

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Alabama Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57	
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42	
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92	
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91	
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54	
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27	
<b>Alabama Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Alabama Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>Alabama UnitedHealthcare Insurance Company, Inc. Choice HMO</b>												
High Self	KK1	257.80	274.77	206.08	68.69	4.24	558.57	595.34	446.51	148.83	9.19	
High Self & Family	KK2	644.49	686.91	515.18	171.73	10.61	1,396.40	1,488.31	1,116.23	372.08	22.98	
High Self Plus One	KK3	554.26	590.74	443.06	147.68	9.12	1,200.90	1,279.94	959.96	319.98	19.76	
<b>Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>												
HDHP Self	LS1	212.83	202.27	151.70	50.57	-2.64	461.13	438.25	328.69	109.56	-5.72	
HDHP Self & Family	LS2	532.06	505.67	379.25	126.42	-6.59	1,152.80	1,095.62	821.72	273.90	-14.30	
HDHP Self Plus One	LS3	457.58	434.88	326.16	108.72	-5.67	991.42	942.24	706.68	235.56	-12.29	

**Alaska Aetna HealthFund CDHP and Aetna Value Plan**

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Plan - Option - Enrollment Code											
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>Alaska Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Alaska Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Arizona Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Arizona Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Arizona Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87

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			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Arizona Aetna Open Access</b>											
High Self	WQ1	432.90	522.74	229.25	293.49	82.26	937.95	1,132.60	496.71	635.89	178.23
High Self & Family	WQ2	1,051.08	1,269.17	521.58	747.59	201.73	2,277.34	2,749.87	1,130.09	1,619.78	437.08
High Self Plus One	WQ3	1,040.67	1,256.60	491.00	765.60	200.72	2,254.79	2,722.63	1,063.83	1,658.80	434.89
<b>Arizona Health Net of Arizona, Inc.</b>											
Standard Self	A74	344.24	360.11	229.25	130.86	8.29	745.85	780.24	496.71	283.53	17.97
Standard Self & Family	A75	871.61	911.81	521.58	390.23	23.84	1,888.49	1,975.59	1,130.09	845.50	51.65
Standard Self Plus One	A76	871.61	911.81	491.00	420.81	24.99	1,888.49	1,975.59	1,063.83	911.76	54.15
<b>Arizona Humana CoverageFirst/Value Plan</b>											
CDHP Self	R61	<b>New Plan</b>	294.43	220.82	73.61	<b>New Plan</b>	<b>New Plan</b>	637.93	478.45	159.48	<b>New Plan</b>
CDHP Self & Family	R62	<b>New Plan</b>	662.48	496.86	165.62	<b>New Plan</b>	<b>New Plan</b>	1,435.37	1,076.53	358.84	<b>New Plan</b>
CDHP Self Plus One	R63	<b>New Plan</b>	633.04	474.78	158.26	<b>New Plan</b>	<b>New Plan</b>	1,371.59	1,028.69	342.90	<b>New Plan</b>
Value Self	R64	<b>New Plan</b>	239.86	179.90	59.96	<b>New Plan</b>	<b>New Plan</b>	519.70	389.78	129.92	<b>New Plan</b>
Value Self & Family	R65	<b>New Plan</b>	539.68	404.76	134.92	<b>New Plan</b>	<b>New Plan</b>	1,169.31	876.98	292.33	<b>New Plan</b>
Value Self Plus One	R66	<b>New Plan</b>	515.68	386.76	128.92	<b>New Plan</b>	<b>New Plan</b>	1,117.31	837.98	279.33	<b>New Plan</b>
<b>Arizona Humana CoverageFirst/Value Plan</b>											
CDHP Self	R91	<b>New Plan</b>	285.64	214.23	71.41	<b>New Plan</b>	<b>New Plan</b>	618.89	464.17	154.72	<b>New Plan</b>
CDHP Self & Family	R92	<b>New Plan</b>	642.68	482.01	160.67	<b>New Plan</b>	<b>New Plan</b>	1,392.47	1,044.35	348.12	<b>New Plan</b>
CDHP Self Plus One	R93	<b>New Plan</b>	614.12	460.59	153.53	<b>New Plan</b>	<b>New Plan</b>	1,330.59	997.94	332.65	<b>New Plan</b>
Value Self	R94	<b>New Plan</b>	227.43	170.57	56.86	<b>New Plan</b>	<b>New Plan</b>	492.77	369.58	123.19	<b>New Plan</b>
Value Self & Family	R95	<b>New Plan</b>	511.71	383.78	127.93	<b>New Plan</b>	<b>New Plan</b>	1,108.71	831.53	277.18	<b>New Plan</b>
Value Self Plus One	R96	<b>New Plan</b>	488.97	366.73	122.24	<b>New Plan</b>	<b>New Plan</b>	1,059.44	794.58	264.86	<b>New Plan</b>
<b>Arizona Humana Health Plan, Inc.</b>											
High Self	BF1	417.84	522.31	229.25	293.06	96.89	905.32	1,131.67	496.71	634.96	209.93
High Self & Family	BF2	940.14	1,175.19	521.58	653.61	218.69	2,036.97	2,546.25	1,130.09	1,416.16	473.83

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Plan - Option - Enrollment Code											
High Self Plus One	BF3	898.36	1,122.96	491.00	631.96	209.39	1,946.45	2,433.08	1,063.83	1,369.25	453.68
Standard Self	BF4	318.70	366.52	229.25	137.27	40.24	690.52	794.13	496.71	297.42	87.19
Standard Self & Family	BF5	717.08	824.67	521.58	303.09	91.23	1,553.67	1,786.79	1,130.09	656.70	197.67
Standard Self Plus One	BF6	685.20	788.01	491.00	297.01	87.60	1,484.60	1,707.36	1,063.83	643.53	189.81
<b>Arizona Humana Health Plan, Inc.</b>											
High Self	C71	340.72	378.22	229.25	148.97	29.92	738.23	819.48	496.71	322.77	64.83
High Self & Family	C72	766.64	850.99	521.58	329.41	67.99	1,661.05	1,843.81	1,130.09	713.72	147.31
High Self Plus One	C73	732.56	813.17	491.00	322.17	65.40	1,587.21	1,761.87	1,063.83	698.04	141.71
Standard Self	C74	300.40	312.43	229.25	83.18	4.45	650.87	676.93	496.71	180.22	9.64
Standard Self & Family	C75	675.91	702.95	521.58	181.37	10.68	1,464.47	1,523.06	1,130.09	392.97	23.14
Standard Self Plus One	C76	645.87	671.70	491.00	180.70	10.62	1,399.39	1,455.35	1,063.83	391.52	23.01
<b>Arizona UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	KT1	257.12	281.85	211.39	70.46	6.18	557.09	610.68	458.01	152.67	13.40
High Self & Family	KT2	642.80	704.63	521.58	183.05	22.35	1,392.73	1,526.70	1,130.09	396.61	48.43
High Self Plus One	KT3	552.80	605.98	454.49	151.49	13.29	1,197.73	1,312.96	984.72	328.24	28.81
<b>Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	LU1	227.24	222.88	167.16	55.72	-1.09	492.35	482.91	362.18	120.73	-2.36
HDHP Self & Family	LU2	568.10	557.19	417.89	139.30	-2.72	1,230.88	1,207.25	905.44	301.81	-5.91
HDHP Self Plus One	LU3	488.57	479.19	359.39	119.80	-2.34	1,058.57	1,038.25	778.69	259.56	-5.08
<b>Arkansas Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92

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Plan - Option - Enrollment Code											
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>Arkansas Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Arkansas Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Arkansas QualChoice</b>											
High Self	DH1	329.12	338.58	229.25	109.33	1.88	713.09	733.59	496.71	236.88	4.08
High Self & Family	DH2	858.44	883.13	521.58	361.55	8.33	1,859.95	1,913.45	1,130.09	783.36	18.05
High Self Plus One	DH3	639.32	657.71	491.00	166.71	3.18	1,385.19	1,425.04	1,063.83	361.21	6.90
Standard Self	DH4	256.70	264.05	198.04	66.01	1.84	556.18	572.11	429.08	143.03	3.99
Standard Self & Family	DH5	669.54	688.71	516.53	172.18	4.80	1,450.67	1,492.21	1,119.16	373.05	10.38
Standard Self Plus One	DH6	498.64	512.92	384.69	128.23	3.57	1,080.39	1,111.33	833.50	277.83	7.73
<b>Arkansas UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	KK1	257.80	274.77	206.08	68.69	4.24	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	644.49	686.91	515.18	171.73	10.61	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	554.26	590.74	443.06	147.68	9.12	1,200.90	1,279.94	959.96	319.98	19.76
<b>Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	LS1	212.83	202.27	151.70	50.57	-2.64	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	532.06	505.67	379.25	126.42	-6.59	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	457.58	434.88	326.16	108.72	-5.67	991.42	942.24	706.68	235.56	-12.29
<b>California Aetna HealthFund CDHP and Aetna Value Plan</b>											

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CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
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CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>California Aetna Open Access</b>											
High Self	2X1	313.47	346.80	229.25	117.55	25.75	679.19	751.40	496.71	254.69	55.79
High Self & Family	2X2	735.90	814.15	521.58	292.57	61.89	1,594.45	1,763.99	1,130.09	633.90	134.09
High Self Plus One	2X3	721.48	798.19	491.00	307.19	61.50	1,563.21	1,729.41	1,063.83	665.58	133.25
<b>California Anthem Blue Cross Select HMO of CA</b>											
High Self	B31	348.90	359.25	229.25	130.00	2.77	755.95	778.38	496.71	281.67	6.01
High Self & Family	B32	755.36	786.75	521.58	265.17	15.03	1,636.61	1,704.63	1,130.09	574.54	32.57
High Self Plus One	B33	708.26	736.46	491.00	245.46	12.99	1,534.56	1,595.66	1,063.83	531.83	28.15
<b>California Blue Shield of CA Access+HMO</b>											
High Self	SI1	342.54	342.54	229.25	113.29	-7.58	742.17	742.17	496.71	245.46	-16.42
High Self & Family	SI2	787.86	787.86	521.58	266.28	-16.36	1,707.03	1,707.03	1,130.09	576.94	-35.45
High Self Plus One	SI3	753.60	753.60	491.00	262.60	-15.21	1,632.80	1,632.80	1,063.83	568.97	-32.95
<b>California Health Net of California</b>											
High Self	LB1	626.64	638.57	229.25	409.32	4.35	1,357.72	1,383.57	496.71	886.86	9.43

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	LB2	1,503.92	1,532.56	521.58	1,010.98	12.28	3,258.49	3,320.55	1,130.09	2,190.46	26.61
High Self Plus One	LB3	1,378.60	1,404.86	491.00	913.86	11.05	2,986.97	3,043.86	1,063.83	1,980.03	23.94
Standard Self	LB4	595.12	602.96	229.25	373.71	0.26	1,289.43	1,306.41	496.71	809.70	0.56
Standard Self & Family	LB5	1,428.28	1,447.11	521.58	925.53	2.47	3,094.61	3,135.41	1,130.09	2,005.32	5.35
Standard Self Plus One	LB6	1,309.27	1,326.52	491.00	835.52	2.04	2,836.75	2,874.13	1,063.83	1,810.30	4.43
<b>California Health Net of California</b>											
High Self	LP1	380.01	421.64	229.25	192.39	34.05	823.36	913.55	496.71	416.84	73.77
High Self & Family	LP2	912.01	1,011.92	521.58	490.34	83.55	1,976.02	2,192.49	1,130.09	1,062.40	181.02
High Self Plus One	LP3	836.00	927.60	491.00	436.60	76.39	1,811.33	2,009.80	1,063.83	945.97	165.52
Standard Self	LP4	361.71	404.10	229.25	174.85	34.81	783.71	875.55	496.71	378.84	75.42
Standard Self & Family	LP5	868.11	969.86	521.58	448.28	85.39	1,880.91	2,101.36	1,130.09	971.27	185.00
Standard Self Plus One	LP6	795.77	889.03	491.00	398.03	78.05	1,724.17	1,926.23	1,063.83	862.40	169.11
<b>California Health Net of California</b>											
Basic Self	P61	141.38	141.42	106.07	35.35	0.01	306.32	306.41	229.81	76.60	0.02
Basic Self & Family	P62	339.31	339.41	254.56	84.85	0.02	735.17	735.39	551.54	183.85	0.06
Basic Self Plus One	P63	311.03	311.14	233.36	77.78	0.02	673.90	674.14	505.61	168.53	0.06
<b>California Health Net of California</b>											
Basic Self	T41	<b>New Plan</b>	363.31	229.25	134.06	<b>New Plan</b>	<b>New Plan</b>	787.17	496.71	290.46	<b>New Plan</b>
Basic Self & Family	T42	<b>New Plan</b>	871.95	521.58	350.37	<b>New Plan</b>	<b>New Plan</b>	1,889.23	1,130.09	759.14	<b>New Plan</b>
Basic Self Plus One	T43	<b>New Plan</b>	799.28	491.00	308.28	<b>New Plan</b>	<b>New Plan</b>	1,731.77	1,063.83	667.94	<b>New Plan</b>
<b>California Kaiser Foundation Health Plan of California</b>											
High Self	591	396.45	424.84	229.25	195.59	20.81	858.98	920.49	496.71	423.78	45.09
High Self & Family	592	946.36	1,014.15	521.58	492.57	51.43	2,050.45	2,197.33	1,130.09	1,067.24	111.43
High Self Plus One	593	946.36	1,014.15	491.00	523.15	52.58	2,050.45	2,197.33	1,063.83	1,133.50	113.93
Standard Self	594	331.77	350.45	229.25	121.20	11.10	718.84	759.31	496.71	262.60	24.05
Standard Self & Family	595	776.36	820.06	521.58	298.48	27.34	1,682.11	1,776.80	1,130.09	646.71	59.24
Standard Self Plus One	596	776.36	820.06	491.00	329.06	28.49	1,682.11	1,776.80	1,063.83	712.97	61.74



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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### California Kaiser Foundation Health Plan of California

High Self	621	291.35	303.76	227.82	75.94	3.10	631.26	658.15	493.61	164.54	6.73
High Self & Family	622	673.38	702.07	521.58	180.49	12.15	1,458.99	1,521.15	1,130.09	391.06	26.31
High Self Plus One	623	673.38	702.07	491.00	211.07	13.48	1,458.99	1,521.15	1,063.83	457.32	29.21
Standard Self	624	187.37	191.90	143.93	47.97	1.13	405.97	415.78	311.84	103.94	2.45
Standard Self & Family	625	433.04	443.55	332.66	110.89	2.63	938.25	961.03	720.77	240.26	5.70
Standard Self Plus One	626	433.04	443.55	332.66	110.89	2.63	938.25	961.03	720.77	240.26	5.70

### California Kaiser Foundation Health Plan of California

Basic Self	KC1	295.73	297.87	223.40	74.47	0.41	640.75	645.39	484.04	161.35	0.89
Basic Self & Family	KC2	692.01	697.02	521.58	175.44	-11.35	1,499.36	1,510.21	1,130.09	380.12	-24.60
Basic Self Plus One	KC3	692.01	697.02	491.00	206.02	-10.20	1,499.36	1,510.21	1,063.83	446.38	-22.10

### California Kaiser Foundation Health Plan of California

High Self	NZ1	312.07	329.45	229.25	100.20	9.80	676.15	713.81	496.71	217.10	21.24
High Self & Family	NZ2	721.26	761.44	521.58	239.86	23.82	1,562.73	1,649.79	1,130.09	519.70	51.61
High Self Plus One	NZ3	721.26	761.44	491.00	270.44	24.97	1,562.73	1,649.79	1,063.83	585.96	54.11
Standard Self	NZ4	216.84	236.14	177.11	59.03	4.82	469.82	511.64	383.73	127.91	10.46
Standard Self & Family	NZ5	501.14	545.77	409.33	136.44	11.16	1,085.80	1,182.50	886.88	295.62	24.17
Standard Self Plus One	NZ6	501.14	545.77	409.33	136.44	11.16	1,085.80	1,182.50	886.88	295.62	24.17

### California UnitedHealthcare of California

High Self	CY1	303.72	329.60	229.25	100.35	18.30	658.06	714.13	496.71	217.42	39.65
High Self & Family	CY2	851.59	924.15	521.58	402.57	56.20	1,845.11	2,002.33	1,130.09	872.24	121.77
High Self Plus One	CY3	593.14	643.67	482.75	160.92	12.64	1,285.14	1,394.62	1,045.97	348.65	27.37
Standard Self	CY4	282.96	306.47	229.25	77.22	6.48	613.08	664.02	496.71	167.31	14.04
Standard Self & Family	CY5	793.44	859.34	521.58	337.76	49.54	1,719.12	1,861.90	1,130.09	731.81	107.33
Standard Self Plus One	CY6	552.64	598.53	448.90	149.63	11.47	1,197.39	1,296.82	972.62	324.20	24.85

### Colorado Aetna HealthFund CDHP and Aetna Value Plan



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Colorado Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Colorado Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Colorado Humana Health Plan, Inc.</b>											
High Self	NR1	247.10	294.06	220.55	73.51	11.74	535.38	637.13	477.85	159.28	25.44
High Self & Family	NR2	555.97	661.63	496.22	165.41	26.42	1,204.60	1,433.53	1,075.15	358.38	57.23
High Self Plus One	NR3	531.26	632.22	474.17	158.05	25.24	1,151.06	1,369.81	1,027.36	342.45	54.69
Standard Self	NR4	226.92	231.21	173.41	57.80	1.07	491.66	500.96	375.72	125.24	2.33
Standard Self & Family	NR5	510.58	520.23	390.17	130.06	2.42	1,106.26	1,127.17	845.38	281.79	5.23
Standard Self Plus One	NR6	487.88	497.11	372.83	124.28	2.31	1,057.07	1,077.07	807.80	269.27	5.00
<b>Colorado Humana Health Plan, Inc.</b>											
High Self	NT1	262.36	288.61	216.46	72.15	6.56	568.45	625.32	468.99	156.33	14.22

