64	124.98	41.66	4.08
	High Family PX2	183.02	203.03	152.27	50.76	5.01	396.54	439.90	329.93	109.97	10.84
NY	Aetna U.S. Healthcare										
	High Self JC1	92.34	98.24	73.68	24.56	1.48	200.07	212.85	159.64	53.21	3.19
	High Family JC2	233.83	246.92	175.97	70.95	-2.49	506.63	534.99	381.27	153.72	-5.40
NY	Blue Choice										
	High Self MK1	78.62	89.59	67.19	22.40	2.75	170.34	194.11	145.58	48.53	5.95
	High Family MK2	196.39	224.05	168.04	56.01	6.91	425.51	485.44	364.08	121.36	14.98
NY	Blue Cross and Blue Shield										
	Standard Self 104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family 105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
NY	BlueChoice HMO										
	High Self 5L1	82.00	90.04	67.53	22.51	2.01	177.67	195.09	146.32	48.77	4.35
	High Family 5L2	214.30	236.10	175.97	60.13	6.22	464.32	511.55	381.27	130.28	13.47
NY	BlueChoice HMO										
	High Self S71	92.80	116.88	78.83	38.05	14.85	201.07	253.24	170.80	82.44	32.17
	High Family S72	242.51	313.44	175.97	137.47	55.35	525.44	679.12	381.27	297.85	119.92

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates					
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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		
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
NY	C.D.P.H.P.											
	High Self	SG1	75.28	83.03	62.27	20.76	1.94	163.11	179.90	134.93	44.97	4.19
	High Family	SG2	192.78	213.06	159.80	53.26	5.07	417.69	461.63	346.22	115.41	10.99
NY	CIGNA HealthCare of NY											
	High Self	HU1	91.33	97.34	73.01	24.33	1.50	197.88	210.90	158.18	52.72	3.25
	High Family	HU2	243.87	257.96	175.97	81.99	-1.49	528.39	558.91	381.27	177.64	-3.24
NY	GHI Health Plan											
	High Self	801	92.80	104.86	78.65	26.21	3.01	201.07	227.20	170.40	56.80	6.53
	High Family	802	231.99	262.15	175.97	86.18	14.58	502.65	567.99	381.27	186.72	31.58
NY	GHI HMO Select											
	High Self	6V1	98.28	86.83	65.12	21.71	-4.51	212.94	188.13	141.10	47.03	-9.78
	High Family	6V2	202.86	268.13	175.97	92.16	41.45	439.53	580.95	381.27	199.68	89.80
NY	GHI HMO Select											
	High Self	X41	78.58	90.79	68.09	22.70	3.06	170.26	196.71	147.53	49.18	6.62
	High Family	X42	197.33	236.83	175.97	60.86	11.53	427.55	513.13	381.27	131.86	24.97
NY	Harvard Pilgrim Health Care											
	High Self	681	104.62	129.05	78.83	50.22	17.66	226.68	279.61	170.80	108.81	38.26
	High Family	682	277.26	342.00	175.97	166.03	49.16	600.73	741.00	381.27	359.73	106.51
NY	HealthCarePlan											
	High Self	Q81	65.12	74.82	56.12	18.70	2.42	141.09	162.11	121.58	40.53	5.26
	High Family	Q82	184.63	211.96	158.97	52.99	6.83	400.03	459.25	344.44	114.81	14.80
NY	HIP of Greater New York											
	High Self	511	84.07	85.66	64.25	21.41	0.39	182.15	185.60	139.20	46.40	0.86
	High Family	512	205.75	256.99	175.97	81.02	29.58	445.79	556.81	381.27	175.54	64.09
NY	HMO Blue											
	High Self	AH1	85.26	89.93	67.45	22.48	1.17	184.73	194.85	146.14	48.71	2.53
	High Family	AH2	216.94	228.84	171.63	57.21	0.66	470.04	495.82	371.87	123.95	1.42
NY	HMO-CNY											
	High Self	EB1	87.93	90.50	67.88	22.62	0.64	190.52	196.08	147.06	49.02	1.39
	High Family	EB2	232.91	240.00	175.97	64.03	-8.49	504.64	520.00	381.27	138.73	-18.40

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
NY	Independent Health Assoc											
	High Self	C11	99.69	107.99	78.83	29.16	1.53	216.00	233.98	170.80	63.18	3.31
	High Family	C12	265.13	286.82	175.97	110.85	6.11	574.45	621.44	381.27	240.17	13.23
NY	Independent Health Assoc											
	High Self	QA1	56.96	69.23	51.92	17.31	3.07	123.41	150.00	112.50	37.50	6.65
	High Family	QA2	160.10	194.41	145.81	48.60	8.58	346.88	421.22	315.92	105.30	18.58
NY	Kaiser Permanente											
	High Self	PW1	82.96	101.07	75.80	25.27	4.53	179.75	218.99	164.24	54.75	9.81
	High Family	PW2	211.28	251.69	175.97	75.72	22.90	457.77	545.33	381.27	164.06	49.62
NY	Kaiser Permanente											
	High Self	QB1	87.73	108.49	78.83	29.66	7.73	190.08	235.06	170.80	64.26	16.74
	High Family	QB2	228.12	273.92	175.97	97.95	30.22	494.26	593.49	381.27	212.22	65.47
NY	Kaiser Permanente											
	High Self	QH1	84.20	135.16	78.83	56.33	35.28	182.43	292.85	170.80	122.05	76.44
	High Family	QH2	205.54	329.23	175.97	153.26	101.88	445.34	713.33	381.27	332.06	220.73
NY	MDNY Healthcare, Inc.											
	High Self	5Y1	100.96	102.03	76.52	25.51	-3.39	218.75	221.07	165.80	55.27	-7.35
	High Family	5Y2	254.09	281.34	175.97	105.37	11.67	550.53	609.57	381.27	228.30	25.28
NY	MDNY Healthcare, Inc.											
	High Self	8U1	New Area	68.72	51.54	17.18	N/A	New Area	148.89	111.67	37.22	N/A
	High Family	8U2	New Area	173.11	129.83	43.28	N/A	New Area	375.07	281.30	93.77	N/A
NY	MVP Health Plan											
	High Self	GA1	80.53	97.88	73.41	24.47	4.34	174.48	212.07	159.05	53.02	9.40
	High Family	GA2	205.12	246.10	175.97	70.13	18.85	444.43	533.22	381.27	151.95	40.84
NY	MVP Health Plan											
	High Self	M91	72.91	97.56	73.17	24.39	6.16	157.97	211.38	158.54	52.84	13.35
	High Family	M92	185.75	245.51	175.97	69.54	23.10	402.46	531.94	381.27	150.67	50.06
NY	MVP Health Plan											
	High Self	MX1	87.52	108.53	78.83	29.70	7.82	189.63	235.15	170.80	64.35	16.94
	High Family	MX2	222.87	271.32	175.97	95.35	32.87	482.89	587.86	381.27	206.59	71.21

