

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Total Monthly Premium	2020 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Alabama Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Alabama Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Alabama Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Alabama Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	900.25	977.71	733.28	244.43	19.37
Alabama UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	1459.94	1534.87	1092.26	442.61	49.26

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Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Alabama UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Alaska Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Alaska Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Alaska Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
Alaska Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

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Arizona Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Arizona Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Arizona Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
Arizona Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Arizona Aetna Open Access						
High Self	WQ1	1125.02	1161.16	510.84	650.32	24.02
High Self & Family	WQ2	2731.52	2819.27	1184.02	1635.25	41.92
High Self Plus One	WQ3	2704.46	2791.34	1092.26	1699.08	61.21

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Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Arizona Humana CoverageFirst and Humana Value Plan					
CDHP Self R61	678.10	718.79	510.84	207.95	28.57
CDHP Self & Family R62	1525.70	1617.27	1184.02	433.25	45.74
CDHP Self Plus One R63	1457.91	1545.38	1092.26	453.12	61.80
Value Self R64	542.01	574.54	430.91	143.63	8.13
Value Self & Family R65	1219.51	1292.68	969.51	323.17	18.29
Value Self Plus One R66	1165.32	1235.24	926.43	308.81	17.48
Arizona Humana CoverageFirst and Humana Value Plan					
Value Self R94	494.15	523.81	392.86	130.95	7.41
Value Self & Family R95	1111.85	1178.56	883.92	294.64	16.68
Value Self Plus One R96	1062.45	1126.19	844.64	281.55	15.94
CDHP Self R91	620.64	657.89	493.42	164.47	9.31
CDHP Self & Family R92	1396.42	1480.20	1110.15	370.05	20.95
CDHP Self Plus One R93	1334.34	1414.40	1060.80	353.60	20.02
Arizona Humana Health Plan, Inc.					
Standard Self C74	726.57	784.10	510.84	273.26	45.41
Standard Self & Family C75	1634.73	1764.19	1184.02	580.17	83.63
Standard Self Plus One C76	1562.06	1685.73	1092.26	593.47	98.00
High Self C71	862.59	1017.88	510.84	507.04	143.17
High Self & Family C72	1940.84	2290.19	1184.02	1106.17	303.52
High Self Plus One C73	1854.58	2188.40	1092.26	1096.14	308.15
Arizona Humana Health Plan, Inc.					
High Self BF1	1361.43	1429.50	510.84	918.66	55.95
High Self & Family BF2	3063.15	3216.27	1184.02	2032.25	107.29
High Self Plus One BF3	2926.99	3073.35	1092.26	1981.09	120.69
Standard Self BF4	916.07	1154.25	510.84	643.41	226.06
Standard Self & Family BF5	2061.17	2597.08	1184.02	1413.06	490.08
Standard Self Plus One BF6	1969.57	2481.66	1092.26	1389.40	486.42

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Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LU1	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	968.20	954.27	715.70	238.57	-3.48
Arizona UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KT1	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	1460.23	1558.25	1092.26	465.99	72.35
Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	WF1	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	1124.05	843.04	281.01	New Plan
Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	VD1	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	1122.23	841.67	280.56	New Plan
Arkansas Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Arkansas Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

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Arkansas Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Arkansas Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Arkansas QualChoice						
High Self	DH1	716.37	752.20	510.84	241.36	23.71
High Self & Family	DH2	1868.49	1961.96	1184.02	777.94	47.64
High Self Plus One	DH3	1391.56	1461.18	1092.26	368.92	21.03
Standard Self	DH4	559.30	587.25	440.44	146.81	6.99
Standard Self & Family	DH5	1458.82	1531.75	1148.81	382.94	18.24
Standard Self Plus One	DH6	1086.45	1140.77	855.58	285.19	13.58
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	900.25	977.71	733.28	244.43	19.37
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	1459.94	1534.87	1092.26	442.61	49.26

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Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
California Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
California Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
California Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
California Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

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California Aetna Open Access						
High Self	2X1	763.92	880.53	510.84	369.69	104.49
High Self & Family	2X2	1793.44	2067.24	1184.02	883.22	227.97
High Self Plus One	2X3	1758.27	2026.70	1092.26	934.44	242.76
California Anthem Blue Cross Select HMO						
High Self	B31	770.29	774.13	510.84	263.29	-8.28
High Self & Family	B32	1733.18	1768.91	1184.02	584.89	-10.10
High Self Plus One	B33	1609.94	1641.16	1092.26	548.90	5.55
California Blue Shield of California						
Access + HMO Self	SI1	779.29	833.84	510.84	323.00	42.43
Access + HMO Self & Family	SI2	1792.40	1917.85	1184.02	733.83	79.62
Access + HMO Self Plus One	SI3	1714.44	1834.45	1092.26	742.19	94.34
TRIO HMO Self	SI4	705.08	740.33	510.84	229.49	23.13
TRIO HMO Self & Family	SI5	1621.69	1702.76	1184.02	518.74	35.24
TRIO HMO Self Plus One	SI6	1551.18	1628.73	1092.26	536.47	51.88
California Health Net of California						
Basic Self	P61	332.37	324.37	243.28	81.09	-2.00
Basic Self & Family	P62	797.70	778.46	583.85	194.61	-4.81
Basic Self Plus One	P63	731.23	713.59	535.19	178.40	-4.41
California Health Net of California						
Standard Self	LP4	945.64	1013.31	510.84	502.47	55.55
Standard Self & Family	LP5	2269.54	2431.95	1184.02	1247.93	116.58
Standard Self Plus One	LP6	2080.41	2229.28	1092.26	1137.02	123.20
High Self	LP1	993.05	1048.36	510.84	537.52	43.19
High Self & Family	LP2	2383.33	2516.06	1184.02	1332.04	86.90
High Self Plus One	LP3	2184.72	2306.40	1092.26	1214.14	96.01

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California Health Net of California						
High Self	LB1	1361.40	1510.56	510.84	999.72	137.04
High Self & Family	LB2	3267.38	3625.38	1184.02	2441.36	312.17
High Self Plus One	LB3	2995.09	3323.26	1092.26	2231.00	302.50
Standard Self	LB4	1289.41	1340.54	510.84	829.70	39.01
Standard Self & Family	LB5	3094.59	3217.28	1184.02	2033.26	76.86
Standard Self Plus One	LB6	2836.71	2949.18	1092.26	1856.92	86.80
California Health Net of California						
Basic Self	T41	790.29	881.83	510.84	370.99	79.42
Basic Self & Family	T42	1896.70	2116.40	1184.02	932.38	173.87
Basic Self Plus One	T43	1738.62	1940.06	1092.26	847.80	175.77
California Kaiser Foundation Health Plan, Inc. Northern California Region						
Basic Self	KC1	640.81	652.08	489.06	163.02	2.82
Basic Self & Family	KC2	1499.44	1525.85	1144.39	381.46	6.60
Basic Self Plus One	KC3	1499.44	1525.85	1092.26	433.59	0.74
California Kaiser Foundation Health Plan, Inc. Northern California Region						
High Self	591	992.49	1000.46	510.84	489.62	-4.15
High Self & Family	592	2369.14	2388.21	1184.02	1204.19	-26.76
High Self Plus One	593	2369.14	2388.21	1092.26	1295.95	-6.60
Standard Self	594	797.57	809.88	510.84	299.04	0.19
Standard Self & Family	595	1866.28	1895.08	1184.02	711.06	-17.03
Standard Self Plus One	596	1866.28	1895.08	1092.26	802.82	3.13
California Kaiser Foundation Health Plan, Inc. Northern California Region: Fresno						
Standard Self	NZ4	534.67	566.80	425.10	141.70	8.03
Standard Self & Family	NZ5	1235.72	1309.95	982.46	327.49	18.56
Standard Self Plus One	NZ6	1235.72	1309.95	982.46	327.49	18.56
High Self	NZ1	731.03	776.92	510.84	266.08	33.77
High Self & Family	NZ2	1689.55	1795.67	1184.02	611.65	60.29
High Self Plus One	NZ3	1689.55	1795.67	1092.26	703.41	80.45

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California Kaiser Foundation Health Plan, Inc. Southern California Region						
Standard Self	624	431.36	466.31	349.73	116.58	8.74
Standard Self & Family	625	996.93	1077.70	808.28	269.42	20.19
Standard Self Plus One	626	996.93	1077.70	808.28	269.42	20.19
High Self	621	687.20	735.41	510.84	224.57	36.09
High Self & Family	622	1588.25	1699.66	1184.02	515.64	65.58
High Self Plus One	623	1588.25	1699.66	1092.26	607.40	85.74
Colorado Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Colorado Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Colorado Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
Colorado Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
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Colorado BlueAdvantageHMO on the Pathway HMO Network						
High Self	WW1	594.71	636.35	477.26	159.09	10.41
High Self & Family	WW2	1448.11	1549.49	1162.12	387.37	25.34
High Self Plus One	WW3	1352.95	1447.66	1085.75	361.91	23.67
Colorado Humana Health Plan, Inc.						
High Self	NR1	696.22	821.51	510.84	310.67	113.17
High Self & Family	NR2	1566.46	1848.41	1184.02	664.39	236.12
High Self Plus One	NR3	1496.84	1766.27	1092.26	674.01	243.76
Standard Self	NR4	522.30	569.31	426.98	142.33	11.76
Standard Self & Family	NR5	1175.20	1280.98	960.74	320.24	26.44
Standard Self Plus One	NR6	1122.94	1224.02	918.02	306.00	25.27
Colorado Humana Health Plan, Inc.						
Basic Self	RZ1	496.95	521.80	391.35	130.45	6.21
Basic Self & Family	RZ2	1118.13	1174.03	880.52	293.51	13.98
Basic Self Plus One	RZ3	1068.47	1121.90	841.43	280.47	13.35
Colorado Humana Health Plan, Inc.						
High Self	NT1	626.86	764.77	510.84	253.93	97.22
High Self & Family	NT2	1410.48	1720.79	1184.02	536.77	184.15
High Self Plus One	NT3	1347.75	1644.28	1092.26	552.02	215.08
Standard Self	NT4	501.41	541.52	406.14	135.38	10.03
Standard Self & Family	NT5	1128.21	1218.45	913.84	304.61	22.56
Standard Self Plus One	NT6	1078.09	1164.35	873.26	291.09	21.57
Colorado Humana Health Plan, Inc.						
Basic Self	R21	491.77	531.12	398.34	132.78	9.84
Basic Self & Family	R22	1106.50	1195.00	896.25	298.75	22.13
Basic Self Plus One	R23	1057.31	1141.90	856.43	285.47	21.14