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	NT2	590.32	649.37	487.03	162.34	14.76	1,279.03	1,406.97	1,055.23	351.74	31.98
High Self Plus One	NT3	564.09	620.51	465.38	155.13	14.11	1,222.20	1,344.44	1,008.33	336.11	30.56
Standard Self	NT4	238.23	243.00	182.25	60.75	1.19	516.17	526.50	394.88	131.62	2.58
Standard Self & Family	NT5	536.03	546.75	410.06	136.69	2.68	1,161.40	1,184.63	888.47	296.16	5.81
Standard Self Plus One	NT6	512.20	522.44	391.83	130.61	2.56	1,109.77	1,131.95	848.96	282.99	5.55
<b>Colorado Humana Health Plan, Inc.</b>											
Basic Self	R21	<b>New Plan</b>	217.57	163.18	54.39	<b>New Plan</b>	<b>New Plan</b>	471.40	353.55	117.85	<b>New Plan</b>
Basic Self & Family	R22	<b>New Plan</b>	489.53	367.15	122.38	<b>New Plan</b>	<b>New Plan</b>	1,060.65	795.49	265.16	<b>New Plan</b>
Basic Self Plus One	R23	<b>New Plan</b>	467.77	350.83	116.94	<b>New Plan</b>	<b>New Plan</b>	1,013.50	760.13	253.37	<b>New Plan</b>
<b>Colorado Humana Health Plan, Inc.</b>											
Basic Self	RZ1	<b>New Plan</b>	228.65	171.49	57.16	<b>New Plan</b>	<b>New Plan</b>	495.41	371.56	123.85	<b>New Plan</b>
Basic Self & Family	RZ2	<b>New Plan</b>	514.48	385.86	128.62	<b>New Plan</b>	<b>New Plan</b>	1,114.71	836.03	278.68	<b>New Plan</b>
Basic Self Plus One	RZ3	<b>New Plan</b>	491.61	368.71	122.90	<b>New Plan</b>	<b>New Plan</b>	1,065.16	798.87	266.29	<b>New Plan</b>
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>											
High Self	651	317.47	325.03	229.25	95.78	-0.02	687.85	704.23	496.71	207.52	-0.04
High Self & Family	652	717.51	734.56	521.58	212.98	0.69	1,554.61	1,591.55	1,130.09	461.46	1.49
High Self Plus One	653	717.51	734.56	491.00	243.56	1.84	1,554.61	1,591.55	1,063.83	527.72	3.99
Standard Self	654	218.31	235.89	176.92	58.97	4.39	473.01	511.10	383.33	127.77	9.52
Standard Self & Family	655	493.38	533.12	399.84	133.28	9.94	1,068.99	1,155.09	866.32	288.77	21.52
Standard Self Plus One	656	493.38	533.12	399.84	133.28	9.94	1,068.99	1,155.09	866.32	288.77	21.52
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>											
Basic Self	N41	169.45	185.30	138.98	46.32	3.96	367.14	401.48	301.11	100.37	8.59
Basic Self & Family	N42	382.95	418.78	314.09	104.69	8.95	829.73	907.36	680.52	226.84	19.41

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Basic Self Plus One	N43	382.95	418.78	314.09	104.69	8.95	829.73	907.36	680.52	226.84	19.41
<b>Colorado UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	KT1	257.12	281.85	211.39	70.46	6.18	557.09	610.68	458.01	152.67	13.40
High Self & Family	KT2	642.80	704.63	521.58	183.05	22.35	1,392.73	1,526.70	1,130.09	396.61	48.43
High Self Plus One	KT3	552.80	605.98	454.49	151.49	13.29	1,197.73	1,312.96	984.72	328.24	28.81
<b>Colorado UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	LU1	227.24	222.88	167.16	55.72	-1.09	492.35	482.91	362.18	120.73	-2.36
HDHP Self & Family	LU2	568.10	557.19	417.89	139.30	-2.72	1,230.88	1,207.25	905.44	301.81	-5.91
HDHP Self Plus One	LU3	488.57	479.19	359.39	119.80	-2.34	1,058.57	1,038.25	778.69	259.56	-5.08
<b>Connecticut Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96
<b>Connecticut Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Connecticut Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Delaware Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96
<b>Delaware Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Delaware Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Delaware Aetna Open Access</b>											
High Self	P31	655.24	725.73	229.25	496.48	62.91	1,419.69	1,572.42	496.71	1,075.71	136.31
High Self & Family	P32	1,588.64	1,759.54	521.58	1,237.96	154.54	3,442.05	3,812.34	1,130.09	2,682.25	334.84
High Self Plus One	P33	1,572.91	1,742.11	491.00	1,251.11	153.99	3,407.97	3,774.57	1,063.83	2,710.74	333.65
Basic Self	P34	549.01	622.19	229.25	392.94	65.60	1,189.52	1,348.08	496.71	851.37	142.14
Basic Self & Family	P35	1,274.25	1,444.10	521.58	922.52	153.49	2,760.88	3,128.88	1,130.09	1,998.79	332.55
Basic Self Plus One	P36	1,261.63	1,429.80	491.00	938.80	152.96	2,733.53	3,097.90	1,063.83	2,034.07	331.42
<b>District of Columbia Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>District of Columbia Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>District of Columbia Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
 <b>District of Columbia Aetna Open Access</b>											
High Self	JN1	469.08	509.12	229.25	279.87	32.46	1,016.34	1,103.09	496.71	606.38	70.33
High Self & Family	JN2	1,054.58	1,144.59	521.58	623.01	73.65	2,284.92	2,479.95	1,130.09	1,349.86	159.58
High Self Plus One	JN3	1,044.14	1,133.25	491.00	642.25	73.90	2,262.30	2,455.38	1,063.83	1,391.55	160.13
Basic Self	JN4	294.16	305.93	229.25	76.68	3.14	637.35	662.85	496.71	166.14	6.80
Basic Self & Family	JN5	664.55	700.13	521.58	178.55	12.41	1,439.86	1,516.95	1,130.09	386.86	26.90
Basic Self Plus One	JN6	634.15	642.92	482.19	160.73	2.19	1,373.99	1,392.99	1,044.74	348.25	4.75
<b>District of Columbia CareFirst BlueChoice</b>											
High Self	2G1	358.77	394.65	229.25	165.40	28.30	777.34	855.08	496.71	358.37	61.32
High Self & Family	2G2	852.43	937.66	521.58	416.08	68.87	1,846.93	2,031.60	1,130.09	901.51	149.22
High Self Plus One	2G3	717.54	789.29	491.00	298.29	56.54	1,554.67	1,710.13	1,063.83	646.30	122.51
Standard Self	2G4	304.89	320.13	229.25	90.88	7.66	660.60	693.62	496.71	196.91	16.60
Standard Self & Family	2G5	724.41	760.64	521.58	239.06	19.87	1,569.56	1,648.05	1,130.09	517.96	43.04

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Standard Self Plus One	2G6	609.78	640.27	480.20	160.07	7.63	1,321.19	1,387.25	1,040.44	346.81	16.51
<b>District of Columbia CareFirst BlueChoice</b>											
HDHP Self	B61	281.41	281.41	211.06	70.35	0.00	609.72	609.72	457.29	152.43	0.00
HDHP Self & Family	B62	668.62	668.62	501.47	167.15	0.00	1,448.68	1,448.68	1,086.51	362.17	0.00
HDHP Self Plus One	B63	562.82	562.82	422.12	140.70	0.00	1,219.44	1,219.44	914.58	304.86	0.00
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>											
High Self	E31	296.17	304.78	228.59	76.19	1.69	641.70	660.36	495.27	165.09	3.68
High Self & Family	E32	693.06	701.00	521.58	179.42	-8.42	1,501.63	1,518.83	1,130.09	388.74	-18.25
High Self Plus One	E33	669.36	701.00	491.00	210.00	16.43	1,450.28	1,518.83	1,063.83	455.00	35.60
Standard Self	E34	223.40	233.06	174.80	58.26	2.41	484.03	504.96	378.72	126.24	5.23
Standard Self & Family	E35	522.75	536.07	402.05	134.02	3.33	1,132.63	1,161.49	871.12	290.37	7.21
Standard Self Plus One	E36	504.87	536.07	402.05	134.02	7.80	1,093.89	1,161.49	871.12	290.37	16.90
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>											
Basic Self	T71	<b>New Plan</b>	212.32	159.24	53.08	<b>New Plan</b>	<b>New Plan</b>	460.03	345.02	115.01	<b>New Plan</b>
Basic Self & Family	T72	<b>New Plan</b>	509.77	382.33	127.44	<b>New Plan</b>	<b>New Plan</b>	1,104.50	828.38	276.12	<b>New Plan</b>
Basic Self Plus One	T73	<b>New Plan</b>	464.41	348.31	116.10	<b>New Plan</b>	<b>New Plan</b>	1,006.22	754.67	251.55	<b>New Plan</b>
<b>District of Columbia M.D. IPA</b>											
High Self	JP1	318.80	331.28	229.25	102.03	4.90	690.73	717.77	496.71	221.06	10.62
High Self & Family	JP2	893.91	928.92	521.58	407.34	18.65	1,936.81	2,012.66	1,130.09	882.57	40.40
High Self Plus One	JP3	622.62	646.99	485.24	161.75	6.10	1,349.01	1,401.81	1,051.36	350.45	13.20
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	LR1	279.74	280.61	210.46	70.15	0.22	606.10	607.99	455.99	152.00	0.48
High Self & Family	LR2	699.35	701.54	521.58	179.96	-14.17	1,515.26	1,520.00	1,130.09	389.91	-30.71
High Self Plus One	LR3	573.47	603.32	452.49	150.83	7.46	1,242.52	1,307.19	980.39	326.80	16.17
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	199.88	213.84	160.38	53.46	3.49	433.07	463.32	347.49	115.83	7.56

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Value Self & Family	L92	560.47	599.62	449.72	149.90	9.78	1,214.35	1,299.18	974.39	324.79	21.20
Value Self Plus One	L93	390.36	417.64	313.23	104.41	6.82	845.78	904.89	678.67	226.22	14.78
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	V41	<b>New Plan</b>	261.68	196.26	65.42	<b>New Plan</b>	<b>New Plan</b>	566.97	425.23	141.74	<b>New Plan</b>
HDHP Self & Family	V42	<b>New Plan</b>	654.22	490.67	163.55	<b>New Plan</b>	<b>New Plan</b>	1,417.48	1,063.11	354.37	<b>New Plan</b>
HDHP Self Plus One	V43	<b>New Plan</b>	562.62	421.97	140.65	<b>New Plan</b>	<b>New Plan</b>	1,219.01	914.26	304.75	<b>New Plan</b>
<b>Florida Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>Florida Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Florida Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Florida Av-Med Health Plan</b>											
Standard Self	ML4	298.92	316.02	229.25	86.77	9.52	647.66	684.71	496.71	188.00	20.63
Standard Self & Family	ML5	774.28	818.60	521.58	297.02	27.96	1,677.61	1,773.63	1,130.09	643.54	60.57
Standard Self Plus One	ML6	597.83	632.06	474.05	158.01	8.55	1,295.30	1,369.46	1,027.10	342.36	18.54
<b>Florida Capital Health Plan</b>											
High Self	EA1	292.18	306.94	229.25	77.69	4.65	633.06	665.04	496.71	168.33	10.07
High Self & Family	EA2	788.88	828.78	521.58	307.20	23.54	1,709.24	1,795.69	1,130.09	665.60	51.00



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self Plus One	EA3	584.34	613.91	460.43	153.48	7.40	1,266.07	1,330.14	997.61	332.53	16.01
<b>Florida Humana CoverageFirst/Value Plan</b>											
CDHP Self	MJ1	322.48	370.85	229.25	141.60	40.79	698.71	803.51	496.71	306.80	88.38
CDHP Self & Family	MJ2	725.60	834.42	521.58	312.84	92.46	1,572.13	1,807.91	1,130.09	677.82	200.33
CDHP Self Plus One	MJ3	693.35	797.34	491.00	306.34	88.78	1,502.26	1,727.57	1,063.83	663.74	192.36
Value Self	MJ4	214.76	227.64	170.73	56.91	3.22	465.31	493.22	369.92	123.30	6.97
Value Self & Family	MJ5	483.20	512.18	384.14	128.04	7.24	1,046.93	1,109.72	832.29	277.43	15.70
Value Self Plus One	MJ6	461.73	489.41	367.06	122.35	6.92	1,000.42	1,060.39	795.29	265.10	15.00
<b>Florida Humana CoverageFirst/Value Plan</b>											
CDHP Self	QP1	258.39	314.82	229.25	85.57	20.97	559.85	682.11	496.71	185.40	45.44
CDHP Self & Family	QP2	582.31	709.28	521.58	187.70	42.12	1,261.67	1,536.77	1,130.09	406.68	91.26
CDHP Self Plus One	QP3	556.43	677.76	491.00	186.76	47.65	1,205.60	1,468.48	1,063.83	404.65	103.25
Value Self	QP4	214.76	225.49	169.12	56.37	2.68	465.31	488.56	366.42	122.14	5.81
Value Self & Family	QP5	483.20	507.35	380.51	126.84	6.04	1,046.93	1,099.26	824.45	274.81	13.08
Value Self Plus One	QP6	461.73	484.81	363.61	121.20	5.77	1,000.42	1,050.42	787.82	262.60	12.50
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	E21	337.82	405.19	229.25	175.94	59.79	731.94	877.91	496.71	381.20	129.55
High Self & Family	E22	760.12	911.68	521.58	390.10	135.20	1,646.93	1,975.31	1,130.09	845.22	292.93
High Self Plus One	E23	726.33	871.18	491.00	380.18	129.64	1,573.72	1,887.56	1,063.83	823.73	280.89
Standard Self	E24	262.23	267.47	200.60	66.87	1.31	568.17	579.52	434.64	144.88	2.84
Standard Self & Family	E25	590.01	601.81	451.36	150.45	2.95	1,278.36	1,303.92	977.94	325.98	6.39
Standard Self Plus One	E26	563.78	575.06	431.30	143.76	2.82	1,221.52	1,245.96	934.47	311.49	6.11
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	EE1	400.61	404.63	229.25	175.38	-3.56	867.99	876.70	496.71	379.99	-7.71

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	EE2	901.38	910.43	521.58	388.85	-7.31	1,952.99	1,972.60	1,130.09	842.51	-15.84
High Self Plus One	EE3	861.32	869.96	491.00	378.96	-6.57	1,866.19	1,884.91	1,063.83	821.08	-14.23
Standard Self	EE4	344.58	351.45	229.25	122.20	-0.71	746.59	761.48	496.71	264.77	-1.53
Standard Self & Family	EE5	775.31	790.75	521.58	269.17	-0.92	1,679.84	1,713.29	1,130.09	583.20	-2.00
Standard Self Plus One	EE6	740.85	755.61	491.00	264.61	-0.45	1,605.18	1,637.16	1,063.83	573.33	-0.97
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	EX1	311.14	317.37	229.25	88.12	-1.35	674.14	687.64	496.71	190.93	-2.92
High Self & Family	EX2	700.04	714.06	521.58	192.48	-2.34	1,516.75	1,547.13	1,130.09	417.04	-5.07
High Self Plus One	EX3	668.93	682.32	491.00	191.32	-1.82	1,449.35	1,478.36	1,063.83	414.53	-3.94
Standard Self	EX4	273.06	278.52	208.89	69.63	1.37	591.63	603.46	452.60	150.86	2.95
Standard Self & Family	EX5	614.39	626.68	470.01	156.67	3.07	1,331.18	1,357.81	1,018.36	339.45	6.66
Standard Self Plus One	EX6	587.09	598.83	449.12	149.71	2.94	1,272.03	1,297.47	973.10	324.37	6.36
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	LL1	622.23	628.47	229.25	399.22	-1.34	1,348.17	1,361.69	496.71	864.98	-2.90
High Self & Family	LL2	1,400.03	1,414.06	521.58	892.48	-2.33	3,033.40	3,063.80	1,130.09	1,933.71	-5.05
High Self Plus One	LL3	1,337.79	1,351.21	491.00	860.21	-1.79	2,898.55	2,927.62	1,063.83	1,863.79	-3.88
Standard Self	LL4	362.32	365.93	229.25	136.68	-3.97	785.03	792.85	496.71	296.14	-8.60
Standard Self & Family	LL5	815.19	823.34	521.58	301.76	-8.21	1,766.25	1,783.90	1,130.09	653.81	-17.80
Standard Self Plus One	LL6	778.96	786.75	491.00	295.75	-7.42	1,687.75	1,704.63	1,063.83	640.80	-16.07
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	KK1	<b>New Plan</b>	274.77	206.08	68.69	<b>New Plan</b>	<b>New Plan</b>	595.34	446.51	148.83	<b>New Plan</b>
High Self & Family	KK2	<b>New Plan</b>	686.91	515.18	171.73	<b>New Plan</b>	<b>New Plan</b>	1,488.31	1,116.23	372.08	<b>New Plan</b>

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
High Self Plus One	KK3	<b>New Plan</b>	590.74	443.06	147.68	<b>New Plan</b>	<b>New Plan</b>	1,279.94	959.96	319.98	<b>New Plan</b>	
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>												
Value Self	LV1		266.26	290.79	218.09	72.70	6.14	576.90	630.05	472.54	157.51	13.29
Value Self & Family	LV2		746.62	815.41	521.58	293.83	52.43	1,617.68	1,766.72	1,130.09	636.63	113.59
Value Self Plus One	LV3		520.02	567.93	425.95	141.98	11.98	1,126.71	1,230.52	922.89	307.63	25.95
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>												
HDHP Self	LS1	<b>New Plan</b>	202.27	151.70	50.57	<b>New Plan</b>	<b>New Plan</b>	438.25	328.69	109.56	<b>New Plan</b>	
HDHP Self & Family	LS2	<b>New Plan</b>	505.67	379.25	126.42	<b>New Plan</b>	<b>New Plan</b>	1,095.62	821.72	273.90	<b>New Plan</b>	
HDHP Self Plus One	LS3	<b>New Plan</b>	434.88	326.16	108.72	<b>New Plan</b>	<b>New Plan</b>	942.24	706.68	235.56	<b>New Plan</b>	
<b>Georgia Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51		330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52		754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53		747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54		258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55		591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56		579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>Georgia Aetna HealthFund HDHP</b>												
HDHP Self	224		256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225		564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226		553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Georgia Aetna Direct</b>												
CDHP Self	N61		221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62		558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63		486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Georgia Aetna Open Access</b>												
High Self	2U1		525.94	559.12	229.25	329.87	25.60	1,139.54	1,211.43	496.71	714.72	55.47
High Self & Family	2U2		1,211.46	1,287.92	521.58	766.34	60.10	2,624.83	2,790.49	1,130.09	1,660.40	130.21

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self Plus One	2U3	1,199.47	1,275.16	491.00	784.16	60.48	2,598.85	2,762.85	1,063.83	1,699.02	131.05
<b>Georgia Blue Open Access POS</b>											
High Self	QM1	<b>New Plan</b>	264.23	198.17	66.06	<b>New Plan</b>	<b>New Plan</b>	572.50	429.38	143.12	<b>New Plan</b>
High Self & Family	QM2	<b>New Plan</b>	706.82	521.58	185.24	<b>New Plan</b>	<b>New Plan</b>	1,531.44	1,130.09	401.35	<b>New Plan</b>
High Self Plus One	QM3	<b>New Plan</b>	587.91	440.93	146.98	<b>New Plan</b>	<b>New Plan</b>	1,273.81	955.36	318.45	<b>New Plan</b>
<b>Georgia Humana CoverageFirst/Value Plan</b>											
CDHP Self	AD1	282.74	330.81	229.25	101.56	30.88	612.60	716.76	496.71	220.05	66.90
CDHP Self & Family	AD2	636.17	744.33	521.58	222.75	63.71	1,378.37	1,612.72	1,130.09	482.63	138.04
CDHP Self Plus One	AD3	607.91	711.26	491.00	220.26	68.28	1,317.14	1,541.06	1,063.83	477.23	147.95
Value Self	AD4	240.53	252.56	189.42	63.14	3.01	521.15	547.21	410.41	136.80	6.51
Value Self & Family	AD5	541.20	568.26	426.20	142.06	6.76	1,172.60	1,231.23	923.42	307.81	14.66
Value Self Plus One	AD6	517.14	543.00	407.25	135.75	6.47	1,120.47	1,176.50	882.38	294.12	14.00
<b>Georgia Humana CoverageFirst/Value Plan</b>											
CDHP Self	LM1	271.49	276.91	207.68	69.23	1.36	588.23	599.97	449.98	149.99	2.93
CDHP Self & Family	LM2	610.85	623.04	467.28	155.76	3.05	1,323.51	1,349.92	1,012.44	337.48	6.60
CDHP Self Plus One	LM3	583.71	595.36	446.52	148.84	2.91	1,264.71	1,289.95	967.46	322.49	6.31
Value Self	LM4	214.76	219.06	164.30	54.76	1.07	465.31	474.63	355.97	118.66	2.33
Value Self & Family	LM5	483.20	492.88	369.66	123.22	2.42	1,046.93	1,067.91	800.93	266.98	5.25
Value Self Plus One	LM6	461.73	470.97	353.23	117.74	2.31	1,000.42	1,020.44	765.33	255.11	5.01
<b>Georgia Humana CoverageFirst/Value Plan</b>											
CDHP Self	S91	<b>New Plan</b>	292.20	219.15	73.05	<b>New Plan</b>	<b>New Plan</b>	633.10	474.83	158.27	<b>New Plan</b>
CDHP Self & Family	S92	<b>New Plan</b>	657.45	493.09	164.36	<b>New Plan</b>	<b>New Plan</b>	1,424.48	1,068.36	356.12	<b>New Plan</b>
CDHP Self Plus One	S93	<b>New Plan</b>	628.22	471.17	157.05	<b>New Plan</b>	<b>New Plan</b>	1,361.14	1,020.86	340.28	<b>New Plan</b>
Value Self	S94	<b>New Plan</b>	232.65	174.49	58.16	<b>New Plan</b>	<b>New Plan</b>	504.08	378.06	126.02	<b>New Plan</b>