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
NY	Partners Health Plans											
	High Self	7Y1	88.47	106.87	78.83	28.04	5.92	191.69	231.55	170.80	60.75	12.83
	High Family	7Y2	229.37	277.08	175.97	101.11	32.13	496.97	600.34	381.27	219.07	69.61
NY	PHP/Mohawk Valley Region											
	High Self	SH1	87.52	101.30	75.98	25.32	3.44	189.63	219.48	164.61	54.87	7.46
	High Family	SH2	232.27	268.58	175.97	92.61	20.73	503.25	581.92	381.27	200.65	44.91
NY	Physicians Health Svcs of NY											
	High Self	PD1	131.80	100.15	75.11	25.04	-34.70	285.57	216.99	162.74	54.25	-75.19
	High Family	PD2	344.39	258.90	175.97	82.93	-101.07	746.18	560.95	381.27	179.68	-218.99
NY	Preferred Care											
	High Self	GV1	75.52	80.43	60.32	20.11	1.23	163.63	174.27	130.70	43.57	2.66
	High Family	GV2	191.62	204.08	153.06	51.02	3.12	415.18	442.17	331.63	110.54	6.75
NY	Prepaid Health Plan											
	High Self	QE1	92.45	107.13	78.83	28.30	5.19	200.31	232.12	170.80	61.32	11.24
	High Family	QE2	245.18	283.89	175.97	107.92	23.13	531.22	615.10	381.27	233.83	50.12
NY	Prudential HealthCare HMO											
	High Self	9P1	81.67	87.52	65.64	21.88	1.46	176.95	189.63	142.22	47.41	3.17
	High Family	9P2	195.84	210.23	157.67	52.56	3.60	424.32	455.50	341.63	113.87	7.79
NY	Vytra Health Plans											
	High Self	J61	99.14	112.18	78.83	33.35	6.27	214.80	243.06	170.80	72.26	13.59
	High Family	J62	259.21	293.48	175.97	117.51	18.69	561.62	635.87	381.27	254.60	40.49
NC	Aetna U.S. Healthcare											
	High Self	3G1	85.76	87.34	65.51	21.83	0.39	185.81	189.24	141.93	47.31	0.86
	High Family	3G2	224.12	226.69	170.02	56.67	-7.06	485.59	491.16	368.37	122.79	-15.29
NC	Doctors Health Plan, Inc.											
	High Self	6D1	82.57	98.43	73.82	24.61	3.97	178.90	213.27	159.95	53.32	8.60
	High Family	6D2	223.01	265.76	175.97	89.79	27.17	483.19	575.81	381.27	194.54	58.86
NC	Generations Family Health Plan											
	High Self	8B1	84.28	89.59	67.19	22.40	1.33	182.61	194.11	145.58	48.53	2.88
	High Family	8B2	210.70	223.96	167.97	55.99	3.32	456.52	485.25	363.94	121.31	7.18

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
NC	PARTNERS NHP of NC										
	High Self EQ1	94.38	99.13	74.35	24.78	1.19	204.49	214.78	161.09	53.69	2.57
	High Family EQ2	212.35	223.04	167.28	55.76	2.67	460.09	483.25	362.44	120.81	5.79
NC	Prudential HealthCare HMO										
	High Self Q41	69.39	86.99	65.24	21.75	4.40	150.35	188.48	141.36	47.12	9.53
	High Family Q42	194.21	243.44	175.97	67.47	18.92	420.79	527.45	381.27	146.18	40.98
NC	QualChoice of North Carolina										
	High Self 7Q1	84.78	97.75	73.31	24.44	3.25	183.69	211.79	158.84	52.95	7.03
	High Family 7Q2	206.38	237.99	175.97	62.02	10.43	447.16	515.65	381.27	134.38	22.59
NC	UHC of North Carolina										
	High Self XM1	97.56	112.31	78.83	33.48	7.98	211.38	243.34	170.80	72.54	17.29
	High Family XM2	220.20	253.47	175.97	77.50	17.69	477.10	549.19	381.27	167.92	38.33
ND	Blue Cross and Blue Shield										
	Standard Self 104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family 105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
ND	Heart of America HMO										
	High Self RU1	83.58	94.17	70.63	23.54	2.65	181.09	204.04	153.03	51.01	5.74
	High Family RU2	211.36	236.34	175.97	60.37	7.53	457.95	512.07	381.27	130.80	16.31
OH	Aetna U.S. Healthcare										
	High Self RD1	96.01	104.29	78.22	26.07	2.07	208.02	225.96	169.47	56.49	4.49
	High Family RD2	234.99	258.14	175.97	82.17	7.57	509.15	559.30	381.27	178.03	16.39
OH	AultCare HMO										
	High Self 3A1	88.89	94.56	70.92	23.64	1.42	192.60	204.88	153.66	51.22	3.07
	High Family 3A2	218.21	231.94	173.96	57.98	0.16	472.79	502.54	376.91	125.63	0.35
OH	Blue Cross and Blue Shield										
	Standard Self 104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81
	Standard Family 105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66
OH	CHP of Ohio										
	High Self MG1	79.23	58.44	43.83	14.61	-5.20	171.67	126.62	94.97	31.65	-11.27
	High Family MG2	239.97	138.64	103.98	34.66	-44.92	519.94	300.39	225.29	75.10	-97.33

