

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Alabama Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
Alabama Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Alabama Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Alabama UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04
Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP							
HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18

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Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Alaska Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72
Alaska Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Alaska Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Arizona Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Arizona Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Arizona Aetna Direct								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Arizona Aetna Open Access								
	High Self	WQ1	956.71	1,155.25	198.54	937.95	1,132.60	194.65
	High Self & Family	WQ2	2,322.89	2,804.87	481.98	2,277.34	2,749.87	472.53
	High Self Plus One	WQ3	2,299.89	2,777.08	477.19	2,254.79	2,722.63	467.84
Arizona Health Net of Arizona, Inc.								
	Standard Self	A74	760.77	795.84	35.07	745.85	780.24	34.39
	Standard Self & Family	A75	1,926.26	2,015.10	88.84	1,888.49	1,975.59	87.10
	Standard Self Plus One	A76	1,926.26	2,015.10	88.84	1,888.49	1,975.59	87.10
Arizona Humana CoverageFirst/Value Plan								
	CDHP Self	R61	New Plan	650.69	New Plan	New Plan	637.93	New Plan
	CDHP Self & Family	R62	New Plan	1,464.08	New Plan	New Plan	1,435.37	New Plan
	CDHP Self Plus One	R63	New Plan	1,399.02	New Plan	New Plan	1,371.59	New Plan
	Value Self	R64	New Plan	530.09	New Plan	New Plan	519.70	New Plan
	Value Self & Family	R65	New Plan	1,192.70	New Plan	New Plan	1,169.31	New Plan
	Value Self Plus One	R66	New Plan	1,139.66	New Plan	New Plan	1,117.31	New Plan

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Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Arizona Humana CoverageFirst/Value Plan							
CDHP Self	R91	New Plan	631.27	New Plan	New Plan	618.89	New Plan
CDHP Self & Family	R92	New Plan	1,420.32	New Plan	New Plan	1,392.47	New Plan
CDHP Self Plus One	R93	New Plan	1,357.20	New Plan	New Plan	1,330.59	New Plan
Value Self	R94	New Plan	502.63	New Plan	New Plan	492.77	New Plan
Value Self & Family	R95	New Plan	1,130.88	New Plan	New Plan	1,108.71	New Plan
Value Self Plus One	R96	New Plan	1,080.63	New Plan	New Plan	1,059.44	New Plan
Arizona Humana Health Plan, Inc.							
High Self	BF1	923.43	1,154.30	230.87	905.32	1,131.67	226.35
High Self & Family	BF2	2,077.71	2,597.18	519.47	2,036.97	2,546.25	509.28
High Self Plus One	BF3	1,985.38	2,481.74	496.36	1,946.45	2,433.08	486.63
Standard Self	BF4	704.33	810.01	105.68	690.52	794.13	103.61
Standard Self & Family	BF5	1,584.74	1,822.53	237.79	1,553.67	1,786.79	233.12
Standard Self Plus One	BF6	1,514.29	1,741.51	227.22	1,484.60	1,707.36	222.76
Arizona Humana Health Plan, Inc.							
High Self	C71	752.99	835.87	82.88	738.23	819.48	81.25
High Self & Family	C72	1,694.27	1,880.69	186.42	1,661.05	1,843.81	182.76
High Self Plus One	C73	1,618.95	1,797.11	178.16	1,587.21	1,761.87	174.66
Standard Self	C74	663.89	690.47	26.58	650.87	676.93	26.06
Standard Self & Family	C75	1,493.76	1,553.52	59.76	1,464.47	1,523.06	58.59
Standard Self Plus One	C76	1,427.38	1,484.46	57.08	1,399.39	1,455.35	55.96

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Plan - Option - Enrollment Code							
Arizona UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KT1	568.23	622.89	54.66	557.09	610.68	53.59
High Self & Family	KT2	1,420.58	1,557.23	136.65	1,392.73	1,526.70	133.97
High Self Plus One	KT3	1,221.68	1,339.22	117.54	1,197.73	1,312.96	115.23
Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP							
HDHP Self	LU1	502.20	492.57	-9.63	492.35	482.91	-9.44
HDHP Self & Family	LU2	1,255.50	1,231.40	-24.10	1,230.88	1,207.25	-23.63
HDHP Self Plus One	LU3	1,079.74	1,059.02	-20.72	1,058.57	1,038.25	-20.32
Arkansas Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
Arkansas Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Arkansas Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

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Plan - Option - Enrollment Code								
Arkansas QualChoice								
	High Self	DH1	727.35	748.26	20.91	713.09	733.59	20.50
	High Self & Family	DH2	1,897.15	1,951.72	54.57	1,859.95	1,913.45	53.50
	High Self Plus One	DH3	1,412.89	1,453.54	40.65	1,385.19	1,425.04	39.85
	Standard Self	DH4	567.30	583.55	16.25	556.18	572.11	15.93
	Standard Self & Family	DH5	1,479.68	1,522.05	42.37	1,450.67	1,492.21	41.54
	Standard Self Plus One	DH6	1,102.00	1,133.56	31.56	1,080.39	1,111.33	30.94
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HMO								
	High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
	High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
	High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP								
	HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
	HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
	HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18
California Aetna HealthFund CDHP and Aetna Value Plan								
	CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
	CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
	CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
	Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
	Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
	Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

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Plan - Option - Enrollment Code								
California Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
California Aetna Direct								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
California Aetna Open Access								
	High Self	2X1	692.77	766.43	73.66	679.19	751.40	72.21
	High Self & Family	2X2	1,626.34	1,799.27	172.93	1,594.45	1,763.99	169.54
	High Self Plus One	2X3	1,594.47	1,764.00	169.53	1,563.21	1,729.41	166.20
California Anthem Blue Cross Select HMO of CA								
	High Self	B31	771.07	793.95	22.88	755.95	778.38	22.43
	High Self & Family	B32	1,669.34	1,738.72	69.38	1,636.61	1,704.63	68.02
	High Self Plus One	B33	1,565.25	1,627.57	62.32	1,534.56	1,595.66	61.10
California Blue Shield of CA Access+HMO								
	High Self	SI1	757.01	757.01	0.00	742.17	742.17	0.00
	High Self & Family	SI2	1,741.17	1,741.17	0.00	1,707.03	1,707.03	0.00
	High Self Plus One	SI3	1,665.46	1,665.46	0.00	1,632.80	1,632.80	0.00

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Plan - Option - Enrollment Code							
California Health Net of California							
High Self	LB1	1,384.87	1,411.24	26.37	1,357.72	1,383.57	25.85
High Self & Family	LB2	3,323.66	3,386.96	63.30	3,258.49	3,320.55	62.06
High Self Plus One	LB3	3,046.71	3,104.74	58.03	2,986.97	3,043.86	56.89
Standard Self	LB4	1,315.22	1,332.54	17.32	1,289.43	1,306.41	16.98
Standard Self & Family	LB5	3,156.50	3,198.12	41.62	3,094.61	3,135.41	40.80
Standard Self Plus One	LB6	2,893.49	2,931.61	38.12	2,836.75	2,874.13	37.38
California Health Net of California							
High Self	LP1	839.83	931.82	91.99	823.36	913.55	90.19
High Self & Family	LP2	2,015.54	2,236.34	220.80	1,976.02	2,192.49	216.47
High Self Plus One	LP3	1,847.56	2,050.00	202.44	1,811.33	2,009.80	198.47
Standard Self	LP4	799.38	893.06	93.68	783.71	875.55	91.84
Standard Self & Family	LP5	1,918.53	2,143.39	224.86	1,880.91	2,101.36	220.45
Standard Self Plus One	LP6	1,758.65	1,964.75	206.10	1,724.17	1,926.23	202.06
California Health Net of California							
Basic Self	P61	312.45	312.54	0.09	306.32	306.41	0.09
Basic Self & Family	P62	749.87	750.10	0.23	735.17	735.39	0.22
Basic Self Plus One	P63	687.38	687.62	0.24	673.90	674.14	0.24
California Health Net of California							
Basic Self	T41	New Plan	802.91	New Plan	New Plan	787.17	New Plan
Basic Self & Family	T42	New Plan	1,927.01	New Plan	New Plan	1,889.23	New Plan
Basic Self Plus One	T43	New Plan	1,766.41	New Plan	New Plan	1,731.77	New Plan

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Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

California Kaiser Foundation Health Plan of California

High Self	591	876.16	938.90	62.74	858.98	920.49	61.51
High Self & Family	592	2,091.46	2,241.28	149.82	2,050.45	2,197.33	146.88
High Self Plus One	593	2,091.46	2,241.28	149.82	2,050.45	2,197.33	146.88
Standard Self	594	733.22	774.50	41.28	718.84	759.31	40.47
Standard Self & Family	595	1,715.75	1,812.34	96.59	1,682.11	1,776.80	94.69
Standard Self Plus One	596	1,715.75	1,812.34	96.59	1,682.11	1,776.80	94.69

California Kaiser Foundation Health Plan of California

High Self	621	643.89	671.31	27.42	631.26	658.15	26.89
High Self & Family	622	1,488.17	1,551.57	63.40	1,458.99	1,521.15	62.16
High Self Plus One	623	1,488.17	1,551.57	63.40	1,458.99	1,521.15	62.16
Standard Self	624	414.09	424.10	10.01	405.97	415.78	9.81
Standard Self & Family	625	957.02	980.25	23.23	938.25	961.03	22.78
Standard Self Plus One	626	957.02	980.25	23.23	938.25	961.03	22.78

California Kaiser Foundation Health Plan of California

Basic Self	KC1	653.57	658.30	4.73	640.75	645.39	4.64
Basic Self & Family	KC2	1,529.35	1,540.41	11.06	1,499.36	1,510.21	10.85
Basic Self Plus One	KC3	1,529.35	1,540.41	11.06	1,499.36	1,510.21	10.85

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California Kaiser Foundation Health Plan of California								
	High Self	NZ1	689.67	728.09	38.42	676.15	713.81	37.66
	High Self & Family	NZ2	1,593.98	1,682.79	88.81	1,562.73	1,649.79	87.06
	High Self Plus One	NZ3	1,593.98	1,682.79	88.81	1,562.73	1,649.79	87.06
	Standard Self	NZ4	479.22	521.87	42.65	469.82	511.64	41.82
	Standard Self & Family	NZ5	1,107.52	1,206.15	98.63	1,085.80	1,182.50	96.70
	Standard Self Plus One	NZ6	1,107.52	1,206.15	98.63	1,085.80	1,182.50	96.70
California UnitedHealthcare of California								
	High Self	CY1	671.22	728.41	57.19	658.06	714.13	56.07
	High Self & Family	CY2	1,882.01	2,042.38	160.37	1,845.11	2,002.33	157.22
	High Self Plus One	CY3	1,310.84	1,422.51	111.67	1,285.14	1,394.62	109.48
	Standard Self	CY4	625.34	677.30	51.96	613.08	664.02	50.94
	Standard Self & Family	CY5	1,753.50	1,899.14	145.64	1,719.12	1,861.90	142.78
	Standard Self Plus One	CY6	1,221.34	1,322.76	101.42	1,197.39	1,296.82	99.43
Colorado Aetna HealthFund CDHP and Aetna Value Plan								
	CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
	CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
	CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
	Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
	Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
	Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Colorado Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Colorado Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Colorado Humana Health Plan, Inc.							
High Self	NR1	546.09	649.87	103.78	535.38	637.13	101.75
High Self & Family	NR2	1,228.69	1,462.20	233.51	1,204.60	1,433.53	228.93
High Self Plus One	NR3	1,174.08	1,397.21	223.13	1,151.06	1,369.81	218.75
Standard Self	NR4	501.49	510.98	9.49	491.66	500.96	9.30
Standard Self & Family	NR5	1,128.39	1,149.71	21.32	1,106.26	1,127.17	20.91
Standard Self Plus One	NR6	1,078.21	1,098.61	20.40	1,057.07	1,077.07	20.00
Colorado Humana Health Plan, Inc.							
High Self	NT1	579.82	637.83	58.01	568.45	625.32	56.87
High Self & Family	NT2	1,304.61	1,435.11	130.50	1,279.03	1,406.97	127.94
High Self Plus One	NT3	1,246.64	1,371.33	124.69	1,222.20	1,344.44	122.24
Standard Self	NT4	526.49	537.03	10.54	516.17	526.50	10.33
Standard Self & Family	NT5	1,184.63	1,208.32	23.69	1,161.40	1,184.63	23.23
Standard Self Plus One	NT6	1,131.97	1,154.59	22.62	1,109.77	1,131.95	22.18

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Colorado Humana Health Plan, Inc.