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											

Value Self & Family	S95	<b>New Plan</b>	523.46	392.60	130.86	<b>New Plan</b>	<b>New Plan</b>	1,134.16	850.62	283.54	<b>New Plan</b>
Value Self Plus One	S96	<b>New Plan</b>	500.20	375.15	125.05	<b>New Plan</b>	<b>New Plan</b>	1,083.77	812.83	270.94	<b>New Plan</b>

### Georgia Humana Employers Health Plan of Georgia, Inc

High Self	CB1	351.16	417.87	229.25	188.62	59.13	760.85	905.39	496.71	408.68	128.12
High Self & Family	CB2	790.10	940.22	521.58	418.64	133.76	1,711.88	2,037.14	1,130.09	907.05	289.81
High Self Plus One	CB3	754.97	898.44	491.00	407.44	128.26	1,635.77	1,946.62	1,063.83	882.79	277.90
Standard Self	CB4	312.80	385.14	229.25	155.89	64.76	677.73	834.47	496.71	337.76	140.32
Standard Self & Family	CB5	703.79	866.57	521.58	344.99	146.42	1,524.88	1,877.57	1,130.09	747.48	317.24
Standard Self Plus One	CB6	672.52	828.06	491.00	337.06	140.33	1,457.13	1,794.13	1,063.83	730.30	304.05

### Georgia Humana Employers Health Plan of Georgia, Inc

High Self	DG1	488.98	557.43	229.25	328.18	60.87	1,059.46	1,207.77	496.71	711.06	131.89
High Self & Family	DG2	1,100.20	1,254.21	521.58	732.63	137.65	2,383.77	2,717.46	1,130.09	1,587.37	298.24
High Self Plus One	DG3	1,051.30	1,198.48	491.00	707.48	131.97	2,277.82	2,596.71	1,063.83	1,532.88	285.94
Standard Self	DG4	353.19	385.02	229.25	155.77	24.25	765.25	834.21	496.71	337.50	52.54
Standard Self & Family	DG5	794.67	866.27	521.58	344.69	55.24	1,721.79	1,876.92	1,130.09	746.83	119.68
Standard Self Plus One	DG6	759.36	827.77	491.00	336.77	53.20	1,645.28	1,793.50	1,063.83	729.67	115.27

### Georgia Humana Employers Health Plan of Georgia, Inc

High Self	DN1	322.70	329.16	229.25	99.91	-1.12	699.18	713.18	496.71	216.47	-2.42
High Self & Family	DN2	726.08	740.60	521.58	219.02	-1.84	1,573.17	1,604.63	1,130.09	474.54	-3.99
High Self Plus One	DN3	693.80	707.69	491.00	216.69	-1.32	1,503.23	1,533.33	1,063.83	469.50	-2.85
Standard Self	DN4	308.96	315.14	229.25	85.89	-1.40	669.41	682.80	496.71	186.09	-3.03
Standard Self & Family	DN5	695.17	709.07	521.58	187.49	-2.46	1,506.20	1,536.32	1,130.09	406.23	-5.33

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Standard Self Plus One DN6		664.28	677.55	491.00	186.55	-1.94	1,439.27	1,468.03	1,063.83	404.20	-4.19
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>											
Basic Self Q71		New Plan	271.76	203.82	67.94	New Plan	New Plan	588.81	441.61	147.20	New Plan
Basic Self & Family Q72		New Plan	611.47	458.60	152.87	New Plan	New Plan	1,324.85	993.64	331.21	New Plan
Basic Self Plus One Q73		New Plan	584.29	438.22	146.07	New Plan	New Plan	1,265.96	949.47	316.49	New Plan
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>											
Basic Self RJ1		New Plan	252.05	189.04	63.01	New Plan	New Plan	546.11	409.58	136.53	New Plan
Basic Self & Family RJ2		New Plan	567.12	425.34	141.78	New Plan	New Plan	1,228.76	921.57	307.19	New Plan
Basic Self Plus One RJ3		New Plan	541.91	406.43	135.48	New Plan	New Plan	1,174.14	880.61	293.53	New Plan
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>											
Basic Self RM1		New Plan	263.24	197.43	65.81	New Plan	New Plan	570.35	427.76	142.59	New Plan
Basic Self & Family RM2		New Plan	592.30	444.23	148.07	New Plan	New Plan	1,283.32	962.49	320.83	New Plan
Basic Self Plus One RM3		New Plan	565.98	424.49	141.49	New Plan	New Plan	1,226.29	919.72	306.57	New Plan
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>											
High Self F81		299.74	314.82	229.25	85.57	7.50	649.44	682.11	496.71	185.40	16.25
High Self & Family F82		684.89	711.51	521.58	189.93	10.26	1,483.93	1,541.61	1,130.09	411.52	22.23
High Self Plus One F83		665.41	711.51	491.00	220.51	30.89	1,441.72	1,541.61	1,063.83	477.78	66.94
Standard Self F84		224.36	236.76	177.57	59.19	3.10	486.11	512.98	384.74	128.24	6.71
Standard Self & Family F85		516.02	535.07	401.30	133.77	4.77	1,118.04	1,159.32	869.49	289.83	10.32
Standard Self Plus One F86		500.31	535.07	401.30	133.77	8.69	1,084.01	1,159.32	869.49	289.83	18.83
<b>Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self LV1		266.26	290.79	218.09	72.70	6.14	576.90	630.05	472.54	157.51	13.29
Value Self & Family LV2		746.62	815.41	521.58	293.83	52.43	1,617.68	1,766.72	1,130.09	636.63	113.59
Value Self Plus One LV3		520.02	567.93	425.95	141.98	11.98	1,126.71	1,230.52	922.89	307.63	25.95
<b>Guam Calvo's Selectcare</b>											
High Self B41		196.66	216.33	162.25	54.08	4.92	426.10	468.72	351.54	117.18	10.66

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	B42	525.80	578.39	433.79	144.60	13.15	1,139.23	1,253.18	939.89	313.29	28.48
High Self Plus One	B43	383.78	422.16	316.62	105.54	9.60	831.52	914.68	686.01	228.67	20.79
Standard Self	B44	180.98	190.03	142.52	47.51	2.27	392.12	411.73	308.80	102.93	4.90
Standard Self & Family	B45	483.88	508.07	381.05	127.02	6.05	1,048.41	1,100.82	825.62	275.20	13.10
Standard Self Plus One	B46	353.17	370.83	278.12	92.71	4.42	765.20	803.47	602.60	200.87	9.57
<b>Guam TakeCare</b>											
High Self	JK1	275.43	269.83	202.37	67.46	-1.40	596.77	584.63	438.47	146.16	-3.03
High Self & Family	JK2	656.99	643.61	482.71	160.90	-3.35	1,423.48	1,394.49	1,045.87	348.62	-7.25
High Self Plus One	JK3	544.17	533.09	399.82	133.27	-2.77	1,179.04	1,155.03	866.27	288.76	-6.00
Standard Self	JK4	174.69	187.00	140.25	46.75	3.08	378.50	405.17	303.88	101.29	6.67
Standard Self & Family	JK5	494.70	529.57	397.18	132.39	8.72	1,071.85	1,147.40	860.55	286.85	18.89
Standard Self Plus One	JK6	344.28	368.56	276.42	92.14	6.07	745.94	798.55	598.91	199.64	13.16
<b>Guam TakeCare</b>											
HDHP Self	KX1	59.61	59.04	44.28	14.76	-0.14	129.16	127.92	95.94	31.98	-0.31
HDHP Self & Family	KX2	176.04	158.29	118.72	39.57	-4.44	381.42	342.96	257.22	85.74	-9.61
HDHP Self Plus One	KX3	140.96	142.50	106.88	35.62	0.38	305.41	308.75	231.56	77.19	0.84
<b>Hawaii Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>Hawaii Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2018 Biweekly premium rates						2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Hawaii Aetna Direct</b>														
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87			
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90			
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00			
<b>Hawaii HMSA</b>														
High Self	871	280.13	280.13	210.10	70.03	0.00	606.95	606.95	455.21	151.74	0.00			
High Self & Family	872	629.74	629.74	472.31	157.43	0.00	1,364.44	1,364.44	1,023.33	341.11	0.00			
High Self Plus One	873	613.79	613.79	460.34	153.45	0.00	1,329.88	1,329.88	997.41	332.47	0.00			
<b>Hawaii Kaiser Foundation Health Plan of Hawaii</b>														
High Self	631	296.64	303.96	227.97	75.99	1.02	642.72	658.58	493.94	164.64	2.21			
High Self & Family	632	661.51	677.83	508.37	169.46	4.08	1,433.27	1,468.63	1,101.47	367.16	8.84			
High Self Plus One	633	661.51	677.83	491.00	186.83	1.11	1,433.27	1,468.63	1,063.83	404.80	2.41			
Standard Self	634	203.37	205.24	153.93	51.31	0.47	440.64	444.69	333.52	111.17	1.01			
Standard Self & Family	635	453.51	457.68	343.26	114.42	1.04	982.61	991.64	743.73	247.91	2.26			
Standard Self Plus One	636	453.51	457.68	343.26	114.42	1.04	982.61	991.64	743.73	247.91	2.26			
<b>Idaho Aetna HealthFund CDHP and Aetna Value Plan</b>														
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22			
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51			
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41			
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38			
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06			
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86			
<b>Idaho Aetna HealthFund HDHP</b>														
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16			
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03			
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46			
<b>Idaho Aetna Direct</b>														

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Idaho Altius Health Plans</b>											
High Self	9K1	344.47	391.42	229.25	162.17	39.37	746.35	848.08	496.71	351.37	85.31
High Self & Family	9K2	761.77	865.60	521.58	344.02	87.47	1,650.50	1,875.47	1,130.09	745.38	189.52
High Self Plus One	9K3	754.23	857.03	491.00	366.03	87.59	1,634.17	1,856.90	1,063.83	793.07	189.78
HDHP Self	9K4	173.69	194.17	145.63	48.54	5.12	376.33	420.70	315.53	105.17	11.09
HDHP Self & Family	9K5	363.00	405.80	304.35	101.45	10.70	786.50	879.23	659.42	219.81	23.19
HDHP Self Plus One	9K6	355.89	397.84	298.38	99.46	10.49	771.10	861.99	646.49	215.50	22.73
<b>Idaho Altius Health Plans</b>											
Standard Self	DK4	242.10	273.97	205.48	68.49	7.97	524.55	593.60	445.20	148.40	17.26
Standard Self & Family	DK5	534.63	604.99	453.74	151.25	17.59	1,158.37	1,310.81	983.11	327.70	38.11
Standard Self Plus One	DK6	529.33	599.00	449.25	149.75	17.42	1,146.88	1,297.83	973.37	324.46	37.74
<b>Idaho Kaiser Foundation Health Plan of Washington</b>											
High Self	541	349.46	381.04	229.25	151.79	24.00	757.16	825.59	496.71	328.88	52.01
High Self & Family	542	908.59	838.30	521.58	316.72	-86.65	1,968.61	1,816.32	1,130.09	686.23	-187.74
High Self Plus One	543	716.38	838.30	491.00	347.30	106.71	1,552.16	1,816.32	1,063.83	752.49	231.21
Standard Self	544	262.54	281.07	210.80	70.27	4.64	568.84	608.99	456.74	152.25	10.04
Standard Self & Family	545	682.59	646.46	484.85	161.61	-15.76	1,478.95	1,400.66	1,050.50	350.16	-34.15
Standard Self Plus One	546	538.20	646.46	484.85	161.61	27.06	1,166.10	1,400.66	1,050.50	350.16	58.64
<b>Idaho Kaiser Foundation Health Plan of Washington</b>											
HDHP Self	PT1	233.54	234.17	175.63	58.54	0.16	506.00	507.37	380.53	126.84	0.34
HDHP Self & Family	PT2	607.22	538.58	403.94	134.64	-17.16	1,315.64	1,166.92	875.19	291.73	-37.18
HDHP Self Plus One	PT3	478.77	538.58	403.94	134.64	14.95	1,037.34	1,166.92	875.19	291.73	32.40

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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### Idaho SelectHealth

High Self	SF1	342.83	449.39	229.25	220.14	98.98	742.80	973.68	496.71	476.97	214.46
High Self & Family	SF2	764.71	1,024.25	521.58	502.67	243.18	1,656.87	2,219.21	1,130.09	1,089.12	526.89
High Self Plus One	SF3	764.71	1,024.25	491.00	533.25	244.33	1,656.87	2,219.21	1,063.83	1,155.38	529.39
Standard Self	SF4	248.28	274.81	206.11	68.70	6.63	537.94	595.42	446.57	148.85	14.37
Standard Self & Family	SF5	551.32	626.33	469.75	156.58	18.75	1,194.53	1,357.05	1,017.79	339.26	40.63
Standard Self Plus One	SF6	551.32	626.33	469.75	156.58	18.75	1,194.53	1,357.05	1,017.79	339.26	40.63

### Illinois Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86

### Illinois Aetna HealthFund HDHP

HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46

### Illinois Aetna Direct

CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### Illinois Blue Preferred

High Self	9G1	322.38	338.73	229.25	109.48	8.77	698.49	733.92	496.71	237.21	19.01
High Self & Family	9G2	697.96	733.35	521.58	211.77	19.03	1,512.25	1,588.93	1,130.09	458.84	41.23
High Self Plus One	9G3	651.22	694.40	491.00	203.40	27.97	1,410.98	1,504.53	1,063.83	440.70	60.60
Standard Self	9G4	239.60	245.59	184.19	61.40	1.50	519.13	532.11	399.08	133.03	3.25
Standard Self & Family	9G5	678.07	706.05	521.58	184.47	11.62	1,469.15	1,529.78	1,130.09	399.69	25.18
Standard Self Plus One	9G6	622.96	638.52	478.89	159.63	3.89	1,349.75	1,383.46	1,037.60	345.86	8.42

### Illinois Health Alliance HMO

Standard Self	K84	279.77	289.29	216.97	72.32	2.38	606.17	626.80	470.10	156.70	5.16
Standard Self & Family	K85	776.35	885.51	521.58	363.93	92.80	1,682.09	1,918.61	1,130.09	788.52	201.07
Standard Self Plus One	K86	587.52	670.12	491.00	179.12	32.24	1,272.96	1,451.93	1,063.83	388.10	69.86

### Illinois Humana CoverageFirst/Value Plan

CDHP Self	GB1	332.04	403.00	229.25	173.75	63.38	719.42	873.17	496.71	376.46	137.33
CDHP Self & Family	GB2	747.09	906.74	521.58	385.16	143.29	1,618.70	1,964.60	1,130.09	834.51	310.45
CDHP Self Plus One	GB3	713.89	866.44	491.00	375.44	137.34	1,546.76	1,877.29	1,063.83	813.46	297.58
Value Self	GB4	214.76	238.39	178.79	59.60	5.91	465.31	516.51	387.38	129.13	12.80
Value Self & Family	GB5	483.20	536.37	402.28	134.09	13.29	1,046.93	1,162.14	871.61	290.53	28.80
Value Self Plus One	GB6	461.73	512.55	384.41	128.14	12.71	1,000.42	1,110.53	832.90	277.63	27.53

### Illinois Humana CoverageFirst/Value Plan

CDHP Self	MW1	322.26	328.71	229.25	99.46	-1.13	698.23	712.21	496.71	215.50	-2.44
CDHP Self & Family	MW2	725.09	739.62	521.58	218.04	-1.83	1,571.03	1,602.51	1,130.09	472.42	-3.97
CDHP Self Plus One	MW3	692.86	706.74	491.00	215.74	-1.33	1,501.20	1,531.27	1,063.83	467.44	-2.88
Value Self	MW4	225.49	257.07	192.80	64.27	7.90	488.56	556.99	417.74	139.25	17.11
Value Self & Family	MW5	507.36	578.39	433.79	144.60	17.76	1,099.28	1,253.18	939.89	313.29	38.47
Value Self Plus One	MW6	484.82	552.69	414.52	138.17	16.97	1,050.44	1,197.50	898.13	299.37	36.76

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2018 Biweekly premium rates						2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Illinois Humana Health Plan, Inc.</b>														
High Self	751	580.53	582.31	229.25	353.06	-5.80	1,257.82	1,261.67	496.71	764.96	-12.57			
High Self & Family	752	1,306.18	1,310.18	521.58	788.60	-12.36	2,830.06	2,838.72	1,130.09	1,708.63	-26.79			
High Self Plus One	753	1,248.12	1,251.95	491.00	760.95	-11.38	2,704.26	2,712.56	1,063.83	1,648.73	-24.65			
Standard Self	754	406.01	406.84	229.25	177.59	-6.75	879.69	881.49	496.71	384.78	-14.62			
Standard Self & Family	755	913.52	915.39	521.58	393.81	-14.49	1,979.29	1,983.35	1,130.09	853.26	-31.39			
Standard Self Plus One	756	872.91	874.69	491.00	383.69	-13.43	1,891.31	1,895.16	1,063.83	831.33	-29.10			
<b>Illinois Humana Health Plan, Inc.</b>														
High Self	9F1	710.58	724.79	229.25	495.54	6.63	1,539.59	1,570.38	496.71	1,073.67	14.37			
High Self & Family	9F2	1,598.81	1,630.79	521.58	1,109.21	15.62	3,464.09	3,533.38	1,130.09	2,403.29	33.84			
High Self Plus One	9F3	1,527.75	1,558.30	491.00	1,067.30	15.34	3,310.13	3,376.32	1,063.83	2,312.49	33.24			
<b>Illinois Humana Health Plan, Inc.</b>														
Basic Self	AB1	<b>New Plan</b>	269.57	202.18	67.39	<b>New Plan</b>	<b>New Plan</b>	584.07	438.05	146.02	<b>New Plan</b>			
Basic Self & Family	AB2	<b>New Plan</b>	606.53	454.90	151.63	<b>New Plan</b>	<b>New Plan</b>	1,314.15	985.61	328.54	<b>New Plan</b>			
Basic Self Plus One	AB3	<b>New Plan</b>	579.57	434.68	144.89	<b>New Plan</b>	<b>New Plan</b>	1,255.74	941.81	313.93	<b>New Plan</b>			
Standard Self	AB4		436.19	471.05	229.25	241.80	27.28	945.08	1,020.61	496.71	523.90	59.11		
Standard Self & Family	AB5		981.40	1,059.87	521.58	538.29	62.11	2,126.37	2,296.39	1,130.09	1,166.30	134.57		
Standard Self Plus One	AB6		937.79	1,012.76	491.00	521.76	59.76	2,031.88	2,194.31	1,063.83	1,130.48	129.48		
<b>Illinois Humana Health Plan, Inc.</b>														
Basic Self	RW1	<b>New Plan</b>	273.24	204.93	68.31	<b>New Plan</b>	<b>New Plan</b>	592.02	444.02	148.00	<b>New Plan</b>			
Basic Self & Family	RW2	<b>New Plan</b>	614.79	461.09	153.70	<b>New Plan</b>	<b>New Plan</b>	1,332.05	999.04	333.01	<b>New Plan</b>			
Basic Self Plus One	RW3	<b>New Plan</b>	587.46	440.60	146.86	<b>New Plan</b>	<b>New Plan</b>	1,272.83	954.62	318.21	<b>New Plan</b>			
<b>Illinois MercyCare HMO</b>														
High Self	EY1	335.85	353.76	229.25	124.51	10.33	727.68	766.48	496.71	269.77	22.38			
High Self & Family	EY2	873.23	923.20	521.58	401.62	33.61	1,892.00	2,000.27	1,130.09	870.18	72.82			
High Self Plus One	EY3	722.08	760.59	491.00	269.59	23.30	1,564.51	1,647.95	1,063.83	584.12	50.49			