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Colorado Kaiser Foundation Health Plan of Colorado						
Standard Self	654	586.67	671.30	503.48	167.82	21.15
Standard Self & Family	655	1325.91	1517.12	1137.84	379.28	47.80
Standard Self Plus One	656	1325.91	1517.12	1092.26	424.86	93.38
High Self	651	738.94	789.17	510.84	278.33	38.11
High Self & Family	652	1670.05	1783.51	1184.02	599.49	67.63
High Self Plus One	653	1670.05	1783.51	1092.26	691.25	87.79
Colorado Kaiser Foundation Health Plan of Colorado						
Basic Self	N41	429.85	484.77	363.58	121.19	13.73
Basic Self & Family	N42	971.43	1095.60	821.70	273.90	31.04
Basic Self Plus One	N43	971.43	1095.60	821.70	273.90	31.04
Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LU1	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	968.20	954.27	715.70	238.57	-3.48
Colorado UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KT1	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	1460.23	1558.25	1092.26	465.99	72.35
Connecticut Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Connecticut Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Connecticut Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24
Connecticut Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Delaware Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Delaware Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Delaware Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Delaware Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Delaware Aetna Open Access						
Basic Self	P34	1298.46	1310.08	510.84	799.24	-0.50
Basic Self & Family	P35	3013.75	3040.68	1184.02	1856.66	-18.90
Basic Self Plus One	P36	2983.89	3010.54	1092.26	1918.28	0.98
High Self	P31	1485.21	1456.61	510.84	945.77	-40.72
High Self & Family	P32	3600.91	3531.54	1184.02	2347.52	-115.20
High Self Plus One	P33	3565.25	3496.55	1092.26	2404.29	-94.37
District Of Columbia Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
District Of Columbia Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
District Of Columbia Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
District Of Columbia Aetna Open Access						
High Self	JN1	1119.13	1137.57	510.84	626.73	6.32
High Self & Family	JN2	2515.98	2557.43	1184.02	1373.41	-4.38
High Self Plus One	JN3	2491.04	2532.10	1092.26	1439.84	15.39
Basic Self	JN4	680.46	697.10	510.84	186.26	4.52
Basic Self & Family	JN5	1557.25	1595.34	1184.02	411.32	-7.74
Basic Self Plus One	JN6	1430.00	1464.99	1092.26	372.73	9.32
District Of Columbia Aetna Saver						
Saver Self	QQ4	New Plan	595.21	446.41	148.80	New Plan
Saver Self & Family	QQ5	New Plan	1362.14	1021.61	340.53	New Plan
Saver Self Plus One	QQ6	New Plan	1250.82	938.12	312.70	New Plan
District Of Columbia CareFirst BlueChoice						
Standard Self	2G4	797.68	845.54	510.84	334.70	35.74
Standard Self & Family	2G5	1895.25	2008.96	1184.02	824.94	67.88
Standard Self Plus One	2G6	1595.34	1691.06	1092.26	598.80	70.05
District Of Columbia CareFirst BlueChoice						
HDHP Self	B61	518.27	570.09	427.57	142.52	12.95
HDHP Self & Family	B62	1231.38	1354.51	1015.88	338.63	30.79
HDHP Self Plus One	B63	1036.51	1140.17	855.13	285.04	25.91
Blue Value Plus Self	B64	New Plan	705.99	510.84	195.15	New Plan
Blue Value Plus Self & Family	B65	New Plan	1677.46	1184.02	493.44	New Plan
Blue Value Plus Self Plus One	B66	New Plan	1412.02	1059.02	353.00	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.						
Basic Self	T71	420.12	420.12	315.09	105.03	0.00
Basic Self & Family	T72	1026.16	1026.16	769.62	256.54	0.00
Basic Self Plus One	T73	934.90	934.90	701.18	233.72	0.00
District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.						
Standard Self	E34	521.76	571.55	428.66	142.89	12.45
Standard Self & Family	E35	1199.99	1314.50	985.88	328.62	28.62
Standard Self Plus One	E36	1199.99	1314.50	985.88	328.62	28.62
High Self	E31	692.68	722.82	510.84	211.98	18.02
High Self & Family	E32	1593.15	1662.53	1184.02	478.51	23.55
High Self Plus One	E33	1593.15	1662.53	1092.26	570.27	43.71
District Of Columbia M.D. IPA						
High Self	JP1	790.86	876.61	510.84	365.77	73.63
High Self & Family	JP2	2217.54	2458.04	1184.02	1274.02	194.67
High Self Plus One	JP3	1544.53	1712.04	1092.26	619.78	141.84
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	V41	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	1065.72	1046.13	784.60	261.53	-4.90
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	LR1	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	1436.05	1536.99	1092.26	444.73	75.27
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	853.56	1018.46	763.85	254.61	41.22

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Florida Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Florida Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Florida Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Florida Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Florida AvMed						
HDHP Self	WZ1	813.30	805.16	510.84	294.32	-20.26
HDHP Self & Family	WZ2	2003.32	1871.35	1184.02	687.33	-177.80
HDHP Self Plus One	WZ3	1561.60	1622.34	1092.26	530.08	35.07
Florida AvMed						
Standard Self	ML4	709.22	709.24	510.84	198.40	-12.10
Standard Self & Family	ML5	1837.05	1726.81	1184.02	542.79	-156.07
Standard Self Plus One	ML6	1418.43	1489.37	1092.26	397.11	42.50
Florida Capital Health Plan						
High Self	EA1	690.41	680.62	510.47	170.15	-21.54
High Self & Family	EA2	1726.08	1577.33	1183.00	394.33	-193.56
High Self Plus One	EA3	1484.41	1488.41	1092.26	396.15	-21.67
Florida Humana CoverageFirst and Humana Value Plan						
Value Self	W94	485.23	513.59	385.19	128.40	7.09
Value Self & Family	W95	1091.78	1155.57	866.68	288.89	15.95
Value Self Plus One	W96	1043.25	1104.20	828.15	276.05	15.24
CDHP Self	W91	573.58	607.10	455.33	151.77	8.38
CDHP Self & Family	W92	1290.58	1365.95	1024.46	341.49	18.85
CDHP Self Plus One	W93	1233.20	1305.27	978.95	326.32	18.02
Florida Humana CoverageFirst and Humana Value Plan						
CDHP Self	QP1	684.02	725.05	510.84	214.21	28.91
CDHP Self & Family	QP2	1541.09	1633.54	1184.02	449.52	46.62
CDHP Self Plus One	QP3	1472.58	1560.93	1092.26	468.67	62.68
Value Self	QP4	489.95	519.35	389.51	129.84	7.35
Value Self & Family	QP5	1102.36	1168.48	876.36	292.12	16.53
Value Self Plus One	QP6	1053.37	1116.57	837.43	279.14	15.80

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Florida Humana CoverageFirst and Humana Value Plan						
	Value Self MJ4	504.49	519.61	389.71	129.90	3.78
	Value Self & Family MJ5	1135.10	1169.13	876.85	292.28	8.51
	Value Self Plus One MJ6	1084.63	1117.18	837.89	279.29	8.13
	CDHP Self MJ1	854.10	948.07	510.84	437.23	81.85
	CDHP Self & Family MJ2	1921.75	2133.15	1184.02	949.13	165.57
	CDHP Self Plus One MJ3	1836.36	2038.36	1092.26	946.10	176.33
Florida Humana CoverageFirst and Humana Value Plan						
	Value Self X24	470.30	493.18	369.89	123.29	5.72
	Value Self & Family X25	1058.16	1109.66	832.25	277.41	12.87
	Value Self Plus One X26	1011.14	1060.35	795.26	265.09	12.31
	CDHP Self X21	555.92	582.99	437.24	145.75	6.77
	CDHP Self & Family X22	1250.82	1311.74	983.81	327.93	15.23
	CDHP Self Plus One X23	1195.24	1253.44	940.08	313.36	14.55
Florida Humana Medical Plan, Inc.						
	Standard Self LL4	866.91	1074.95	510.84	564.11	195.92
	Standard Self & Family LL5	1950.48	2418.61	1184.02	1234.59	422.30
	Standard Self Plus One LL6	1863.81	2311.12	1092.26	1218.86	421.64
	High Self LL1	1610.81	1659.15	510.84	1148.31	36.22
	High Self & Family LL2	3624.31	3733.06	1184.02	2549.04	62.92
	High Self Plus One LL3	3463.24	3567.14	1092.26	2474.88	78.23
Florida Humana Medical Plan, Inc.						
	High Self EE1	914.05	1115.14	510.84	604.30	188.97
	High Self & Family EE2	2056.62	2509.07	1184.02	1325.05	406.62
	High Self Plus One EE3	1965.25	2397.59	1092.26	1305.33	406.67
	Standard Self EE4	817.31	997.12	510.84	486.28	167.69
	Standard Self & Family EE5	1838.92	2243.50	1184.02	1059.48	358.75
	Standard Self Plus One EE6	1757.19	2143.79	1092.26	1051.53	360.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Florida Humana Medical Plan, Inc.						
Standard Self	E24	633.64	716.02	510.84	205.18	46.77
Standard Self & Family	E25	1425.67	1611.00	1184.02	426.98	70.56
Standard Self Plus One	E26	1362.29	1539.40	1092.26	447.14	106.57
High Self	E21	985.77	1202.65	510.84	691.81	204.76
High Self & Family	E22	2217.93	2705.86	1184.02	1521.84	442.10
High Self Plus One	E23	2119.35	2585.61	1092.26	1493.35	440.59
Florida Humana Medical Plan, Inc.						
High Self	EX1	744.51	893.40	510.84	382.56	136.77
High Self & Family	EX2	1675.09	2010.10	1184.02	826.08	289.18
High Self Plus One	EX3	1600.63	1920.77	1092.26	828.51	294.47
Standard Self	EX4	653.77	732.23	510.84	221.39	57.95
Standard Self & Family	EX5	1470.97	1647.51	1184.02	463.49	95.75
Standard Self Plus One	EX6	1405.60	1574.28	1092.26	482.02	130.62
Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	900.25	977.71	733.28	244.43	19.37
Florida UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	1459.94	1534.87	1092.26	442.61	49.26
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	LV1	662.03	701.44	510.84	190.60	25.09
Value Self & Family	LV2	1986.10	2104.29	1184.02	920.27	72.36
Value Self Plus One	LV3	1423.37	1508.07	1092.26	415.81	59.03

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2020 Monthly premium rates				
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage					
High Self AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One AS3	New Plan	1130.42	847.82	282.60	New Plan
Florida UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage					
High Self Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One Y83	New Plan	1089.38	817.04	272.34	New Plan
Georgia Aetna Advantage					
Advantage Self Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One Z26	New Plan	1020.44	765.33	255.11	New Plan
Georgia Aetna Direct					
CDHP Self N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One N63	1222.26	1343.55	1007.66	335.89	30.33
Georgia Aetna HealthFund CDHP and Aetna Value Plan					
CDHP Self F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One F56	1590.42	1840.78	1092.26	748.52	224.69
Georgia Aetna HealthFund HDHP					
HDHP Self 224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family 225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One 226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Georgia Aetna Open Access						
High Self	2U1	1584.29	1733.36	510.84	1222.52	136.95
High Self & Family	2U2	3649.36	3992.69	1184.02	2808.67	297.50
High Self Plus One	2U3	3613.22	3953.15	1092.26	2860.89	314.26
Georgia Blue Open Access POS						
High Self	QM1	595.40	625.17	468.88	156.29	7.44
High Self & Family	QM2	1577.38	1640.47	1184.02	456.45	17.26
High Self Plus One	QM3	1318.40	1377.74	1033.31	344.43	14.83
Georgia Humana CoverageFirst and Humana Value Plan						
Value Self	S94	520.65	551.89	413.92	137.97	7.81
Value Self & Family	S95	1171.47	1241.74	931.31	310.43	17.56
Value Self Plus One	S96	1119.41	1186.58	889.94	296.64	16.79
CDHP Self	S91	653.92	693.14	510.84	182.30	18.82
CDHP Self & Family	S92	1471.32	1559.61	1169.71	389.90	22.07
CDHP Self Plus One	S93	1405.93	1490.28	1092.26	398.02	46.54
Georgia Humana CoverageFirst and Humana Value Plan						
Value Self	AD4	658.52	737.53	510.84	226.69	62.06
Value Self & Family	AD5	1481.61	1659.41	1184.02	475.39	104.99
Value Self Plus One	AD6	1415.77	1585.68	1092.26	493.42	139.48
CDHP Self	AD1	797.83	973.38	510.84	462.54	163.43
CDHP Self & Family	AD2	1795.13	2190.07	1184.02	1006.05	349.11
CDHP Self Plus One	AD3	1715.35	2092.74	1092.26	1000.48	351.72
Georgia Humana CoverageFirst and Humana Value Plan						
CDHP Self	LM1	631.71	679.23	509.42	169.81	11.88
CDHP Self & Family	LM2	1421.42	1528.30	1146.23	382.07	26.72
CDHP Self Plus One	LM3	1358.24	1460.36	1092.26	368.10	28.54
Value Self	LM4	514.02	642.55	481.91	160.64	32.14
Value Self & Family	LM5	1156.57	1445.71	1084.28	361.43	72.29
Value Self Plus One	LM6	1105.17	1381.47	1036.10	345.37	69.08