Basic Self	R21	New Plan	480.83	New Plan	New Plan	471.40	New Plan
Basic Self & Family	R22	New Plan	1,081.86	New Plan	New Plan	1,060.65	New Plan
Basic Self Plus One	R23	New Plan	1,033.77	New Plan	New Plan	1,013.50	New Plan

Colorado Humana Health Plan, Inc.

Basic Self	RZ1	New Plan	505.32	New Plan	New Plan	495.41	New Plan
Basic Self & Family	RZ2	New Plan	1,137.00	New Plan	New Plan	1,114.71	New Plan
Basic Self Plus One	RZ3	New Plan	1,086.46	New Plan	New Plan	1,065.16	New Plan

Colorado Kaiser Foundation Health Plan of Colorado

High Self	651	701.61	718.31	16.70	687.85	704.23	16.38
High Self & Family	652	1,585.70	1,623.38	37.68	1,554.61	1,591.55	36.94
High Self Plus One	653	1,585.70	1,623.38	37.68	1,554.61	1,591.55	36.94
Standard Self	654	482.47	521.32	38.85	473.01	511.10	38.09
Standard Self & Family	655	1,090.37	1,178.19	87.82	1,068.99	1,155.09	86.10
Standard Self Plus One	656	1,090.37	1,178.19	87.82	1,068.99	1,155.09	86.10

Colorado Kaiser Foundation Health Plan of Colorado

Basic Self	N41	374.48	409.51	35.03	367.14	401.48	34.34
Basic Self & Family	N42	846.32	925.51	79.19	829.73	907.36	77.63
Basic Self Plus One	N43	846.32	925.51	79.19	829.73	907.36	77.63

Colorado UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	KT1	568.23	622.89	54.66	557.09	610.68	53.59
High Self & Family	KT2	1,420.58	1,557.23	136.65	1,392.73	1,526.70	133.97
High Self Plus One	KT3	1,221.68	1,339.22	117.54	1,197.73	1,312.96	115.23

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Colorado UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	502.20	492.57	-9.63	492.35	482.91	-9.44
HDHP Self & Family	LU2	1,255.50	1,231.40	-24.10	1,230.88	1,207.25	-23.63
HDHP Self Plus One	LU3	1,079.74	1,059.02	-20.72	1,058.57	1,038.25	-20.32

Connecticut Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

Connecticut Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Connecticut Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Delaware Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83
Delaware Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Delaware Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Delaware Aetna Open Access							
High Self	P31	1,448.08	1,603.87	155.79	1,419.69	1,572.42	152.73
High Self & Family	P32	3,510.89	3,888.59	377.70	3,442.05	3,812.34	370.29
High Self Plus One	P33	3,476.13	3,850.06	373.93	3,407.97	3,774.57	366.60
Basic Self	P34	1,213.31	1,375.04	161.73	1,189.52	1,348.08	158.56
Basic Self & Family	P35	2,816.10	3,191.46	375.36	2,760.88	3,128.88	368.00
Basic Self Plus One	P36	2,788.20	3,159.86	371.66	2,733.53	3,097.90	364.37

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
District of Columbia Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
District of Columbia Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
District of Columbia Aetna Open Access							
High Self	JN1	1,036.67	1,125.15	88.48	1,016.34	1,103.09	86.75
High Self & Family	JN2	2,330.62	2,529.55	198.93	2,284.92	2,479.95	195.03
High Self Plus One	JN3	2,307.55	2,504.49	196.94	2,262.30	2,455.38	193.08
Basic Self	JN4	650.10	676.11	26.01	637.35	662.85	25.50
Basic Self & Family	JN5	1,468.66	1,547.29	78.63	1,439.86	1,516.95	77.09
Basic Self Plus One	JN6	1,401.47	1,420.85	19.38	1,373.99	1,392.99	19.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
District of Columbia CareFirst BlueChoice							
High Self	2G1	792.89	872.18	79.29	777.34	855.08	77.74
High Self & Family	2G2	1,883.87	2,072.23	188.36	1,846.93	2,031.60	184.67
High Self Plus One	2G3	1,585.76	1,744.33	158.57	1,554.67	1,710.13	155.46
Standard Self	2G4	673.81	707.49	33.68	660.60	693.62	33.02
Standard Self & Family	2G5	1,600.95	1,681.01	80.06	1,569.56	1,648.05	78.49
Standard Self Plus One	2G6	1,347.61	1,415.00	67.39	1,321.19	1,387.25	66.06
District of Columbia CareFirst BlueChoice							
HDHP Self	B61	621.91	621.91	0.00	609.72	609.72	0.00
HDHP Self & Family	B62	1,477.65	1,477.65	0.00	1,448.68	1,448.68	0.00
HDHP Self Plus One	B63	1,243.83	1,243.83	0.00	1,219.44	1,219.44	0.00
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States							
High Self	E31	654.53	673.57	19.04	641.70	660.36	18.66
High Self & Family	E32	1,531.66	1,549.21	17.55	1,501.63	1,518.83	17.20
High Self Plus One	E33	1,479.29	1,549.21	69.92	1,450.28	1,518.83	68.55
Standard Self	E34	493.71	515.06	21.35	484.03	504.96	20.93
Standard Self & Family	E35	1,155.28	1,184.72	29.44	1,132.63	1,161.49	28.86
Standard Self Plus One	E36	1,115.77	1,184.72	68.95	1,093.89	1,161.49	67.60
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States							
Basic Self	T71	New Plan	469.23	New Plan	New Plan	460.03	New Plan
Basic Self & Family	T72	New Plan	1,126.59	New Plan	New Plan	1,104.50	New Plan
Basic Self Plus One	T73	New Plan	1,026.34	New Plan	New Plan	1,006.22	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
District of Columbia M.D. IPA							
High Self	JP1	704.54	732.13	27.59	690.73	717.77	27.04
High Self & Family	JP2	1,975.55	2,052.91	77.36	1,936.81	2,012.66	75.85
High Self Plus One	JP3	1,375.99	1,429.85	53.86	1,349.01	1,401.81	52.80
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	LR1	618.22	620.15	1.93	606.10	607.99	1.89
High Self & Family	LR2	1,545.57	1,550.40	4.83	1,515.26	1,520.00	4.74
High Self Plus One	LR3	1,267.37	1,333.33	65.96	1,242.52	1,307.19	64.67
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP							
HDHP Self	V41	New Plan	578.31	New Plan	New Plan	566.97	New Plan
HDHP Self & Family	V42	New Plan	1,445.83	New Plan	New Plan	1,417.48	New Plan
HDHP Self Plus One	V43	New Plan	1,243.39	New Plan	New Plan	1,219.01	New Plan
Florida Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Florida Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Florida Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Florida Av-Med Health Plan							
Standard Self	ML4	660.61	698.40	37.79	647.66	684.71	37.05
Standard Self & Family	ML5	1,711.16	1,809.10	97.94	1,677.61	1,773.63	96.02
Standard Self Plus One	ML6	1,321.21	1,396.85	75.64	1,295.30	1,369.46	74.16
Florida Capital Health Plan							
High Self	EA1	645.72	678.34	32.62	633.06	665.04	31.98
High Self & Family	EA2	1,743.42	1,831.60	88.18	1,709.24	1,795.69	86.45
High Self Plus One	EA3	1,291.39	1,356.74	65.35	1,266.07	1,330.14	64.07
Florida Humana CoverageFirst/Value Plan							
CDHP Self	MJ1	712.68	819.58	106.90	698.71	803.51	104.80
CDHP Self & Family	MJ2	1,603.57	1,844.07	240.50	1,572.13	1,807.91	235.78
CDHP Self Plus One	MJ3	1,532.31	1,762.12	229.81	1,502.26	1,727.57	225.31
Value Self	MJ4	474.62	503.08	28.46	465.31	493.22	27.91
Value Self & Family	MJ5	1,067.87	1,131.91	64.04	1,046.93	1,109.72	62.79
Value Self Plus One	MJ6	1,020.43	1,081.60	61.17	1,000.42	1,060.39	59.97

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Florida Humana CoverageFirst/Value Plan							
CDHP Self	QP1	571.05	695.75	124.70	559.85	682.11	122.26
CDHP Self & Family	QP2	1,286.90	1,567.51	280.61	1,261.67	1,536.77	275.10
CDHP Self Plus One	QP3	1,229.71	1,497.85	268.14	1,205.60	1,468.48	262.88
Value Self	QP4	474.62	498.33	23.71	465.31	488.56	23.25
Value Self & Family	QP5	1,067.87	1,121.25	53.38	1,046.93	1,099.26	52.33
Value Self Plus One	QP6	1,020.43	1,071.43	51.00	1,000.42	1,050.42	50.00
Florida Humana Medical Plan, Inc.							
High Self	E21	746.58	895.47	148.89	731.94	877.91	145.97
High Self & Family	E22	1,679.87	2,014.82	334.95	1,646.93	1,975.31	328.38
High Self Plus One	E23	1,605.19	1,925.31	320.12	1,573.72	1,887.56	313.84
Standard Self	E24	579.53	591.11	11.58	568.17	579.52	11.35
Standard Self & Family	E25	1,303.93	1,330.00	26.07	1,278.36	1,303.92	25.56
Standard Self Plus One	E26	1,245.95	1,270.88	24.93	1,221.52	1,245.96	24.44
Florida Humana Medical Plan, Inc.							
High Self	EE1	885.35	894.23	8.88	867.99	876.70	8.71
High Self & Family	EE2	1,992.05	2,012.05	20.00	1,952.99	1,972.60	19.61
High Self Plus One	EE3	1,903.51	1,922.61	19.10	1,866.19	1,884.91	18.72
Standard Self	EE4	761.52	776.71	15.19	746.59	761.48	14.89
Standard Self & Family	EE5	1,713.44	1,747.56	34.12	1,679.84	1,713.29	33.45
Standard Self Plus One	EE6	1,637.28	1,669.90	32.62	1,605.18	1,637.16	31.98