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Illinois Union Health Service</b>												
High Self	761	288.86	309.74	229.25	80.49	8.28	625.86	671.10	496.71	174.39	17.93	
High Self & Family	762	717.84	775.83	521.58	254.25	41.63	1,555.32	1,680.97	1,130.09	550.88	90.20	
High Self Plus One	763	631.70	680.38	491.00	189.38	31.46	1,368.68	1,474.16	1,063.83	410.33	68.16	
<b>Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>												
Value Self	L91	199.88	213.84	160.38	53.46	3.49	433.07	463.32	347.49	115.83	7.56	
Value Self & Family	L92	560.47	599.62	449.72	149.90	9.78	1,214.35	1,299.18	974.39	324.79	21.20	
Value Self Plus One	L93	390.36	417.64	313.23	104.41	6.82	845.78	904.89	678.67	226.22	14.78	
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>												
High Self	YH1	296.58	325.90	229.25	96.65	21.74	642.59	706.12	496.71	209.41	47.11	
High Self & Family	YH2	831.59	913.84	521.58	392.26	65.89	1,801.78	1,979.99	1,130.09	849.90	142.76	
High Self Plus One	YH3	579.22	636.50	477.38	159.12	14.32	1,254.98	1,379.08	1,034.31	344.77	31.03	
<b>Indiana Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04	
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15	
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92	
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39	
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74	
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77	
<b>Indiana Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Indiana Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>Indiana Health Alliance HMO</b>												

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Standard Self	K84	279.77	289.29	216.97	72.32	2.38	606.17	626.80	470.10	156.70	5.16
Standard Self & Family	K85	776.35	885.51	521.58	363.93	92.80	1,682.09	1,918.61	1,130.09	788.52	201.07
Standard Self Plus One	K86	587.52	670.12	491.00	179.12	32.24	1,272.96	1,451.93	1,063.83	388.10	69.86
<b>Indiana Humana CoverageFirst/Value Plan</b>											
CDHP Self	MW1	322.26	328.71	229.25	99.46	-1.13	698.23	712.21	496.71	215.50	-2.44
CDHP Self & Family	MW2	725.09	739.62	521.58	218.04	-1.83	1,571.03	1,602.51	1,130.09	472.42	-3.97
CDHP Self Plus One	MW3	692.86	706.74	491.00	215.74	-1.33	1,501.20	1,531.27	1,063.83	467.44	-2.88
Value Self	MW4	225.49	257.07	192.80	64.27	7.90	488.56	556.99	417.74	139.25	17.11
Value Self & Family	MW5	507.36	578.39	433.79	144.60	17.76	1,099.28	1,253.18	939.89	313.29	38.47
Value Self Plus One	MW6	484.82	552.69	414.52	138.17	16.97	1,050.44	1,197.50	898.13	299.37	36.76
<b>Indiana Humana CoverageFirst/Value Plan</b>											
CDHP Self	TC1	<b>New Plan</b>	277.99	208.49	69.50	<b>New Plan</b>	<b>New Plan</b>	602.31	451.73	150.58	<b>New Plan</b>
CDHP Self & Family	TC2	<b>New Plan</b>	625.49	469.12	156.37	<b>New Plan</b>	<b>New Plan</b>	1,355.23	1,016.42	338.81	<b>New Plan</b>
CDHP Self Plus One	TC3	<b>New Plan</b>	597.69	448.27	149.42	<b>New Plan</b>	<b>New Plan</b>	1,295.00	971.25	323.75	<b>New Plan</b>
<b>Indiana Humana Health Plan of Ohio, Inc.</b>											
High Self	A61	454.72	482.03	229.25	252.78	19.73	985.23	1,044.40	496.71	547.69	42.75
High Self & Family	A62	1,023.12	1,084.57	521.58	562.99	45.09	2,216.76	2,349.90	1,130.09	1,219.81	97.69
High Self Plus One	A63	977.65	1,036.37	491.00	545.37	43.51	2,118.24	2,245.47	1,063.83	1,181.64	94.28
Standard Self	A64	358.48	385.79	229.25	156.54	19.73	776.71	835.88	496.71	339.17	42.75
Standard Self & Family	A65	806.56	868.03	521.58	346.45	45.11	1,747.55	1,880.73	1,130.09	750.64	97.73
Standard Self Plus One	A66	770.71	829.45	491.00	338.45	43.53	1,669.87	1,797.14	1,063.83	733.31	94.32
<b>Indiana Humana Health Plan, Inc.</b>											
High Self	751	580.53	582.31	229.25	353.06	-5.80	1,257.82	1,261.67	496.71	764.96	-12.57



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	752	1,306.18	1,310.18	521.58	788.60	-12.36	2,830.06	2,838.72	1,130.09	1,708.63	-26.79
High Self Plus One	753	1,248.12	1,251.95	491.00	760.95	-11.38	2,704.26	2,712.56	1,063.83	1,648.73	-24.65
Standard Self	754	406.01	406.84	229.25	177.59	-6.75	879.69	881.49	496.71	384.78	-14.62
Standard Self & Family	755	913.52	915.39	521.58	393.81	-14.49	1,979.29	1,983.35	1,130.09	853.26	-31.39
Standard Self Plus One	756	872.91	874.69	491.00	383.69	-13.43	1,891.31	1,895.16	1,063.83	831.33	-29.10
<b>Indiana Humana Health Plan, Inc.</b>											
High Self	MH1	330.34	369.98	229.25	140.73	32.06	715.74	801.62	496.71	304.91	69.46
High Self & Family	MH2	743.27	832.45	521.58	310.87	72.82	1,610.42	1,803.64	1,130.09	673.55	157.77
High Self Plus One	MH3	710.24	795.44	491.00	304.44	69.99	1,538.85	1,723.45	1,063.83	659.62	151.65
Standard Self	MH4	301.59	310.64	229.25	81.39	1.47	653.45	673.05	496.71	176.34	3.18
Standard Self & Family	MH5	678.58	698.93	521.58	177.35	3.99	1,470.26	1,514.35	1,130.09	384.26	8.64
Standard Self Plus One	MH6	648.42	667.87	491.00	176.87	4.24	1,404.91	1,447.05	1,063.83	383.22	9.19
<b>Iowa Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Iowa Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Iowa Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Iowa Health Alliance HMO</b>											
Standard Self	K84	279.77	289.29	216.97	72.32	2.38	606.17	626.80	470.10	156.70	5.16
Standard Self & Family	K85	776.35	885.51	521.58	363.93	92.80	1,682.09	1,918.61	1,130.09	788.52	201.07
Standard Self Plus One	K86	587.52	670.12	491.00	179.12	32.24	1,272.96	1,451.93	1,063.83	388.10	69.86
<b>Iowa HealthPartners</b>											
High Self	V31	329.41	356.92	229.25	127.67	19.93	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	802.44	869.46	521.58	347.88	50.66	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	727.99	788.79	491.00	297.79	45.59	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	196.66	211.15	158.36	52.79	3.63	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	479.08	514.37	385.78	128.59	8.82	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	434.64	466.65	349.99	116.66	8.00	941.72	1,011.08	758.31	252.77	17.34
<b>Iowa UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	LJ1	256.93	281.86	211.40	70.46	6.23	556.68	610.70	458.03	152.67	13.50
High Self & Family	LJ2	642.34	704.66	521.58	183.08	22.50	1,391.74	1,526.76	1,130.09	396.67	48.74
High Self Plus One	LJ3	552.41	606.01	454.51	151.50	13.40	1,196.89	1,313.02	984.77	328.25	29.03
<b>Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	N71	244.51	231.60	173.70	57.90	-3.23	529.77	501.80	376.35	125.45	-6.99
HDHP Self & Family	N72	611.29	579.00	434.25	144.75	-8.07	1,324.46	1,254.50	940.88	313.62	-17.49
HDHP Self Plus One	N73	525.71	497.94	373.46	124.48	-6.95	1,139.04	1,078.87	809.15	269.72	-15.04
<b>Iowa UnitedHealthcare Plan of the River Valley Inc.</b>											
High Self	YH1	296.58	325.90	229.25	96.65	21.74	642.59	706.12	496.71	209.41	47.11
High Self & Family	YH2	831.59	913.84	521.58	392.26	65.89	1,801.78	1,979.99	1,130.09	849.90	142.76
High Self Plus One	YH3	579.22	636.50	477.38	159.12	14.32	1,254.98	1,379.08	1,034.31	344.77	31.03
<b>Kansas Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Kansas Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Kansas Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Kansas Aetna Open Access</b>											
High Self	HA1	324.69	336.16	229.25	106.91	3.89	703.50	728.35	496.71	231.64	8.43
High Self & Family	HA2	766.98	794.06	521.58	272.48	10.72	1,661.79	1,720.46	1,130.09	590.37	23.22
High Self Plus One	HA3	759.40	786.22	491.00	295.22	11.61	1,645.37	1,703.48	1,063.83	639.65	25.16
Standard Self	HA4	279.33	282.10	211.58	70.52	0.69	605.22	611.22	458.42	152.80	1.50
Standard Self & Family	HA5	659.35	665.86	499.40	166.46	1.62	1,428.59	1,442.70	1,082.03	360.67	3.52
Standard Self Plus One	HA6	652.83	659.27	491.00	168.27	-8.77	1,414.47	1,428.42	1,063.83	364.59	-19.00
<b>Kansas Humana CoverageFirst/Value Plan</b>											
CDHP Self	PH1	279.85	265.95	199.46	66.49	-3.47	606.34	576.23	432.17	144.06	-7.52
CDHP Self & Family	PH2	629.68	598.38	448.79	149.59	-7.83	1,364.31	1,296.49	972.37	324.12	-16.96
CDHP Self Plus One	PH3	601.69	571.79	428.84	142.95	-7.47	1,303.66	1,238.88	929.16	309.72	-16.19
Value Self	PH4	214.76	193.28	144.96	48.32	-5.37	465.31	418.77	314.08	104.69	-11.64

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Value Self & Family	PH5	483.20	434.90	326.18	108.72	-12.08	1,046.93	942.28	706.71	235.57	-26.16
Value Self Plus One	PH6	461.73	415.56	311.67	103.89	-11.54	1,000.42	900.38	675.29	225.09	-25.01
<b>Kansas Humana Health Plan, Inc.</b>											
High Self	MS1	741.03	748.42	229.25	519.17	-0.19	1,605.57	1,621.58	496.71	1,124.87	-0.41
High Self & Family	MS2	1,667.32	1,683.94	521.58	1,162.36	0.26	3,612.53	3,648.54	1,130.09	2,518.45	0.56
High Self Plus One	MS3	1,593.21	1,609.10	491.00	1,118.10	0.68	3,451.96	3,486.38	1,063.83	2,422.55	1.47
Standard Self	MS4	383.06	402.19	229.25	172.94	11.55	829.96	871.41	496.71	374.70	25.03
Standard Self & Family	MS5	861.90	904.94	521.58	383.36	26.68	1,867.45	1,960.70	1,130.09	830.61	57.80
Standard Self Plus One	MS6	823.60	864.72	491.00	373.72	25.91	1,784.47	1,873.56	1,063.83	809.73	56.14
<b>Kentucky Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Kentucky Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Kentucky Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Kentucky Humana CoverageFirst/Value Plan</b>											
CDHP Self	6N1	259.64	270.03	202.52	67.51	2.60	562.55	585.07	438.80	146.27	5.63

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self & Family	6N2	584.17	607.56	455.67	151.89	5.85	1,265.70	1,316.38	987.29	329.09	12.67
CDHP Self Plus One	6N3	558.20	580.56	435.42	145.14	5.59	1,209.43	1,257.88	943.41	314.47	12.11
<b>Kentucky Humana CoverageFirst/Value Plan</b>											
CDHP Self	TC1	<b>New Plan</b>	277.99	208.49	69.50	<b>New Plan</b>	<b>New Plan</b>	602.31	451.73	150.58	<b>New Plan</b>
CDHP Self & Family	TC2	<b>New Plan</b>	625.49	469.12	156.37	<b>New Plan</b>	<b>New Plan</b>	1,355.23	1,016.42	338.81	<b>New Plan</b>
CDHP Self Plus One	TC3	<b>New Plan</b>	597.69	448.27	149.42	<b>New Plan</b>	<b>New Plan</b>	1,295.00	971.25	323.75	<b>New Plan</b>
<b>Kentucky Humana Health Plan of Ohio, Inc.</b>											
High Self	A61	454.72	482.03	229.25	252.78	19.73	985.23	1,044.40	496.71	547.69	42.75
High Self & Family	A62	1,023.12	1,084.57	521.58	562.99	45.09	2,216.76	2,349.90	1,130.09	1,219.81	97.69
High Self Plus One	A63	977.65	1,036.37	491.00	545.37	43.51	2,118.24	2,245.47	1,063.83	1,181.64	94.28
Standard Self	A64	358.48	385.79	229.25	156.54	19.73	776.71	835.88	496.71	339.17	42.75
Standard Self & Family	A65	806.56	868.03	521.58	346.45	45.11	1,747.55	1,880.73	1,130.09	750.64	97.73
Standard Self Plus One	A66	770.71	829.45	491.00	338.45	43.53	1,669.87	1,797.14	1,063.83	733.31	94.32
<b>Kentucky Humana Health Plan, Inc.</b>											
High Self	MH1	330.34	369.98	229.25	140.73	32.06	715.74	801.62	496.71	304.91	69.46
High Self & Family	MH2	743.27	832.45	521.58	310.87	72.82	1,610.42	1,803.64	1,130.09	673.55	157.77
High Self Plus One	MH3	710.24	795.44	491.00	304.44	69.99	1,538.85	1,723.45	1,063.83	659.62	151.65
Standard Self	MH4	301.59	310.64	229.25	81.39	1.47	653.45	673.05	496.71	176.34	3.18
Standard Self & Family	MH5	678.58	698.93	521.58	177.35	3.99	1,470.26	1,514.35	1,130.09	384.26	8.64
Standard Self Plus One	MH6	648.42	667.87	491.00	176.87	4.24	1,404.91	1,447.05	1,063.83	383.22	9.19
<b>Kentucky Humana Health Plan, Inc.</b>											
High Self	MI1	376.40	461.68	229.25	232.43	77.70	815.53	1,000.31	496.71	503.60	168.36
High Self & Family	MI2	846.88	1,038.76	521.58	517.18	175.52	1,834.91	2,250.65	1,130.09	1,120.56	380.29
High Self Plus One	MI3	809.24	992.60	491.00	501.60	168.15	1,753.35	2,150.63	1,063.83	1,086.80	364.33
Standard Self	MI4	338.89	352.42	229.25	123.17	5.95	734.26	763.58	496.71	266.87	12.90
Standard Self & Family	MI5	762.50	792.96	521.58	271.38	14.10	1,652.08	1,718.08	1,130.09	587.99	30.55
Standard Self Plus One	MI6	728.61	757.71	491.00	266.71	13.89	1,578.66	1,641.71	1,063.83	577.88	30.10

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Biweekly premium rates					2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice HMO</b>												
High Self	LJ1	256.93	281.86	211.40	70.46	6.23	556.68	610.70	458.03	152.67	13.50	
High Self & Family	LJ2	642.34	704.66	521.58	183.08	22.50	1,391.74	1,526.76	1,130.09	396.67	48.74	
High Self Plus One	LJ3	552.41	606.01	454.51	151.50	13.40	1,196.89	1,313.02	984.77	328.25	29.03	
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>												
HDHP Self	N71	244.51	231.60	173.70	57.90	-3.23	529.77	501.80	376.35	125.45	-6.99	
HDHP Self & Family	N72	611.29	579.00	434.25	144.75	-8.07	1,324.46	1,254.50	940.88	313.62	-17.49	
HDHP Self Plus One	N73	525.71	497.94	373.46	124.48	-6.95	1,139.04	1,078.87	809.15	269.72	-15.04	
<b>Louisiana Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57	
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42	
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92	
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91	
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54	
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27	
<b>Louisiana Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Louisiana Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>												
High Self	AE1	350.92	364.95	229.25	135.70	6.45	760.33	790.73	496.71	294.02	13.98	
High Self & Family	AE2	789.56	821.12	521.58	299.54	15.20	1,710.71	1,779.09	1,130.09	649.00	32.93	
High Self Plus One	AE3	754.46	784.63	491.00	293.63	14.96	1,634.66	1,700.03	1,063.83	636.20	32.42	

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Standard Self	AE4	309.46	315.65	229.25	86.40	-1.39	670.50	683.91	496.71	187.20	-3.01
Standard Self & Family	AE5	696.29	710.22	521.58	188.64	-2.43	1,508.63	1,538.81	1,130.09	408.72	-5.27
Standard Self Plus One	AE6	665.35	678.65	491.00	187.65	-1.91	1,441.59	1,470.41	1,063.83	406.58	-4.13
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>											
High Self	BC1	307.86	320.18	229.25	90.93	4.74	667.03	693.72	496.71	197.01	10.27
High Self & Family	BC2	692.68	720.43	521.58	198.85	11.39	1,500.81	1,560.93	1,130.09	430.84	24.67
High Self Plus One	BC3	661.90	688.41	491.00	197.41	11.30	1,434.12	1,491.56	1,063.83	427.73	24.49
Standard Self	BC4	263.93	263.93	197.95	65.98	0.00	571.85	571.85	428.89	142.96	0.00
Standard Self & Family	BC5	593.85	593.85	445.39	148.46	0.00	1,286.68	1,286.68	965.01	321.67	0.00
Standard Self Plus One	BC6	567.46	567.46	425.60	141.86	0.00	1,229.50	1,229.50	922.13	307.37	0.00
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	KK1	257.80	274.77	206.08	68.69	4.24	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	644.49	686.91	515.18	171.73	10.61	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	554.26	590.74	443.06	147.68	9.12	1,200.90	1,279.94	959.96	319.98	19.76
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	LS1	212.83	202.27	151.70	50.57	-2.64	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	532.06	505.67	379.25	126.42	-6.59	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	457.58	434.88	326.16	108.72	-5.67	991.42	942.24	706.68	235.56	-12.29
<b>Maine Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96
<b>Maine Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code		2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Maine Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>Maryland Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57	
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42	
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92	
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91	
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54	
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27	
<b>Maryland Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Maryland Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>Maryland Aetna Open Access</b>												
High Self	JN1	469.08	509.12	229.25	279.87	32.46	1,016.34	1,103.09	496.71	606.38	70.33	
High Self & Family	JN2	1,054.58	1,144.59	521.58	623.01	73.65	2,284.92	2,479.95	1,130.09	1,349.86	159.58	
High Self Plus One	JN3	1,044.14	1,133.25	491.00	642.25	73.90	2,262.30	2,455.38	1,063.83	1,391.55	160.13	
Basic Self	JN4	294.16	305.93	229.25	76.68	3.14	637.35	662.85	496.71	166.14	6.80	
Basic Self & Family	JN5	664.55	700.13	521.58	178.55	12.41	1,439.86	1,516.95	1,130.09	386.86	26.90	