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Georgia Humana Employers Health Plan of Georgia, Inc.						
Basic Self	RM1	594.99	648.53	486.40	162.13	13.38
Basic Self & Family	RM2	1338.74	1459.23	1094.42	364.81	30.13
Basic Self Plus One	RM3	1279.24	1394.36	1045.77	348.59	28.78
Georgia Humana Employers Health Plan of Georgia, Inc.						
Standard Self	DN4	684.93	726.03	510.84	215.19	28.98
Standard Self & Family	DN5	1541.06	1633.52	1184.02	449.50	46.63
Standard Self Plus One	DN6	1472.58	1560.93	1092.26	468.67	62.68
High Self	DN1	736.41	780.61	510.84	269.77	32.08
High Self & Family	DN2	1656.94	1756.37	1184.02	572.35	53.60
High Self Plus One	DN3	1583.31	1678.30	1092.26	586.04	69.32
Georgia Humana Employers Health Plan of Georgia, Inc.						
Basic Self	RJ1	564.24	598.09	448.57	149.52	8.46
Basic Self & Family	RJ2	1269.56	1345.72	1009.29	336.43	19.04
Basic Self Plus One	RJ3	1213.12	1285.92	964.44	321.48	18.20
Georgia Humana Employers Health Plan of Georgia, Inc.						
Basic Self	Q71	620.17	762.80	510.84	251.96	96.92
Basic Self & Family	Q72	1395.38	1716.33	1184.02	532.31	183.47
Basic Self Plus One	Q73	1333.35	1640.02	1092.26	547.76	214.42
Georgia Humana Employers Health Plan of Georgia, Inc.						
Standard Self	CB4	976.91	1250.45	510.84	739.61	261.42
Standard Self & Family	CB5	2198.06	2813.50	1184.02	1629.48	569.61
Standard Self Plus One	CB6	2100.37	2688.47	1092.26	1596.21	562.43
High Self	CB1	990.36	1148.57	510.84	637.73	146.09
High Self & Family	CB2	2228.42	2584.40	1184.02	1400.38	310.15
High Self Plus One	CB3	2129.34	2469.61	1092.26	1377.35	314.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Georgia Humana Employers Health Plan of Georgia, Inc.						
High Self	DG1	1283.43	1321.93	510.84	811.09	26.38
High Self & Family	DG2	2887.71	2974.34	1184.02	1790.32	40.80
High Self Plus One	DG3	2759.40	2842.19	1092.26	1749.93	57.12
Standard Self	DG4	937.91	1171.84	510.84	661.00	221.81
Standard Self & Family	DG5	2110.29	2636.70	1184.02	1452.68	480.58
Standard Self Plus One	DG6	2016.50	2519.57	1092.26	1427.31	477.40
Georgia Kaiser Foundation Health Plan of Georgia, Inc.						
High Self	F81	696.09	730.04	510.84	219.20	21.83
High Self & Family	F82	1573.15	1649.87	1184.02	465.85	30.89
High Self Plus One	F83	1573.15	1649.87	1092.26	557.61	51.05
Standard Self	F84	526.20	552.33	414.25	138.08	6.53
Standard Self & Family	F85	1189.22	1248.26	936.20	312.06	14.76
Standard Self Plus One	F86	1189.22	1248.26	936.20	312.06	14.76
Georgia Kaiser Foundation Health Plan of Georgia, Inc.						
Basic Self	LA1	New Plan	393.36	295.02	98.34	New Plan
Basic Self & Family	LA2	New Plan	888.98	666.74	222.24	New Plan
Basic Self Plus One	LA3	New Plan	888.98	666.74	222.24	New Plan
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	LV1	662.03	701.44	510.84	190.60	25.09
Value Self & Family	LV2	1986.10	2104.29	1184.02	920.27	72.36
Value Self Plus One	LV3	1423.37	1508.07	1092.26	415.81	59.03
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Georgia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Guam Calvo's SelectCare						
Standard Self	B44	403.50	396.74	297.56	99.18	-1.69
Standard Self & Family	B45	1172.36	1152.73	864.55	288.18	-4.91
Standard Self Plus One	B46	795.43	782.10	586.58	195.52	-3.34
High Self	B41	518.09	491.55	368.66	122.89	-6.63
High Self & Family	B42	1372.22	1301.89	976.42	325.47	-17.58
High Self Plus One	B43	1011.03	959.23	719.42	239.81	-12.95
Guam TakeCare						
HDHP Self	KX1	103.72	124.24	93.18	31.06	5.13
HDHP Self & Family	KX2	278.05	339.32	254.49	84.83	15.32
HDHP Self Plus One	KX3	250.45	306.11	229.58	76.53	13.92
Guam TakeCare						
Standard Self	JK4	389.81	389.24	291.93	97.31	-0.14
Standard Self & Family	JK5	1103.87	1102.31	826.73	275.58	-0.39
Standard Self Plus One	JK6	768.24	767.15	575.36	191.79	-0.27
High Self	JK1	471.86	492.35	369.26	123.09	5.13
High Self & Family	JK2	1125.52	1174.40	880.80	293.60	12.22
High Self Plus One	JK3	932.23	972.73	729.55	243.18	10.12
Hawaii Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Hawaii Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Hawaii Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
Hawaii Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Hawaii HMSA Plan						
High Self	871	606.95	631.24	473.43	157.81	6.07
High Self & Family	872	1364.44	1419.02	1064.27	354.75	13.64
High Self Plus One	873	1329.88	1383.07	1037.30	345.77	13.30
Standard Self	874	New Plan	430.97	323.23	107.74	New Plan
Standard Self & Family	875	New Plan	968.83	726.62	242.21	New Plan
Standard Self Plus One	876	New Plan	944.23	708.17	236.06	New Plan
Hawaii Kaiser Foundation Health Plan, Inc. Hawaii Region						
High Self	631	658.58	675.55	506.66	168.89	4.25
High Self & Family	632	1468.63	1506.51	1129.88	376.63	9.47
High Self Plus One	633	1468.63	1506.51	1092.26	414.25	12.21
Standard Self	634	444.69	481.15	360.86	120.29	9.12
Standard Self & Family	635	991.64	1072.98	804.74	268.24	20.33
Standard Self Plus One	636	991.64	1072.98	804.74	268.24	20.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2020 Monthly premium rates					
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Idaho Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Idaho Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Idaho Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Idaho Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Idaho Altius Health Plan						
High Self	9K1	935.24	1009.06	510.84	498.22	61.70
High Self & Family	9K2	2068.26	2231.52	1184.02	1047.50	117.43
High Self Plus One	9K3	2047.78	2209.42	1092.26	1117.16	135.97
HDHP Self	9K4	506.91	529.23	396.92	132.31	5.58
HDHP Self & Family	9K5	1059.41	1106.04	829.53	276.51	11.66
HDHP Self Plus One	9K6	1038.64	1084.37	813.28	271.09	11.43