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Florida Humana Medical Plan, Inc.							
High Self	EX1	687.62	701.39	13.77	674.14	687.64	13.50
High Self & Family	EX2	1,547.09	1,578.07	30.98	1,516.75	1,547.13	30.38
High Self Plus One	EX3	1,478.34	1,507.93	29.59	1,449.35	1,478.36	29.01
Standard Self	EX4	603.46	615.53	12.07	591.63	603.46	11.83
Standard Self & Family	EX5	1,357.80	1,384.97	27.17	1,331.18	1,357.81	26.63
Standard Self Plus One	EX6	1,297.47	1,323.42	25.95	1,272.03	1,297.47	25.44
Florida Humana Medical Plan, Inc.							
High Self	LL1	1,375.13	1,388.92	13.79	1,348.17	1,361.69	13.52
High Self & Family	LL2	3,094.07	3,125.08	31.01	3,033.40	3,063.80	30.40
High Self Plus One	LL3	2,956.52	2,986.17	29.65	2,898.55	2,927.62	29.07
Standard Self	LL4	800.73	808.71	7.98	785.03	792.85	7.82
Standard Self & Family	LL5	1,801.58	1,819.58	18.00	1,766.25	1,783.90	17.65
Standard Self Plus One	LL6	1,721.51	1,738.72	17.21	1,687.75	1,704.63	16.88
Florida UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KK1	New Plan	607.25	New Plan	New Plan	595.34	New Plan
High Self & Family	KK2	New Plan	1,518.08	New Plan	New Plan	1,488.31	New Plan
High Self Plus One	KK3	New Plan	1,305.54	New Plan	New Plan	1,279.94	New Plan
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	LV1	588.44	642.65	54.21	576.90	630.05	53.15
Value Self & Family	LV2	1,650.03	1,802.05	152.02	1,617.68	1,766.72	149.04
Value Self Plus One	LV3	1,149.24	1,255.13	105.89	1,126.71	1,230.52	103.81

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Florida UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LS1	New Plan	447.02	New Plan	New Plan	438.25	New Plan
HDHP Self & Family	LS2	New Plan	1,117.53	New Plan	New Plan	1,095.62	New Plan
HDHP Self Plus One	LS3	New Plan	961.08	New Plan	New Plan	942.24	New Plan

Georgia Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

Georgia Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Georgia Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Georgia Aetna Open Access

High Self	2U1	1,162.33	1,235.66	73.33	1,139.54	1,211.43	71.89
High Self & Family	2U2	2,677.33	2,846.30	168.97	2,624.83	2,790.49	165.66
High Self Plus One	2U3	2,650.83	2,818.11	167.28	2,598.85	2,762.85	164.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Georgia Blue Open Access POS

High Self	QM1	New Plan	583.95	New Plan	New Plan	572.50	New Plan
High Self & Family	QM2	New Plan	1,562.07	New Plan	New Plan	1,531.44	New Plan
High Self Plus One	QM3	New Plan	1,299.29	New Plan	New Plan	1,273.81	New Plan

Georgia Humana CoverageFirst/Value Plan

CDHP Self	AD1	624.85	731.10	106.25	612.60	716.76	104.16
CDHP Self & Family	AD2	1,405.94	1,644.97	239.03	1,378.37	1,612.72	234.35
CDHP Self Plus One	AD3	1,343.48	1,571.88	228.40	1,317.14	1,541.06	223.92
Value Self	AD4	531.57	558.15	26.58	521.15	547.21	26.06
Value Self & Family	AD5	1,196.05	1,255.85	59.80	1,172.60	1,231.23	58.63
Value Self Plus One	AD6	1,142.88	1,200.03	57.15	1,120.47	1,176.50	56.03

Georgia Humana CoverageFirst/Value Plan

CDHP Self	LM1	599.99	611.97	11.98	588.23	599.97	11.74
CDHP Self & Family	LM2	1,349.98	1,376.92	26.94	1,323.51	1,349.92	26.41
CDHP Self Plus One	LM3	1,290.00	1,315.75	25.75	1,264.71	1,289.95	25.24
Value Self	LM4	474.62	484.12	9.50	465.31	474.63	9.32
Value Self & Family	LM5	1,067.87	1,089.27	21.40	1,046.93	1,067.91	20.98
Value Self Plus One	LM6	1,020.43	1,040.85	20.42	1,000.42	1,020.44	20.02

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Georgia Humana CoverageFirst/Value Plan							
CDHP Self	S91	New Plan	645.76	New Plan	New Plan	633.10	New Plan
CDHP Self & Family	S92	New Plan	1,452.97	New Plan	New Plan	1,424.48	New Plan
CDHP Self Plus One	S93	New Plan	1,388.36	New Plan	New Plan	1,361.14	New Plan
Value Self	S94	New Plan	514.16	New Plan	New Plan	504.08	New Plan
Value Self & Family	S95	New Plan	1,156.84	New Plan	New Plan	1,134.16	New Plan
Value Self Plus One	S96	New Plan	1,105.45	New Plan	New Plan	1,083.77	New Plan
Georgia Humana Employers Health Plan of Georgia, Inc							
High Self	CB1	776.07	923.50	147.43	760.85	905.39	144.54
High Self & Family	CB2	1,746.12	2,077.88	331.76	1,711.88	2,037.14	325.26
High Self Plus One	CB3	1,668.49	1,985.55	317.06	1,635.77	1,946.62	310.85
Standard Self	CB4	691.28	851.16	159.88	677.73	834.47	156.74
Standard Self & Family	CB5	1,555.38	1,915.12	359.74	1,524.88	1,877.57	352.69
Standard Self Plus One	CB6	1,486.27	1,830.01	343.74	1,457.13	1,794.13	337.00
Georgia Humana Employers Health Plan of Georgia, Inc							
High Self	DG1	1,080.65	1,231.93	151.28	1,059.46	1,207.77	148.31
High Self & Family	DG2	2,431.45	2,771.81	340.36	2,383.77	2,717.46	333.69
High Self Plus One	DG3	2,323.38	2,648.64	325.26	2,277.82	2,596.71	318.89
Standard Self	DG4	780.56	850.89	70.33	765.25	834.21	68.96
Standard Self & Family	DG5	1,756.23	1,914.46	158.23	1,721.79	1,876.92	155.13
Standard Self Plus One	DG6	1,678.19	1,829.37	151.18	1,645.28	1,793.50	148.22

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Georgia Humana Employers Health Plan of Georgia, Inc

High Self	DN1	713.16	727.44	14.28	699.18	713.18	14.00
High Self & Family	DN2	1,604.63	1,636.72	32.09	1,573.17	1,604.63	31.46
High Self Plus One	DN3	1,533.29	1,564.00	30.71	1,503.23	1,533.33	30.10
Standard Self	DN4	682.80	696.46	13.66	669.41	682.80	13.39
Standard Self & Family	DN5	1,536.32	1,567.05	30.73	1,506.20	1,536.32	30.12
Standard Self Plus One	DN6	1,468.06	1,497.39	29.33	1,439.27	1,468.03	28.76

Georgia Humana Employers Health Plan of Georgia, Inc

Basic Self	Q71	New Plan	600.59	New Plan	New Plan	588.81	New Plan
Basic Self & Family	Q72	New Plan	1,351.35	New Plan	New Plan	1,324.85	New Plan
Basic Self Plus One	Q73	New Plan	1,291.28	New Plan	New Plan	1,265.96	New Plan

Georgia Humana Employers Health Plan of Georgia, Inc

Basic Self	RJ1	New Plan	557.03	New Plan	New Plan	546.11	New Plan
Basic Self & Family	RJ2	New Plan	1,253.34	New Plan	New Plan	1,228.76	New Plan
Basic Self Plus One	RJ3	New Plan	1,197.62	New Plan	New Plan	1,174.14	New Plan

Georgia Humana Employers Health Plan of Georgia, Inc

Basic Self	RM1	New Plan	581.76	New Plan	New Plan	570.35	New Plan
Basic Self & Family	RM2	New Plan	1,308.99	New Plan	New Plan	1,283.32	New Plan
Basic Self Plus One	RM3	New Plan	1,250.82	New Plan	New Plan	1,226.29	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Georgia Kaiser Foundation Health Plan of Georgia							
High Self	F81	662.43	695.75	33.32	649.44	682.11	32.67
High Self & Family	F82	1,513.61	1,572.44	58.83	1,483.93	1,541.61	57.68
High Self Plus One	F83	1,470.55	1,572.44	101.89	1,441.72	1,541.61	99.89
Standard Self	F84	495.83	523.24	27.41	486.11	512.98	26.87
Standard Self & Family	F85	1,140.40	1,182.51	42.11	1,118.04	1,159.32	41.28
Standard Self Plus One	F86	1,105.69	1,182.51	76.82	1,084.01	1,159.32	75.31
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	LV1	588.44	642.65	54.21	576.90	630.05	53.15
Value Self & Family	LV2	1,650.03	1,802.05	152.02	1,617.68	1,766.72	149.04
Value Self Plus One	LV3	1,149.24	1,255.13	105.89	1,126.71	1,230.52	103.81
Guam Calvo's Selectcare							
High Self	B41	434.62	478.09	43.47	426.10	468.72	42.62
High Self & Family	B42	1,162.01	1,278.24	116.23	1,139.23	1,253.18	113.95
High Self Plus One	B43	848.15	932.97	84.82	831.52	914.68	83.16
Standard Self	B44	399.96	419.96	20.00	392.12	411.73	19.61
Standard Self & Family	B45	1,069.38	1,122.84	53.46	1,048.41	1,100.82	52.41
Standard Self Plus One	B46	780.50	819.54	39.04	765.20	803.47	38.27

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Guam TakeCare

High Self	JK1	608.71	596.32	-12.39	596.77	584.63	-12.14
High Self & Family	JK2	1,451.95	1,422.38	-29.57	1,423.48	1,394.49	-28.99
High Self Plus One	JK3	1,202.62	1,178.13	-24.49	1,179.04	1,155.03	-24.01
Standard Self	JK4	386.07	413.27	27.20	378.50	405.17	26.67
Standard Self & Family	JK5	1,093.29	1,170.35	77.06	1,071.85	1,147.40	75.55
Standard Self Plus One	JK6	760.86	814.52	53.66	745.94	798.55	52.61

Guam TakeCare

HDHP Self	KX1	131.74	130.48	-1.26	129.16	127.92	-1.24
HDHP Self & Family	KX2	389.05	349.82	-39.23	381.42	342.96	-38.46
HDHP Self Plus One	KX3	311.52	314.93	3.41	305.41	308.75	3.34