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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
Basic Self Plus One JN6		634.15	642.92	482.19	160.73	2.19	1,373.99	1,392.99	1,044.74	348.25	4.75
<b>Maryland CareFirst BlueChoice</b>											
High Self 2G1		358.77	394.65	229.25	165.40	28.30	777.34	855.08	496.71	358.37	61.32
High Self & Family 2G2		852.43	937.66	521.58	416.08	68.87	1,846.93	2,031.60	1,130.09	901.51	149.22
High Self Plus One 2G3		717.54	789.29	491.00	298.29	56.54	1,554.67	1,710.13	1,063.83	646.30	122.51
Standard Self 2G4		304.89	320.13	229.25	90.88	7.66	660.60	693.62	496.71	196.91	16.60
Standard Self & Family 2G5		724.41	760.64	521.58	239.06	19.87	1,569.56	1,648.05	1,130.09	517.96	43.04
Standard Self Plus One 2G6		609.78	640.27	480.20	160.07	7.63	1,321.19	1,387.25	1,040.44	346.81	16.51
<b>Maryland CareFirst BlueChoice</b>											
HDHP Self B61		281.41	281.41	211.06	70.35	0.00	609.72	609.72	457.29	152.43	0.00
HDHP Self & Family B62		668.62	668.62	501.47	167.15	0.00	1,448.68	1,448.68	1,086.51	362.17	0.00
HDHP Self Plus One B63		562.82	562.82	422.12	140.70	0.00	1,219.44	1,219.44	914.58	304.86	0.00
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>											
High Self E31		296.17	304.78	228.59	76.19	1.69	641.70	660.36	495.27	165.09	3.68
High Self & Family E32		693.06	701.00	521.58	179.42	-8.42	1,501.63	1,518.83	1,130.09	388.74	-18.25
High Self Plus One E33		669.36	701.00	491.00	210.00	16.43	1,450.28	1,518.83	1,063.83	455.00	35.60
Standard Self E34		223.40	233.06	174.80	58.26	2.41	484.03	504.96	378.72	126.24	5.23
Standard Self & Family E35		522.75	536.07	402.05	134.02	3.33	1,132.63	1,161.49	871.12	290.37	7.21
Standard Self Plus One E36		504.87	536.07	402.05	134.02	7.80	1,093.89	1,161.49	871.12	290.37	16.90
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>											
Basic Self T71		<b>New Plan</b>	212.32	159.24	53.08	<b>New Plan</b>	<b>New Plan</b>	460.03	345.02	115.01	<b>New Plan</b>
Basic Self & Family T72		<b>New Plan</b>	509.77	382.33	127.44	<b>New Plan</b>	<b>New Plan</b>	1,104.50	828.38	276.12	<b>New Plan</b>
Basic Self Plus One T73		<b>New Plan</b>	464.41	348.31	116.10	<b>New Plan</b>	<b>New Plan</b>	1,006.22	754.67	251.55	<b>New Plan</b>

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2018 Biweekly premium rates						2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Maryland M.D. IPA</b>														
High Self	JP1	318.80	331.28	229.25	102.03	4.90	690.73	717.77	496.71	221.06	10.62			
High Self & Family	JP2	893.91	928.92	521.58	407.34	18.65	1,936.81	2,012.66	1,130.09	882.57	40.40			
High Self Plus One	JP3	622.62	646.99	485.24	161.75	6.10	1,349.01	1,401.81	1,051.36	350.45	13.20			
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice HMO</b>														
High Self	LR1	279.74	280.61	210.46	70.15	0.22	606.10	607.99	455.99	152.00	0.48			
High Self & Family	LR2	699.35	701.54	521.58	179.96	-14.17	1,515.26	1,520.00	1,130.09	389.91	-30.71			
High Self Plus One	LR3	573.47	603.32	452.49	150.83	7.46	1,242.52	1,307.19	980.39	326.80	16.17			
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>														
Value Self	L91	199.88	213.84	160.38	53.46	3.49	433.07	463.32	347.49	115.83	7.56			
Value Self & Family	L92	560.47	599.62	449.72	149.90	9.78	1,214.35	1,299.18	974.39	324.79	21.20			
Value Self Plus One	L93	390.36	417.64	313.23	104.41	6.82	845.78	904.89	678.67	226.22	14.78			
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>														
HDHP Self	V41	New Plan	261.68	196.26	65.42	New Plan	New Plan	566.97	425.23	141.74	New Plan			
HDHP Self & Family	V42	New Plan	654.22	490.67	163.55	New Plan	New Plan	1,417.48	1,063.11	354.37	New Plan			
HDHP Self Plus One	V43	New Plan	562.62	421.97	140.65	New Plan	New Plan	1,219.01	914.26	304.75	New Plan			
<b>Massachusetts Aetna HealthFund CDHP and Aetna Value Plan</b>														
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96			
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84			
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37			
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78			
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22			
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96			
<b>Massachusetts Aetna HealthFund HDHP</b>														
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16			
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03			
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46			
<b>Massachusetts Aetna Direct</b>														

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Michigan Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Michigan Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Michigan Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Michigan Bluecare Network of MI</b>											
High Self	K51	390.42	428.22	229.25	198.97	30.22	845.91	927.81	496.71	431.10	65.48
High Self & Family	K52	952.59	1,044.84	521.58	523.26	75.89	2,063.95	2,263.82	1,130.09	1,133.73	164.42
High Self Plus One	K53	897.96	984.91	491.00	493.91	71.74	1,945.58	2,133.97	1,063.83	1,070.14	155.44
<b>Michigan Bluecare Network of MI</b>											
High Self	LX1	308.30	308.30	229.25	79.05	-7.58	667.98	667.98	496.71	171.27	-16.42
High Self & Family	LX2	752.26	752.23	521.58	230.65	-16.39	1,629.90	1,629.83	1,130.09	499.74	-35.52
High Self Plus One	LX3	709.09	709.09	491.00	218.09	-15.21	1,536.36	1,536.36	1,063.83	472.53	-32.95
<b>Michigan Health Alliance Plan</b>											

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self	521	331.75	326.87	229.25	97.62	-12.46	718.79	708.22	496.71	211.51	-26.99
High Self & Family	522	809.46	797.56	521.58	275.98	-28.26	1,753.83	1,728.05	1,130.09	597.96	-61.23
High Self Plus One	523	763.03	751.80	491.00	260.80	-26.44	1,653.23	1,628.90	1,063.83	565.07	-57.28
<b>Michigan Health Alliance Plan</b>											
Standard Self	GY4	279.80	260.27	195.20	65.07	-4.88	606.23	563.92	422.94	140.98	-10.58
Standard Self & Family	GY5	682.72	635.06	476.30	158.76	-18.74	1,479.23	1,375.96	1,031.97	343.99	-40.60
Standard Self Plus One	GY6	643.54	598.62	448.97	149.65	-18.10	1,394.34	1,297.01	972.76	324.25	-39.21
<b>Michigan Priority Health</b>											
High Self	LE1	314.98	375.60	229.25	146.35	53.04	682.46	813.80	496.71	317.09	114.92
High Self & Family	LE2	740.21	882.65	521.58	361.07	126.08	1,603.79	1,912.41	1,130.09	782.32	273.17
High Self Plus One	LE3	692.96	826.31	491.00	335.31	118.14	1,501.41	1,790.34	1,063.83	726.51	255.98
Standard Self	LE4	252.32	273.84	205.38	68.46	5.38	546.69	593.32	444.99	148.33	11.66
Standard Self & Family	LE5	592.97	643.53	482.65	160.88	12.64	1,284.77	1,394.32	1,045.74	348.58	27.39
Standard Self Plus One	LE6	555.11	602.45	451.84	150.61	11.83	1,202.74	1,305.31	978.98	326.33	25.65
<b>Minnesota Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Minnesota Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Minnesota Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Minnesota HealthPartners</b>											
High Self	V31	329.41	356.92	229.25	127.67	19.93	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	802.44	869.46	521.58	347.88	50.66	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	727.99	788.79	491.00	297.79	45.59	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	196.66	211.15	158.36	52.79	3.63	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	479.08	514.37	385.78	128.59	8.82	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	434.64	466.65	349.99	116.66	8.00	941.72	1,011.08	758.31	252.77	17.34
<b>Mississippi Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Mississippi Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Mississippi Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### Mississippi UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	KK1	257.80	274.77	206.08	68.69	4.24	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	644.49	686.91	515.18	171.73	10.61	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	554.26	590.74	443.06	147.68	9.12	1,200.90	1,279.94	959.96	319.98	19.76

### Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LS1	212.83	202.27	151.70	50.57	-2.64	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	532.06	505.67	379.25	126.42	-6.59	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	457.58	434.88	326.16	108.72	-5.67	991.42	942.24	706.68	235.56	-12.29

### Missouri Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28

### Missouri Aetna HealthFund HDHP

HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46

### Missouri Aetna Direct

CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

### Missouri Aetna Open Access



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self	HA1	324.69	336.16	229.25	106.91	3.89	703.50	728.35	496.71	231.64	8.43
High Self & Family	HA2	766.98	794.06	521.58	272.48	10.72	1,661.79	1,720.46	1,130.09	590.37	23.22
High Self Plus One	HA3	759.40	786.22	491.00	295.22	11.61	1,645.37	1,703.48	1,063.83	639.65	25.16
Standard Self	HA4	279.33	282.10	211.58	70.52	0.69	605.22	611.22	458.42	152.80	1.50
Standard Self & Family	HA5	659.35	665.86	499.40	166.46	1.62	1,428.59	1,442.70	1,082.03	360.67	3.52
Standard Self Plus One	HA6	652.83	659.27	491.00	168.27	-8.77	1,414.47	1,428.42	1,063.83	364.59	-19.00
<b>Missouri Blue Preferred</b>											
High Self	9G1	322.38	338.73	229.25	109.48	8.77	698.49	733.92	496.71	237.21	19.01
High Self & Family	9G2	697.96	733.35	521.58	211.77	19.03	1,512.25	1,588.93	1,130.09	458.84	41.23
High Self Plus One	9G3	651.22	694.40	491.00	203.40	27.97	1,410.98	1,504.53	1,063.83	440.70	60.60
Standard Self	9G4	239.60	245.59	184.19	61.40	1.50	519.13	532.11	399.08	133.03	3.25
Standard Self & Family	9G5	678.07	706.05	521.58	184.47	11.62	1,469.15	1,529.78	1,130.09	399.69	25.18
Standard Self Plus One	9G6	622.96	638.52	478.89	159.63	3.89	1,349.75	1,383.46	1,037.60	345.86	8.42
<b>Missouri Humana CoverageFirst/Value Plan</b>											
CDHP Self	PH1	279.85	265.95	199.46	66.49	-3.47	606.34	576.23	432.17	144.06	-7.52
CDHP Self & Family	PH2	629.68	598.38	448.79	149.59	-7.83	1,364.31	1,296.49	972.37	324.12	-16.96
CDHP Self Plus One	PH3	601.69	571.79	428.84	142.95	-7.47	1,303.66	1,238.88	929.16	309.72	-16.19
Value Self	PH4	214.76	193.28	144.96	48.32	-5.37	465.31	418.77	314.08	104.69	-11.64
Value Self & Family	PH5	483.20	434.90	326.18	108.72	-12.08	1,046.93	942.28	706.71	235.57	-26.16
Value Self Plus One	PH6	461.73	415.56	311.67	103.89	-11.54	1,000.42	900.38	675.29	225.09	-25.01
<b>Missouri Humana Health Plan, Inc.</b>											
High Self	MS1	741.03	748.42	229.25	519.17	-0.19	1,605.57	1,621.58	496.71	1,124.87	-0.41
High Self & Family	MS2	1,667.32	1,683.94	521.58	1,162.36	0.26	3,612.53	3,648.54	1,130.09	2,518.45	0.56



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self Plus One	MS3	1,593.21	1,609.10	491.00	1,118.10	0.68	3,451.96	3,486.38	1,063.83	2,422.55	1.47
Standard Self	MS4	383.06	402.19	229.25	172.94	11.55	829.96	871.41	496.71	374.70	25.03
Standard Self & Family	MS5	861.90	904.94	521.58	383.36	26.68	1,867.45	1,960.70	1,130.09	830.61	57.80
Standard Self Plus One	MS6	823.60	864.72	491.00	373.72	25.91	1,784.47	1,873.56	1,063.83	809.73	56.14
<b>Montana Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Montana Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Montana Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Nebraska Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Nebraska Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Nebraska Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Nevada Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Nevada Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Nevada Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
<b>Nevada Health Plan of Nevada</b>												
High Self	NM1	246.70	280.40	210.30	70.10	8.43	534.52	607.53	455.65	151.88	18.25	
High Self & Family	NM2	584.66	664.52	498.39	166.13	19.97	1,266.76	1,439.79	1,079.84	359.95	43.26	
High Self Plus One	NM3	468.71	532.76	399.57	133.19	16.01	1,015.54	1,154.31	865.73	288.58	34.70	
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice HMO</b>												
High Self	KT1	<b>New Plan</b>	281.85	211.39	70.46	<b>New Plan</b>	<b>New Plan</b>	610.68	458.01	152.67	<b>New Plan</b>	
High Self & Family	KT2	<b>New Plan</b>	704.63	521.58	183.05	<b>New Plan</b>	<b>New Plan</b>	1,526.70	1,130.09	396.61	<b>New Plan</b>	
High Self Plus One	KT3	<b>New Plan</b>	605.98	454.49	151.49	<b>New Plan</b>	<b>New Plan</b>	1,312.96	984.72	328.24	<b>New Plan</b>	
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>												
HDHP Self	LU1	<b>New Plan</b>	222.88	167.16	55.72	<b>New Plan</b>	<b>New Plan</b>	482.91	362.18	120.73	<b>New Plan</b>	
HDHP Self & Family	LU2	<b>New Plan</b>	557.19	417.89	139.30	<b>New Plan</b>	<b>New Plan</b>	1,207.25	905.44	301.81	<b>New Plan</b>	
HDHP Self Plus One	LU3	<b>New Plan</b>	479.19	359.39	119.80	<b>New Plan</b>	<b>New Plan</b>	1,038.25	778.69	259.56	<b>New Plan</b>	
<b>New Hampshire Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96	
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84	
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37	
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78	
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22	
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96	
<b>New Hampshire Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>New Hampshire Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>New Jersey Aetna HealthFund CDHP and Aetna Value Plan</b>												

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96
<b>New Jersey Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>New Jersey Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>New Jersey Aetna Open Access</b>											
High Self	JR1	636.14	666.58	229.25	437.33	22.86	1,378.30	1,444.26	496.71	947.55	49.54
High Self & Family	JR2	1,469.44	1,539.74	521.58	1,018.16	53.94	3,183.79	3,336.10	1,130.09	2,206.01	116.86
High Self Plus One	JR3	1,454.89	1,524.49	491.00	1,033.49	54.39	3,152.26	3,303.06	1,063.83	2,239.23	117.85
Basic Self	JR4	489.08	537.15	229.25	307.90	40.49	1,059.67	1,163.83	496.71	667.12	87.74
Basic Self & Family	JR5	1,133.48	1,244.88	521.58	723.30	95.04	2,455.87	2,697.24	1,130.09	1,567.15	205.92
Basic Self Plus One	JR6	1,122.25	1,232.56	491.00	741.56	95.10	2,431.54	2,670.55	1,063.83	1,606.72	206.06
<b>New Jersey Aetna Open Access</b>											
High Self	P31	655.24	725.73	229.25	496.48	62.91	1,419.69	1,572.42	496.71	1,075.71	136.31
High Self & Family	P32	1,588.64	1,759.54	521.58	1,237.96	154.54	3,442.05	3,812.34	1,130.09	2,682.25	334.84
High Self Plus One	P33	1,572.91	1,742.11	491.00	1,251.11	153.99	3,407.97	3,774.57	1,063.83	2,710.74	333.65
Basic Self	P34	549.01	622.19	229.25	392.94	65.60	1,189.52	1,348.08	496.71	851.37	142.14
Basic Self & Family	P35	1,274.25	1,444.10	521.58	922.52	153.49	2,760.88	3,128.88	1,130.09	1,998.79	332.55

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

Basic Self Plus One	P36	1,261.63	1,429.80	491.00	938.80	152.96	2,733.53	3,097.90	1,063.83	2,034.07	331.42
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### New Jersey GHI Health Plan -

High Self	801	441.06	474.15	229.25	244.90	25.51	955.63	1,027.33	496.71	530.62	55.28
High Self & Family	802	1,196.52	1,286.26	521.58	764.68	73.38	2,592.46	2,786.90	1,130.09	1,656.81	158.99
High Self Plus One	803	1,074.06	1,154.62	491.00	663.62	65.35	2,327.13	2,501.68	1,063.83	1,437.85	141.60
Standard Self	804	328.15	328.15	229.25	98.90	-7.58	710.99	710.99	496.71	214.28	-16.42
Standard Self & Family	805	782.70	972.59	521.58	451.01	173.53	1,695.85	2,107.28	1,130.09	977.19	375.98
Standard Self Plus One	806	750.09	772.60	491.00	281.60	7.30	1,625.20	1,673.97	1,063.83	610.14	15.82

### New Mexico Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28

### New Mexico Aetna HealthFund HDHP

HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46

### New Mexico Aetna Direct

CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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
<b>New Mexico Presbyterian Health Plan</b>											
High Self	P21	312.72	355.93	229.25	126.68	35.63	677.56	771.18	496.71	274.47	77.20
High Self & Family	P22	734.91	836.44	521.58	314.86	85.17	1,592.31	1,812.29	1,130.09	682.20	184.53
High Self Plus One	P23	709.89	807.98	491.00	316.98	82.88	1,538.10	1,750.62	1,063.83	686.79	179.57
<b>New Mexico Presbyterian Health Plan</b>											
Standard Self	PS4	261.73	299.96	224.97	74.99	9.56	567.08	649.91	487.43	162.48	20.71
Standard Self & Family	PS5	615.08	704.93	521.58	183.35	29.58	1,332.67	1,527.35	1,130.09	397.26	64.09
Standard Self Plus One	PS6	594.14	680.93	491.00	189.93	41.40	1,287.30	1,475.35	1,063.83	411.52	89.70
<b>New York Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96
<b>New York Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>New York Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>New York Aetna Open Access</b>											
High Self	JC1	483.32	537.70	229.25	308.45	46.80	1,047.19	1,165.02	496.71	668.31	101.41
High Self & Family	JC2	1,194.29	1,328.64	521.58	807.06	117.99	2,587.63	2,878.72	1,130.09	1,748.63	255.64
High Self Plus One	JC3	1,182.48	1,315.51	491.00	824.51	117.82	2,562.04	2,850.27	1,063.83	1,786.44	255.28