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

HMO and POS Plans*			1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
OH	Health Maintenance Plan(HMP)											
	High Self	R51	95.07	99.83	74.87	24.96	1.19	205.99	216.30	162.23	54.07	2.57
	High Family	R52	214.86	225.61	169.21	56.40	1.93	465.53	488.82	366.62	122.20	4.18
OH	Health Plan Upper OH Valley											
	High Self	U41	76.28	90.80	68.10	22.70	3.63	165.27	196.73	147.55	49.18	7.86
	High Family	U42	190.69	226.89	170.17	56.72	9.05	413.16	491.60	368.70	122.90	19.61
OH	HMO Health Ohio											
	High Self	L41	87.60	98.97	74.23	24.74	2.84	189.80	214.44	160.83	53.61	6.16
	High Family	L42	224.08	253.18	175.97	77.21	13.52	485.51	548.56	381.27	167.29	29.29
OH	Kaiser Permanente											
	High Self	641	88.95	93.63	70.22	23.41	1.17	192.73	202.87	152.15	50.72	2.54
	High Family	642	204.60	229.79	172.34	57.45	6.30	443.30	497.88	373.41	124.47	13.65
OH	PacifiCare of Ohio, Inc.											
	High Self	R81	88.85	89.95	67.46	22.49	0.28	192.51	194.89	146.17	48.72	0.59
	High Family	R82	208.81	191.56	143.67	47.89	-4.31	452.42	415.05	311.29	103.76	-9.34
OH	Paramount Health Care											
	High Self	U21	88.83	105.16	78.83	26.33	4.12	192.47	227.85	170.80	57.05	8.93
	High Family	U22	235.37	278.62	175.97	102.65	27.67	509.97	603.68	381.27	222.41	59.95
OH	Prudential HealthCare HMO Midwest											
	High Self	Q91	73.18	100.87	75.65	25.22	6.93	158.56	218.55	163.91	54.64	15.00
	High Family	Q92	171.58	236.49	175.97	60.52	17.63	371.76	512.40	381.27	131.13	38.19
OH	Prudential HealthCare HMO Midwest											
	High Self	S31	76.99	96.41	72.31	24.10	4.85	166.81	208.89	156.67	52.22	10.52
	High Family	S32	199.92	250.34	175.97	74.37	24.39	433.16	542.40	381.27	161.13	52.84
OH	QualMed Plans for Health OH/WV											
	High Self	QJ1	85.63	93.14	69.86	23.28	1.87	185.53	201.80	151.35	50.45	4.07
	High Family	QJ2	221.63	241.58	175.97	65.61	4.37	480.20	523.42	381.27	142.15	9.46
OH	SummaCare Health Plan											
	High Self	5W1	73.51	81.23	60.92	20.31	1.93	159.27	176.00	132.00	44.00	4.18
	High Family	5W2	202.14	223.40	167.55	55.85	5.32	437.97	484.03	363.02	121.01	11.52

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
OH Super Med HMO											
High Self 5M1	80.60	105.10	78.83	26.27	6.12	174.63	227.72	170.79	56.93	13.27	
High Family 5M2	206.18	268.84	175.97	92.87	41.33	446.72	582.49	381.27	201.22	89.54	
OH United Health Care of Ohio											
High Self 3U1	101.84	106.96	78.83	28.13	-1.65	220.65	231.75	170.80	60.95	-3.57	
High Family 3U2	234.20	246.01	175.97	70.04	-3.77	507.43	533.02	381.27	151.75	-8.17	
OH United Health Care of Ohio											
High Self VC1	99.21	111.36	78.83	32.53	5.38	214.96	241.28	170.80	70.48	11.65	
High Family VC2	228.19	256.12	175.97	80.15	12.35	494.41	554.93	381.27	173.66	26.76	
OH Vantage Health Plan											
High Self 6A1	New Plan	93.71	70.28	23.43	N/A	New Plan	203.04	152.28	50.76	N/A	
High Family 6A2	New Plan	232.25	174.19	58.06	N/A	New Plan	503.21	377.41	125.80	N/A	
OK Aetna U.S. Healthcare											
High Self 8V1	76.12	71.09	53.32	17.77	-1.26	164.93	154.03	115.52	38.51	-2.72	
High Family 8V2	198.74	183.98	137.99	45.99	-3.69	430.60	398.62	298.97	99.65	-8.00	
OK Blue Cross and Blue Shield											
Standard Self 104	99.88	108.87	78.83	30.04	2.22	216.41	235.89	170.80	65.09	4.81	
Standard Family 105	222.71	242.75	175.97	66.78	4.46	482.54	525.96	381.27	144.69	9.66	
OK BlueLincs HMO											
High Self N51	85.53	89.78	67.34	22.44	1.06	185.32	194.52	145.89	48.63	2.30	
High Family N52	200.25	197.28	147.96	49.32	-0.74	433.88	427.44	320.58	106.86	-1.61	
OK CommunityCare HMO											
High Self 7C1	76.64	86.79	65.09	21.70	2.54	166.05	188.05	141.04	47.01	5.50	
High Family 7C2	197.55	223.69	167.77	55.92	6.53	428.03	484.66	363.50	121.16	14.15	
OK Healthcare Oklahoma											
High Self 6W1	78.48	76.54	57.41	19.13	-0.49	170.04	165.84	124.38	41.46	-1.05	
High Family 6W2	203.89	198.87	149.15	49.72	-1.25	441.76	430.89	323.17	107.72	-2.72	
OK PacifiCare OK											
High Self 2N1	73.18	73.48	55.11	18.37	0.08	158.56	159.21	119.41	39.80	0.16	
High Family 2N2	201.83	191.05	143.29	47.76	-2.70	437.30	413.94	310.46	103.48	-5.84	