Hawaii Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

Hawaii Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Hawaii Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Hawaii HMSA							
High Self	871	619.09	619.09	0.00	606.95	606.95	0.00
High Self & Family	872	1,391.73	1,391.73	0.00	1,364.44	1,364.44	0.00
High Self Plus One	873	1,356.48	1,356.48	0.00	1,329.88	1,329.88	0.00
Hawaii Kaiser Foundation Health Plan of Hawaii							
High Self	631	655.57	671.75	16.18	642.72	658.58	15.86
High Self & Family	632	1,461.94	1,498.00	36.06	1,433.27	1,468.63	35.36
High Self Plus One	633	1,461.94	1,498.00	36.06	1,433.27	1,468.63	35.36
Standard Self	634	449.45	453.58	4.13	440.64	444.69	4.05
Standard Self & Family	635	1,002.26	1,011.47	9.21	982.61	991.64	9.03
Standard Self Plus One	636	1,002.26	1,011.47	9.21	982.61	991.64	9.03
Idaho Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan - Option - Enrollment Code								
Idaho Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Idaho Aetna Direct								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Idaho Altius Health Plans								
	High Self	9K1	761.28	865.04	103.76	746.35	848.08	101.73
	High Self & Family	9K2	1,683.51	1,912.98	229.47	1,650.50	1,875.47	224.97
	High Self Plus One	9K3	1,666.85	1,894.04	227.19	1,634.17	1,856.90	222.73
	HDHP Self	9K4	383.86	429.11	45.25	376.33	420.70	44.37
	HDHP Self & Family	9K5	802.23	896.81	94.58	786.50	879.23	92.73
	HDHP Self Plus One	9K6	786.52	879.23	92.71	771.10	861.99	90.89
Idaho Altius Health Plans								
	Standard Self	DK4	535.04	605.47	70.43	524.55	593.60	69.05
	Standard Self & Family	DK5	1,181.54	1,337.03	155.49	1,158.37	1,310.81	152.44
	Standard Self Plus One	DK6	1,169.82	1,323.79	153.97	1,146.88	1,297.83	150.95

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Idaho Kaiser Foundation Health Plan of Washington

High Self	541	772.30	842.10	69.80	757.16	825.59	68.43
High Self & Family	542	2,007.98	1,852.65	-155.33	1,968.61	1,816.32	-152.29
High Self Plus One	543	1,583.20	1,852.65	269.45	1,552.16	1,816.32	264.16
Standard Self	544	580.22	621.17	40.95	568.84	608.99	40.15
Standard Self & Family	545	1,508.53	1,428.67	-79.86	1,478.95	1,400.66	-78.29
Standard Self Plus One	546	1,189.42	1,428.67	239.25	1,166.10	1,400.66	234.56

Idaho Kaiser Foundation Health Plan of Washington

HDHP Self	PT1	516.12	517.52	1.40	506.00	507.37	1.37
HDHP Self & Family	PT2	1,341.95	1,190.26	-151.69	1,315.64	1,166.92	-148.72
HDHP Self Plus One	PT3	1,058.09	1,190.26	132.17	1,037.34	1,166.92	129.58

Idaho SelectHealth

High Self	SF1	757.66	993.15	235.49	742.80	973.68	230.88
High Self & Family	SF2	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
High Self Plus One	SF3	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
Standard Self	SF4	548.70	607.33	58.63	537.94	595.42	57.48
Standard Self & Family	SF5	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52
Standard Self Plus One	SF6	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Illinois Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
Illinois Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Illinois Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Illinois Blue Preferred							
High Self	9G1	712.46	748.60	36.14	698.49	733.92	35.43
High Self & Family	9G2	1,542.50	1,620.71	78.21	1,512.25	1,588.93	76.68
High Self Plus One	9G3	1,439.20	1,534.62	95.42	1,410.98	1,504.53	93.55
Standard Self	9G4	529.51	542.75	13.24	519.13	532.11	12.98
Standard Self & Family	9G5	1,498.53	1,560.38	61.85	1,469.15	1,529.78	60.63
Standard Self Plus One	9G6	1,376.75	1,411.13	34.38	1,349.75	1,383.46	33.71

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Illinois Health Alliance HMO

Standard Self	K84	618.29	639.34	21.05	606.17	626.80	20.63
Standard Self & Family	K85	1,715.73	1,956.98	241.25	1,682.09	1,918.61	236.52
Standard Self Plus One	K86	1,298.42	1,480.97	182.55	1,272.96	1,451.93	178.97

Illinois Humana CoverageFirst/Value Plan

CDHP Self	GB1	733.81	890.63	156.82	719.42	873.17	153.75
CDHP Self & Family	GB2	1,651.07	2,003.89	352.82	1,618.70	1,964.60	345.90
CDHP Self Plus One	GB3	1,577.70	1,914.84	337.14	1,546.76	1,877.29	330.53
Value Self	GB4	474.62	526.84	52.22	465.31	516.51	51.20
Value Self & Family	GB5	1,067.87	1,185.38	117.51	1,046.93	1,162.14	115.21
Value Self Plus One	GB6	1,020.43	1,132.74	112.31	1,000.42	1,110.53	110.11

Illinois Humana CoverageFirst/Value Plan

CDHP Self	MW1	712.19	726.45	14.26	698.23	712.21	13.98
CDHP Self & Family	MW2	1,602.45	1,634.56	32.11	1,571.03	1,602.51	31.48
CDHP Self Plus One	MW3	1,531.22	1,561.90	30.68	1,501.20	1,531.27	30.07
Value Self	MW4	498.33	568.13	69.80	488.56	556.99	68.43
Value Self & Family	MW5	1,121.27	1,278.24	156.97	1,099.28	1,253.18	153.90
Value Self Plus One	MW6	1,071.45	1,221.45	150.00	1,050.44	1,197.50	147.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Illinois Humana Health Plan, Inc.

High Self	751	1,282.98	1,286.90	3.92	1,257.82	1,261.67	3.85
High Self & Family	752	2,886.66	2,895.49	8.83	2,830.06	2,838.72	8.66
High Self Plus One	753	2,758.35	2,766.81	8.46	2,704.26	2,712.56	8.30
Standard Self	754	897.28	899.12	1.84	879.69	881.49	1.80
Standard Self & Family	755	2,018.88	2,023.02	4.14	1,979.29	1,983.35	4.06
Standard Self Plus One	756	1,929.14	1,933.06	3.92	1,891.31	1,895.16	3.85

Illinois Humana Health Plan, Inc.

High Self	9F1	1,570.38	1,601.79	31.41	1,539.59	1,570.38	30.79
High Self & Family	9F2	3,533.37	3,604.05	70.68	3,464.09	3,533.38	69.29
High Self Plus One	9F3	3,376.33	3,443.85	67.52	3,310.13	3,376.32	66.19

Illinois Humana Health Plan, Inc.

Basic Self	AB1	New Plan	595.75	New Plan	New Plan	584.07	New Plan
Basic Self & Family	AB2	New Plan	1,340.43	New Plan	New Plan	1,314.15	New Plan
Basic Self Plus One	AB3	New Plan	1,280.85	New Plan	New Plan	1,255.74	New Plan
Standard Self	AB4	963.98	1,041.02	77.04	945.08	1,020.61	75.53
Standard Self & Family	AB5	2,168.90	2,342.32	173.42	2,126.37	2,296.39	170.02
Standard Self Plus One	AB6	2,072.52	2,238.20	165.68	2,031.88	2,194.31	162.43

Illinois Humana Health Plan, Inc.

Basic Self	RW1	New Plan	603.86	New Plan	New Plan	592.02	New Plan
Basic Self & Family	RW2	New Plan	1,358.69	New Plan	New Plan	1,332.05	New Plan
Basic Self Plus One	RW3	New Plan	1,298.29	New Plan	New Plan	1,272.83	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Illinois MercyCare HMO							
High Self	EY1	742.23	781.81	39.58	727.68	766.48	38.80
High Self & Family	EY2	1,929.84	2,040.28	110.44	1,892.00	2,000.27	108.27
High Self Plus One	EY3	1,595.80	1,680.91	85.11	1,564.51	1,647.95	83.44
Illinois Union Health Service							
High Self	761	638.38	684.52	46.14	625.86	671.10	45.24
High Self & Family	762	1,586.43	1,714.59	128.16	1,555.32	1,680.97	125.65
High Self Plus One	763	1,396.05	1,503.64	107.59	1,368.68	1,474.16	105.48
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11
Illinois UnitedHealthcare Plan of the River Valley Inc.							
High Self	YH1	655.44	720.24	64.80	642.59	706.12	63.53
High Self & Family	YH2	1,837.82	2,019.59	181.77	1,801.78	1,979.99	178.21
High Self Plus One	YH3	1,280.08	1,406.66	126.58	1,254.98	1,379.08	124.10
Indiana Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Indiana Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Indiana Aetna Direct								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Indiana Health Alliance HMO								
	Standard Self	K84	618.29	639.34	21.05	606.17	626.80	20.63
	Standard Self & Family	K85	1,715.73	1,956.98	241.25	1,682.09	1,918.61	236.52
	Standard Self Plus One	K86	1,298.42	1,480.97	182.55	1,272.96	1,451.93	178.97
Indiana Humana CoverageFirst/Value Plan								
	CDHP Self	MW1	712.19	726.45	14.26	698.23	712.21	13.98
	CDHP Self & Family	MW2	1,602.45	1,634.56	32.11	1,571.03	1,602.51	31.48
	CDHP Self Plus One	MW3	1,531.22	1,561.90	30.68	1,501.20	1,531.27	30.07
	Value Self	MW4	498.33	568.13	69.80	488.56	556.99	68.43
	Value Self & Family	MW5	1,121.27	1,278.24	156.97	1,099.28	1,253.18	153.90
	Value Self Plus One	MW6	1,071.45	1,221.45	150.00	1,050.44	1,197.50	147.06
Indiana Humana CoverageFirst/Value Plan								
	CDHP Self	TC1	New Plan	614.36	New Plan	New Plan	602.31	New Plan
	CDHP Self & Family	TC2	New Plan	1,382.33	New Plan	New Plan	1,355.23	New Plan
	CDHP Self Plus One	TC3	New Plan	1,320.90	New Plan	New Plan	1,295.00	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Indiana Humana Health Plan of Ohio, Inc.							
High Self	A61	1,004.93	1,065.29	60.36	985.23	1,044.40	59.17
High Self & Family	A62	2,261.10	2,396.90	135.80	2,216.76	2,349.90	133.14
High Self Plus One	A63	2,160.60	2,290.38	129.78	2,118.24	2,245.47	127.23
Standard Self	A64	792.24	852.60	60.36	776.71	835.88	59.17
Standard Self & Family	A65	1,782.50	1,918.34	135.84	1,747.55	1,880.73	133.18
Standard Self Plus One	A66	1,703.27	1,833.08	129.81	1,669.87	1,797.14	127.27
Indiana Humana Health Plan, Inc.							
High Self	751	1,282.98	1,286.90	3.92	1,257.82	1,261.67	3.85
High Self & Family	752	2,886.66	2,895.49	8.83	2,830.06	2,838.72	8.66
High Self Plus One	753	2,758.35	2,766.81	8.46	2,704.26	2,712.56	8.30
Standard Self	754	897.28	899.12	1.84	879.69	881.49	1.80
Standard Self & Family	755	2,018.88	2,023.02	4.14	1,979.29	1,983.35	4.06
Standard Self Plus One	756	1,929.14	1,933.06	3.92	1,891.31	1,895.16	3.85
Indiana Humana Health Plan, Inc.							
High Self	MH1	730.05	817.65	87.60	715.74	801.62	85.88
High Self & Family	MH2	1,642.63	1,839.71	197.08	1,610.42	1,803.64	193.22
High Self Plus One	MH3	1,569.63	1,757.92	188.29	1,538.85	1,723.45	184.60
Standard Self	MH4	666.52	686.51	19.99	653.45	673.05	19.60
Standard Self & Family	MH5	1,499.67	1,544.64	44.97	1,470.26	1,514.35	44.09
Standard Self Plus One	MH6	1,433.01	1,475.99	42.98	1,404.91	1,447.05	42.14

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Iowa Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
Iowa Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Iowa Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Iowa Health Alliance HMO							
Standard Self	K84	618.29	639.34	21.05	606.17	626.80	20.63
Standard Self & Family	K85	1,715.73	1,956.98	241.25	1,682.09	1,918.61	236.52
Standard Self Plus One	K86	1,298.42	1,480.97	182.55	1,272.96	1,451.93	178.97

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Iowa HealthPartners

High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36

Iowa UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	LJ1	567.81	622.91	55.10	556.68	610.70	54.02
High Self & Family	LJ2	1,419.57	1,557.30	137.73	1,391.74	1,526.76	135.02
High Self Plus One	LJ3	1,220.83	1,339.28	118.45	1,196.89	1,313.02	116.13

Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	N71	540.37	511.84	-28.53	529.77	501.80	-27.97
HDHP Self & Family	N72	1,350.95	1,279.59	-71.36	1,324.46	1,254.50	-69.96
HDHP Self Plus One	N73	1,161.82	1,100.45	-61.37	1,139.04	1,078.87	-60.17

Iowa UnitedHealthcare Plan of the River Valley Inc.