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Idaho Altius Health Plan						
Standard Self	DK4	712.44	761.30	510.84	250.46	36.74
Standard Self & Family	DK5	1573.30	1681.23	1184.02	497.21	62.10
Standard Self Plus One	DK6	1557.70	1664.56	1092.26	572.30	81.19
Idaho Kaiser Foundation Health Plan of Washington						
Standard Self	544	585.17	604.13	453.10	151.03	4.74
Standard Self & Family	545	1345.91	1389.53	1042.15	347.38	10.90
Standard Self Plus One	546	1345.91	1389.53	1042.15	347.38	10.90
High Self	541	815.40	845.74	510.84	334.90	18.22
High Self & Family	542	1793.91	1860.65	1184.02	676.63	20.91
High Self Plus One	543	1793.91	1860.65	1092.26	768.39	41.07
Illinois Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Illinois Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Illinois Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Illinois Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Illinois Blue Preferred						
High Self	9G1	782.36	833.21	510.84	322.37	38.73
High Self & Family	9G2	1681.07	1858.87	1184.02	674.85	131.97
High Self Plus One	9G3	1591.81	1760.59	1092.26	668.33	143.11
Standard Self	9G4	558.72	600.62	450.47	150.15	10.47
Standard Self & Family	9G5	1587.91	1707.01	1184.02	522.99	73.27
Standard Self Plus One	9G6	1436.02	1543.71	1092.26	451.45	82.02
Illinois Health Alliance HMO						
Standard Self	K84	642.44	668.14	501.11	167.03	6.42
Standard Self & Family	K85	1734.61	1803.99	1184.02	619.97	23.55
Standard Self Plus One	K86	1488.24	1547.78	1092.26	455.52	33.87
Illinois Humana CoverageFirst and Humana Value Plan						
Value Self	GB4	616.37	758.14	510.84	247.30	93.21
Value Self & Family	GB5	1386.82	1705.77	1184.02	521.75	175.05
Value Self Plus One	GB6	1325.18	1629.96	1092.26	537.70	206.41
CDHP Self	GB1	936.91	1180.53	510.84	669.69	231.50
CDHP Self & Family	GB2	2108.04	2656.14	1184.02	1472.12	502.27
CDHP Self Plus One	GB3	2014.37	2538.12	1092.26	1445.86	498.08
Illinois Humana CoverageFirst and Humana Value Plan						
Value Self	MW4	608.81	754.91	510.84	244.07	91.87
Value Self & Family	MW5	1369.79	1698.52	1184.02	514.50	172.05
Value Self Plus One	MW6	1308.93	1623.05	1092.26	530.79	203.56
CDHP Self	MW1	757.06	916.02	510.84	405.18	146.84
CDHP Self & Family	MW2	1703.41	2061.15	1184.02	877.13	311.91
CDHP Self Plus One	MW3	1627.67	1969.50	1092.26	877.24	316.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Illinois Humana Health Plan, Inc.						
Standard Self	754	855.66	951.90	510.84	441.06	84.12
Standard Self & Family	755	1925.24	2141.77	1184.02	957.75	170.70
Standard Self Plus One	756	1839.67	2046.59	1092.26	954.33	181.25
High Self	751	1212.06	1238.94	510.84	728.10	14.76
High Self & Family	752	2727.14	2787.61	1184.02	1603.59	14.64
High Self Plus One	753	2605.92	2663.74	1092.26	1571.48	32.15
Illinois Humana Health Plan, Inc.						
High Self	9F1	1700.27	1938.32	510.84	1427.48	225.93
High Self & Family	9F2	3825.60	4361.20	1184.02	3177.18	489.77
High Self Plus One	9F3	3655.56	4167.35	1092.26	3075.09	486.12
Illinois Humana Health Plan, Inc.						
Standard Self	AB4	1094.77	1149.53	510.84	638.69	42.64
Standard Self & Family	AB5	2463.28	2586.44	1184.02	1402.42	77.33
Standard Self Plus One	AB6	2353.78	2471.50	1092.26	1379.24	92.05
Basic Self	AB1	615.16	756.64	510.84	245.80	92.01
Basic Self & Family	AB2	1384.15	1702.50	1184.02	518.48	172.44
Basic Self Plus One	AB3	1322.64	1626.84	1092.26	534.58	203.92
Illinois Humana Health Plan, Inc.						
Basic Self	RW1	623.55	748.24	510.84	237.40	81.51
Basic Self & Family	RW2	1402.96	1683.54	1184.02	499.52	148.78
Basic Self Plus One	RW3	1340.63	1608.73	1092.26	516.47	181.31
Illinois MercyCare Health Plans						
High Self	EY1	764.05	785.92	510.84	275.08	9.75
High Self & Family	EY2	1994.01	2050.99	1184.02	866.97	11.15
High Self Plus One	EY3	1642.81	1689.78	1092.26	597.52	21.30
Standard Self	EY4	New Plan	609.59	457.19	152.40	New Plan
Standard Self & Family	EY5	New Plan	1590.85	1184.02	406.83	New Plan
Standard Self Plus One	EY6	New Plan	1310.68	983.01	327.67	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2020 Monthly premium rates					
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Illinois Union Health Service						
High Self	761	681.74	744.08	510.84	233.24	50.22
High Self & Family	762	1711.71	1901.64	1184.02	717.62	144.10
High Self Plus One	763	1511.23	1668.33	1092.26	576.07	131.43
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	853.56	1018.46	763.85	254.61	41.22
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Illinois UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Indiana Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Indiana Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Indiana Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
Indiana Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Indiana Health Alliance HMO						
Standard Self	K84	642.44	668.14	501.11	167.03	6.42
Standard Self & Family	K85	1734.61	1803.99	1184.02	619.97	23.55
Standard Self Plus One	K86	1488.24	1547.78	1092.26	455.52	33.87
Indiana Humana CoverageFirst						
CDHP Self	TC1	622.12	659.47	494.60	164.87	9.34
CDHP Self & Family	TC2	1399.75	1483.73	1112.80	370.93	20.99
CDHP Self Plus One	TC3	1337.55	1417.82	1063.37	354.45	20.06
Indiana Humana CoverageFirst and Humana Value Plan						
Value Self	MW4	608.81	754.91	510.84	244.07	91.87
Value Self & Family	MW5	1369.79	1698.52	1184.02	514.50	172.05
Value Self Plus One	MW6	1308.93	1623.05	1092.26	530.79	203.56
CDHP Self	MW1	757.06	916.02	510.84	405.18	146.84
CDHP Self & Family	MW2	1703.41	2061.15	1184.02	877.13	311.91
CDHP Self Plus One	MW3	1627.67	1969.50	1092.26	877.24	316.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)		2020 Monthly premium rates				
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Indiana Humana CoverageFirst and Humana Value Plan						
Value Self	X34	570.27	615.12	461.34	153.78	11.21
Value Self & Family	X35	1283.12	1384.05	1038.04	346.01	25.23
Value Self Plus One	X36	1226.07	1322.53	991.90	330.63	24.11
CDHP Self	X31	684.65	799.44	510.84	288.60	102.67
CDHP Self & Family	X32	1540.48	1798.77	1184.02	614.75	212.46
CDHP Self Plus One	X33	1472.01	1718.82	1092.26	626.56	221.14
Indiana Humana Health Plan of Ohio, Inc.						
High Self	A61	1172.64	1500.98	510.84	990.14	316.22
High Self & Family	A62	2638.48	3377.23	1184.02	2193.21	692.92
High Self Plus One	A63	2521.22	3227.14	1092.26	2134.88	680.25
Standard Self	A64	930.28	1172.17	510.84	661.33	229.77
Standard Self & Family	A65	2093.17	2637.42	1184.02	1453.40	498.42
Standard Self Plus One	A66	2000.16	2520.20	1092.26	1427.94	494.37
Indiana Humana Health Plan, Inc.						
Standard Self	754	855.66	951.90	510.84	441.06	84.12
Standard Self & Family	755	1925.24	2141.77	1184.02	957.75	170.70
Standard Self Plus One	756	1839.67	2046.59	1092.26	954.33	181.25
High Self	751	1212.06	1238.94	510.84	728.10	14.76
High Self & Family	752	2727.14	2787.61	1184.02	1603.59	14.64
High Self Plus One	753	2605.92	2663.74	1092.26	1571.48	32.15
Indiana Humana Health Plan, Inc.						
High Self	MH1	883.98	1104.96	510.84	594.12	208.86
High Self & Family	MH2	1988.96	2486.19	1184.02	1302.17	451.40
High Self Plus One	MH3	1900.56	2375.69	1092.26	1283.43	449.46
Standard Self	MH4	722.39	859.65	510.84	348.81	125.14
Standard Self & Family	MH5	1625.37	1934.18	1184.02	750.16	262.98
Standard Self Plus One	MH6	1553.13	1848.23	1092.26	755.97	269.43

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Iowa Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Iowa Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Iowa Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Iowa Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Iowa Health Alliance HMO						
Standard Self	K84	642.44	668.14	501.11	167.03	6.42
Standard Self & Family	K85	1734.61	1803.99	1184.02	619.97	23.55
Standard Self Plus One	K86	1488.24	1547.78	1092.26	455.52	33.87

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Iowa HealthPartners						
Standard Self	V34	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	946.08	1016.45	762.34	254.11	17.59
High Self	V31	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	1746.57	1574.21	1092.26	481.95	-198.03
Iowa UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	N71	532.16	610.42	457.82	152.60	19.56
HDHP Self & Family	N72	1223.93	1403.98	1052.99	350.99	45.01
HDHP Self Plus One	N73	1144.11	1312.42	984.32	328.10	42.07
Iowa UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	LJ1	671.95	720.18	510.84	209.34	36.11
High Self & Family	LJ2	1679.86	1800.48	1184.02	616.46	74.79
High Self Plus One	LJ3	1444.69	1548.41	1092.26	456.15	78.05
Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Iowa UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Kansas Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Kansas Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Kansas Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
Kansas Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Kansas Aetna Open Access						
High Self	HA1	881.01	1099.93	510.84	589.09	206.80
High Self & Family	HA2	2081.11	2598.18	1184.02	1414.16	471.24
High Self Plus One	HA3	2060.54	2572.53	1092.26	1480.27	486.32
Standard Self	HA4	707.85	716.37	510.84	205.53	-3.60
Standard Self & Family	HA5	1670.78	1690.89	1184.02	506.87	-25.72
Standard Self Plus One	HA6	1654.25	1674.16	1092.26	581.90	-5.76
Kansas Humana CoverageFirst and Humana Value Plan						
Value Self	PH4	428.35	484.03	363.02	121.01	13.92
Value Self & Family	PH5	963.82	1089.10	816.83	272.27	31.32
Value Self Plus One	PH6	920.96	1040.67	780.50	260.17	29.93
CDHP Self	PH1	600.95	715.11	510.84	204.27	54.03
CDHP Self & Family	PH2	1352.13	1609.03	1184.02	425.01	86.98
CDHP Self Plus One	PH3	1292.05	1537.51	1092.26	445.25	122.24

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Kansas Humana Health Plan, Inc.						
High Self	MS1	1625.63	1723.17	510.84	1212.33	85.42
High Self & Family	MS2	3657.66	3877.12	1184.02	2693.10	173.63
High Self Plus One	MS3	3495.09	3704.81	1092.26	2612.55	184.05
Standard Self	MS4	952.77	1067.00	510.84	556.16	102.11
Standard Self & Family	MS5	2143.79	2400.78	1184.02	1216.76	211.16
Standard Self Plus One	MS6	2048.50	2294.09	1092.26	1201.83	219.92
Kentucky Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Kentucky Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Kentucky Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Kentucky Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Kentucky Humana CoverageFirst						
CDHP Self	TC1	622.12	659.47	494.60	164.87	9.34
CDHP Self & Family	TC2	1399.75	1483.73	1112.80	370.93	20.99
CDHP Self Plus One	TC3	1337.55	1417.82	1063.37	354.45	20.06
Kentucky Humana CoverageFirst						
CDHP Self	6N1	633.64	766.70	510.84	255.86	97.45
CDHP Self & Family	6N2	1425.69	1725.08	1184.02	541.06	184.64
CDHP Self Plus One	6N3	1362.31	1648.40	1092.26	556.14	215.56
Kentucky Humana CoverageFirst and Humana Value Plan						
Value Self	X34	570.27	615.12	461.34	153.78	11.21
Value Self & Family	X35	1283.12	1384.05	1038.04	346.01	25.23
Value Self Plus One	X36	1226.07	1322.53	991.90	330.63	24.11
CDHP Self	X31	684.65	799.44	510.84	288.60	102.67
CDHP Self & Family	X32	1540.48	1798.77	1184.02	614.75	212.46
CDHP Self Plus One	X33	1472.01	1718.82	1092.26	626.56	221.14
Kentucky Humana Health Plan of Ohio, Inc.						
High Self	A61	1172.64	1500.98	510.84	990.14	316.22
High Self & Family	A62	2638.48	3377.23	1184.02	2193.21	692.92
High Self Plus One	A63	2521.22	3227.14	1092.26	2134.88	680.25
Standard Self	A64	930.28	1172.17	510.84	661.33	229.77
Standard Self & Family	A65	2093.17	2637.42	1184.02	1453.40	498.42
Standard Self Plus One	A66	2000.16	2520.20	1092.26	1427.94	494.37
Kentucky Humana Health Plan of Ohio, Inc.						
Basic Self	W61	585.78	608.62	456.47	152.15	5.71
Basic Self & Family	W62	1318.01	1369.44	1027.08	342.36	12.86
Basic Self Plus One	W63	1259.42	1308.58	981.44	327.14	12.29