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Basic Self	JC4	371.30	408.23	229.25	178.98	29.35	804.48	884.50	496.71	387.79	63.60
Basic Self & Family	JC5	905.66	995.75	521.58	474.17	73.73	1,962.26	2,157.46	1,130.09	1,027.37	159.75
Basic Self Plus One	JC6	896.71	985.90	491.00	494.90	73.98	1,942.87	2,136.12	1,063.83	1,072.29	160.30
<b>New York CDPHP Universal Benefits, Inc.</b>											
High Self	SG1	345.92	371.90	229.25	142.65	18.40	749.49	805.78	496.71	309.07	39.87
High Self & Family	SG2	1,037.75	1,115.66	521.58	594.08	61.55	2,248.46	2,417.26	1,130.09	1,287.17	133.35
High Self Plus One	SG3	691.85	743.82	491.00	252.82	36.76	1,499.01	1,611.61	1,063.83	547.78	79.65
Standard Self	SG4	244.54	266.57	199.93	66.64	5.51	529.84	577.57	433.18	144.39	11.93
Standard Self & Family	SG5	733.57	799.69	521.58	278.11	49.76	1,589.40	1,732.66	1,130.09	602.57	107.81
Standard Self Plus One	SG6	489.06	533.14	399.86	133.28	11.02	1,059.63	1,155.14	866.36	288.78	23.87
<b>New York GHI Health Plan -</b>											
High Self	801	441.06	474.15	229.25	244.90	25.51	955.63	1,027.33	496.71	530.62	55.28
High Self & Family	802	1,196.52	1,286.26	521.58	764.68	73.38	2,592.46	2,786.90	1,130.09	1,656.81	158.99
High Self Plus One	803	1,074.06	1,154.62	491.00	663.62	65.35	2,327.13	2,501.68	1,063.83	1,437.85	141.60
Standard Self	804	328.15	328.15	229.25	98.90	-7.58	710.99	710.99	496.71	214.28	-16.42
Standard Self & Family	805	782.70	972.59	521.58	451.01	173.53	1,695.85	2,107.28	1,130.09	977.19	375.98
Standard Self Plus One	806	750.09	772.60	491.00	281.60	7.30	1,625.20	1,673.97	1,063.83	610.14	15.82
<b>New York HIP of Greater New York</b>											
High Self	511	333.14	352.04	229.25	122.79	11.32	721.80	762.75	496.71	266.04	24.53
High Self & Family	512	972.45	991.50	521.58	469.92	2.69	2,106.98	2,148.25	1,130.09	1,018.16	5.82
High Self Plus One	513	656.91	627.36	470.52	156.84	-24.28	1,423.31	1,359.28	1,019.46	339.82	-52.61
<b>New York Independent Health Assoc</b>											
Standard Self	C54	302.28	312.04	229.25	82.79	2.18	654.94	676.09	496.71	179.38	4.73
Standard Self & Family	C55	816.15	842.50	521.58	320.92	9.99	1,768.33	1,825.42	1,130.09	695.33	21.64
Standard Self Plus One	C56	770.81	795.69	491.00	304.69	9.67	1,670.09	1,724.00	1,063.83	660.17	20.96

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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### New York Independent Health Assoc

High Self	QA1	318.10	327.65	229.25	98.40	1.97	689.22	709.91	496.71	213.20	4.27
High Self & Family	QA2	858.88	884.67	521.58	363.09	9.43	1,860.91	1,916.79	1,130.09	786.70	20.43
High Self Plus One	QA3	811.17	835.52	491.00	344.52	9.14	1,757.54	1,810.29	1,063.83	746.46	19.80
HDHP Self	QA4	207.56	241.80	181.35	60.45	8.56	449.71	523.90	392.93	130.97	18.54
HDHP Self & Family	QA5	550.14	620.62	465.47	155.15	17.62	1,191.97	1,344.68	1,008.51	336.17	38.18
HDHP Self Plus One	QA6	508.45	577.43	433.07	144.36	17.25	1,101.64	1,251.10	938.33	312.77	37.36

### New York MVP Health Care

High Self	GA1	349.54	413.09	229.25	183.84	55.97	757.34	895.03	496.71	398.32	121.27
High Self & Family	GA2	856.39	1,012.08	521.58	490.50	139.33	1,855.51	2,192.84	1,130.09	1,062.75	301.88
High Self Plus One	GA3	803.95	950.11	491.00	459.11	130.95	1,741.89	2,058.57	1,063.83	994.74	283.73
Standard Self	GA4	321.11	346.54	229.25	117.29	17.85	695.74	750.84	496.71	254.13	38.68
Standard Self & Family	GA5	786.71	849.00	521.58	327.42	45.93	1,704.54	1,839.50	1,130.09	709.41	99.51
Standard Self Plus One	GA6	738.55	797.02	491.00	306.02	43.26	1,600.19	1,726.88	1,063.83	663.05	93.74

### New York MVP Health Care

High Self	GV1	315.64	365.78	229.25	136.53	42.56	683.89	792.52	496.71	295.81	92.21
High Self & Family	GV2	773.30	896.15	521.58	374.57	106.49	1,675.48	1,941.66	1,130.09	811.57	230.73
High Self Plus One	GV3	725.96	841.29	491.00	350.29	100.12	1,572.91	1,822.80	1,063.83	758.97	216.94
Standard Self	GV4	281.73	324.76	229.25	95.51	25.08	610.42	703.65	496.71	206.94	54.34
Standard Self & Family	GV5	690.24	795.64	521.58	274.06	89.04	1,495.52	1,723.89	1,130.09	593.80	192.92
Standard Self Plus One	GV6	647.98	746.93	491.00	255.93	83.74	1,403.96	1,618.35	1,063.83	554.52	181.44



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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### New York MVP Health Care

High Self	M91	323.89	393.95	229.25	164.70	62.48	701.76	853.56	496.71	356.85	135.38
High Self & Family	M92	793.50	965.18	521.58	443.60	155.32	1,719.25	2,091.22	1,130.09	961.13	336.52
High Self Plus One	M93	744.93	906.09	491.00	415.09	145.95	1,614.02	1,963.20	1,063.83	899.37	316.23
Standard Self	M94	316.74	324.64	229.25	95.39	0.32	686.27	703.39	496.71	206.68	0.70
Standard Self & Family	M95	776.03	795.37	521.58	273.79	2.98	1,681.40	1,723.30	1,130.09	593.21	6.45
Standard Self Plus One	M96	728.51	746.67	491.00	255.67	2.95	1,578.44	1,617.79	1,063.83	553.96	6.40

### New York MVP Health Care

High Self	MF1	433.33	488.29	229.25	259.04	47.38	938.88	1,057.96	496.71	561.25	102.66
High Self & Family	MF2	1,061.63	1,196.31	521.58	674.73	118.32	2,300.20	2,592.01	1,130.09	1,461.92	256.36
High Self Plus One	MF3	996.63	1,123.06	491.00	632.06	111.22	2,159.37	2,433.30	1,063.83	1,369.47	240.98
Standard Self	MF4	404.20	446.23	229.25	216.98	34.45	875.77	966.83	496.71	470.12	74.64
Standard Self & Family	MF5	990.28	1,093.26	521.58	571.68	86.62	2,145.61	2,368.73	1,130.09	1,238.64	187.67
Standard Self Plus One	MF6	929.65	1,026.32	491.00	535.32	81.46	2,014.24	2,223.69	1,063.83	1,159.86	176.50

### New York MVP Health Care

High Self	MX1	381.51	501.32	229.25	272.07	112.23	826.61	1,086.19	496.71	589.48	243.16
High Self & Family	MX2	934.73	1,228.24	521.58	706.66	277.15	2,025.25	2,661.19	1,130.09	1,531.10	600.49
High Self Plus One	MX3	877.49	1,153.05	491.00	662.05	260.35	1,901.23	2,498.28	1,063.83	1,434.45	564.10
Standard Self	MX4	370.80	391.83	229.25	162.58	13.45	803.40	848.97	496.71	352.26	29.15
Standard Self & Family	MX5	908.46	959.99	521.58	438.41	35.17	1,968.33	2,079.98	1,130.09	949.89	76.20
Standard Self Plus One	MX6	852.84	901.22	491.00	410.22	33.17	1,847.82	1,952.64	1,063.83	888.81	71.87

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>North Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57	
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42	
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92	
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91	
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54	
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27	
<b>North Carolina Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>North Carolina Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice HMO</b>												
High Self	KK1	<b>New Plan</b>	274.77	206.08	68.69	<b>New Plan</b>	<b>New Plan</b>	595.34	446.51	148.83	<b>New Plan</b>	
High Self & Family	KK2	<b>New Plan</b>	686.91	515.18	171.73	<b>New Plan</b>	<b>New Plan</b>	1,488.31	1,116.23	372.08	<b>New Plan</b>	
High Self Plus One	KK3	<b>New Plan</b>	590.74	443.06	147.68	<b>New Plan</b>	<b>New Plan</b>	1,279.94	959.96	319.98	<b>New Plan</b>	
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>												
HDHP Self	LS1	<b>New Plan</b>	202.27	151.70	50.57	<b>New Plan</b>	<b>New Plan</b>	438.25	328.69	109.56	<b>New Plan</b>	
HDHP Self & Family	LS2	<b>New Plan</b>	505.67	379.25	126.42	<b>New Plan</b>	<b>New Plan</b>	1,095.62	821.72	273.90	<b>New Plan</b>	
HDHP Self Plus One	LS3	<b>New Plan</b>	434.88	326.16	108.72	<b>New Plan</b>	<b>New Plan</b>	942.24	706.68	235.56	<b>New Plan</b>	

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>North Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>North Dakota Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>North Dakota Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>North Dakota HealthPartners</b>											
High Self	V31	329.41	356.92	229.25	127.67	19.93	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	802.44	869.46	521.58	347.88	50.66	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	727.99	788.79	491.00	297.79	45.59	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	196.66	211.15	158.36	52.79	3.63	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	479.08	514.37	385.78	128.59	8.82	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	434.64	466.65	349.99	116.66	8.00	941.72	1,011.08	758.31	252.77	17.34

**Ohio Aetna HealthFund CDHP and Aetna Value Plan**

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>Ohio Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Ohio Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Ohio AultCare HMO</b>											
High Self	3A1	329.85	345.84	229.25	116.59	8.41	714.68	749.32	496.71	252.61	18.22
High Self & Family	3A2	814.70	854.24	521.58	332.66	23.18	1,765.18	1,850.85	1,130.09	720.76	50.22
High Self Plus One	3A3	692.68	726.26	491.00	235.26	18.37	1,500.81	1,573.56	1,063.83	509.73	39.80
HDHP Self	3A4	161.62	166.00	124.50	41.50	1.10	350.18	359.67	269.75	89.92	2.38
HDHP Self & Family	3A5	517.15	533.86	400.40	133.46	4.17	1,120.49	1,156.70	867.53	289.17	9.05
HDHP Self Plus One	3A6	307.06	314.64	235.98	78.66	1.90	665.30	681.72	511.29	170.43	4.11
<b>Ohio Humana Health Plan of Ohio, Inc.</b>											
High Self	A61	454.72	482.03	229.25	252.78	19.73	985.23	1,044.40	496.71	547.69	42.75

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	A62	1,023.12	1,084.57	521.58	562.99	45.09	2,216.76	2,349.90	1,130.09	1,219.81	97.69
High Self Plus One	A63	977.65	1,036.37	491.00	545.37	43.51	2,118.24	2,245.47	1,063.83	1,181.64	94.28
Standard Self	A64	358.48	385.79	229.25	156.54	19.73	776.71	835.88	496.71	339.17	42.75
Standard Self & Family	A65	806.56	868.03	521.58	346.45	45.11	1,747.55	1,880.73	1,130.09	750.64	97.73
Standard Self Plus One	A66	770.71	829.45	491.00	338.45	43.53	1,669.87	1,797.14	1,063.83	733.31	94.32
<b>Ohio Medical Mutual</b>											
High Self	641	402.58	421.73	229.25	192.48	11.57	872.26	913.75	496.71	417.04	25.07
High Self & Family	642	966.20	1,012.13	521.58	490.55	29.57	2,093.43	2,192.95	1,130.09	1,062.86	64.07
High Self Plus One	643	885.68	927.78	491.00	436.78	26.89	1,918.97	2,010.19	1,063.83	946.36	58.27
Standard Self	644	337.46	351.44	229.25	122.19	6.40	731.16	761.45	496.71	264.74	13.87
Standard Self & Family	645	809.91	843.46	521.58	321.88	17.19	1,754.81	1,827.50	1,130.09	697.41	37.24
Standard Self Plus One	646	742.42	773.19	491.00	282.19	15.56	1,608.58	1,675.25	1,063.83	611.42	33.72
<b>Ohio Medical Mutual</b>											
Basic Self	UX1	<b>New Plan</b>	273.96	205.47	68.49	<b>New Plan</b>	<b>New Plan</b>	593.58	445.19	148.39	<b>New Plan</b>
Basic Self & Family	UX2	<b>New Plan</b>	657.52	493.14	164.38	<b>New Plan</b>	<b>New Plan</b>	1,424.63	1,068.47	356.16	<b>New Plan</b>
Basic Self Plus One	UX3	<b>New Plan</b>	602.73	452.05	150.68	<b>New Plan</b>	<b>New Plan</b>	1,305.92	979.44	326.48	<b>New Plan</b>
<b>Oklahoma Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>Oklahoma Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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
HDHP Self Plus One 226		553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Oklahoma Aetna Direct</b>											
CDHP Self N61		221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family N62		558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One N63		486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Oklahoma GlobalHealth, Inc.</b>											
High Self IM1		261.85	262.11	196.58	65.53	0.07	567.34	567.91	425.93	141.98	0.15
High Self & Family IM2		654.64	655.26	491.45	163.81	0.15	1,418.39	1,419.73	1,064.80	354.93	0.33
High Self Plus One IM3		523.71	524.21	393.16	131.05	0.12	1,134.71	1,135.79	851.84	283.95	0.27
Standard Self IM4		242.42	242.44	181.83	60.61	0.01	525.24	525.29	393.97	131.32	0.01
Standard Self & Family IM5		606.07	606.10	454.58	151.52	0.00	1,313.15	1,313.22	984.92	328.30	0.01
Standard Self Plus One IM6		484.86	484.88	363.66	121.22	0.01	1,050.53	1,050.57	787.93	262.64	0.01
<b>Oregon Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self H41		347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family H42		791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One H43		783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self H44		257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38
Value Self & Family H45		591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One H46		579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86
<b>Oregon Aetna HealthFund HDHP</b>											
HDHP Self 224		256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family 225		564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One 226		553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Oregon Aetna Direct</b>											
CDHP Self N61		221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family N62		558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One N63		486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2018 Biweekly premium rates						2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>														
High Self	571	317.04	319.42	229.25	90.17	-5.20	686.92	692.08	496.71	195.37	-11.26			
High Self & Family	572	716.12	721.45	521.58	199.87	-11.03	1,551.59	1,563.14	1,130.09	433.05	-23.90			
High Self Plus One	573	716.12	721.45	491.00	230.45	-9.88	1,551.59	1,563.14	1,063.83	499.31	-21.40			
Standard Self	574	274.08	277.04	207.78	69.26	0.74	593.84	600.25	450.19	150.06	1.60			
Standard Self & Family	575	629.64	636.45	477.34	159.11	1.70	1,364.22	1,378.98	1,034.24	344.74	3.69			
Standard Self Plus One	576	629.64	636.45	477.34	159.11	1.70	1,364.22	1,378.98	1,034.24	344.74	3.69			
<b>Oregon UnitedHealthcare Insurance Company, Inc. Choice HMO</b>														
High Self	KT1	New Plan	281.85	211.39	70.46	New Plan	New Plan	610.68	458.01	152.67	New Plan			
High Self & Family	KT2	New Plan	704.63	521.58	183.05	New Plan	New Plan	1,526.70	1,130.09	396.61	New Plan			
High Self Plus One	KT3	New Plan	605.98	454.49	151.49	New Plan	New Plan	1,312.96	984.72	328.24	New Plan			
<b>Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>														
HDHP Self	LU1	New Plan	222.88	167.16	55.72	New Plan	New Plan	482.91	362.18	120.73	New Plan			
HDHP Self & Family	LU2	New Plan	557.19	417.89	139.30	New Plan	New Plan	1,207.25	905.44	301.81	New Plan			
HDHP Self Plus One	LU3	New Plan	479.19	359.39	119.80	New Plan	New Plan	1,038.25	778.69	259.56	New Plan			
<b>Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan</b>														
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22			
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51			
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41			
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38			
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06			
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86			
<b>Pennsylvania Aetna HealthFund HDHP</b>														
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16			
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03			
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46			
<b>Pennsylvania Aetna Direct</b>														

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Pennsylvania Aetna Open Access</b>											
High Self	P31	655.24	725.73	229.25	496.48	62.91	1,419.69	1,572.42	496.71	1,075.71	136.31
High Self & Family	P32	1,588.64	1,759.54	521.58	1,237.96	154.54	3,442.05	3,812.34	1,130.09	2,682.25	334.84
High Self Plus One	P33	1,572.91	1,742.11	491.00	1,251.11	153.99	3,407.97	3,774.57	1,063.83	2,710.74	333.65
Basic Self	P34	549.01	622.19	229.25	392.94	65.60	1,189.52	1,348.08	496.71	851.37	142.14
Basic Self & Family	P35	1,274.25	1,444.10	521.58	922.52	153.49	2,760.88	3,128.88	1,130.09	1,998.79	332.55
Basic Self Plus One	P36	1,261.63	1,429.80	491.00	938.80	152.96	2,733.53	3,097.90	1,063.83	2,034.07	331.42
<b>Pennsylvania Aetna Open Access</b>											
High Self	YE1	373.97	424.66	229.25	195.41	43.11	810.27	920.10	496.71	423.39	93.41
High Self & Family	YE2	939.06	1,066.33	521.58	544.75	110.91	2,034.63	2,310.38	1,130.09	1,180.29	240.30
High Self Plus One	YE3	929.75	1,055.77	491.00	564.77	110.81	2,014.46	2,287.50	1,063.83	1,223.67	240.09
<b>Pennsylvania Geisinger Health Plan</b>											
Standard Self	GG4	306.72	315.73	229.25	86.48	1.43	664.56	684.08	496.71	187.37	3.10
Standard Self & Family	GG5	702.24	722.86	521.58	201.28	4.26	1,521.52	1,566.20	1,130.09	436.11	9.23
Standard Self Plus One	GG6	662.73	682.20	491.00	191.20	4.26	1,435.92	1,478.10	1,063.83	414.27	9.23
<b>Pennsylvania Highmark Choice Company</b>											
High Self	NP1	285.79	318.35	229.25	89.10	17.65	619.21	689.76	496.71	193.05	38.25
High Self & Family	NP2	648.17	723.78	521.58	202.20	40.16	1,404.37	1,568.19	1,130.09	438.10	87.01
High Self Plus One	NP3	537.86	641.16	480.87	160.29	25.83	1,165.36	1,389.18	1,041.89	347.29	55.95
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	LR1	<b>New Plan</b>	280.61	210.46	70.15	<b>New Plan</b>	<b>New Plan</b>	607.99	455.99	152.00	<b>New Plan</b>
High Self & Family	LR2	<b>New Plan</b>	701.54	521.58	179.96	<b>New Plan</b>	<b>New Plan</b>	1,520.00	1,130.09	389.91	<b>New Plan</b>
High Self Plus One	LR3	<b>New Plan</b>	603.32	452.49	150.83	<b>New Plan</b>	<b>New Plan</b>	1,307.19	980.39	326.80	<b>New Plan</b>
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	V41	<b>New Plan</b>	261.68	196.26	65.42	<b>New Plan</b>	<b>New Plan</b>	566.97	425.23	141.74	<b>New Plan</b>