High Self	YH1	655.44	720.24	64.80	642.59	706.12	63.53
High Self & Family	YH2	1,837.82	2,019.59	181.77	1,801.78	1,979.99	178.21
High Self Plus One	YH3	1,280.08	1,406.66	126.58	1,254.98	1,379.08	124.10

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Kansas Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
Kansas Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Kansas Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Kansas Aetna Open Access							
High Self	HA1	717.57	742.92	25.35	703.50	728.35	24.85
High Self & Family	HA2	1,695.03	1,754.87	59.84	1,661.79	1,720.46	58.67
High Self Plus One	HA3	1,678.28	1,737.55	59.27	1,645.37	1,703.48	58.11
Standard Self	HA4	617.32	623.44	6.12	605.22	611.22	6.00
Standard Self & Family	HA5	1,457.16	1,471.55	14.39	1,428.59	1,442.70	14.11
Standard Self Plus One	HA6	1,442.76	1,456.99	14.23	1,414.47	1,428.42	13.95

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Kansas Humana CoverageFirst/Value Plan							
CDHP Self	PH1	618.47	587.75	-30.72	606.34	576.23	-30.11
CDHP Self & Family	PH2	1,391.60	1,322.42	-69.18	1,364.31	1,296.49	-67.82
CDHP Self Plus One	PH3	1,329.73	1,263.66	-66.07	1,303.66	1,238.88	-64.78
Value Self	PH4	474.62	427.15	-47.47	465.31	418.77	-46.54
Value Self & Family	PH5	1,067.87	961.13	-106.74	1,046.93	942.28	-104.65
Value Self Plus One	PH6	1,020.43	918.39	-102.04	1,000.42	900.38	-100.04
Kansas Humana Health Plan, Inc.							
High Self	MS1	1,637.68	1,654.01	16.33	1,605.57	1,621.58	16.01
High Self & Family	MS2	3,684.78	3,721.51	36.73	3,612.53	3,648.54	36.01
High Self Plus One	MS3	3,521.00	3,556.11	35.11	3,451.96	3,486.38	34.42
Standard Self	MS4	846.56	888.84	42.28	829.96	871.41	41.45
Standard Self & Family	MS5	1,904.80	1,999.91	95.11	1,867.45	1,960.70	93.25
Standard Self Plus One	MS6	1,820.16	1,911.03	90.87	1,784.47	1,873.56	89.09
Kentucky Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Kentucky Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Kentucky Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Kentucky Humana CoverageFirst/Value Plan							
CDHP Self	6N1	573.80	596.77	22.97	562.55	585.07	22.52
CDHP Self & Family	6N2	1,291.01	1,342.71	51.70	1,265.70	1,316.38	50.68
CDHP Self Plus One	6N3	1,233.62	1,283.04	49.42	1,209.43	1,257.88	48.45
Kentucky Humana CoverageFirst/Value Plan							
CDHP Self	TC1	New Plan	614.36	New Plan	New Plan	602.31	New Plan
CDHP Self & Family	TC2	New Plan	1,382.33	New Plan	New Plan	1,355.23	New Plan
CDHP Self Plus One	TC3	New Plan	1,320.90	New Plan	New Plan	1,295.00	New Plan
Kentucky Humana Health Plan of Ohio, Inc.							
High Self	A61	1,004.93	1,065.29	60.36	985.23	1,044.40	59.17
High Self & Family	A62	2,261.10	2,396.90	135.80	2,216.76	2,349.90	133.14
High Self Plus One	A63	2,160.60	2,290.38	129.78	2,118.24	2,245.47	127.23
Standard Self	A64	792.24	852.60	60.36	776.71	835.88	59.17
Standard Self & Family	A65	1,782.50	1,918.34	135.84	1,747.55	1,880.73	133.18
Standard Self Plus One	A66	1,703.27	1,833.08	129.81	1,669.87	1,797.14	127.27

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Kentucky Humana Health Plan, Inc.							
High Self	MH1	730.05	817.65	87.60	715.74	801.62	85.88
High Self & Family	MH2	1,642.63	1,839.71	197.08	1,610.42	1,803.64	193.22
High Self Plus One	MH3	1,569.63	1,757.92	188.29	1,538.85	1,723.45	184.60
Standard Self	MH4	666.52	686.51	19.99	653.45	673.05	19.60
Standard Self & Family	MH5	1,499.67	1,544.64	44.97	1,470.26	1,514.35	44.09
Standard Self Plus One	MH6	1,433.01	1,475.99	42.98	1,404.91	1,447.05	42.14
Kentucky Humana Health Plan, Inc.							
High Self	MI1	831.84	1,020.32	188.48	815.53	1,000.31	184.78
High Self & Family	MI2	1,871.61	2,295.66	424.05	1,834.91	2,250.65	415.74
High Self Plus One	MI3	1,788.42	2,193.64	405.22	1,753.35	2,150.63	397.28
Standard Self	MI4	748.95	778.85	29.90	734.26	763.58	29.32
Standard Self & Family	MI5	1,685.12	1,752.44	67.32	1,652.08	1,718.08	66.00
Standard Self Plus One	MI6	1,610.23	1,674.54	64.31	1,578.66	1,641.71	63.05
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	LJ1	567.81	622.91	55.10	556.68	610.70	54.02
High Self & Family	LJ2	1,419.57	1,557.30	137.73	1,391.74	1,526.76	135.02
High Self Plus One	LJ3	1,220.83	1,339.28	118.45	1,196.89	1,313.02	116.13
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP							
HDHP Self	N71	540.37	511.84	-28.53	529.77	501.80	-27.97
HDHP Self & Family	N72	1,350.95	1,279.59	-71.36	1,324.46	1,254.50	-69.96
HDHP Self Plus One	N73	1,161.82	1,100.45	-61.37	1,139.04	1,078.87	-60.17

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Louisiana Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
Louisiana Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Louisiana Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Louisiana Humana Health Benefit Plan of Louisiana, Inc.							
High Self	AE1	775.54	806.54	31.00	760.33	790.73	30.40
High Self & Family	AE2	1,744.92	1,814.67	69.75	1,710.71	1,779.09	68.38
High Self Plus One	AE3	1,667.35	1,734.03	66.68	1,634.66	1,700.03	65.37
Standard Self	AE4	683.91	697.59	13.68	670.50	683.91	13.41
Standard Self & Family	AE5	1,538.80	1,569.59	30.79	1,508.63	1,538.81	30.18
Standard Self Plus One	AE6	1,470.42	1,499.82	29.40	1,441.59	1,470.41	28.82

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Louisiana Humana Health Benefit Plan of Louisiana, Inc.							
High Self	BC1	680.37	707.59	27.22	667.03	693.72	26.69
High Self & Family	BC2	1,530.83	1,592.15	61.32	1,500.81	1,560.93	60.12
High Self Plus One	BC3	1,462.80	1,521.39	58.59	1,434.12	1,491.56	57.44
Standard Self	BC4	583.29	583.29	0.00	571.85	571.85	0.00
Standard Self & Family	BC5	1,312.41	1,312.41	0.00	1,286.68	1,286.68	0.00
Standard Self Plus One	BC6	1,254.09	1,254.09	0.00	1,229.50	1,229.50	0.00
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP							
HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18
Maine Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Maine Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Maine Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Maryland Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

Maryland Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Maryland Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Maryland Aetna Open Access

High Self	JN1	1,036.67	1,125.15	88.48	1,016.34	1,103.09	86.75
High Self & Family	JN2	2,330.62	2,529.55	198.93	2,284.92	2,479.95	195.03
High Self Plus One	JN3	2,307.55	2,504.49	196.94	2,262.30	2,455.38	193.08
Basic Self	JN4	650.10	676.11	26.01	637.35	662.85	25.50
Basic Self & Family	JN5	1,468.66	1,547.29	78.63	1,439.86	1,516.95	77.09
Basic Self Plus One	JN6	1,401.47	1,420.85	19.38	1,373.99	1,392.99	19.00

Maryland CareFirst BlueChoice

High Self	2G1	792.89	872.18	79.29	777.34	855.08	77.74
High Self & Family	2G2	1,883.87	2,072.23	188.36	1,846.93	2,031.60	184.67
High Self Plus One	2G3	1,585.76	1,744.33	158.57	1,554.67	1,710.13	155.46
Standard Self	2G4	673.81	707.49	33.68	660.60	693.62	33.02
Standard Self & Family	2G5	1,600.95	1,681.01	80.06	1,569.56	1,648.05	78.49
Standard Self Plus One	2G6	1,347.61	1,415.00	67.39	1,321.19	1,387.25	66.06

Maryland CareFirst BlueChoice

HDHP Self	B61	621.91	621.91	0.00	609.72	609.72	0.00
HDHP Self & Family	B62	1,477.65	1,477.65	0.00	1,448.68	1,448.68	0.00
HDHP Self Plus One	B63	1,243.83	1,243.83	0.00	1,219.44	1,219.44	0.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Maryland Kaiser Foundation Health Plan Mid-Atlantic States							
High Self	E31	654.53	673.57	19.04	641.70	660.36	18.66
High Self & Family	E32	1,531.66	1,549.21	17.55	1,501.63	1,518.83	17.20
High Self Plus One	E33	1,479.29	1,549.21	69.92	1,450.28	1,518.83	68.55
Standard Self	E34	493.71	515.06	21.35	484.03	504.96	20.93
Standard Self & Family	E35	1,155.28	1,184.72	29.44	1,132.63	1,161.49	28.86
Standard Self Plus One	E36	1,115.77	1,184.72	68.95	1,093.89	1,161.49	67.60
Maryland Kaiser Foundation Health Plan Mid-Atlantic States							
Basic Self	T71	New Plan	469.23	New Plan	New Plan	460.03	New Plan
Basic Self & Family	T72	New Plan	1,126.59	New Plan	New Plan	1,104.50	New Plan
Basic Self Plus One	T73	New Plan	1,026.34	New Plan	New Plan	1,006.22	New Plan
Maryland M.D. IPA							
High Self	JP1	704.54	732.13	27.59	690.73	717.77	27.04
High Self & Family	JP2	1,975.55	2,052.91	77.36	1,936.81	2,012.66	75.85
High Self Plus One	JP3	1,375.99	1,429.85	53.86	1,349.01	1,401.81	52.80
Maryland UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	LR1	618.22	620.15	1.93	606.10	607.99	1.89
High Self & Family	LR2	1,545.57	1,550.40	4.83	1,515.26	1,520.00	4.74
High Self Plus One	LR3	1,267.37	1,333.33	65.96	1,242.52	1,307.19	64.67
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	V41	New Plan	578.31	New Plan	New Plan	566.97	New Plan
HDHP Self & Family	V42	New Plan	1,445.83	New Plan	New Plan	1,417.48	New Plan
HDHP Self Plus One	V43	New Plan	1,243.39	New Plan	New Plan	1,219.01	New Plan