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Kentucky Humana Health Plan, Inc.						
High Self	MI1	1123.14	1381.45	510.84	870.61	246.19
High Self & Family	MI2	2527.03	3108.24	1184.02	1924.22	535.38
High Self Plus One	MI3	2414.71	2970.09	1092.26	1877.83	529.71
Standard Self	MI4	811.92	885.00	510.84	374.16	60.96
Standard Self & Family	MI5	1826.80	1991.21	1184.02	807.19	118.58
Standard Self Plus One	MI6	1745.62	1902.75	1092.26	810.49	131.46
Kentucky Humana Health Plan, Inc.						
High Self	MH1	883.98	1104.96	510.84	594.12	208.86
High Self & Family	MH2	1988.96	2486.19	1184.02	1302.17	451.40
High Self Plus One	MH3	1900.56	2375.69	1092.26	1283.43	449.46
Standard Self	MH4	722.39	859.65	510.84	348.81	125.14
Standard Self & Family	MH5	1625.37	1934.18	1184.02	750.16	262.98
Standard Self Plus One	MH6	1553.13	1848.23	1092.26	755.97	269.43
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	N71	532.16	610.42	457.82	152.60	19.56
HDHP Self & Family	N72	1223.93	1403.98	1052.99	350.99	45.01
HDHP Self Plus One	N73	1144.11	1312.42	984.32	328.10	42.07
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	LJ1	671.95	720.18	510.84	209.34	36.11
High Self & Family	LJ2	1679.86	1800.48	1184.02	616.46	74.79
High Self Plus One	LJ3	1444.69	1548.41	1092.26	456.15	78.05
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Louisiana Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Louisiana Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Louisiana Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Louisiana Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
Standard Self	BC4	596.57	674.14	505.61	168.53	19.39
Standard Self & Family	BC5	1342.29	1516.80	1137.60	379.20	43.63
Standard Self Plus One	BC6	1282.62	1449.37	1087.03	362.34	41.69
High Self	BC1	751.10	901.33	510.84	390.49	138.11
High Self & Family	BC2	1690.02	2028.02	1184.02	844.00	292.17
High Self Plus One	BC3	1614.90	1937.89	1092.26	845.63	297.32
Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
High Self	AE1	864.05	1071.42	510.84	560.58	195.25
High Self & Family	AE2	1944.06	2410.63	1184.02	1226.61	420.74
High Self Plus One	AE3	1857.68	2303.51	1092.26	1211.25	420.16
Standard Self	AE4	734.05	807.45	510.84	296.61	61.28
Standard Self & Family	AE5	1651.63	1816.79	1184.02	632.77	119.33
Standard Self Plus One	AE6	1578.22	1736.04	1092.26	643.78	132.15
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	900.25	977.71	733.28	244.43	19.37
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	1459.94	1534.87	1092.26	442.61	49.26
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Maine Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Maine Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Maine Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24
Maine Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Maryland Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Maryland Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Maryland Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Maryland Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Maryland Aetna Open Access						
High Self	JN1	1119.13	1137.57	510.84	626.73	6.32
High Self & Family	JN2	2515.98	2557.43	1184.02	1373.41	-4.38
High Self Plus One	JN3	2491.04	2532.10	1092.26	1439.84	15.39
Basic Self	JN4	680.46	697.10	510.84	186.26	4.52
Basic Self & Family	JN5	1557.25	1595.34	1184.02	411.32	-7.74
Basic Self Plus One	JN6	1430.00	1464.99	1092.26	372.73	9.32
Maryland Aetna Saver						
Saver Self	QQ4	New Plan	595.21	446.41	148.80	New Plan
Saver Self & Family	QQ5	New Plan	1362.14	1021.61	340.53	New Plan
Saver Self Plus One	QQ6	New Plan	1250.82	938.12	312.70	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Maryland CareFirst BlueChoice						
Standard Self	2G4	797.68	845.54	510.84	334.70	35.74
Standard Self & Family	2G5	1895.25	2008.96	1184.02	824.94	67.88
Standard Self Plus One	2G6	1595.34	1691.06	1092.26	598.80	70.05
Maryland CareFirst BlueChoice						
HDHP Self	B61	518.27	570.09	427.57	142.52	12.95
HDHP Self & Family	B62	1231.38	1354.51	1015.88	338.63	30.79
HDHP Self Plus One	B63	1036.51	1140.17	855.13	285.04	25.91
Blue Value Plus Self	B64	New Plan	705.99	510.84	195.15	New Plan
Blue Value Plus Self & Family	B65	New Plan	1677.46	1184.02	493.44	New Plan
Blue Value Plus Self Plus One	B66	New Plan	1412.02	1059.02	353.00	New Plan
Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.						
Basic Self	T71	420.12	420.12	315.09	105.03	0.00
Basic Self & Family	T72	1026.16	1026.16	769.62	256.54	0.00
Basic Self Plus One	T73	934.90	934.90	701.18	233.72	0.00
Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.						
Standard Self	E34	521.76	571.55	428.66	142.89	12.45
Standard Self & Family	E35	1199.99	1314.50	985.88	328.62	28.62
Standard Self Plus One	E36	1199.99	1314.50	985.88	328.62	28.62
High Self	E31	692.68	722.82	510.84	211.98	18.02
High Self & Family	E32	1593.15	1662.53	1184.02	478.51	23.55
High Self Plus One	E33	1593.15	1662.53	1092.26	570.27	43.71
Maryland M.D. IPA						
High Self	JP1	790.86	876.61	510.84	365.77	73.63
High Self & Family	JP2	2217.54	2458.04	1184.02	1274.02	194.67
High Self Plus One	JP3	1544.53	1712.04	1092.26	619.78	141.84

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	V41	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	1065.72	1046.13	784.60	261.53	-4.90
Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	LR1	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	1436.05	1536.99	1092.26	444.73	75.27
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	853.56	1018.46	763.85	254.61	41.22
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Maryland UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Massachusetts Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Massachusetts Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24
Massachusetts Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Michigan Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Michigan Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Michigan Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Michigan Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Michigan Blue Care Network of Michigan						
High Self	LX1	734.72	742.86	510.84	232.02	-3.98
High Self & Family	LX2	1792.64	1812.59	1184.02	628.57	-25.88
High Self Plus One	LX3	1689.81	1708.57	1092.26	616.31	-6.91
Michigan Blue Care Network of Michigan						
High Self	K51	943.45	957.73	510.84	446.89	2.16
High Self & Family	K52	2301.95	2336.82	1184.02	1152.80	-10.96
High Self Plus One	K53	2169.90	2202.72	1092.26	1110.46	7.15
Michigan Health Alliance Plan						
High Self	521	763.84	787.89	510.84	277.05	11.93
High Self & Family	522	1863.72	1922.44	1184.02	738.42	12.89
High Self Plus One	523	1756.82	1812.14	1092.26	719.88	29.65
Michigan Health Alliance Plan						
Standard Self	GY4	598.35	614.23	460.67	153.56	3.97
Standard Self & Family	GY5	1460.01	1498.77	1124.08	374.69	9.69
Standard Self Plus One	GY6	1376.22	1412.78	1059.59	353.19	9.14
Michigan Priority Health						
High Self	LE1	912.10	919.58	510.84	408.74	-4.64
High Self & Family	LE2	2143.44	2161.01	1184.02	976.99	-28.26
High Self Plus One	LE3	2006.64	2023.06	1092.26	930.80	-9.25
Standard Self	LE4	504.44	539.33	404.50	134.83	8.72
Standard Self & Family	LE5	1185.45	1267.44	950.58	316.86	20.50
Standard Self Plus One	LE6	1109.79	1186.53	889.90	296.63	19.18

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Michigan Priority Health						
Value Self	Y41	New Plan	473.24	354.93	118.31	New Plan
Value Self & Family	Y42	New Plan	1112.13	834.10	278.03	New Plan
Value Self Plus One	Y43	New Plan	1041.13	780.85	260.28	New Plan
Minnesota Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Minnesota Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Minnesota Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Minnesota Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Minnesota HealthPartners						
Standard Self	V34	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	946.08	1016.45	762.34	254.11	17.59
High Self	V31	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	1746.57	1574.21	1092.26	481.95	-198.03
Mississippi Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Mississippi Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Mississippi Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Mississippi Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2020 Monthly premium rates				
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP					
HDHP Self LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One LS3	900.25	977.71	733.28	244.43	19.37
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO					
High Self KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One KK3	1459.94	1534.87	1092.26	442.61	49.26
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage					
High Self AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One AS3	New Plan	1130.42	847.82	282.60	New Plan
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage					
High Self Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One Y83	New Plan	1089.38	817.04	272.34	New Plan
Missouri Aetna Advantage					
Advantage Self Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One Z26	New Plan	1020.44	765.33	255.11	New Plan
Missouri Aetna Direct					
CDHP Self N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Missouri Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
Missouri Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Missouri Aetna Open Access						
High Self	HA1	881.01	1099.93	510.84	589.09	206.80
High Self & Family	HA2	2081.11	2598.18	1184.02	1414.16	471.24
High Self Plus One	HA3	2060.54	2572.53	1092.26	1480.27	486.32
Standard Self	HA4	707.85	716.37	510.84	205.53	-3.60
Standard Self & Family	HA5	1670.78	1690.89	1184.02	506.87	-25.72
Standard Self Plus One	HA6	1654.25	1674.16	1092.26	581.90	-5.76
Missouri Blue Preferred						
High Self	9G1	782.36	833.21	510.84	322.37	38.73
High Self & Family	9G2	1681.07	1858.87	1184.02	674.85	131.97
High Self Plus One	9G3	1591.81	1760.59	1092.26	668.33	143.11
Standard Self	9G4	558.72	600.62	450.47	150.15	10.47
Standard Self & Family	9G5	1587.91	1707.01	1184.02	522.99	73.27
Standard Self Plus One	9G6	1436.02	1543.71	1092.26	451.45	82.02

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2020 Monthly premium rates				
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Missouri Humana CoverageFirst and Humana Value Plan					
Value Self PH4	428.35	484.03	363.02	121.01	13.92
Value Self & Family PH5	963.82	1089.10	816.83	272.27	31.32
Value Self Plus One PH6	920.96	1040.67	780.50	260.17	29.93
CDHP Self PH1	600.95	715.11	510.84	204.27	54.03
CDHP Self & Family PH2	1352.13	1609.03	1184.02	425.01	86.98
CDHP Self Plus One PH3	1292.05	1537.51	1092.26	445.25	122.24
Missouri Humana Health Plan, Inc.					
High Self MS1	1625.63	1723.17	510.84	1212.33	85.42
High Self & Family MS2	3657.66	3877.12	1184.02	2693.10	173.63
High Self Plus One MS3	3495.09	3704.81	1092.26	2612.55	184.05
Standard Self MS4	952.77	1067.00	510.84	556.16	102.11
Standard Self & Family MS5	2143.79	2400.78	1184.02	1216.76	211.16
Standard Self Plus One MS6	2048.50	2294.09	1092.26	1201.83	219.92
Missouri UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage					
High Self AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One AS3	New Plan	1130.42	847.82	282.60	New Plan
Missouri UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage					
High Self Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One Y83	New Plan	1089.38	817.04	272.34	New Plan
Montana Aetna Advantage					
Advantage Self Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Montana Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Montana Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Montana Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Nebraska Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Nebraska Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Nebraska Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Nebraska Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Nevada Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Nevada Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Nevada Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Nevada Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Nevada Health Plan of Nevada, Inc.						
High Self	NM1	658.54	706.98	510.84	196.14	31.51
High Self & Family	NM2	1560.67	1675.48	1184.02	491.46	68.98
High Self Plus One	NM3	1251.25	1343.29	1007.47	335.82	23.01
Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LU1	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	968.20	954.27	715.70	238.57	-3.48
Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KT1	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	1460.23	1558.25	1092.26	465.99	72.35
Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	WF1	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	1124.05	843.04	281.01	New Plan
Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	VD1	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	1122.23	841.67	280.56	New Plan
New Hampshire Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

New Hampshire Aetna Direct

CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

New Hampshire Aetna HealthFund CDHP and Aetna Value Plan

Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24

New Hampshire Aetna HealthFund HDHP

HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

New Jersey Aetna Advantage

Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

New Jersey Aetna Direct

CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
New Jersey Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24
New Jersey Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
New Jersey Aetna Open Access						
High Self	JR1	1409.79	1544.75	510.84	1033.91	122.84
High Self & Family	JR2	3256.46	3568.20	1184.02	2384.18	265.91
High Self Plus One	JR3	3224.20	3532.84	1092.26	2440.58	282.97
Basic Self	JR4	1163.41	1373.28	510.84	862.44	197.75
Basic Self & Family	JR5	2696.33	3182.68	1184.02	1998.66	440.52
Basic Self Plus One	JR6	2669.62	3151.16	1092.26	2058.90	455.87
New Jersey Aetna Open Access						
Basic Self	P34	1298.46	1310.08	510.84	799.24	-0.50
Basic Self & Family	P35	3013.75	3040.68	1184.02	1856.66	-18.90
Basic Self Plus One	P36	2983.89	3010.54	1092.26	1918.28	0.98
High Self	P31	1485.21	1456.61	510.84	945.77	-40.72
High Self & Family	P32	3600.91	3531.54	1184.02	2347.52	-115.20
High Self Plus One	P33	3565.25	3496.55	1092.26	2404.29	-94.37
New Jersey GHI Health Plan						
Standard Self	804	925.97	1004.66	510.84	493.82	66.57
Standard Self & Family	805	2246.47	2437.41	1184.02	1253.39	145.11
Standard Self Plus One	806	2153.84	2336.92	1092.26	1244.66	157.41