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
OK	Prudential HealthCare HMO											
	High Self	RR1	71.27	87.66	65.75	21.91	4.09	154.42	189.93	142.45	47.48	8.88
	High Family	RR2	189.70	233.32	174.99	58.33	10.91	411.02	505.53	379.15	126.38	23.63
OK	Prudential HealthCare HMO											
	High Self	RS1	83.20	99.01	74.26	24.75	3.95	180.27	214.52	160.89	53.63	8.56
	High Family	RS2	184.14	219.13	164.35	54.78	8.75	398.97	474.78	356.09	118.69	18.95
OR	Kaiser Permanente											
	High Self	571	100.40	108.57	78.83	29.74	1.40	217.53	235.24	170.80	64.44	3.04
	High Family	572	230.43	249.16	175.97	73.19	3.15	499.27	539.85	381.27	158.58	6.82
	Standard Self	574	83.91	88.89	66.67	22.22	1.24	181.81	192.60	144.45	48.15	2.70
	Standard Family	575	192.58	204.00	153.00	51.00	2.86	417.26	442.00	331.50	110.50	6.19
OR	PacifiCare of Oregon											
	High Self	7Z1	89.28	94.66	71.00	23.66	1.34	193.44	205.10	153.83	51.27	2.91
	High Family	7Z2	197.78	209.70	157.28	52.42	2.98	428.52	454.35	340.76	113.59	6.46
PA	Aetna U.S. Healthcare											
	High Self	KL1	86.00	90.94	68.21	22.73	1.23	186.33	197.04	147.78	49.26	2.68
	High Family	KL2	229.24	242.04	175.97	66.07	-2.78	496.69	524.42	381.27	143.15	-6.03
	Standard Self	KL4	78.87	76.41	57.31	19.10	-0.62	170.89	165.56	124.17	41.39	-1.33
	Standard Family	KL5	210.53	203.80	152.85	50.95	-1.68	456.15	441.57	331.18	110.39	-3.65
PA	Aetna U.S. Healthcare											
	High Self	SU1	103.42	115.81	78.83	36.98	5.62	224.08	250.92	170.80	80.12	12.17
	High Family	SU2	274.60	295.84	175.97	119.87	5.66	594.97	640.99	381.27	259.72	12.26
	Standard Self	SU4	86.06	98.98	74.24	24.74	3.23	186.46	214.46	160.85	53.61	7.00
	Standard Family	SU5	226.32	255.61	175.97	79.64	13.71	490.36	553.82	381.27	172.55	29.70
PA	First Priority Hlth											
	High Self	C81	85.14	96.26	72.20	24.06	2.78	184.47	208.56	156.42	52.14	6.02
	High Family	C82	219.48	248.14	175.97	72.17	13.08	475.54	537.64	381.27	156.37	28.34
PA	Free State Health Plan											
	High Self	LD1	95.48	124.90	78.83	46.07	22.20	206.87	270.62	170.80	99.82	48.10
	High Family	LD2	246.49	284.79	175.97	108.82	22.72	534.06	617.05	381.27	235.78	49.23

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

HMO and POS Plans*			1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
PA	HealthAmerica Pennsylvania											
	High Self	261	83.12	87.62	65.72	21.90	1.12	180.09	189.84	142.38	47.46	2.44
	High Family	262	216.11	227.81	170.86	56.95	1.23	468.24	493.59	370.19	123.40	2.67
PA	HealthAmerica Pennsylvania											
	High Self	SW1	0.00	94.55	70.91	23.64	23.64	0.00	204.86	153.65	51.21	51.21
	High Family	SW2	0.00	245.82	175.97	69.85	69.85	0.00	532.61	381.27	151.34	151.34
PA	HealthGuard											
	High Self	NQ1	82.93	83.28	62.46	20.82	0.09	179.68	180.44	135.33	45.11	0.19
	High Family	NQ2	217.30	217.01	162.76	54.25	-2.66	470.82	470.19	352.64	117.55	-5.76
PA	Keystone Health Plan Central											
	High Self	S41	97.23	108.30	78.83	29.47	4.30	210.67	234.65	170.80	63.85	9.31
	High Family	S42	236.17	262.29	175.97	86.32	10.54	511.70	568.30	381.27	187.03	22.84
PA	Keystone Health Plan East											
	High Self	ED1	90.38	93.16	69.87	23.29	0.70	195.82	201.85	151.39	50.46	1.51
	High Family	ED2	238.36	245.72	175.97	69.75	-8.22	516.45	532.39	381.27	151.12	-17.82
PA	KeystoneBlue											
	High Self	EF1	69.57	96.38	72.29	24.09	6.70	150.74	208.82	156.62	52.20	14.52
	High Family	EF2	206.39	285.93	175.97	109.96	58.36	447.18	619.52	381.27	238.25	126.46
PA	Penn State Geisinger HlthPlan											
	High Self	N91	67.65	65.34	49.01	16.33	-0.58	146.58	141.57	106.18	35.39	-1.25
	High Family	N92	206.33	199.31	149.48	49.83	-1.75	447.05	431.84	323.88	107.96	-3.80
PA	Prudential HealthCare HMO											
	High Self	VV1	75.88	97.05	72.79	24.26	5.29	164.41	210.28	157.71	52.57	11.47
	High Family	VV2	208.68	266.92	175.97	90.95	38.78	452.14	578.33	381.27	197.06	84.03
PA	QualMed Plans for Health -Pa.											
	High Self	241	88.05	78.70	59.03	19.67	-2.34	190.78	170.52	127.89	42.63	-5.06
	High Family	242	228.92	192.81	144.61	48.20	-20.33	495.99	417.76	313.32	104.44	-44.04
PA	QualMed Plans for Health											
	High Self	271	105.99	123.29	78.83	44.46	10.53	229.65	267.13	170.80	96.33	22.81
	High Family	272	246.44	286.63	175.97	110.66	24.61	533.95	621.03	381.27	239.76	53.32