Massachusetts Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

Massachusetts Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Massachusetts Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Michigan Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
Michigan Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Michigan Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Michigan Bluecare Network of MI							
High Self	K51	862.83	946.37	83.54	845.91	927.81	81.90
High Self & Family	K52	2,105.23	2,309.10	203.87	2,063.95	2,263.82	199.87
High Self Plus One	K53	1,984.49	2,176.65	192.16	1,945.58	2,133.97	188.39
Michigan Bluecare Network of MI							
High Self	LX1	681.34	681.34	0.00	667.98	667.98	0.00
High Self & Family	LX2	1,662.50	1,662.43	-0.07	1,629.90	1,629.83	-0.07
High Self Plus One	LX3	1,567.09	1,567.09	0.00	1,536.36	1,536.36	0.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Michigan Health Alliance Plan							
High Self	521	733.17	722.38	-10.79	718.79	708.22	-10.57
High Self & Family	522	1,788.91	1,762.61	-26.30	1,753.83	1,728.05	-25.78
High Self Plus One	523	1,686.29	1,661.48	-24.81	1,653.23	1,628.90	-24.33
Michigan Health Alliance Plan							
Standard Self	GY4	618.35	575.20	-43.15	606.23	563.92	-42.31
Standard Self & Family	GY5	1,508.81	1,403.48	-105.33	1,479.23	1,375.96	-103.27
Standard Self Plus One	GY6	1,422.23	1,322.95	-99.28	1,394.34	1,297.01	-97.33
Michigan Priority Health							
High Self	LE1	696.11	830.08	133.97	682.46	813.80	131.34
High Self & Family	LE2	1,635.87	1,950.66	314.79	1,603.79	1,912.41	308.62
High Self Plus One	LE3	1,531.44	1,826.15	294.71	1,501.41	1,790.34	288.93
Standard Self	LE4	557.62	605.19	47.57	546.69	593.32	46.63
Standard Self & Family	LE5	1,310.47	1,422.21	111.74	1,284.77	1,394.32	109.55
Standard Self Plus One	LE6	1,226.79	1,331.42	104.63	1,202.74	1,305.31	102.57
Minnesota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Minnesota Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Minnesota Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Minnesota HealthPartners							
High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36
Mississippi Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	Plan - Option - Enrollment Code	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Mississippi Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Mississippi Aetna Direct								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HMO								
	High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
	High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
	High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP								
	HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
	HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
	HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18
Missouri Aetna HealthFund CDHP and Aetna Value Plan								
	CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
	CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
	CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
	Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
	Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
	Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Missouri Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Missouri Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Missouri Aetna Open Access							
High Self	HA1	717.57	742.92	25.35	703.50	728.35	24.85
High Self & Family	HA2	1,695.03	1,754.87	59.84	1,661.79	1,720.46	58.67
High Self Plus One	HA3	1,678.28	1,737.55	59.27	1,645.37	1,703.48	58.11
Standard Self	HA4	617.32	623.44	6.12	605.22	611.22	6.00
Standard Self & Family	HA5	1,457.16	1,471.55	14.39	1,428.59	1,442.70	14.11
Standard Self Plus One	HA6	1,442.76	1,456.99	14.23	1,414.47	1,428.42	13.95
Missouri Blue Preferred							
High Self	9G1	712.46	748.60	36.14	698.49	733.92	35.43
High Self & Family	9G2	1,542.50	1,620.71	78.21	1,512.25	1,588.93	76.68
High Self Plus One	9G3	1,439.20	1,534.62	95.42	1,410.98	1,504.53	93.55
Standard Self	9G4	529.51	542.75	13.24	519.13	532.11	12.98
Standard Self & Family	9G5	1,498.53	1,560.38	61.85	1,469.15	1,529.78	60.63
Standard Self Plus One	9G6	1,376.75	1,411.13	34.38	1,349.75	1,383.46	33.71

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Missouri Humana CoverageFirst/Value Plan							
CDHP Self	PH1	618.47	587.75	-30.72	606.34	576.23	-30.11
CDHP Self & Family	PH2	1,391.60	1,322.42	-69.18	1,364.31	1,296.49	-67.82
CDHP Self Plus One	PH3	1,329.73	1,263.66	-66.07	1,303.66	1,238.88	-64.78
Value Self	PH4	474.62	427.15	-47.47	465.31	418.77	-46.54
Value Self & Family	PH5	1,067.87	961.13	-106.74	1,046.93	942.28	-104.65
Value Self Plus One	PH6	1,020.43	918.39	-102.04	1,000.42	900.38	-100.04
Missouri Humana Health Plan, Inc.							
High Self	MS1	1,637.68	1,654.01	16.33	1,605.57	1,621.58	16.01
High Self & Family	MS2	3,684.78	3,721.51	36.73	3,612.53	3,648.54	36.01
High Self Plus One	MS3	3,521.00	3,556.11	35.11	3,451.96	3,486.38	34.42
Standard Self	MS4	846.56	888.84	42.28	829.96	871.41	41.45
Standard Self & Family	MS5	1,904.80	1,999.91	95.11	1,867.45	1,960.70	93.25
Standard Self Plus One	MS6	1,820.16	1,911.03	90.87	1,784.47	1,873.56	89.09
Montana Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Montana Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Montana Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Nebraska Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
Nebraska Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Nebraska Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Nevada Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
Nevada Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Nevada Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Nevada Health Plan of Nevada							
High Self	NM1	545.21	619.68	74.47	534.52	607.53	73.01
High Self & Family	NM2	1,292.10	1,468.59	176.49	1,266.76	1,439.79	173.03
High Self Plus One	NM3	1,035.85	1,177.40	141.55	1,015.54	1,154.31	138.77
Nevada UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KT1	New Plan	622.89	New Plan	New Plan	610.68	New Plan
High Self & Family	KT2	New Plan	1,557.23	New Plan	New Plan	1,526.70	New Plan
High Self Plus One	KT3	New Plan	1,339.22	New Plan	New Plan	1,312.96	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	New Plan	492.57	New Plan	New Plan	482.91	New Plan
HDHP Self & Family	LU2	New Plan	1,231.40	New Plan	New Plan	1,207.25	New Plan
HDHP Self Plus One	LU3	New Plan	1,059.02	New Plan	New Plan	1,038.25	New Plan

New Hampshire Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

New Hampshire Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

New Hampshire Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

New Jersey Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

New Jersey Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

New Jersey Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

New Jersey Aetna Open Access

High Self	JR1	1,405.87	1,473.15	67.28	1,378.30	1,444.26	65.96
High Self & Family	JR2	3,247.47	3,402.82	155.35	3,183.79	3,336.10	152.31
High Self Plus One	JR3	3,215.31	3,369.12	153.81	3,152.26	3,303.06	150.80
Basic Self	JR4	1,080.86	1,187.11	106.25	1,059.67	1,163.83	104.16
Basic Self & Family	JR5	2,504.99	2,751.18	246.19	2,455.87	2,697.24	241.37
Basic Self Plus One	JR6	2,480.17	2,723.96	243.79	2,431.54	2,670.55	239.01

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
New Jersey Aetna Open Access							
High Self	P31	1,448.08	1,603.87	155.79	1,419.69	1,572.42	152.73
High Self & Family	P32	3,510.89	3,888.59	377.70	3,442.05	3,812.34	370.29
High Self Plus One	P33	3,476.13	3,850.06	373.93	3,407.97	3,774.57	366.60
Basic Self	P34	1,213.31	1,375.04	161.73	1,189.52	1,348.08	158.56
Basic Self & Family	P35	2,816.10	3,191.46	375.36	2,760.88	3,128.88	368.00
Basic Self Plus One	P36	2,788.20	3,159.86	371.66	2,733.53	3,097.90	364.37
New Jersey GHI Health Plan -							
High Self	801	974.74	1,047.88	73.14	955.63	1,027.33	71.70
High Self & Family	802	2,644.31	2,842.64	198.33	2,592.46	2,786.90	194.44
High Self Plus One	803	2,373.67	2,551.71	178.04	2,327.13	2,501.68	174.55
Standard Self	804	725.21	725.21	0.00	710.99	710.99	0.00
Standard Self & Family	805	1,729.77	2,149.43	419.66	1,695.85	2,107.28	411.43
Standard Self Plus One	806	1,657.70	1,707.45	49.75	1,625.20	1,673.97	48.77
New Mexico Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
New Mexico Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
New Mexico Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
New Mexico Presbyterian Health Plan							
High Self	P21	691.11	786.60	95.49	677.56	771.18	93.62
High Self & Family	P22	1,624.16	1,848.54	224.38	1,592.31	1,812.29	219.98
High Self Plus One	P23	1,568.86	1,785.63	216.77	1,538.10	1,750.62	212.52
New Mexico Presbyterian Health Plan							
Standard Self	PS4	578.42	662.91	84.49	567.08	649.91	82.83
Standard Self & Family	PS5	1,359.32	1,557.90	198.58	1,332.67	1,527.35	194.68
Standard Self Plus One	PS6	1,313.05	1,504.86	191.81	1,287.30	1,475.35	188.05
New York Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan - Option - Enrollment Code								
New York Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
New York Aetna Direct								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
New York Aetna Open Access								
	High Self	JC1	1,068.13	1,188.32	120.19	1,047.19	1,165.02	117.83
	High Self & Family	JC2	2,639.38	2,936.29	296.91	2,587.63	2,878.72	291.09
	High Self Plus One	JC3	2,613.28	2,907.28	294.00	2,562.04	2,850.27	288.23
	Basic Self	JC4	820.57	902.19	81.62	804.48	884.50	80.02
	Basic Self & Family	JC5	2,001.51	2,200.61	199.10	1,962.26	2,157.46	195.20
	Basic Self Plus One	JC6	1,981.73	2,178.84	197.11	1,942.87	2,136.12	193.25
New York CDPHP Universal Benefits, Inc.								
	High Self	SG1	764.48	821.90	57.42	749.49	805.78	56.29
	High Self & Family	SG2	2,293.43	2,465.61	172.18	2,248.46	2,417.26	168.80
	High Self Plus One	SG3	1,528.99	1,643.84	114.85	1,499.01	1,611.61	112.60
	Standard Self	SG4	540.44	589.12	48.68	529.84	577.57	47.73
	Standard Self & Family	SG5	1,621.19	1,767.31	146.12	1,589.40	1,732.66	143.26
	Standard Self Plus One	SG6	1,080.82	1,178.24	97.42	1,059.63	1,155.14	95.51