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
New Jersey GHI Health Plan						
HDHP Self	811	New Plan	676.35	507.26	169.09	New Plan
HDHP Self & Family	812	New Plan	1478.71	1109.03	369.68	New Plan
HDHP Self Plus One	813	New Plan	1450.09	1087.57	362.52	New Plan
New Mexico Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
New Mexico Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
New Mexico Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
New Mexico Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
New Mexico Presbyterian Health Plan						
High Self	P21	740.31	840.99	510.84	330.15	88.56
High Self & Family	P22	1739.75	1976.30	1184.02	792.28	190.72
High Self Plus One	P23	1680.53	1909.03	1092.26	816.77	202.83

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New Mexico Presbyterian Health Plan						
Standard Self	PS4	622.66	710.28	510.84	199.44	43.78
Standard Self & Family	PS5	1463.28	1669.16	1184.02	485.14	119.32
Standard Self Plus One	PS6	1413.45	1612.35	1092.26	520.09	166.73
Wellness Self	PS1	New Plan	619.88	464.91	154.97	New Plan
Wellness Self & Family	PS2	New Plan	1456.76	1092.57	364.19	New Plan
Wellness Self Plus One	PS3	New Plan	1407.19	1055.39	351.80	New Plan
New Mexico True Health New Mexico						
High Self	EL1	New Plan	620.17	465.13	155.04	New Plan
High Self & Family	EL2	New Plan	1464.47	1098.35	366.12	New Plan
High Self Plus One	EL3	New Plan	1388.03	1041.02	347.01	New Plan
New York Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
New York Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
New York Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
New York Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
New York Aetna Open Access						
High Self	JC1	1303.06	1320.37	510.84	809.53	5.19
High Self & Family	JC2	3219.84	3262.57	1184.02	2078.55	-3.10
High Self Plus One	JC3	3187.99	3230.26	1092.26	2138.00	16.60
Basic Self	JC4	1063.21	1102.42	510.84	591.58	27.09
Basic Self & Family	JC5	2593.37	2689.03	1184.02	1505.01	49.83
Basic Self Plus One	JC6	2567.72	2662.44	1092.26	1570.18	69.05
New York CDPHP						
Standard Self	SG4	577.57	629.61	472.21	157.40	13.01
Standard Self & Family	SG5	1732.66	1792.64	1184.02	608.62	14.15
Standard Self Plus One	SG6	1155.14	1303.25	977.44	325.81	37.03
High Self	SG1	870.29	991.25	510.84	480.41	108.84
High Self & Family	SG2	2610.55	2825.05	1184.02	1641.03	168.67
High Self Plus One	SG3	1740.55	2051.88	1092.26	959.62	285.66
New York GHI Health Plan						
Standard Self	804	925.97	1004.66	510.84	493.82	66.57
Standard Self & Family	805	2246.47	2437.41	1184.02	1253.39	145.11
Standard Self Plus One	806	2153.84	2336.92	1092.26	1244.66	157.41
New York GHI Health Plan						
HDHP Self	811	New Plan	676.35	507.26	169.09	New Plan
HDHP Self & Family	812	New Plan	1478.71	1109.03	369.68	New Plan
HDHP Self Plus One	813	New Plan	1450.09	1087.57	362.52	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New York HIP of Greater NY						
Standard Self	YL4	658.60	813.87	510.84	303.03	138.38
Standard Self & Family	YL5	1884.68	2339.98	1184.02	1155.96	409.47
Standard Self Plus One	YL6	1169.22	1480.25	1092.26	387.99	95.69
New York HIP of Greater NY						
High Self	511	985.36	1071.05	510.84	560.21	73.57
High Self & Family	512	2821.39	3081.98	1184.02	1897.96	214.76
High Self Plus One	513	1755.46	1948.55	1092.26	856.29	167.42
New York Independent Health						
Standard Self	C54	701.83	711.62	510.84	200.78	-2.33
Standard Self & Family	C55	1894.95	1921.38	1184.02	737.36	-19.40
Standard Self Plus One	C56	1789.65	1814.61	1092.26	722.35	-0.71
New York Independent Health						
High Self	QA1	727.63	762.67	510.84	251.83	22.92
High Self & Family	QA2	1964.56	2059.18	1184.02	875.16	48.79
High Self Plus One	QA3	1855.43	1944.80	1092.26	852.54	63.70
HDHP Self	QA4	590.57	592.87	444.65	148.22	0.58
HDHP Self & Family	QA5	1524.84	1533.13	1149.85	383.28	-3.37
HDHP Self Plus One	QA6	1421.20	1429.61	1072.21	357.40	2.10
North Carolina Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
North Carolina Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
North Carolina Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
North Carolina Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	900.25	977.71	733.28	244.43	19.37
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	1459.94	1534.87	1092.26	442.61	49.26
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
North Dakota Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
North Dakota Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
North Dakota Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
North Dakota Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
North Dakota HealthPartners						
Standard Self	V34	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	946.08	1016.45	762.34	254.11	17.59
High Self	V31	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	1746.57	1574.21	1092.26	481.95	-198.03

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Ohio Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Ohio Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Ohio Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
Ohio Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Ohio AultCare Insurance Company						
High Self	3A1	769.49	842.03	510.84	331.19	60.42
High Self & Family	3A2	1900.67	2079.78	1184.02	895.76	133.28
High Self Plus One	3A3	1615.94	1768.24	1092.26	675.98	126.63
HDHP Self	3A4	373.25	437.62	328.22	109.40	16.09
HDHP Self & Family	3A5	1194.33	1401.25	1050.94	350.31	51.73
HDHP Self Plus One	3A6	709.13	831.96	623.97	207.99	30.71

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Ohio Humana CoverageFirst and Humana Value Plan						
Value Self	X34	570.27	615.12	461.34	153.78	11.21
Value Self & Family	X35	1283.12	1384.05	1038.04	346.01	25.23
Value Self Plus One	X36	1226.07	1322.53	991.90	330.63	24.11
CDHP Self	X31	684.65	799.44	510.84	288.60	102.67
CDHP Self & Family	X32	1540.48	1798.77	1184.02	614.75	212.46
CDHP Self Plus One	X33	1472.01	1718.82	1092.26	626.56	221.14
Ohio Humana Health Plan of Ohio, Inc.						
High Self	A61	1172.64	1500.98	510.84	990.14	316.22
High Self & Family	A62	2638.48	3377.23	1184.02	2193.21	692.92
High Self Plus One	A63	2521.22	3227.14	1092.26	2134.88	680.25
Standard Self	A64	930.28	1172.17	510.84	661.33	229.77
Standard Self & Family	A65	2093.17	2637.42	1184.02	1453.40	498.42
Standard Self Plus One	A66	2000.16	2520.20	1092.26	1427.94	494.37
Ohio Humana Health Plan of Ohio, Inc.						
Basic Self	W61	585.78	608.62	456.47	152.15	5.71
Basic Self & Family	W62	1318.01	1369.44	1027.08	342.36	12.86
Basic Self Plus One	W63	1259.42	1308.58	981.44	327.14	12.29
Ohio Medical Mutual of Ohio						
Standard Self	644	857.76	1027.78	510.84	516.94	157.90
Standard Self & Family	645	2058.62	2466.71	1184.02	1282.69	362.26
Standard Self Plus One	646	1887.04	2261.16	1092.26	1168.90	348.45
Ohio Medical Mutual of Ohio						
Standard Self	X64	805.96	849.42	510.84	338.58	31.34
Standard Self & Family	X65	1934.29	2038.60	1184.02	854.58	58.48
Standard Self Plus One	X66	1773.07	1868.71	1092.26	776.45	69.97
Basic Self	X61	461.72	439.99	329.99	110.00	-5.43
Basic Self & Family	X62	1108.12	1055.95	791.96	263.99	-13.04
Basic Self Plus One	X63	1015.78	967.96	725.97	241.99	-11.95

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Ohio Medical Mutual of Ohio						
Basic Self	UX1	482.56	440.14	330.11	110.03	-10.61
Basic Self & Family	UX2	1158.15	1056.34	792.26	264.08	-25.46
Basic Self Plus One	UX3	1061.65	968.33	726.25	242.08	-23.33
Ohio Medical Mutual of Ohio						
Basic Self	YF1	490.56	440.14	330.11	110.03	-12.61
Basic Self & Family	YF2	1177.37	1056.34	792.26	264.08	-30.26
Basic Self Plus One	YF3	1079.26	968.33	726.25	242.08	-27.73
Standard Self	YF4	919.84	968.98	510.84	458.14	37.02
Standard Self & Family	YF5	2207.60	2325.55	1184.02	1141.53	72.12
Standard Self Plus One	YF6	2023.60	2131.74	1092.26	1039.48	82.47
Oklahoma Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Oklahoma Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Oklahoma Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Oklahoma GlobalHealth						
Standard Self	IM4	602.16	622.94	467.21	155.73	5.19
Standard Self & Family	IM5	1505.40	1557.38	1168.04	389.34	12.99
Standard Self Plus One	IM6	1204.32	1245.90	934.43	311.47	10.39
High Self	IM1	619.00	659.27	494.45	164.82	10.07
High Self & Family	IM2	1547.52	1648.16	1184.02	464.14	54.81
High Self Plus One	IM3	1238.01	1318.53	988.90	329.63	20.13
Oregon Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Oregon Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Oregon Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)		2019 Total Monthly Premium		2020 Monthly premium rates		
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Oregon Aetna HealthFund HDHP						
HDHP Self	224	659.71	510.84	217.96	53.03	
HDHP Self & Family	225	1455.20	1184.02	423.58	59.78	
HDHP Self Plus One	226	1426.69	1092.26	483.84	123.74	
Oregon Kaiser Foundation Health Plan of the Northwest						
Standard Self	574	620.30	485.97	161.99	6.92	
Standard Self & Family	575	1425.00	1116.41	372.13	15.88	
Standard Self Plus One	576	1425.00	1092.26	396.28	37.87	
High Self	571	706.68	510.84	219.09	11.13	
High Self & Family	572	1596.16	1184.02	464.68	6.71	
High Self Plus One	573	1596.16	1092.26	556.44	26.87	
Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LU1	450.32	332.88	110.96	-1.62	
HDHP Self & Family	LU2	1035.73	765.64	255.21	-3.72	
HDHP Self Plus One	LU3	968.20	715.70	238.57	-3.48	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KT1	679.19	510.84	213.93	33.46	
High Self & Family	KT2	1697.95	1184.02	627.88	68.12	
High Self Plus One	KT3	1460.23	1092.26	465.99	72.35	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	WF1	New Plan	392.15	130.71	New Plan	
High Self & Family	WF2	New Plan	927.29	309.10	New Plan	
High Self Plus One	WF3	New Plan	843.04	281.01	New Plan	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	VD1	New Plan	391.52	130.50	New Plan	
High Self & Family	VD2	New Plan	925.78	308.59	New Plan	
High Self Plus One	VD3	New Plan	841.67	280.56	New Plan	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Pennsylvania Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Pennsylvania Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79
Pennsylvania Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Pennsylvania Aetna Open Access						
High Self	YE1	938.12	1215.13	510.84	704.29	264.89
High Self & Family	YE2	2355.62	3051.19	1184.02	1867.17	649.74
High Self Plus One	YE3	2332.29	3020.98	1092.26	1928.72	663.02