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
PA	QualMed Plans for Health										
	High Self 2K1	84.80	88.04	66.03	22.01	0.81	183.73	190.75	143.06	47.69	1.76
	High Family 2K2	205.90	213.75	160.31	53.44	1.97	446.12	463.13	347.35	115.78	4.25
PA	UPMC Health Plan										
	High Self 8W1	New Plan	72.53	54.40	18.13	N/A	New Plan	157.15	117.86	39.29	N/A
	High Family 8W2	New Plan	214.95	161.21	53.74	N/A	New Plan	465.73	349.30	116.43	N/A
PR	Triple-S										
	High Self 891	85.19	85.19	63.89	21.30	0.00	184.58	184.58	138.44	46.14	0.00
	High Family 892	182.96	182.96	137.22	45.74	0.00	396.41	396.41	297.31	99.10	0.00
PR	United HealthCare Puerto Rico										
	High Self 7U1	72.68	72.13	54.10	18.03	-0.14	157.47	156.28	117.21	39.07	-0.30
	High Family 7U2	156.75	155.57	116.68	38.89	-0.30	339.63	337.07	252.80	84.27	-0.64
RI	Aetna U.S. Healthcare										
	High Self 5U1	74.89	74.52	55.89	18.63	-0.09	162.26	161.46	121.10	40.36	-0.20
	High Family 5U2	203.00	197.15	147.86	49.29	-1.46	439.83	427.16	320.37	106.79	-3.17
RI	Blue Chip, Coord Hlth Partners										
	High Self DA1	88.65	100.26	75.20	25.06	2.90	192.08	217.23	162.92	54.31	6.29
	High Family DA2	226.96	256.69	175.97	80.72	14.15	491.75	556.16	381.27	174.89	30.65
RI	Harvard Pilgrim Hlth Care-NE										
	High Self 701	86.79	111.81	78.83	32.98	11.28	188.05	242.26	170.80	71.46	24.45
	High Family 702	208.28	268.36	175.97	92.39	40.32	451.27	581.45	381.27	200.18	87.36
SC	Doctors Health Plan, Inc.										
	High Self 6D1	82.57	98.43	73.82	24.61	3.97	178.90	213.27	159.95	53.32	8.60
	High Family 6D2	223.01	265.76	175.97	89.79	27.17	483.19	575.81	381.27	194.54	58.86
SC	PARTNERS NHP of NC										
	High Self EQ1	94.38	99.13	74.35	24.78	1.19	204.49	214.78	161.09	53.69	2.57
	High Family EQ2	212.35	223.04	167.28	55.76	2.67	460.09	483.25	362.44	120.81	5.79
SC	Prudential HealthCare HMO										
	High Self Q41	69.39	86.99	65.24	21.75	4.40	150.35	188.48	141.36	47.12	9.53
	High Family Q42	194.21	243.44	175.97	67.47	18.92	420.79	527.45	381.27	146.18	40.98

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates					
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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		
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
SD	Care Choices											
	High Self	FA1	89.50	89.25	66.94	22.31	-0.06	193.92	193.38	145.04	48.34	-0.14
	High Family	FA2	240.76	240.24	175.97	64.27	-16.10	521.65	520.52	381.27	139.25	-34.89
TN	Aetna U.S. Healthcare											
	High Self	6J1	64.77	74.99	56.24	18.75	2.56	140.34	162.48	121.86	40.62	5.54
	High Family	6J2	180.22	208.93	156.70	52.23	7.18	390.48	452.68	339.51	113.17	15.55
TN	American Healthcare Trust, Inc											
	High Self	4U1	64.37	71.62	53.72	17.90	1.81	139.47	155.18	116.39	38.79	3.92
	High Family	4U2	178.54	198.75	149.06	49.69	5.06	386.84	430.63	322.97	107.66	10.95
TN	John Deere Health Plan											
	High Self	3J1	90.95	94.86	71.15	23.71	0.97	197.06	205.53	154.15	51.38	2.12
	High Family	3J2	245.54	256.12	175.97	80.15	-5.00	532.00	554.93	381.27	173.66	-10.83
TN	Prudential HealthCare HMO											
	High Self	UA1	72.64	92.27	69.20	23.07	4.91	157.39	199.92	149.94	49.98	10.63
	High Family	UA2	204.78	260.21	175.97	84.24	33.05	443.69	563.79	381.27	182.52	71.60
TN	Prudential HealthCare HMO											
	High Self	UB1	68.46	77.92	58.44	19.48	2.37	148.33	168.83	126.62	42.21	5.13
	High Family	UB2	208.66	237.45	175.97	61.48	9.32	452.10	514.48	381.27	133.21	20.19
TX	Aetna U.S. Healthcare											
	High Self	5B1	96.71	87.43	65.57	21.86	-2.79	209.54	189.43	142.07	47.36	-6.05
	High Family	5B2	270.39	245.08	175.97	69.11	-40.89	585.85	531.01	381.27	149.74	-88.60
TX	Aetna U.S. Healthcare											
	High Self	8X1	93.20	75.33	56.50	18.83	-4.47	201.93	163.22	122.42	40.80	-9.68
	High Family	8X2	260.69	211.21	158.41	52.80	-47.50	564.83	457.62	343.22	114.40	-102.92
TX	Aetna U.S. Healthcare											
	High Self	TS1	75.68	98.26	73.70	24.56	5.64	163.97	212.90	159.68	53.22	12.23
	High Family	TS2	268.61	275.40	175.97	99.43	-8.79	581.99	596.70	381.27	215.43	-19.05
TX	APWU Health Plan											
	High Self	471	108.76	118.55	78.83	39.72	3.02	235.65	256.86	170.80	86.06	6.54
	High Family	472	238.68	260.17	175.97	84.20	5.91	517.14	563.70	381.27	182.43	12.80