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
HDHP Self & Family	V42	<b>New Plan</b>	654.22	490.67	163.55	<b>New Plan</b>	<b>New Plan</b>	1,417.48	1,063.11	354.37	<b>New Plan</b>
HDHP Self Plus One	V43	<b>New Plan</b>	562.62	421.97	140.65	<b>New Plan</b>	<b>New Plan</b>	1,219.01	914.26	304.75	<b>New Plan</b>
<b>Pennsylvania UPMC Health Plan</b>											
High Self	8W1	355.26	398.95	229.25	169.70	36.11	769.73	864.39	496.71	367.68	78.24
High Self & Family	8W2	834.83	937.53	521.58	415.95	86.34	1,808.80	2,031.32	1,130.09	901.23	187.07
High Self Plus One	8W3	799.33	897.67	491.00	406.67	83.13	1,731.88	1,944.95	1,063.83	881.12	180.12
HDHP Self	8W4	236.29	249.05	186.79	62.26	3.19	511.96	539.61	404.71	134.90	6.91
HDHP Self & Family	8W5	541.25	571.19	428.39	142.80	7.49	1,172.71	1,237.58	928.19	309.39	16.21
HDHP Self Plus One	8W6	521.24	549.90	412.43	137.47	7.16	1,129.35	1,191.45	893.59	297.86	15.52
<b>Pennsylvania UPMC Health Plan</b>											
Standard Self	UW4	276.84	288.23	216.17	72.06	2.85	599.82	624.50	468.38	156.12	6.17
Standard Self & Family	UW5	650.55	677.31	507.98	169.33	6.69	1,409.53	1,467.51	1,100.63	366.88	14.50
Standard Self Plus One	UW6	622.90	648.51	486.38	162.13	6.41	1,349.62	1,405.11	1,053.83	351.28	13.88
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>											
High Self	ZJ1	168.31	169.71	127.28	42.43	0.35	364.67	367.71	275.78	91.93	0.76
High Self & Family	ZJ2	378.70	381.83	286.37	95.46	0.79	820.52	827.30	620.48	206.82	1.69
High Self Plus One	ZJ3	361.88	364.86	273.65	91.21	0.74	784.07	790.53	592.90	197.63	1.61
<b>Puerto Rico Triple-S Salud, Inc.</b>											
High Self	891	188.02	188.02	141.02	47.00	0.00	407.38	407.38	305.54	101.84	0.00
High Self & Family	892	430.56	430.56	322.92	107.64	0.00	932.88	932.88	699.66	233.22	0.00
High Self Plus One	893	422.17	422.17	316.63	105.54	0.00	914.70	914.70	686.03	228.67	0.00
<b>Rhode Island Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96

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

Health Management Organizations (HMO)		2018 Biweekly premium rates					2017 Total Monthly Premium	2018 Monthly premium rates			
2017 Total Biweekly Premium		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
<b>Rhode Island Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Rhode Island Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>South Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>South Carolina Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>South Carolina Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>South Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>South Dakota Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>South Dakota Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>South Dakota HealthPartners</b>											
High Self	V31	329.41	356.92	229.25	127.67	19.93	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	802.44	869.46	521.58	347.88	50.66	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	727.99	788.79	491.00	297.79	45.59	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	196.66	211.15	158.36	52.79	3.63	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	479.08	514.37	385.78	128.59	8.82	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	434.64	466.65	349.99	116.66	8.00	941.72	1,011.08	758.31	252.77	17.34
<b>Tennessee Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>Tennessee Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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	
HDHP Self & Family		225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One		226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Tennessee Aetna Direct</b>												
CDHP Self		N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family		N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One		N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Tennessee Aetna Open Access</b>												
High Self		UB1	398.06	486.01	229.25	256.76	80.37	862.46	1,053.02	496.71	556.31	174.14
High Self & Family		UB2	1,020.04	1,245.42	521.58	723.84	209.02	2,210.09	2,698.41	1,130.09	1,568.32	452.87
High Self Plus One		UB3	1,009.94	1,233.10	491.00	742.10	207.95	2,188.20	2,671.72	1,063.83	1,607.89	450.57
<b>Tennessee Humana CoverageFirst/Value Plan</b>												
CDHP Self		TT1	<b>New Plan</b>	294.50	220.88	73.62	<b>New Plan</b>	<b>New Plan</b>	638.08	478.56	159.52	<b>New Plan</b>
CDHP Self & Family		TT2	<b>New Plan</b>	662.62	496.97	165.65	<b>New Plan</b>	<b>New Plan</b>	1,435.68	1,076.76	358.92	<b>New Plan</b>
CDHP Self Plus One		TT3	<b>New Plan</b>	633.17	474.88	158.29	<b>New Plan</b>	<b>New Plan</b>	1,371.87	1,028.90	342.97	<b>New Plan</b>
Value Self		TT4	<b>New Plan</b>	237.98	178.49	59.49	<b>New Plan</b>	<b>New Plan</b>	515.62	386.72	128.90	<b>New Plan</b>
Value Self & Family		TT5	<b>New Plan</b>	535.46	401.60	133.86	<b>New Plan</b>	<b>New Plan</b>	1,160.16	870.12	290.04	<b>New Plan</b>
Value Self Plus One		TT6	<b>New Plan</b>	511.66	383.75	127.91	<b>New Plan</b>	<b>New Plan</b>	1,108.60	831.45	277.15	<b>New Plan</b>
<b>Tennessee Humana Health Plan, Inc.</b>												
High Self		GJ1	334.13	396.16	229.25	166.91	54.45	723.95	858.35	496.71	361.64	117.98
High Self & Family		GJ2	751.82	891.34	521.58	369.76	123.16	1,628.94	1,931.24	1,130.09	801.15	266.85
High Self Plus One		GJ3	718.40	851.72	491.00	360.72	118.11	1,556.53	1,845.39	1,063.83	781.56	255.91
Standard Self		GJ4	331.09	360.88	229.25	131.63	22.21	717.36	781.91	496.71	285.20	48.13
Standard Self & Family		GJ5	744.95	811.98	521.58	290.40	50.67	1,614.06	1,759.29	1,130.09	629.20	109.78
Standard Self Plus One		GJ6	711.85	775.89	491.00	284.89	48.83	1,542.34	1,681.10	1,063.83	617.27	105.81
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO</b>												
High Self		KK1	257.80	274.77	206.08	68.69	4.24	558.57	595.34	446.51	148.83	9.19
High Self & Family		KK2	644.49	686.91	515.18	171.73	10.61	1,396.40	1,488.31	1,116.23	372.08	22.98

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self Plus One KK3		554.26	590.74	443.06	147.68	9.12	1,200.90	1,279.94	959.96	319.98	19.76
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self LS1		212.83	202.27	151.70	50.57	-2.64	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family LS2		532.06	505.67	379.25	126.42	-6.59	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One LS3		457.58	434.88	326.16	108.72	-5.67	991.42	942.24	706.68	235.56	-12.29
<b>Texas Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self JS1		445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family JS2		1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One JS3		1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self JS4		322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family JS5		736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One JS6		728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>Texas Aetna HealthFund HDHP</b>											
HDHP Self 224		256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family 225		564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One 226		553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Texas Aetna Direct</b>											
CDHP Self N61		221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family N62		558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One N63		486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self T31		<b>New Plan</b>	292.28	219.21	73.07	<b>New Plan</b>	<b>New Plan</b>	633.27	474.95	158.32	<b>New Plan</b>
CDHP Self & Family T32		<b>New Plan</b>	657.63	493.22	164.41	<b>New Plan</b>	<b>New Plan</b>	1,424.87	1,068.65	356.22	<b>New Plan</b>
CDHP Self Plus One T33		<b>New Plan</b>	628.41	471.31	157.10	<b>New Plan</b>	<b>New Plan</b>	1,361.56	1,021.17	340.39	<b>New Plan</b>
Value Self T34		<b>New Plan</b>	222.64	166.98	55.66	<b>New Plan</b>	<b>New Plan</b>	482.39	361.79	120.60	<b>New Plan</b>
Value Self & Family T35		<b>New Plan</b>	500.95	375.71	125.24	<b>New Plan</b>	<b>New Plan</b>	1,085.39	814.04	271.35	<b>New Plan</b>
Value Self Plus One T36		<b>New Plan</b>	478.68	359.01	119.67	<b>New Plan</b>	<b>New Plan</b>	1,037.14	777.86	259.28	<b>New Plan</b>

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self	TP1	302.46	272.23	204.17	68.06	-12.73	655.33	589.83	442.37	147.46	-27.58
CDHP Self & Family	TP2	680.54	612.52	459.39	153.13	-22.19	1,474.50	1,327.13	995.35	331.78	-48.08
CDHP Self Plus One	TP3	650.29	585.30	438.98	146.32	-28.18	1,408.96	1,268.15	951.11	317.04	-61.04
Value Self	TP4	214.76	193.27	144.95	48.32	-5.37	465.31	418.75	314.06	104.69	-11.64
Value Self & Family	TP5	483.20	434.87	326.15	108.72	-12.08	1,046.93	942.22	706.67	235.55	-26.18
Value Self Plus One	TP6	461.73	415.54	311.66	103.88	-11.55	1,000.42	900.34	675.26	225.08	-25.02
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self	TU1	294.28	294.28	220.71	73.57	0.00	637.61	637.61	478.21	159.40	0.00
CDHP Self & Family	TU2	662.14	662.14	496.61	165.53	0.00	1,434.64	1,434.64	1,075.98	358.66	0.00
CDHP Self Plus One	TU3	632.70	632.70	474.53	158.17	0.00	1,370.85	1,370.85	1,028.14	342.71	0.00
Value Self	TU4	214.76	234.09	175.57	58.52	4.83	465.31	507.20	380.40	126.80	10.47
Value Self & Family	TU5	483.20	526.71	395.03	131.68	10.88	1,046.93	1,141.21	855.91	285.30	23.57
Value Self Plus One	TU6	461.73	503.31	377.48	125.83	10.40	1,000.42	1,090.51	817.88	272.63	22.53
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self	TV1	301.20	307.24	229.25	77.99	-1.54	652.60	665.69	496.71	168.98	-3.33
CDHP Self & Family	TV2	677.71	691.29	518.47	172.82	0.33	1,468.37	1,497.80	1,123.35	374.45	0.72
CDHP Self Plus One	TV3	647.59	660.57	491.00	169.57	-2.23	1,403.11	1,431.24	1,063.83	367.41	-4.82
Value Self	TV4	214.76	249.11	186.83	62.28	8.59	465.31	539.74	404.81	134.93	18.60
Value Self & Family	TV5	483.20	560.50	420.38	140.12	19.32	1,046.93	1,214.42	910.82	303.60	41.87
Value Self Plus One	TV6	461.73	535.59	401.69	133.90	18.47	1,000.42	1,160.45	870.34	290.11	40.01
<b>Texas Humana Health Plan of Texas</b>											
High Self	EW1	358.77	426.82	229.25	197.57	60.47	777.34	924.78	496.71	428.07	131.02
High Self & Family	EW2	807.23	960.35	521.58	438.77	136.76	1,749.00	2,080.76	1,130.09	950.67	296.31
High Self Plus One	EW3	771.35	917.66	491.00	426.66	131.10	1,671.26	1,988.26	1,063.83	924.43	284.05
Standard Self	EW4	308.50	342.43	229.25	113.18	26.35	668.42	741.93	496.71	245.22	57.09

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Standard Self & Family EW5		694.12	770.46	521.58	248.88	59.98	1,503.93	1,669.33	1,130.09	539.24	129.95
Standard Self Plus One EW6		663.26	736.22	491.00	245.22	57.75	1,437.06	1,595.14	1,063.83	531.31	125.13
<b>Texas Humana Health Plan of Texas</b>											
Basic Self Q21		<b>New Plan</b>	261.82	196.37	65.45	<b>New Plan</b>	<b>New Plan</b>	567.28	425.46	141.82	<b>New Plan</b>
Basic Self & Family Q22		<b>New Plan</b>	589.10	441.83	147.27	<b>New Plan</b>	<b>New Plan</b>	1,276.38	957.29	319.09	<b>New Plan</b>
Basic Self Plus One Q23		<b>New Plan</b>	562.91	422.18	140.73	<b>New Plan</b>	<b>New Plan</b>	1,219.64	914.73	304.91	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
Basic Self Q61		<b>New Plan</b>	260.55	195.41	65.14	<b>New Plan</b>	<b>New Plan</b>	564.53	423.40	141.13	<b>New Plan</b>
Basic Self & Family Q62		<b>New Plan</b>	586.24	439.68	146.56	<b>New Plan</b>	<b>New Plan</b>	1,270.19	952.64	317.55	<b>New Plan</b>
Basic Self Plus One Q63		<b>New Plan</b>	560.19	420.14	140.05	<b>New Plan</b>	<b>New Plan</b>	1,213.75	910.31	303.44	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
Basic Self QX1		<b>New Plan</b>	271.34	203.51	67.83	<b>New Plan</b>	<b>New Plan</b>	587.90	440.93	146.97	<b>New Plan</b>
Basic Self & Family QX2		<b>New Plan</b>	610.51	457.88	152.63	<b>New Plan</b>	<b>New Plan</b>	1,322.77	992.08	330.69	<b>New Plan</b>
Basic Self Plus One QX3		<b>New Plan</b>	583.38	437.54	145.84	<b>New Plan</b>	<b>New Plan</b>	1,263.99	947.99	316.00	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
Basic Self QY1		<b>New Plan</b>	268.91	201.68	67.23	<b>New Plan</b>	<b>New Plan</b>	582.64	436.98	145.66	<b>New Plan</b>
Basic Self & Family QY2		<b>New Plan</b>	605.05	453.79	151.26	<b>New Plan</b>	<b>New Plan</b>	1,310.94	983.21	327.73	<b>New Plan</b>
Basic Self Plus One QY3		<b>New Plan</b>	578.17	433.63	144.54	<b>New Plan</b>	<b>New Plan</b>	1,252.70	939.53	313.17	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
High Self UC1		366.49	428.79	229.25	199.54	54.72	794.06	929.05	496.71	432.34	118.57
High Self & Family UC2		824.60	964.78	521.58	443.20	123.82	1,786.63	2,090.36	1,130.09	960.27	268.28
High Self Plus One UC3		787.95	921.90	491.00	430.90	118.74	1,707.23	1,997.45	1,063.83	933.62	257.27
Standard Self UC4		296.50	343.95	229.25	114.70	39.87	642.42	745.23	496.71	248.52	86.39
Standard Self & Family UC5		667.16	773.88	521.58	252.30	85.51	1,445.51	1,676.74	1,130.09	546.65	185.27
Standard Self Plus One UC6		637.50	739.49	491.00	248.49	86.78	1,381.25	1,602.23	1,063.83	538.40	188.03
<b>Texas Humana Health Plan of Texas</b>											
High Self UR1		614.26	632.72	229.25	403.47	10.88	1,330.90	1,370.89	496.71	874.18	23.57



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	UR2	1,382.09	1,423.61	521.58	902.03	25.16	2,994.53	3,084.49	1,130.09	1,954.40	54.51
High Self Plus One	UR3	1,320.65	1,360.35	491.00	869.35	24.49	2,861.41	2,947.43	1,063.83	1,883.60	53.07
Standard Self	UR4	344.46	409.92	229.25	180.67	57.88	746.33	888.16	496.71	391.45	125.41
Standard Self & Family	UR5	775.04	922.31	521.58	400.73	130.91	1,679.25	1,998.34	1,130.09	868.25	283.64
Standard Self Plus One	UR6	740.58	881.32	491.00	390.32	125.53	1,604.59	1,909.53	1,063.83	845.70	271.99
<b>Texas Humana Health Plan of Texas</b>											
High Self	UU1	540.81	670.60	229.25	441.35	122.21	1,171.76	1,452.97	496.71	956.26	264.79
High Self & Family	UU2	1,216.82	1,508.86	521.58	987.28	275.68	2,636.44	3,269.20	1,130.09	2,139.11	597.31
High Self Plus One	UU3	1,162.74	1,441.80	491.00	950.80	263.85	2,519.27	3,123.90	1,063.83	2,060.07	571.68
Standard Self	UU4	448.93	547.68	229.25	318.43	91.17	972.68	1,186.64	496.71	689.93	197.54
Standard Self & Family	UU5	1,010.08	1,232.31	521.58	710.73	205.87	2,188.51	2,670.01	1,130.09	1,539.92	446.05
Standard Self Plus One	UU6	965.18	1,177.54	491.00	686.54	197.15	2,091.22	2,551.34	1,063.83	1,487.51	427.17
<b>Texas Scott and White Health Plan</b>											
Basic Self	A81	<b>New Plan</b>	304.52	228.39	76.13	<b>New Plan</b>	<b>New Plan</b>	659.79	494.84	164.95	<b>New Plan</b>
Basic Self & Family	A82	<b>New Plan</b>	713.56	521.58	191.98	<b>New Plan</b>	<b>New Plan</b>	1,546.05	1,130.09	415.96	<b>New Plan</b>
Basic Self Plus One	A83	<b>New Plan</b>	596.89	447.67	149.22	<b>New Plan</b>	<b>New Plan</b>	1,293.26	969.95	323.31	<b>New Plan</b>
Standard Self	A84		313.14	360.53	229.25	39.81	678.47	781.15	496.71	284.44	86.26
Standard Self & Family	A85		733.80	844.98	521.58	94.82	1,589.90	1,830.79	1,130.09	700.70	205.44
Standard Self Plus One	A86		655.90	706.79	491.00	35.68	1,421.12	1,531.38	1,063.83	467.55	77.31
<b>Texas Scott and White Health Plan</b>											
Basic Self	P81	<b>New Plan</b>	340.97	229.25	111.72	<b>New Plan</b>	<b>New Plan</b>	738.77	496.71	242.06	<b>New Plan</b>
Basic Self & Family	P82	<b>New Plan</b>	799.09	521.58	277.51	<b>New Plan</b>	<b>New Plan</b>	1,731.36	1,130.09	601.27	<b>New Plan</b>
Basic Self Plus One	P83	<b>New Plan</b>	668.42	491.00	177.42	<b>New Plan</b>	<b>New Plan</b>	1,448.24	1,063.83	384.41	<b>New Plan</b>
Standard Self	P84		350.54	403.70	229.25	45.58	759.50	874.68	496.71	377.97	98.76
Standard Self & Family	P85		821.67	946.29	521.58	108.26	1,780.29	2,050.30	1,130.09	920.21	234.56
Standard Self Plus One	P86		734.43	791.51	491.00	41.87	1,591.27	1,714.94	1,063.83	651.11	90.72