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Pennsylvania Aetna Open Access						
Basic Self	P34	1298.46	1310.08	510.84	799.24	-0.50
Basic Self & Family	P35	3013.75	3040.68	1184.02	1856.66	-18.90
Basic Self Plus One	P36	2983.89	3010.54	1092.26	1918.28	0.98
High Self	P31	1485.21	1456.61	510.84	945.77	-40.72
High Self & Family	P32	3600.91	3531.54	1184.02	2347.52	-115.20
High Self Plus One	P33	3565.25	3496.55	1092.26	2404.29	-94.37
Pennsylvania Geisinger Health Plan						
Standard Self	GG4	729.17	822.73	510.84	311.89	81.44
Standard Self & Family	GG5	1669.46	1883.68	1184.02	699.66	168.39
Standard Self Plus One	GG6	1575.54	1777.71	1092.26	685.45	176.50
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	V41	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	1065.72	1046.13	784.60	261.53	-4.90
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	LR1	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	1436.05	1536.99	1092.26	444.73	75.27
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Pennsylvania UPMC Health Plan						
Standard Self	YT4	New Plan	904.09	510.84	393.25	New Plan
Standard Self & Family	YT5	New Plan	2121.97	1184.02	937.95	New Plan
Standard Self Plus One	YT6	New Plan	2032.46	1092.26	940.20	New Plan
Pennsylvania UPMC Health Plan						
HDHP Self	YS4	New Plan	775.80	510.84	264.96	New Plan
HDHP Self & Family	YS5	New Plan	1791.05	1184.02	607.03	New Plan
HDHP Self Plus One	YS6	New Plan	1721.72	1092.26	629.46	New Plan
High Self	YS1	New Plan	1142.35	510.84	631.51	New Plan
High Self & Family	YS2	New Plan	2684.87	1184.02	1500.85	New Plan
High Self Plus One	YS3	New Plan	2570.69	1092.26	1478.43	New Plan
Pennsylvania UPMC Health Plan						
HDHP Self	8W4	573.58	610.63	457.97	152.66	9.27
HDHP Self & Family	8W5	1317.59	1405.00	1053.75	351.25	21.85
HDHP Self Plus One	8W6	1268.04	1351.63	1013.72	337.91	20.90
High Self	8W1	872.78	936.39	510.84	425.55	51.49
High Self & Family	8W2	2051.31	2200.84	1184.02	1016.82	103.70
High Self Plus One	8W3	1964.13	2107.28	1092.26	1015.02	117.48
Pennsylvania UPMC Health Plan						
Standard Self	UW4	651.86	673.68	505.26	168.42	5.46
Standard Self & Family	UW5	1523.80	1580.74	1184.02	396.72	11.11
Standard Self Plus One	UW6	1459.27	1514.20	1092.26	421.94	29.26
Puerto Rico Humana Health Plans of Puerto Rico, Inc.						
High Self	ZJ1	365.11	390.24	292.68	97.56	6.28
High Self & Family	ZJ2	821.49	878.06	658.55	219.51	14.14
High Self Plus One	ZJ3	784.98	839.02	629.27	209.75	13.51

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Puerto Rico Triple-S Salud Inc. Puerto Rico						
High Self	891	407.38	390.04	292.53	97.51	-4.33
High Self & Family	892	932.88	893.21	669.91	223.30	-9.92
High Self Plus One	893	914.70	875.79	656.84	218.95	-9.72
Rhode Island Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Rhode Island Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24
Rhode Island Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
South Carolina Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
South Carolina Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
South Carolina Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
South Carolina Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
South Dakota Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
South Dakota Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
South Dakota Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
South Dakota Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
South Dakota HealthPartners						
Standard Self	V34	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	946.08	1016.45	762.34	254.11	17.59
High Self	V31	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	1746.57	1574.21	1092.26	481.95	-198.03
Tennessee Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Tennessee Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Tennessee Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Tennessee Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Tennessee Aetna Open Access						
High Self	UB1	994.83	1061.19	510.84	550.35	54.24
High Self & Family	UB2	2549.26	2719.30	1184.02	1535.28	124.21
High Self Plus One	UB3	2524.06	2692.41	1092.26	1600.15	142.68
Tennessee Humana CoverageFirst and Humana Value Plan						
CDHP Self	TT1	665.45	745.31	510.84	234.47	67.74
CDHP Self & Family	TT2	1497.30	1676.98	1184.02	492.96	118.64
CDHP Self Plus One	TT3	1430.76	1602.45	1092.26	510.19	146.02
Value Self	TT4	537.77	682.96	510.84	172.12	37.68
Value Self & Family	TT5	1209.93	1536.62	1152.47	384.15	81.67
Value Self Plus One	TT6	1156.16	1468.31	1092.26	376.05	87.01
Tennessee Humana Health Plan, Inc.						
High Self	GJ1	963.76	1175.79	510.84	664.95	199.91
High Self & Family	GJ2	2168.38	2645.44	1184.02	1461.42	431.23
High Self Plus One	GJ3	2072.01	2527.85	1092.26	1435.59	430.17
Standard Self	GJ4	815.62	870.13	510.84	359.29	42.39
Standard Self & Family	GJ5	1835.12	1957.78	1184.02	773.76	76.83
Standard Self Plus One	GJ6	1753.55	1870.77	1092.26	778.51	91.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LS1	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	900.25	977.71	733.28	244.43	19.37
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KK1	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	1459.94	1534.87	1092.26	442.61	49.26
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Texas Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Texas Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Texas Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
Texas Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Texas Humana CoverageFirst and Humana Value Plan						
Value Self	T34	498.25	528.17	396.13	132.04	7.48
Value Self & Family	T35	1121.08	1188.33	891.25	297.08	16.81
Value Self Plus One	T36	1071.27	1135.53	851.65	283.88	16.06
CDHP Self	T31	654.10	758.75	510.84	247.91	84.39
CDHP Self & Family	T32	1471.69	1707.16	1184.02	523.14	155.22
CDHP Self Plus One	T33	1406.30	1631.33	1092.26	539.07	187.50
Texas Humana CoverageFirst and Humana Value Plan						
CDHP Self	TV1	707.59	842.03	510.84	331.19	122.32
CDHP Self & Family	TV2	1592.09	1894.60	1184.02	710.58	256.68
CDHP Self Plus One	TV3	1521.35	1810.40	1092.26	718.14	263.38
Value Self	TV4	579.13	665.99	499.49	166.50	21.72
Value Self & Family	TV5	1303.06	1498.51	1123.88	374.63	48.87
Value Self Plus One	TV6	1245.14	1431.93	1073.95	357.98	46.70

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2020 Monthly premium rates				
Plan - Option - Enrollment Code	2019 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Texas Humana CoverageFirst and Humana Value Plan						
Value Self	TU4	508.63	527.71	395.78	131.93	4.77
Value Self & Family	TU5	1144.39	1187.38	890.54	296.84	10.74
Value Self Plus One	TU6	1093.56	1134.62	850.97	283.65	10.26
CDHP Self	TU1	639.38	645.78	484.34	161.44	1.60
CDHP Self & Family	TU2	1438.65	1453.01	1089.76	363.25	3.59
CDHP Self Plus One	TU3	1374.69	1388.44	1041.33	347.11	3.44
Texas Humana CoverageFirst and Humana Value Plan						
CDHP Self	TP1	591.48	721.61	510.84	210.77	62.90
CDHP Self & Family	TP2	1330.83	1623.61	1184.02	439.59	106.88
CDHP Self Plus One	TP3	1271.70	1551.49	1092.26	459.23	141.31
Value Self	TP4	398.93	422.87	317.15	105.72	5.99
Value Self & Family	TP5	897.59	951.45	713.59	237.86	13.46
Value Self Plus One	TP6	857.72	909.18	681.89	227.29	12.86
Texas Humana Health Plan of Texas						
Standard Self	UC4	799.87	839.87	510.84	329.03	27.88
Standard Self & Family	UC5	1799.70	1889.66	1184.02	705.64	44.13
Standard Self Plus One	UC6	1719.71	1805.68	1092.26	713.42	60.30
High Self	UC1	977.93	1095.27	510.84	584.43	105.22
High Self & Family	UC2	2200.36	2464.41	1184.02	1280.39	218.22
High Self Plus One	UC3	2102.56	2354.86	1092.26	1262.60	226.63
Texas Humana Health Plan of Texas						
Basic Self	QX1	619.21	749.26	510.84	238.42	83.62
Basic Self & Family	QX2	1393.21	1685.84	1184.02	501.82	153.52
Basic Self Plus One	QX3	1331.29	1610.92	1092.26	518.66	185.84

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Texas Humana Health Plan of Texas						
Standard Self	EW4	774.00	835.92	510.84	325.08	49.80
Standard Self & Family	EW5	1741.48	1880.82	1184.02	696.80	93.51
Standard Self Plus One	EW6	1664.09	1797.21	1092.26	704.95	107.45
High Self	EW1	1029.06	1131.95	510.84	621.11	90.77
High Self & Family	EW2	2315.41	2546.94	1184.02	1362.92	185.70
High Self Plus One	EW3	2212.51	2433.75	1092.26	1341.49	195.57
Texas Humana Health Plan of Texas						
Basic Self	QY1	613.67	760.96	510.84	250.12	96.70
Basic Self & Family	QY2	1380.75	1712.12	1184.02	528.10	182.91
Basic Self Plus One	QY3	1319.39	1636.05	1092.26	543.79	213.94
Texas Humana Health Plan of Texas						
Basic Self	Q21	597.50	734.93	510.84	224.09	74.72
Basic Self & Family	Q22	1344.35	1653.56	1184.02	469.54	133.45
Basic Self Plus One	Q23	1284.57	1580.04	1092.26	487.78	166.64
Texas Humana Health Plan of Texas						
Basic Self	Q61	588.92	624.26	468.20	156.06	8.83
Basic Self & Family	Q62	1325.11	1404.61	1053.46	351.15	19.87
Basic Self Plus One	Q63	1266.20	1342.19	1006.64	335.55	19.00
Texas Humana Health Plan of Texas						
Standard Self	UU4	1297.47	1660.77	510.84	1149.93	351.18
Standard Self & Family	UU5	2919.32	3736.72	1184.02	2552.70	771.57
Standard Self Plus One	UU6	2789.56	3570.62	1092.26	2478.36	755.39
High Self	UU1	1471.21	1544.75	510.84	1033.91	61.42
High Self & Family	UU2	3310.15	3475.66	1184.02	2291.64	119.68
High Self Plus One	UU3	3163.05	3321.20	1092.26	2228.94	132.48