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
TX	FIRSTCARE											
	High Self	6U1	79.15	92.16	69.12	23.04	3.25	171.49	199.68	149.76	49.92	7.05
	High Family	6U2	170.03	197.96	148.47	49.49	6.98	368.40	428.91	321.68	107.23	15.13
TX	FIRSTCARE											
	High Self	CK1	119.74	113.93	78.83	35.10	-12.58	259.44	246.85	170.80	76.05	-27.26
	High Family	CK2	257.21	244.72	175.97	68.75	-28.07	557.29	530.23	381.27	148.96	-60.82
TX	Humana Health Plan of Texas											
	High Self	TW1	81.81	101.92	76.44	25.48	5.03	177.26	220.83	165.62	55.21	10.90
	High Family	TW2	210.26	261.94	175.97	85.97	33.41	455.56	567.54	381.27	186.27	72.38
TX	Humana Health Plan of Texas											
	High Self	TX1	93.83	100.53	75.40	25.13	1.67	203.30	217.82	163.37	54.45	3.63
	High Family	TX2	225.21	241.29	175.97	65.32	0.50	487.96	522.80	381.27	141.53	1.08
TX	Humana Health Plan of Texas											
	High Self	UE1	70.61	76.58	57.44	19.14	1.49	152.99	165.92	124.44	41.48	3.23
	High Family	UE2	197.97	214.70	161.03	53.67	4.18	428.94	465.18	348.89	116.29	9.06
TX	Humana Health Plan of Texas											
	High Self	UR1	76.44	81.99	61.49	20.50	1.39	165.62	177.65	133.24	44.41	3.01
	High Family	UR2	196.47	210.74	158.06	52.68	3.56	425.69	456.60	342.45	114.15	7.73
TX	NYLCare Health Plans SW											
	High Self	V21	92.72	103.45	77.59	25.86	2.68	200.89	224.14	168.11	56.03	5.81
	High Family	V22	203.58	226.63	169.97	56.66	5.77	441.09	491.03	368.27	122.76	12.49
TX	NYLCare HP of the Gulf Coast											
	High Self	UM1	90.84	99.83	74.87	24.96	2.25	196.82	216.30	162.23	54.07	4.87
	High Family	UM2	236.22	259.59	175.97	83.62	7.79	511.81	562.45	381.27	181.18	16.88
TX	NYLCare HP of the Gulf Coast											
	High Self	ZE1	67.49	66.72	50.04	16.68	-0.19	146.23	144.56	108.42	36.14	-0.42
	High Family	ZE2	175.64	173.62	130.22	43.40	-0.51	380.55	376.18	282.14	94.04	-1.10
TX	NYLCare HP of the Gulf Coast											
	High Self	ZF1	84.45	83.84	62.88	20.96	-0.15	182.98	181.65	136.24	45.41	-0.33
	High Family	ZF2	188.84	186.96	140.22	46.74	-0.47	409.15	405.08	303.81	101.27	-1.02

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
TX	PacifiCare of Texas											
	High Self	GF1	71.77	72.57	54.43	18.14	0.20	155.50	157.24	117.93	39.31	0.44
	High Family	GF2	193.14	188.67	141.50	47.17	-1.11	418.47	408.79	306.59	102.20	-2.42
TX	Prudential HealthCare HMO											
	High Self	UP1	70.62	87.48	65.61	21.87	4.22	153.01	189.54	142.16	47.38	9.13
	High Family	UP2	205.21	254.23	175.97	78.26	26.96	444.62	550.83	381.27	169.56	58.41
TX	Prudential HealthCare HMO											
	High Self	VX1	75.11	86.37	64.78	21.59	2.81	162.74	187.14	140.36	46.78	6.10
	High Family	VX2	195.11	224.38	168.29	56.09	7.31	422.74	486.16	364.62	121.54	15.86
TX	Scott and White											
	High Self	UF1	106.52	148.39	78.83	69.56	35.10	230.79	321.51	170.80	150.71	76.05
	High Family	UF2	276.67	384.24	175.97	208.27	91.99	599.45	832.52	381.27	451.25	199.31
TX	Texas Health Choice, L. C.											
	High Self	2T1	73.82	68.58	51.44	17.14	-1.31	159.94	148.59	111.44	37.15	-2.83
	High Family	2T2	184.20	175.55	131.66	43.89	-2.16	399.10	380.36	285.27	95.09	-4.68
TX	Texas Health Choice, L. C.											
	High Self	UK1	81.02	81.20	60.90	20.30	0.05	175.54	175.93	131.95	43.98	0.10
	High Family	UK2	200.11	207.84	155.88	51.96	1.93	433.57	450.32	337.74	112.58	4.19
UT	Altius Health Plans											
	High Self	9K1	86.40	116.97	78.83	38.14	16.54	187.20	253.44	170.80	82.64	35.84
	High Family	9K2	204.22	257.33	175.97	81.36	30.31	442.48	557.55	381.27	176.28	65.66
VT	Harvard Pilgrim Health Care											
	High Self	681	104.62	129.05	78.83	50.22	17.66	226.68	279.61	170.80	108.81	38.26
	High Family	682	277.26	342.00	175.97	166.03	49.16	600.73	741.00	381.27	359.73	106.51
VT	MVP Health Plan											
	High Self	VW1	95.90	108.09	78.83	29.26	5.29	207.78	234.20	170.80	63.40	11.46
	High Family	VW2	239.66	272.53	175.97	96.56	17.29	519.26	590.48	381.27	209.21	37.46
VA	Aetna U.S. Healthcare											
	High Self	JN1	93.18	108.20	78.83	29.37	6.08	201.89	234.43	170.80	63.63	13.16
	High Family	JN2	218.99	253.30	175.97	77.33	18.73	474.48	548.82	381.27	167.55	40.58
	Standard Self	JN4	65.85	74.69	56.02	18.67	2.21	142.68	161.83	121.37	40.46	4.79
	Standard Family	JN5	154.75	175.20	131.40	43.80	5.11	335.29	379.60	284.70	94.90	11.08