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
New York GHI Health Plan -							
High Self	801	974.74	1,047.88	73.14	955.63	1,027.33	71.70
High Self & Family	802	2,644.31	2,842.64	198.33	2,592.46	2,786.90	194.44
High Self Plus One	803	2,373.67	2,551.71	178.04	2,327.13	2,501.68	174.55
Standard Self	804	725.21	725.21	0.00	710.99	710.99	0.00
Standard Self & Family	805	1,729.77	2,149.43	419.66	1,695.85	2,107.28	411.43
Standard Self Plus One	806	1,657.70	1,707.45	49.75	1,625.20	1,673.97	48.77
New York HIP of Greater New York							
High Self	511	736.24	778.01	41.77	721.80	762.75	40.95
High Self & Family	512	2,149.12	2,191.22	42.10	2,106.98	2,148.25	41.27
High Self Plus One	513	1,451.78	1,386.47	-65.31	1,423.31	1,359.28	-64.03
New York Independent Health Assoc							
Standard Self	C54	668.04	689.61	21.57	654.94	676.09	21.15
Standard Self & Family	C55	1,803.70	1,861.93	58.23	1,768.33	1,825.42	57.09
Standard Self Plus One	C56	1,703.49	1,758.48	54.99	1,670.09	1,724.00	53.91
New York Independent Health Assoc							
High Self	QA1	703.00	724.11	21.11	689.22	709.91	20.69
High Self & Family	QA2	1,898.13	1,955.13	57.00	1,860.91	1,916.79	55.88
High Self Plus One	QA3	1,792.69	1,846.50	53.81	1,757.54	1,810.29	52.75
HDHP Self	QA4	458.70	534.38	75.68	449.71	523.90	74.19
HDHP Self & Family	QA5	1,215.81	1,371.57	155.76	1,191.97	1,344.68	152.71
HDHP Self Plus One	QA6	1,123.67	1,276.12	152.45	1,101.64	1,251.10	149.46

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

New York MVP Health Care

High Self	GA1	772.49	912.93	140.44	757.34	895.03	137.69
High Self & Family	GA2	1,892.62	2,236.70	344.08	1,855.51	2,192.84	337.33
High Self Plus One	GA3	1,776.73	2,099.74	323.01	1,741.89	2,058.57	316.68
Standard Self	GA4	709.65	765.86	56.21	695.74	750.84	55.10
Standard Self & Family	GA5	1,738.63	1,876.29	137.66	1,704.54	1,839.50	134.96
Standard Self Plus One	GA6	1,632.19	1,761.42	129.23	1,600.19	1,726.88	126.69

New York MVP Health Care

High Self	GV1	697.57	808.37	110.80	683.89	792.52	108.63
High Self & Family	GV2	1,708.99	1,980.49	271.50	1,675.48	1,941.66	266.18
High Self Plus One	GV3	1,604.37	1,859.26	254.89	1,572.91	1,822.80	249.89
Standard Self	GV4	622.63	717.72	95.09	610.42	703.65	93.23
Standard Self & Family	GV5	1,525.43	1,758.37	232.94	1,495.52	1,723.89	228.37
Standard Self Plus One	GV6	1,432.04	1,650.72	218.68	1,403.96	1,618.35	214.39

New York MVP Health Care

High Self	M91	715.80	870.63	154.83	701.76	853.56	151.80
High Self & Family	M92	1,753.64	2,133.04	379.40	1,719.25	2,091.22	371.97
High Self Plus One	M93	1,646.30	2,002.46	356.16	1,614.02	1,963.20	349.18
Standard Self	M94	700.00	717.46	17.46	686.27	703.39	17.12
Standard Self & Family	M95	1,715.03	1,757.77	42.74	1,681.40	1,723.30	41.90
Standard Self Plus One	M96	1,610.01	1,650.15	40.14	1,578.44	1,617.79	39.35

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan - Option - Enrollment Code								
New York MVP Health Care								
	High Self	MF1	957.66	1,079.12	121.46	938.88	1,057.96	119.08
	High Self & Family	MF2	2,346.20	2,643.85	297.65	2,300.20	2,592.01	291.81
	High Self Plus One	MF3	2,202.56	2,481.97	279.41	2,159.37	2,433.30	273.93
	Standard Self	MF4	893.29	986.17	92.88	875.77	966.83	91.06
	Standard Self & Family	MF5	2,188.52	2,416.10	227.58	2,145.61	2,368.73	223.12
	Standard Self Plus One	MF6	2,054.52	2,268.16	213.64	2,014.24	2,223.69	209.45
New York MVP Health Care								
	High Self	MX1	843.14	1,107.91	264.77	826.61	1,086.19	259.58
	High Self & Family	MX2	2,065.76	2,714.41	648.65	2,025.25	2,661.19	635.94
	High Self Plus One	MX3	1,939.25	2,548.25	609.00	1,901.23	2,498.28	597.05
	Standard Self	MX4	819.47	865.95	46.48	803.40	848.97	45.57
	Standard Self & Family	MX5	2,007.70	2,121.58	113.88	1,968.33	2,079.98	111.65
	Standard Self Plus One	MX6	1,884.78	1,991.69	106.91	1,847.82	1,952.64	104.82
North Carolina Aetna HealthFund CDHP and Aetna Value Plan								
	CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
	CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
	CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
	Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
	Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
	Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
North Carolina Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
North Carolina Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KK1	New Plan	607.25	New Plan	New Plan	595.34	New Plan
High Self & Family	KK2	New Plan	1,518.08	New Plan	New Plan	1,488.31	New Plan
High Self Plus One	KK3	New Plan	1,305.54	New Plan	New Plan	1,279.94	New Plan
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP							
HDHP Self	LS1	New Plan	447.02	New Plan	New Plan	438.25	New Plan
HDHP Self & Family	LS2	New Plan	1,117.53	New Plan	New Plan	1,095.62	New Plan
HDHP Self Plus One	LS3	New Plan	961.08	New Plan	New Plan	942.24	New Plan
North Dakota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
North Dakota Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
North Dakota Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
North Dakota HealthPartners							
High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36
Ohio Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Ohio Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Ohio Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Ohio AultCare HMO							
High Self	3A1	728.97	764.31	35.34	714.68	749.32	34.64
High Self & Family	3A2	1,800.48	1,887.87	87.39	1,765.18	1,850.85	85.67
High Self Plus One	3A3	1,530.83	1,605.03	74.20	1,500.81	1,573.56	72.75
HDHP Self	3A4	357.18	366.86	9.68	350.18	359.67	9.49
HDHP Self & Family	3A5	1,142.90	1,179.83	36.93	1,120.49	1,156.70	36.21
HDHP Self Plus One	3A6	678.61	695.35	16.74	665.30	681.72	16.42
Ohio Humana Health Plan of Ohio, Inc.							
High Self	A61	1,004.93	1,065.29	60.36	985.23	1,044.40	59.17
High Self & Family	A62	2,261.10	2,396.90	135.80	2,216.76	2,349.90	133.14
High Self Plus One	A63	2,160.60	2,290.38	129.78	2,118.24	2,245.47	127.23
Standard Self	A64	792.24	852.60	60.36	776.71	835.88	59.17
Standard Self & Family	A65	1,782.50	1,918.34	135.84	1,747.55	1,880.73	133.18
Standard Self Plus One	A66	1,703.27	1,833.08	129.81	1,669.87	1,797.14	127.27

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan - Option - Enrollment Code								
Ohio Medical Mutual								
	High Self	641	889.71	932.03	42.32	872.26	913.75	41.49
	High Self & Family	642	2,135.30	2,236.81	101.51	2,093.43	2,192.95	99.52
	High Self Plus One	643	1,957.35	2,050.39	93.04	1,918.97	2,010.19	91.22
	Standard Self	644	745.78	776.68	30.90	731.16	761.45	30.29
	Standard Self & Family	645	1,789.91	1,864.05	74.14	1,754.81	1,827.50	72.69
	Standard Self Plus One	646	1,640.75	1,708.76	68.01	1,608.58	1,675.25	66.67
Ohio Medical Mutual								
	Basic Self	UX1	New Plan	605.45	New Plan	New Plan	593.58	New Plan
	Basic Self & Family	UX2	New Plan	1,453.12	New Plan	New Plan	1,424.63	New Plan
	Basic Self Plus One	UX3	New Plan	1,332.04	New Plan	New Plan	1,305.92	New Plan
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan								
	CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
	CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
	CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
	Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
	Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
	Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72
Oklahoma Aetna HealthFund HDHP								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Oklahoma Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Oklahoma GlobalHealth, Inc.							
High Self	IM1	578.69	579.27	0.58	567.34	567.91	0.57
High Self & Family	IM2	1,446.76	1,448.12	1.36	1,418.39	1,419.73	1.34
High Self Plus One	IM3	1,157.40	1,158.51	1.11	1,134.71	1,135.79	1.08
Standard Self	IM4	535.74	535.80	0.06	525.24	525.29	0.05
Standard Self & Family	IM5	1,339.41	1,339.48	0.07	1,313.15	1,313.22	0.07
Standard Self Plus One	IM6	1,071.54	1,071.58	0.04	1,050.53	1,050.57	0.04
Oregon Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
Oregon Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium			2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Oregon Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Oregon Kaiser Foundation Health Plan of Northwest

High Self	571	700.66	705.92	5.26	686.92	692.08	5.16
High Self & Family	572	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
High Self Plus One	573	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
Standard Self	574	605.72	612.26	6.54	593.84	600.25	6.41
Standard Self & Family	575	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76
Standard Self Plus One	576	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76

Oregon UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	KT1	New Plan	622.89	New Plan	New Plan	610.68	New Plan
High Self & Family	KT2	New Plan	1,557.23	New Plan	New Plan	1,526.70	New Plan
High Self Plus One	KT3	New Plan	1,339.22	New Plan	New Plan	1,312.96	New Plan

Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	New Plan	492.57	New Plan	New Plan	482.91	New Plan
HDHP Self & Family	LU2	New Plan	1,231.40	New Plan	New Plan	1,207.25	New Plan
HDHP Self Plus One	LU3	New Plan	1,059.02	New Plan	New Plan	1,038.25	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
Pennsylvania Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Pennsylvania Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Pennsylvania Aetna Open Access							
High Self	P31	1,448.08	1,603.87	155.79	1,419.69	1,572.42	152.73
High Self & Family	P32	3,510.89	3,888.59	377.70	3,442.05	3,812.34	370.29
High Self Plus One	P33	3,476.13	3,850.06	373.93	3,407.97	3,774.57	366.60
Basic Self	P34	1,213.31	1,375.04	161.73	1,189.52	1,348.08	158.56
Basic Self & Family	P35	2,816.10	3,191.46	375.36	2,760.88	3,128.88	368.00
Basic Self Plus One	P36	2,788.20	3,159.86	371.66	2,733.53	3,097.90	364.37

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Pennsylvania Aetna Open Access

High Self	YE1	826.48	938.50	112.02	810.27	920.10	109.83
High Self & Family	YE2	2,075.32	2,356.59	281.27	2,034.63	2,310.38	275.75
High Self Plus One	YE3	2,054.75	2,333.25	278.50	2,014.46	2,287.50	273.04

