Personnel Cabinet
Office of Public Employee Health Insurance
2004 Health Insurance Rates

CODE	HMO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
091	Bluegrass Family Health	371.28	334.16	556.92	501.24	835.40	751.88	928.20	835.40
101	CHA Health	380.48	342.56	570.72	513.84	856.08	770.76	951.20	856.40
151	Humana – MBP	341.20	307.20	511.80	460.80	767.72	691.20	853.00	768.00

CODE	POS	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
092	Bluegrass Family Health	467.64	420.88	701.48	631.32	1052.20	947.00	1169.12	1052.20
102	CHA Health	428.16	385.28	642.24	577.92	963.36	866.88	1070.40	963.20
162	Humana	561.32	505.20	842.00	757.88	1263.00	1136.72	1403.36	1263.04

CODE	PPO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
093	Bluegrass Family Health	288.36	259.52	432.56	389.32	648.88	584.00	720.96	648.88
103	CHA Health	312.00	280.80	468.00	421.20	702.00	631.80	780.00	702.00
143	Humana	286.16	257.56	429.24	386.36	643.88	579.52	715.40	643.92

THERE ARE NO OUT-OF-NETWORK SERVICES FOR THE EPO PLAN.

CODE	EPO	SINGLE	PARENT PLUS	COUPLE	FAMILY
095	Bluegrass Family Health	227.84	341.76	512.64	569.60
105	CHA Health	254.88	382.32	573.48	637.20
145	Humana PPO	215.00	322.52	483.76	537.52