

NON-POSTAL PREMIUM RATES FOR FEHB –2004

BI-WEEKLY RATES

Plans Offering a Point of Service Plan	Employee Share
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Presbyterian Health Plan		
Self Only	P21	\$36.09
Self and Family	P22	\$99.36
Lovelace Health Plan		
Self Only	Q11	\$38.48
Self and Family	Q12	\$100.60
Cimarron Health Plan		
Self Only	PX1	\$40.06
Self and Family	PX2	\$143.74

Managed Fee for Service Plan	Employee Share
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Blue Cross Blue Shield		
Standard Option- Self Only	104	\$48.90
Standard Option-Self/Family	105	\$112.88
Basic Option-Self only	111	\$37.99
Basic Option-Self/Family	112	\$88.99
GEHA		
High Option-Self Only	311	\$76.24
High Option-Self/Family	312	\$153.05
Standard Option-Self Only	314	\$30.25
Standard Option-Self/Family	315	\$68.75
MailHandlers		
High Option-Self Only	451	\$95.59
High Option-Self/Family	452	\$180.61
Standard Option-Self Only	454	\$32.16
Standard Option-Self/Family	455	\$69.81
NALC		
High Self	321	\$51.68
High Family	322	\$92.78
APWU Health Plan		
High Self	471	\$56.92
High Family	472	\$114.25
Consumer Driven Self	474	\$38.95 **
Consumer Driven Self/Family	475	\$90.70 **

** denotes a new spending account type plan – see HRO representative for plan brochure.