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
VA	Aetna U.S. Healthcare											
	High Self	Z11	94.11	101.89	76.42	25.47	1.94	203.91	220.76	165.57	55.19	4.21
	High Family	Z12	236.32	255.74	175.97	79.77	3.84	512.03	554.10	381.27	172.83	8.31
VA	CapitalCare											
	High Self	2G1	98.29	103.45	77.59	25.86	-0.37	212.96	224.14	168.11	56.03	-0.80
	High Family	2G2	270.31	253.44	175.97	77.47	-32.45	585.67	549.12	381.27	167.85	-70.31
VA	CIGNA HealthCare of VA											
	High Self	W21	90.29	83.82	62.87	20.95	-1.62	195.63	181.61	136.21	45.40	-3.51
	High Family	W22	198.26	187.42	140.57	46.85	-2.71	429.56	406.08	304.56	101.52	-5.87
VA	CIGNA HealthCare of VA											
	High Self	W31	88.47	89.78	67.34	22.44	0.32	191.69	194.52	145.89	48.63	0.71
	High Family	W32	199.96	202.51	151.88	50.63	0.64	433.25	438.77	329.08	109.69	1.38
VA	George Washington Univ HP											
	High Self	E51	106.10	97.46	73.10	24.36	-9.68	229.88	211.16	158.37	52.79	-20.96
	High Family	E52	232.08	238.88	175.97	62.91	-8.78	502.84	517.57	381.27	136.30	-19.03
VA	Healthkeepers											
	High Self	X81	104.41	88.19	66.14	22.05	-10.30	226.22	191.08	143.31	47.77	-22.32
	High Family	X82	265.15	223.96	167.97	55.99	-48.77	574.49	485.25	363.94	121.31	-105.67
VA	John Deere Health Plan											
	High Self	3J1	90.95	94.86	71.15	23.71	0.97	197.06	205.53	154.15	51.38	2.12
	High Family	3J2	245.54	256.12	175.97	80.15	-5.00	532.00	554.93	381.27	173.66	-10.83
VA	Kaiser Permanente											
	High Self	E31	87.33	94.00	70.50	23.50	1.67	189.22	203.67	152.75	50.92	3.62
	High Family	E32	215.66	232.40	174.30	58.10	2.83	467.26	503.53	377.65	125.88	6.13
VA	MD-IPA											
	High Self	JP1	93.15	104.61	78.46	26.15	2.86	201.83	226.66	170.00	56.66	6.20
	High Family	JP2	223.58	251.12	175.97	75.15	11.96	484.42	544.09	381.27	162.82	25.91
VA	OPTIMA Health Plan											
	High Self	9R1	93.55	107.17	78.83	28.34	4.95	202.69	232.20	170.80	61.40	10.73
	High Family	9R2	221.36	253.59	175.97	77.62	16.65	479.61	549.45	381.27	168.18	36.08

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

HMO and POS Plans*			2000 Biweekly premium rates				2000 Monthly premium rates				
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	2000 Biweekly premium rates				1999 Total Monthly Premium	2000 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	
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).											
VA	PARTNERS NHP of NC										
	High Self EQ1	94.38	99.13	74.35	24.78	1.19	204.49	214.78	161.09	53.69	2.57
	High Family EQ2	212.35	223.04	167.28	55.76	2.67	460.09	483.25	362.44	120.81	5.79
VA	Piedmont Community Healthcare										
	High Self 2C1	New Plan	89.70	67.28	22.42	N/A	New Plan	194.35	145.76	48.59	N/A
	High Family 2C2	New Plan	260.15	175.97	84.18	N/A	New Plan	563.66	381.27	182.39	N/A
VA	Prudential HealthCare HMO										
	High Self JB1	92.26	112.09	78.83	33.26	10.20	199.90	242.86	170.80	72.06	22.09
	High Family JB2	203.07	246.72	175.97	70.75	19.98	439.99	534.56	381.27	153.29	43.29
VA	Prudential HealthCare HMO										
	High Self V61	71.61	95.65	71.74	23.91	6.01	155.16	207.24	155.43	51.81	13.02
	High Family V62	193.28	258.14	175.97	82.17	33.85	418.77	559.30	381.27	178.03	73.34
WA	Aetna U.S. Healthcare										
	High Self 8J1	77.29	73.17	54.88	18.29	-1.03	167.46	158.54	118.91	39.63	-2.23
	High Family 8J2	202.38	191.62	143.72	47.90	-2.69	438.49	415.18	311.39	103.79	-5.83
WA	First Choice Health Plan										
	High Self 5G1	82.26	98.89	74.17	24.72	4.16	178.23	214.26	160.70	53.56	9.00
	High Family 5G2	213.60	257.11	175.97	81.14	27.74	462.80	557.07	381.27	175.80	60.10
WA	Group Health Cooperative										
	High Self 541	97.40	107.33	78.83	28.50	3.16	211.03	232.55	170.80	61.75	6.85
	High Family 542	219.77	242.16	175.97	66.19	6.81	476.17	524.68	381.27	143.41	14.75
WA	Group Health Cooperative										
	High Self VR1	101.31	109.16	78.83	30.33	1.08	219.51	236.51	170.80	65.71	2.33
	High Family VR2	260.82	281.20	175.97	105.23	4.80	565.11	609.27	381.27	228.00	10.40
WA	Kaiser Permanente										
	High Self 571	100.40	108.57	78.83	29.74	1.40	217.53	235.24	170.80	64.44	3.04
	High Family 572	230.43	249.16	175.97	73.19	3.15	499.27	539.85	381.27	158.58	6.82
	Standard Self 574	83.91	88.89	66.67	22.22	1.24	181.81	192.60	144.45	48.15	2.70
	Standard Family 575	192.58	204.00	153.00	51.00	2.86	417.26	442.00	331.50	110.50	6.19

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
WA	Kitsap Physicians Service											
	High Self	VT1	158.02	150.11	78.83	71.28	-14.68	342.38	325.24	170.80	154.44	-31.81
	High Family	VT2	337.98	321.08	175.97	145.11	-32.48	732.29	695.67	381.27	314.40	-70.38
	Standard Self	VT4	94.05	103.43	77.57	25.86	2.35	203.78	224.10	168.08	56.02	5.08
	Standard Family	VT5	205.52	226.01	169.51	56.50	5.12	445.29	489.69	367.27	122.42	11.10
WA	PacifiCare of Oregon											
	High Self	7Z1	89.28	94.66	71.00	23.66	1.34	193.44	205.10	153.83	51.27	2.91
	High Family	7Z2	197.78	209.70	157.28	52.42	2.98	428.52	454.35	340.76	113.59	6.46
WA	PacifiCare of Washington											
	High Self	WB1	79.28	79.19	59.39	19.80	-0.02	171.77	171.58	128.69	42.89	-0.05
	High Family	WB2	205.11	205.07	153.80	51.27	-0.01	444.41	444.32	333.24	111.08	-0.02
WA	Premera HealthPlus											
	High Self	8F1	89.16	99.67	74.75	24.92	2.63	193.18	215.95	161.96	53.99	5.70
	High Family	8F2	222.49	240.86	175.97	64.89	2.79	482.06	521.86	381.27	140.59	6.04
WA	QualMed WA Health Plan											
	High Self	TM1	92.76	111.05	78.83	32.22	9.03	200.98	240.61	170.80	69.81	19.57
	High Family	TM2	225.24	269.85	175.97	93.88	29.03	488.02	584.68	381.27	203.41	62.90
WV	Carelink Health Plans											
	High Self	4C1	79.51	81.87	61.40	20.47	0.59	172.27	177.39	133.04	44.35	1.28
	High Family	4C2	234.28	241.19	175.97	65.22	-8.67	507.61	522.58	381.27	141.31	-18.79
WV	Free State Health Plan											
	High Self	LD1	95.48	124.90	78.83	46.07	22.20	206.87	270.62	170.80	99.82	48.10
	High Family	LD2	246.49	284.79	175.97	108.82	22.72	534.06	617.05	381.27	235.78	49.23
WV	Health Plan Upper OH Valley											
	High Self	U41	76.28	90.80	68.10	22.70	3.63	165.27	196.73	147.55	49.18	7.86
	High Family	U42	190.69	226.89	170.17	56.72	9.05	413.16	491.60	368.70	122.90	19.61
WV	HealthAssurance HMO											
	High Self	6L1	79.54	102.84	77.13	25.71	5.83	172.34	222.82	167.12	55.70	12.62
	High Family	6L2	200.78	259.57	175.97	83.60	33.41	435.02	562.40	381.27	181.13	72.38