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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	
<b>Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>												
	Value Self	L91	199.88	213.84	160.38	53.46	3.49	433.07	463.32	347.49	115.83	7.56
	Value Self & Family	L92	560.47	599.62	449.72	149.90	9.78	1,214.35	1,299.18	974.39	324.79	21.20
	Value Self Plus One	L93	390.36	417.64	313.23	104.41	6.82	845.78	904.89	678.67	226.22	14.78
<b>Utah Aetna HealthFund CDHP and Aetna Value Plan</b>												
	CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
	CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
	CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
	Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
	Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
	Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Utah Aetna HealthFund HDHP</b>												
	HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
	HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
	HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Utah Aetna Direct</b>												
	CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
	CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
	CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Utah Altius Health Plans</b>												
	High Self	9K1	344.47	391.42	229.25	162.17	39.37	746.35	848.08	496.71	351.37	85.31
	High Self & Family	9K2	761.77	865.60	521.58	344.02	87.47	1,650.50	1,875.47	1,130.09	745.38	189.52
	High Self Plus One	9K3	754.23	857.03	491.00	366.03	87.59	1,634.17	1,856.90	1,063.83	793.07	189.78
	HDHP Self	9K4	173.69	194.17	145.63	48.54	5.12	376.33	420.70	315.53	105.17	11.09
	HDHP Self & Family	9K5	363.00	405.80	304.35	101.45	10.70	786.50	879.23	659.42	219.81	23.19
	HDHP Self Plus One	9K6	355.89	397.84	298.38	99.46	10.49	771.10	861.99	646.49	215.50	22.73

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Utah Altius Health Plans</b>												
Standard Self	DK4	242.10	273.97	205.48	68.49	7.97	524.55	593.60	445.20	148.40	17.26	
Standard Self & Family	DK5	534.63	604.99	453.74	151.25	17.59	1,158.37	1,310.81	983.11	327.70	38.11	
Standard Self Plus One	DK6	529.33	599.00	449.25	149.75	17.42	1,146.88	1,297.83	973.37	324.46	37.74	
<b>Utah SelectHealth</b>												
High Self	SF1	342.83	449.39	229.25	220.14	98.98	742.80	973.68	496.71	476.97	214.46	
High Self & Family	SF2	764.71	1,024.25	521.58	502.67	243.18	1,656.87	2,219.21	1,130.09	1,089.12	526.89	
High Self Plus One	SF3	764.71	1,024.25	491.00	533.25	244.33	1,656.87	2,219.21	1,063.83	1,155.38	529.39	
Standard Self	SF4	248.28	274.81	206.11	68.70	6.63	537.94	595.42	446.57	148.85	14.37	
Standard Self & Family	SF5	551.32	626.33	469.75	156.58	18.75	1,194.53	1,357.05	1,017.79	339.26	40.63	
Standard Self Plus One	SF6	551.32	626.33	469.75	156.58	18.75	1,194.53	1,357.05	1,017.79	339.26	40.63	
<b>Vermont Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96	
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84	
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37	
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78	
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22	
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96	
<b>Vermont Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Vermont Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
<b>Virgin Islands Triple-S Salud, Inc.</b>												

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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	
High Self		851	275.98	289.79	217.34	72.45	3.46	597.96	627.88	470.91	156.97	7.48
High Self & Family		852	632.00	663.61	497.71	165.90	7.90	1,369.33	1,437.82	1,078.37	359.45	17.12
High Self Plus One		853	619.67	650.67	488.00	162.67	7.75	1,342.62	1,409.79	1,057.34	352.45	16.80
<b>Virginia Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self		F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family		F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One		F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self		F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family		F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One		F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>Virginia Aetna HealthFund HDHP</b>												
HDHP Self		224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family		225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One		226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Virginia Aetna Direct</b>												
CDHP Self		N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family		N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One		N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Virginia Aetna Open Access</b>												
High Self		JN1	469.08	509.12	229.25	279.87	32.46	1,016.34	1,103.09	496.71	606.38	70.33
High Self & Family		JN2	1,054.58	1,144.59	521.58	623.01	73.65	2,284.92	2,479.95	1,130.09	1,349.86	159.58
High Self Plus One		JN3	1,044.14	1,133.25	491.00	642.25	73.90	2,262.30	2,455.38	1,063.83	1,391.55	160.13
Basic Self		JN4	294.16	305.93	229.25	76.68	3.14	637.35	662.85	496.71	166.14	6.80
Basic Self & Family		JN5	664.55	700.13	521.58	178.55	12.41	1,439.86	1,516.95	1,130.09	386.86	26.90
Basic Self Plus One		JN6	634.15	642.92	482.19	160.73	2.19	1,373.99	1,392.99	1,044.74	348.25	4.75
<b>Virginia CareFirst BlueChoice</b>												
High Self		2G1	358.77	394.65	229.25	165.40	28.30	777.34	855.08	496.71	358.37	61.32

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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	
High Self & Family		2G2	852.43	937.66	521.58	416.08	68.87	1,846.93	2,031.60	1,130.09	901.51	149.22
High Self Plus One		2G3	717.54	789.29	491.00	298.29	56.54	1,554.67	1,710.13	1,063.83	646.30	122.51
Standard Self		2G4	304.89	320.13	229.25	90.88	7.66	660.60	693.62	496.71	196.91	16.60
Standard Self & Family		2G5	724.41	760.64	521.58	239.06	19.87	1,569.56	1,648.05	1,130.09	517.96	43.04
Standard Self Plus One		2G6	609.78	640.27	480.20	160.07	7.63	1,321.19	1,387.25	1,040.44	346.81	16.51
<b>Virginia CareFirst BlueChoice</b>												
HDHP Self		B61	281.41	281.41	211.06	70.35	0.00	609.72	609.72	457.29	152.43	0.00
HDHP Self & Family		B62	668.62	668.62	501.47	167.15	0.00	1,448.68	1,448.68	1,086.51	362.17	0.00
HDHP Self Plus One		B63	562.82	562.82	422.12	140.70	0.00	1,219.44	1,219.44	914.58	304.86	0.00
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>												
High Self		E31	296.17	304.78	228.59	76.19	1.69	641.70	660.36	495.27	165.09	3.68
High Self & Family		E32	693.06	701.00	521.58	179.42	-8.42	1,501.63	1,518.83	1,130.09	388.74	-18.25
High Self Plus One		E33	669.36	701.00	491.00	210.00	16.43	1,450.28	1,518.83	1,063.83	455.00	35.60
Standard Self		E34	223.40	233.06	174.80	58.26	2.41	484.03	504.96	378.72	126.24	5.23
Standard Self & Family		E35	522.75	536.07	402.05	134.02	3.33	1,132.63	1,161.49	871.12	290.37	7.21
Standard Self Plus One		E36	504.87	536.07	402.05	134.02	7.80	1,093.89	1,161.49	871.12	290.37	16.90
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>												
Basic Self		T71	<b>New Plan</b>	212.32	159.24	53.08	<b>New Plan</b>	<b>New Plan</b>	460.03	345.02	115.01	<b>New Plan</b>
Basic Self & Family		T72	<b>New Plan</b>	509.77	382.33	127.44	<b>New Plan</b>	<b>New Plan</b>	1,104.50	828.38	276.12	<b>New Plan</b>
Basic Self Plus One		T73	<b>New Plan</b>	464.41	348.31	116.10	<b>New Plan</b>	<b>New Plan</b>	1,006.22	754.67	251.55	<b>New Plan</b>
<b>Virginia M.D. IPA</b>												
High Self		JP1	318.80	331.28	229.25	102.03	4.90	690.73	717.77	496.71	221.06	10.62
High Self & Family		JP2	893.91	928.92	521.58	407.34	18.65	1,936.81	2,012.66	1,130.09	882.57	40.40
High Self Plus One		JP3	622.62	646.99	485.24	161.75	6.10	1,349.01	1,401.81	1,051.36	350.45	13.20
<b>Virginia Optima Health</b>												
High Self		PG1	262.87	300.59	225.44	75.15	9.43	569.55	651.28	488.46	162.82	20.43
High Self & Family		PG2	647.91	726.37	521.58	204.79	42.81	1,403.81	1,573.80	1,130.09	443.71	92.76

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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
High Self Plus One	PG3	641.43	726.32	491.00	235.32	69.68	1,389.77	1,573.69	1,063.83	509.86	150.97
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	LR1	279.74	280.61	210.46	70.15	0.22	606.10	607.99	455.99	152.00	0.48
High Self & Family	LR2	699.35	701.54	521.58	179.96	-14.17	1,515.26	1,520.00	1,130.09	389.91	-30.71
High Self Plus One	LR3	573.47	603.32	452.49	150.83	7.46	1,242.52	1,307.19	980.39	326.80	16.17
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	199.88	213.84	160.38	53.46	3.49	433.07	463.32	347.49	115.83	7.56
Value Self & Family	L92	560.47	599.62	449.72	149.90	9.78	1,214.35	1,299.18	974.39	324.79	21.20
Value Self Plus One	L93	390.36	417.64	313.23	104.41	6.82	845.78	904.89	678.67	226.22	14.78
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
HDHP Self	V41	<b>New Plan</b>	261.68	196.26	65.42	<b>New Plan</b>	<b>New Plan</b>	566.97	425.23	141.74	<b>New Plan</b>
HDHP Self & Family	V42	<b>New Plan</b>	654.22	490.67	163.55	<b>New Plan</b>	<b>New Plan</b>	1,417.48	1,063.11	354.37	<b>New Plan</b>
HDHP Self Plus One	V43	<b>New Plan</b>	562.62	421.97	140.65	<b>New Plan</b>	<b>New Plan</b>	1,219.01	914.26	304.75	<b>New Plan</b>
<b>Washington Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
<b>Washington Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Washington Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2018 Biweekly premium rates						2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Washington Kaiser Foundation Health Plan of Northwest</b>														
High Self	571	317.04	319.42	229.25	90.17	-5.20	686.92	692.08	496.71	195.37	-11.26			
High Self & Family	572	716.12	721.45	521.58	199.87	-11.03	1,551.59	1,563.14	1,130.09	433.05	-23.90			
High Self Plus One	573	716.12	721.45	491.00	230.45	-9.88	1,551.59	1,563.14	1,063.83	499.31	-21.40			
Standard Self	574	274.08	277.04	207.78	69.26	0.74	593.84	600.25	450.19	150.06	1.60			
Standard Self & Family	575	629.64	636.45	477.34	159.11	1.70	1,364.22	1,378.98	1,034.24	344.74	3.69			
Standard Self Plus One	576	629.64	636.45	477.34	159.11	1.70	1,364.22	1,378.98	1,034.24	344.74	3.69			
<b>Washington Kaiser Foundation Health Plan of Washington</b>														
High Self	541	349.46	381.04	229.25	151.79	24.00	757.16	825.59	496.71	328.88	52.01			
High Self & Family	542	908.59	838.30	521.58	316.72	-86.65	1,968.61	1,816.32	1,130.09	686.23	-187.74			
High Self Plus One	543	716.38	838.30	491.00	347.30	106.71	1,552.16	1,816.32	1,063.83	752.49	231.21			
Standard Self	544	262.54	281.07	210.80	70.27	4.64	568.84	608.99	456.74	152.25	10.04			
Standard Self & Family	545	682.59	646.46	484.85	161.61	-15.76	1,478.95	1,400.66	1,050.50	350.16	-34.15			
Standard Self Plus One	546	538.20	646.46	484.85	161.61	27.06	1,166.10	1,400.66	1,050.50	350.16	58.64			
<b>Washington Kaiser Foundation Health Plan of Washington</b>														
HDHP Self	PT1	233.54	234.17	175.63	58.54	0.16	506.00	507.37	380.53	126.84	0.34			
HDHP Self & Family	PT2	607.22	538.58	403.94	134.64	-17.16	1,315.64	1,166.92	875.19	291.73	-37.18			
HDHP Self Plus One	PT3	478.77	538.58	403.94	134.64	14.95	1,037.34	1,166.92	875.19	291.73	32.40			
<b>Washington Kaiser Permanente Washington Options Federal</b>														
Standard Self	L11	294.57	306.72	229.25	77.47	3.83	638.24	664.56	496.71	167.85	8.29			
Standard Self & Family	L12	706.98	680.91	510.68	170.23	-31.53	1,531.79	1,475.31	1,106.48	368.83	-68.32			
Standard Self Plus One	L13	618.62	680.91	491.00	189.91	35.26	1,340.34	1,475.31	1,063.83	411.48	76.40			
HDHP Self	L14	236.65	242.67	182.00	60.67	1.51	512.74	525.79	394.34	131.45	3.27			
HDHP Self & Family	L15	554.55	538.73	404.05	134.68	-3.96	1,201.53	1,167.25	875.44	291.81	-8.57			
HDHP Self Plus One	L16	493.63	538.73	404.05	134.68	11.27	1,069.53	1,167.25	875.44	291.81	24.43			
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice HMO</b>														
High Self	KT1	New Plan	281.85	211.39	70.46	New Plan	New Plan	610.68	458.01	152.67	New Plan			

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
High Self & Family	KT2	<b>New Plan</b>	704.63	521.58	183.05	<b>New Plan</b>	<b>New Plan</b>	1,526.70	1,130.09	396.61	<b>New Plan</b>	
High Self Plus One	KT3	<b>New Plan</b>	605.98	454.49	151.49	<b>New Plan</b>	<b>New Plan</b>	1,312.96	984.72	328.24	<b>New Plan</b>	
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>												
HDHP Self	LU1	<b>New Plan</b>	222.88	167.16	55.72	<b>New Plan</b>	<b>New Plan</b>	482.91	362.18	120.73	<b>New Plan</b>	
HDHP Self & Family	LU2	<b>New Plan</b>	557.19	417.89	139.30	<b>New Plan</b>	<b>New Plan</b>	1,207.25	905.44	301.81	<b>New Plan</b>	
HDHP Self Plus One	LU3	<b>New Plan</b>	479.19	359.39	119.80	<b>New Plan</b>	<b>New Plan</b>	1,038.25	778.69	259.56	<b>New Plan</b>	
<b>West Virginia Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51		330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52		754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53		747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54		258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55		591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56		579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
<b>West Virginia Aetna HealthFund HDHP</b>												
HDHP Self	224		256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225		564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226		553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>West Virginia Aetna Direct</b>												
CDHP Self	N61		221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62		558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63		486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Wisconsin Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	JS1		445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2		1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3		1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4		322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5		736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
<b>Wisconsin Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
<b>Wisconsin Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
<b>Wisconsin Dean Health Plan</b>											
High Self	WD1	418.74	492.66	229.25	263.41	66.34	907.27	1,067.43	496.71	570.72	143.74
High Self & Family	WD2	963.09	1,133.10	521.58	611.52	153.65	2,086.70	2,455.05	1,130.09	1,324.96	332.90
High Self Plus One	WD3	879.34	1,034.57	491.00	543.57	140.02	1,905.24	2,241.57	1,063.83	1,177.74	303.38
Standard Self	WD4	277.05	296.77	222.58	74.19	4.93	600.28	643.00	482.25	160.75	10.68
Standard Self & Family	WD5	664.92	712.25	521.58	190.67	24.44	1,440.66	1,543.21	1,130.09	413.12	52.96
Standard Self Plus One	WD6	609.51	652.90	489.68	163.22	10.84	1,320.61	1,414.62	1,060.97	353.65	23.50
<b>Wisconsin Group Health Cooperative</b>											
High Self	WJ1	310.90	321.77	229.25	92.52	3.29	673.62	697.17	496.71	200.46	7.13
High Self & Family	WJ2	926.49	958.87	521.58	437.29	16.02	2,007.40	2,077.55	1,130.09	947.46	34.70
High Self Plus One	WJ3	615.60	637.10	477.83	159.27	5.37	1,333.80	1,380.38	1,035.29	345.09	11.64
<b>Wisconsin HealthPartners</b>											
High Self	V31	329.41	356.92	229.25	127.67	19.93	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	802.44	869.46	521.58	347.88	50.66	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	727.99	788.79	491.00	297.79	45.59	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	196.66	211.15	158.36	52.79	3.63	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	479.08	514.37	385.78	128.59	8.82	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	434.64	466.65	349.99	116.66	8.00	941.72	1,011.08	758.31	252.77	17.34



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code		2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Wisconsin MercyCare HMO</b>												
High Self	EY1	335.85	353.76	229.25	124.51	10.33	727.68	766.48	496.71	269.77	22.38	
High Self & Family	EY2	873.23	923.20	521.58	401.62	33.61	1,892.00	2,000.27	1,130.09	870.18	72.82	
High Self Plus One	EY3	722.08	760.59	491.00	269.59	23.30	1,564.51	1,647.95	1,063.83	584.12	50.49	
<b>Wisconsin Physicians Plus</b>												
High Self	LW1	301.27	323.69	229.25	94.44	14.84	652.75	701.33	496.71	204.62	32.16	
High Self & Family	LW2	801.36	978.42	521.58	456.84	160.70	1,736.28	2,119.91	1,130.09	989.82	348.18	
High Self Plus One	LW3	753.16	757.72	491.00	266.72	-10.65	1,631.85	1,641.73	1,063.83	577.90	-23.07	
Standard Self	LW4	270.62	316.73	229.25	87.48	19.83	586.34	686.25	496.71	189.54	42.96	
Standard Self & Family	LW5	719.85	760.16	521.58	238.58	23.95	1,559.68	1,647.01	1,130.09	516.92	51.88	
Standard Self Plus One	LW6	676.55	696.81	491.00	205.81	5.05	1,465.86	1,509.76	1,063.83	445.93	10.95	
<b>Wyoming Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	H41	347.17	379.77	229.25	150.52	25.02	752.20	822.84	496.71	326.13	54.22	
CDHP Self & Family	H42	791.39	865.68	521.58	344.10	57.93	1,714.68	1,875.64	1,130.09	745.55	125.51	
CDHP Self Plus One	H43	783.56	857.11	491.00	366.11	58.34	1,697.71	1,857.07	1,063.83	793.24	126.41	
Value Self	H44	257.63	265.72	199.29	66.43	2.02	558.20	575.73	431.80	143.93	4.38	
Value Self & Family	H45	591.28	609.86	457.40	152.46	4.64	1,281.11	1,321.36	991.02	330.34	10.06	
Value Self Plus One	H46	579.69	597.90	448.43	149.47	4.55	1,256.00	1,295.45	971.59	323.86	9.86	
<b>Wyoming Aetna HealthFund HDHP</b>												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
<b>Wyoming Aetna Direct</b>												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	

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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 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

### Wyoming Altius Health Plans

High Self	9K1	344.47	391.42	229.25	162.17	39.37	746.35	848.08	496.71	351.37	85.31
High Self & Family	9K2	761.77	865.60	521.58	344.02	87.47	1,650.50	1,875.47	1,130.09	745.38	189.52
High Self Plus One	9K3	754.23	857.03	491.00	366.03	87.59	1,634.17	1,856.90	1,063.83	793.07	189.78
HDHP Self	9K4	173.69	194.17	145.63	48.54	5.12	376.33	420.70	315.53	105.17	11.09
HDHP Self & Family	9K5	363.00	405.80	304.35	101.45	10.70	786.50	879.23	659.42	219.81	23.19
HDHP Self Plus One	9K6	355.89	397.84	298.38	99.46	10.49	771.10	861.99	646.49	215.50	22.73

### Wyoming Altius Health Plans

Standard Self	DK4	242.10	273.97	205.48	68.49	7.97	524.55	593.60	445.20	148.40	17.26
Standard Self & Family	DK5	534.63	604.99	453.74	151.25	17.59	1,158.37	1,310.81	983.11	327.70	38.11
Standard Self Plus One	DK6	529.33	599.00	449.25	149.75	17.42	1,146.88	1,297.83	973.37	324.46	37.74