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Texas Humana Health Plan of Texas						
Standard Self	UR4	890.89	980.01	510.84	469.17	77.00
Standard Self & Family	UR5	2004.54	2205.00	1184.02	1020.98	154.63
Standard Self Plus One	UR6	1915.44	2107.00	1092.26	1014.74	165.89
High Self	UR1	1291.83	1382.29	510.84	871.45	78.34
High Self & Family	UR2	2906.65	3110.12	1184.02	1926.10	157.64
High Self Plus One	UR3	2777.45	2971.91	1092.26	1879.65	168.79
Texas Scott and White Health Plan						
Basic Self	A81	605.89	658.10	493.58	164.52	13.05
Basic Self & Family	A82	1421.53	1544.21	1158.16	386.05	30.67
Basic Self Plus One	A83	1343.01	1458.88	1092.26	366.62	30.87
Standard Self	A84	738.68	785.42	510.84	274.58	34.62
Standard Self & Family	A85	1733.64	1843.49	1184.02	659.47	64.02
Standard Self Plus One	A86	1637.83	1741.59	1092.26	649.33	78.09
Texas Scott and White Health Plan						
Basic Self	P81	679.94	678.36	508.77	169.59	-11.63
Basic Self & Family	P82	1595.60	1591.89	1184.02	407.87	-49.54
Basic Self Plus One	P83	1507.42	1503.93	1092.26	411.67	-29.16
Standard Self	P84	826.87	824.94	510.84	314.10	-14.05
Standard Self & Family	P85	1940.84	1936.31	1184.02	752.29	-50.36
Standard Self Plus One	P86	1833.59	1829.30	1092.26	737.04	-29.96
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	853.56	1018.46	763.85	254.61	41.22
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Texas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Utah Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Utah Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Utah Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
Utah Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Utah Altius Health Plan						
High Self	9K1	935.24	1009.06	510.84	498.22	61.70
High Self & Family	9K2	2068.26	2231.52	1184.02	1047.50	117.43
High Self Plus One	9K3	2047.78	2209.42	1092.26	1117.16	135.97
HDHP Self	9K4	506.91	529.23	396.92	132.31	5.58
HDHP Self & Family	9K5	1059.41	1106.04	829.53	276.51	11.66
HDHP Self Plus One	9K6	1038.64	1084.37	813.28	271.09	11.43
Utah Altius Health Plan						
Standard Self	DK4	712.44	761.30	510.84	250.46	36.74
Standard Self & Family	DK5	1573.30	1681.23	1184.02	497.21	62.10
Standard Self Plus One	DK6	1557.70	1664.56	1092.26	572.30	81.19
Utah SelectHealth Plan						
Standard Self	SF4	619.21	605.00	453.75	151.25	-3.55
Standard Self & Family	SF5	1411.26	1378.87	1034.15	344.72	-8.09
Standard Self Plus One	SF6	1411.26	1378.87	1034.15	344.72	-8.09
Utah SelectHealth Plan						
HDHP Self	WX1	506.91	527.19	395.39	131.80	5.07
HDHP Self & Family	WX2	1155.31	1201.53	901.15	300.38	11.55
HDHP Self Plus One	WX3	1155.31	1201.53	901.15	300.38	11.55
Vermont Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Vermont Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Vermont Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	2070.12	2429.03	1092.26	1336.77	333.24
Vermont Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands						
High Self	851	659.25	679.03	509.27	169.76	4.95
High Self & Family	852	1509.71	1555.02	1166.27	388.75	11.32
High Self Plus One	853	1480.27	1524.68	1092.26	432.42	18.74
Virginia Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Virginia Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Virginia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
Virginia Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Virginia Aetna Open Access						
High Self	JN1	1119.13	1137.57	510.84	626.73	6.32
High Self & Family	JN2	2515.98	2557.43	1184.02	1373.41	-4.38
High Self Plus One	JN3	2491.04	2532.10	1092.26	1439.84	15.39
Basic Self	JN4	680.46	697.10	510.84	186.26	4.52
Basic Self & Family	JN5	1557.25	1595.34	1184.02	411.32	-7.74
Basic Self Plus One	JN6	1430.00	1464.99	1092.26	372.73	9.32
Virginia Aetna Saver						
Saver Self	QQ4	New Plan	595.21	446.41	148.80	New Plan
Saver Self & Family	QQ5	New Plan	1362.14	1021.61	340.53	New Plan
Saver Self Plus One	QQ6	New Plan	1250.82	938.12	312.70	New Plan
Virginia CareFirst BlueChoice						
Standard Self	2G4	797.68	845.54	510.84	334.70	35.74
Standard Self & Family	2G5	1895.25	2008.96	1184.02	824.94	67.88
Standard Self Plus One	2G6	1595.34	1691.06	1092.26	598.80	70.05

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Virginia CareFirst BlueChoice						
HDHP Self	B61	518.27	570.09	427.57	142.52	12.95
HDHP Self & Family	B62	1231.38	1354.51	1015.88	338.63	30.79
HDHP Self Plus One	B63	1036.51	1140.17	855.13	285.04	25.91
Blue Value Plus Self	B64	New Plan	705.99	510.84	195.15	New Plan
Blue Value Plus Self & Family	B65	New Plan	1677.46	1184.02	493.44	New Plan
Blue Value Plus Self Plus One	B66	New Plan	1412.02	1059.02	353.00	New Plan
Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.						
Basic Self	T71	420.12	420.12	315.09	105.03	0.00
Basic Self & Family	T72	1026.16	1026.16	769.62	256.54	0.00
Basic Self Plus One	T73	934.90	934.90	701.18	233.72	0.00
Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.						
Standard Self	E34	521.76	571.55	428.66	142.89	12.45
Standard Self & Family	E35	1199.99	1314.50	985.88	328.62	28.62
Standard Self Plus One	E36	1199.99	1314.50	985.88	328.62	28.62
High Self	E31	692.68	722.82	510.84	211.98	18.02
High Self & Family	E32	1593.15	1662.53	1184.02	478.51	23.55
High Self Plus One	E33	1593.15	1662.53	1092.26	570.27	43.71
Virginia M.D. IPA						
High Self	JP1	790.86	876.61	510.84	365.77	73.63
High Self & Family	JP2	2217.54	2458.04	1184.02	1274.02	194.67
High Self Plus One	JP3	1544.53	1712.04	1092.26	619.78	141.84
Virginia Optima Health						
HDHP Self	PG4	605.19	644.41	483.31	161.10	9.80
HDHP Self & Family	PG5	1334.99	1421.49	1066.12	355.37	21.62
HDHP Self Plus One	PG6	1308.80	1393.62	1045.22	348.40	21.20
High Self	PG1	678.47	692.10	510.84	181.26	1.51
High Self & Family	PG2	1639.47	1672.36	1184.02	488.34	-12.94
High Self Plus One	PG3	1639.37	1672.23	1092.26	579.97	7.19

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	V41	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	1065.72	1046.13	784.60	261.53	-4.90
Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	LR1	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	1436.05	1536.99	1092.26	444.73	75.27
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	853.56	1018.46	763.85	254.61	41.22
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	1130.42	847.82	282.60	New Plan
Virginia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	1089.38	817.04	272.34	New Plan
Washington Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Washington Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Washington Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	1773.18	2042.71	1092.26	950.45	243.86
Washington Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Washington Kaiser Foundation Health Plan of the Northwest						
Standard Self	574	620.30	647.96	485.97	161.99	6.92
Standard Self & Family	575	1425.00	1488.54	1116.41	372.13	15.88
Standard Self Plus One	576	1425.00	1488.54	1092.26	396.28	37.87
High Self	571	706.68	729.93	510.84	219.09	11.13
High Self & Family	572	1596.16	1648.70	1184.02	464.68	6.71
High Self Plus One	573	1596.16	1648.70	1092.26	556.44	26.87
Washington Kaiser Foundation Health Plan of Washington						
Standard Self	544	585.17	604.13	453.10	151.03	4.74
Standard Self & Family	545	1345.91	1389.53	1042.15	347.38	10.90
Standard Self Plus One	546	1345.91	1389.53	1042.15	347.38	10.90
High Self	541	815.40	845.74	510.84	334.90	18.22
High Self & Family	542	1793.91	1860.65	1184.02	676.63	20.91
High Self Plus One	543	1793.91	1860.65	1092.26	768.39	41.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Washington Kaiser Permanente Washington Options Federal						
Standard Self	L11	697.82	727.89	510.84	217.05	17.95
Standard Self & Family	L12	1549.12	1615.90	1184.02	431.88	20.95
Standard Self Plus One	L13	1549.12	1615.90	1092.26	523.64	41.11
HDHP Self	L14	587.17	645.58	484.19	161.39	14.60
HDHP Self & Family	L15	1303.49	1433.14	1074.86	358.28	32.41
HDHP Self Plus One	L16	1303.49	1433.14	1074.86	358.28	32.41
Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP						
HDHP Self	LU1	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	968.20	954.27	715.70	238.57	-3.48
Washington UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO						
High Self	KT1	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	1460.23	1558.25	1092.26	465.99	72.35
Washington UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	WF1	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	1124.05	843.04	281.01	New Plan
Washington UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	VD1	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	1122.23	841.67	280.56	New Plan
West Virginia Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
West Virginia Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
West Virginia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	1590.42	1840.78	1092.26	748.52	224.69
West Virginia Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Wisconsin Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Wisconsin Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	2367.69	2265.99	1092.26	1173.73	-127.37
Wisconsin Aetna HealthFund HDHP						
HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74
Wisconsin Dean Health Plan, Inc.						
High Self	WD1	1097.14	1147.08	510.84	636.24	37.82
High Self & Family	WD2	2523.39	2638.26	1184.02	1454.24	69.04
High Self Plus One	WD3	2303.97	2408.86	1092.26	1316.60	79.22
Standard Self	WD4	645.67	681.57	510.84	170.73	9.31
Standard Self & Family	WD5	1549.62	1635.77	1184.02	451.75	40.32
Standard Self Plus One	WD6	1420.51	1499.46	1092.26	407.20	52.07
Wisconsin Group Health Cooperative of South Central Wisconsin						
High Self	WJ1	731.03	857.96	510.84	347.12	114.81
High Self & Family	WJ2	1900.69	2230.76	1184.02	1046.74	284.24
High Self Plus One	WJ3	1608.27	1887.56	1092.26	795.30	253.62
Wisconsin HealthPartners						
Standard Self	V34	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	946.08	1016.45	762.34	254.11	17.59
High Self	V31	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	1746.57	1574.21	1092.26	481.95	-198.03

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Wisconsin MercyCare Health Plans						
High Self	EY1	764.05	785.92	510.84	275.08	9.75
High Self & Family	EY2	1994.01	2050.99	1184.02	866.97	11.15
High Self Plus One	EY3	1642.81	1689.78	1092.26	597.52	21.30
Standard Self	EY4	New Plan	609.59	457.19	152.40	New Plan
Standard Self & Family	EY5	New Plan	1590.85	1184.02	406.83	New Plan
Standard Self Plus One	EY6	New Plan	1310.68	983.01	327.67	New Plan
Wisconsin Quartz Health Benefit Plans Corporation						
High Self	TF1	New Plan	1010.36	510.84	499.52	New Plan
High Self & Family	TF2	New Plan	2424.89	1184.02	1240.87	New Plan
High Self Plus One	TF3	New Plan	2273.35	1092.26	1181.09	New Plan
Standard Self	TF4	New Plan	614.27	460.70	153.57	New Plan
Standard Self & Family	TF5	New Plan	1474.29	1105.72	368.57	New Plan
Standard Self Plus One	TF6	New Plan	1351.44	1013.58	337.86	New Plan
Wyoming Aetna Advantage						
Advantage Self	Z24	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	1020.44	765.33	255.11	New Plan
Wyoming Aetna Direct						
CDHP Self	N61	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	1222.26	1343.55	1007.66	335.89	30.33
Wyoming Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	1387.25	1815.86	1092.26	723.60	376.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Wyoming Aetna HealthFund HDHP

HDHP Self	224	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	1426.69	1576.10	1092.26	483.84	123.74

Wyoming Altius Health Plan

High Self	9K1	935.24	1009.06	510.84	498.22	61.70
High Self & Family	9K2	2068.26	2231.52	1184.02	1047.50	117.43
High Self Plus One	9K3	2047.78	2209.42	1092.26	1117.16	135.97
HDHP Self	9K4	506.91	529.23	396.92	132.31	5.58
HDHP Self & Family	9K5	1059.41	1106.04	829.53	276.51	11.66
HDHP Self Plus One	9K6	1038.64	1084.37	813.28	271.09	11.43

Wyoming Altius Health Plan

Standard Self	DK4	712.44	761.30	510.84	250.46	36.74
Standard Self & Family	DK5	1573.30	1681.23	1184.02	497.21	62.10
Standard Self Plus One	DK6	1557.70	1664.56	1092.26	572.30	81.19