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

HMO and POS Plans*			1999 Total	2000 Biweekly premium rates				1999 Total	2000 Monthly premium rates			
Location - Plan - Option - Enrollment Code	1999 Total Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	1999 Total Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment		
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
WV	QualMed Plans for Health OH/WV											
	High Self QJ1	85.63	93.14	69.86	23.28	1.87	185.53	201.80	151.35	50.45	4.07	
	High Family QJ2	221.63	241.58	175.97	65.61	4.37	480.20	523.42	381.27	142.15	9.46	
WV	SuperBlue HMO											
	High Self 8T1	93.59	100.28	75.21	25.07	1.67	202.78	217.27	162.95	54.32	3.63	
	High Family 8T2	235.37	252.04	175.97	76.07	1.09	509.97	546.09	381.27	164.82	2.36	
WI	Compcare Health Services											
	High Self 691	95.59	104.29	78.22	26.07	2.17	207.11	225.96	169.47	56.49	4.71	
	High Family 692	247.40	269.94	175.97	93.97	6.96	536.03	584.87	381.27	203.60	15.08	
WI	Compcare Health Services											
	High Self 6X1	94.34	107.91	78.83	29.08	5.50	204.40	233.81	170.80	63.01	11.91	
	High Family 6X2	244.25	279.39	175.97	103.42	19.56	529.21	605.35	381.27	224.08	42.38	
WI	Dean Health Plan											
	High Self WD1	91.26	96.02	72.02	24.00	1.19	197.73	208.04	156.03	52.01	2.58	
	High Family WD2	246.39	259.26	175.97	83.29	-2.71	533.85	561.73	381.27	180.46	-5.88	
WI	Family Health Plan											
	High Self WH1	106.55	113.40	78.83	34.57	0.08	230.86	245.70	170.80	74.90	0.17	
	High Family WH2	276.18	293.86	175.97	117.89	2.10	598.39	636.70	381.27	255.43	4.55	
WI	Group Health Coop											
	High Self WJ1	83.17	86.12	64.59	21.53	0.74	180.20	186.59	139.94	46.65	1.60	
	High Family WJ2	221.62	229.91	172.43	57.48	-3.75	480.18	498.14	373.61	124.53	-8.14	
WI	Group Hlth Coop/Eau Claire											
	High Self WT1	102.86	114.49	78.83	35.66	4.86	222.86	248.06	170.80	77.26	10.53	
	High Family WT2	265.36	295.46	175.97	119.49	14.52	574.95	640.16	381.27	258.89	31.45	
WI	HealthPartners Classic											
	High Self 531	98.29	110.97	78.83	32.14	5.91	212.96	240.44	170.80	69.64	12.81	
	High Family 532	235.88	266.30	175.97	90.33	14.84	511.07	576.98	381.27	195.71	32.15	
	Standard Self 534	83.17	94.85	71.14	23.71	2.92	180.20	205.51	154.13	51.38	6.33	
	Standard Family 535	199.59	227.60	170.70	56.90	7.00	432.45	493.13	369.85	123.28	15.17	

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

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Location - Plan - Option - Enrollment Code			Biweekly Premium	Total Premium	Gov't pays	Empl. Pays	Change in empl. Payment	Monthly Premium	Total premium	Gov't pays	Empl. Pays	Change in empl. Payment
* HMO (Health Maintenance Organization Plans) and POS (Plans offering a Point of Service Product).												
WI	HealthPartners Health Plan											
	High Self	HQ1	103.51	122.30	78.83	43.47	12.02	224.27	264.98	170.80	94.18	26.04
	High Family	HQ2	248.44	293.55	175.97	117.58	29.53	538.29	636.03	381.27	254.76	63.98
WI	Humana Wisconsin Hlth Org.											
	High Self	X11	102.70	123.68	78.83	44.85	14.21	222.52	267.97	170.80	97.17	30.78
	High Family	X12	256.26	308.61	175.97	132.64	36.77	555.23	668.66	381.27	287.39	79.67
WI	Physicians Plus HMO											
	High Self	7P1	91.02	102.58	76.94	25.64	2.89	197.21	222.26	166.70	55.56	6.26
	High Family	7P2	234.81	264.62	175.97	88.65	14.23	508.76	573.34	381.27	192.07	30.82
WI	Unity Health Plans											
	High Self	W41	94.52	99.57	74.68	24.89	1.26	204.79	215.74	161.81	53.93	2.73
	High Family	W42	241.27	254.04	175.97	78.07	-2.81	522.75	550.42	381.27	169.15	-6.09
WI	Valley Health Plan											
	High Self	VH1	107.83	116.47	78.83	37.64	1.87	233.63	252.35	170.80	81.55	4.05
	High Family	VH2	276.04	298.15	175.97	122.18	6.53	598.09	645.99	381.27	264.72	14.14