Pennsylvania Geisinger Health Plan

Standard Self	GG4	677.85	697.76	19.91	664.56	684.08	19.52
Standard Self & Family	GG5	1,551.95	1,597.52	45.57	1,521.52	1,566.20	44.68
Standard Self Plus One	GG6	1,464.64	1,507.66	43.02	1,435.92	1,478.10	42.18

Pennsylvania Highmark Choice Company

High Self	NP1	631.59	703.56	71.97	619.21	689.76	70.55
High Self & Family	NP2	1,432.46	1,599.55	167.09	1,404.37	1,568.19	163.82
High Self Plus One	NP3	1,188.67	1,416.96	228.29	1,165.36	1,389.18	223.82

Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	LR1	New Plan	620.15	New Plan	New Plan	607.99	New Plan
High Self & Family	LR2	New Plan	1,550.40	New Plan	New Plan	1,520.00	New Plan
High Self Plus One	LR3	New Plan	1,333.33	New Plan	New Plan	1,307.19	New Plan

Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	V41	New Plan	578.31	New Plan	New Plan	566.97	New Plan
HDHP Self & Family	V42	New Plan	1,445.83	New Plan	New Plan	1,417.48	New Plan
HDHP Self Plus One	V43	New Plan	1,243.39	New Plan	New Plan	1,219.01	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Pennsylvania UPMC Health Plan							
High Self	8W1	785.12	881.68	96.56	769.73	864.39	94.66
High Self & Family	8W2	1,844.98	2,071.95	226.97	1,808.80	2,031.32	222.52
High Self Plus One	8W3	1,766.52	1,983.85	217.33	1,731.88	1,944.95	213.07
HDHP Self	8W4	522.20	550.40	28.20	511.96	539.61	27.65
HDHP Self & Family	8W5	1,196.16	1,262.33	66.17	1,172.71	1,237.58	64.87
HDHP Self Plus One	8W6	1,151.94	1,215.28	63.34	1,129.35	1,191.45	62.10
Pennsylvania UPMC Health Plan							
Standard Self	UW4	611.82	636.99	25.17	599.82	624.50	24.68
Standard Self & Family	UW5	1,437.72	1,496.86	59.14	1,409.53	1,467.51	57.98
Standard Self Plus One	UW6	1,376.61	1,433.21	56.60	1,349.62	1,405.11	55.49
Puerto Rico Humana Health Plans of Puerto Rico, Inc.							
High Self	ZJ1	371.96	375.06	3.10	364.67	367.71	3.04
High Self & Family	ZJ2	836.93	843.85	6.92	820.52	827.30	6.78
High Self Plus One	ZJ3	799.75	806.34	6.59	784.07	790.53	6.46
Puerto Rico Triple-S Salud, Inc.							
High Self	891	415.53	415.53	0.00	407.38	407.38	0.00
High Self & Family	892	951.54	951.54	0.00	932.88	932.88	0.00
High Self Plus One	893	932.99	932.99	0.00	914.70	914.70	0.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83
Rhode Island Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Rhode Island Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
South Carolina Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
South Carolina Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
South Carolina Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
South Dakota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
South Dakota Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
South Dakota Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

South Dakota HealthPartners

High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36

Tennessee Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

Tennessee Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Tennessee Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Tennessee Aetna Open Access							
High Self	UB1	879.71	1,074.08	194.37	862.46	1,053.02	190.56
High Self & Family	UB2	2,254.29	2,752.38	498.09	2,210.09	2,698.41	488.32
High Self Plus One	UB3	2,231.96	2,725.15	493.19	2,188.20	2,671.72	483.52
Tennessee Humana CoverageFirst/Value Plan							
CDHP Self	TT1	New Plan	650.84	New Plan	New Plan	638.08	New Plan
CDHP Self & Family	TT2	New Plan	1,464.39	New Plan	New Plan	1,435.68	New Plan
CDHP Self Plus One	TT3	New Plan	1,399.31	New Plan	New Plan	1,371.87	New Plan
Value Self	TT4	New Plan	525.93	New Plan	New Plan	515.62	New Plan
Value Self & Family	TT5	New Plan	1,183.36	New Plan	New Plan	1,160.16	New Plan
Value Self Plus One	TT6	New Plan	1,130.77	New Plan	New Plan	1,108.60	New Plan
Tennessee Humana Health Plan, Inc.							
High Self	GJ1	738.43	875.52	137.09	723.95	858.35	134.40
High Self & Family	GJ2	1,661.52	1,969.86	308.34	1,628.94	1,931.24	302.30
High Self Plus One	GJ3	1,587.66	1,882.30	294.64	1,556.53	1,845.39	288.86
Standard Self	GJ4	731.71	797.55	65.84	717.36	781.91	64.55
Standard Self & Family	GJ5	1,646.34	1,794.48	148.14	1,614.06	1,759.29	145.23
Standard Self Plus One	GJ6	1,573.19	1,714.72	141.53	1,542.34	1,681.10	138.76
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18

Texas Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

Texas Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Texas Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Texas Humana CoverageFirst/Value Plan

CDHP Self	T31	New Plan	645.94	New Plan	New Plan	633.27	New Plan
CDHP Self & Family	T32	New Plan	1,453.37	New Plan	New Plan	1,424.87	New Plan
CDHP Self Plus One	T33	New Plan	1,388.79	New Plan	New Plan	1,361.56	New Plan
Value Self	T34	New Plan	492.04	New Plan	New Plan	482.39	New Plan
Value Self & Family	T35	New Plan	1,107.10	New Plan	New Plan	1,085.39	New Plan
Value Self Plus One	T36	New Plan	1,057.88	New Plan	New Plan	1,037.14	New Plan

Texas Humana CoverageFirst/Value Plan

CDHP Self	TP1	668.44	601.63	-66.81	655.33	589.83	-65.50
CDHP Self & Family	TP2	1,503.99	1,353.67	-150.32	1,474.50	1,327.13	-147.37
CDHP Self Plus One	TP3	1,437.14	1,293.51	-143.63	1,408.96	1,268.15	-140.81
Value Self	TP4	474.62	427.13	-47.49	465.31	418.75	-46.56
Value Self & Family	TP5	1,067.87	961.06	-106.81	1,046.93	942.22	-104.71
Value Self Plus One	TP6	1,020.43	918.35	-102.08	1,000.42	900.34	-100.08

Texas Humana CoverageFirst/Value Plan

CDHP Self	TU1	650.36	650.36	0.00	637.61	637.61	0.00
CDHP Self & Family	TU2	1,463.33	1,463.33	0.00	1,434.64	1,434.64	0.00
CDHP Self Plus One	TU3	1,398.27	1,398.27	0.00	1,370.85	1,370.85	0.00
Value Self	TU4	474.62	517.34	42.72	465.31	507.20	41.89
Value Self & Family	TU5	1,067.87	1,164.03	96.16	1,046.93	1,141.21	94.28
Value Self Plus One	TU6	1,020.43	1,112.32	91.89	1,000.42	1,090.51	90.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Texas Humana CoverageFirst/Value Plan							
CDHP Self	TV1	665.65	679.00	13.35	652.60	665.69	13.09
CDHP Self & Family	TV2	1,497.74	1,527.76	30.02	1,468.37	1,497.80	29.43
CDHP Self Plus One	TV3	1,431.17	1,459.86	28.69	1,403.11	1,431.24	28.13
Value Self	TV4	474.62	550.53	75.91	465.31	539.74	74.43
Value Self & Family	TV5	1,067.87	1,238.71	170.84	1,046.93	1,214.42	167.49
Value Self Plus One	TV6	1,020.43	1,183.66	163.23	1,000.42	1,160.45	160.03
Texas Humana Health Plan of Texas							
High Self	EW1	792.89	943.28	150.39	777.34	924.78	147.44
High Self & Family	EW2	1,783.98	2,122.38	338.40	1,749.00	2,080.76	331.76
High Self Plus One	EW3	1,704.69	2,028.03	323.34	1,671.26	1,988.26	317.00
Standard Self	EW4	681.79	756.77	74.98	668.42	741.93	73.51
Standard Self & Family	EW5	1,534.01	1,702.72	168.71	1,503.93	1,669.33	165.40
Standard Self Plus One	EW6	1,465.80	1,627.04	161.24	1,437.06	1,595.14	158.08
Texas Humana Health Plan of Texas							
Basic Self	Q21	New Plan	578.63	New Plan	New Plan	567.28	New Plan
Basic Self & Family	Q22	New Plan	1,301.91	New Plan	New Plan	1,276.38	New Plan
Basic Self Plus One	Q23	New Plan	1,244.03	New Plan	New Plan	1,219.64	New Plan
Texas Humana Health Plan of Texas							
Basic Self	Q61	New Plan	575.82	New Plan	New Plan	564.53	New Plan
Basic Self & Family	Q62	New Plan	1,295.59	New Plan	New Plan	1,270.19	New Plan
Basic Self Plus One	Q63	New Plan	1,238.03	New Plan	New Plan	1,213.75	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Texas Humana Health Plan of Texas							
Basic Self	QX1	New Plan	599.66	New Plan	New Plan	587.90	New Plan
Basic Self & Family	QX2	New Plan	1,349.23	New Plan	New Plan	1,322.77	New Plan
Basic Self Plus One	QX3	New Plan	1,289.27	New Plan	New Plan	1,263.99	New Plan
Texas Humana Health Plan of Texas							
Basic Self	QY1	New Plan	594.29	New Plan	New Plan	582.64	New Plan
Basic Self & Family	QY2	New Plan	1,337.16	New Plan	New Plan	1,310.94	New Plan
Basic Self Plus One	QY3	New Plan	1,277.75	New Plan	New Plan	1,252.70	New Plan
Texas Humana Health Plan of Texas							
High Self	UC1	809.94	947.63	137.69	794.06	929.05	134.99
High Self & Family	UC2	1,822.36	2,132.17	309.81	1,786.63	2,090.36	303.73
High Self Plus One	UC3	1,741.37	2,037.40	296.03	1,707.23	1,997.45	290.22
Standard Self	UC4	655.27	760.13	104.86	642.42	745.23	102.81
Standard Self & Family	UC5	1,474.42	1,710.27	235.85	1,445.51	1,676.74	231.23
Standard Self Plus One	UC6	1,408.88	1,634.27	225.39	1,381.25	1,602.23	220.98
Texas Humana Health Plan of Texas							
High Self	UR1	1,357.52	1,398.31	40.79	1,330.90	1,370.89	39.99
High Self & Family	UR2	3,054.42	3,146.18	91.76	2,994.53	3,084.49	89.96
High Self Plus One	UR3	2,918.64	3,006.38	87.74	2,861.41	2,947.43	86.02
Standard Self	UR4	761.26	905.92	144.66	746.33	888.16	141.83
Standard Self & Family	UR5	1,712.84	2,038.31	325.47	1,679.25	1,998.34	319.09
Standard Self Plus One	UR6	1,636.68	1,947.72	311.04	1,604.59	1,909.53	304.94

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Texas Humana Health Plan of Texas							
High Self	UU1	1,195.20	1,482.03	286.83	1,171.76	1,452.97	281.21
High Self & Family	UU2	2,689.17	3,334.58	645.41	2,636.44	3,269.20	632.76
High Self Plus One	UU3	2,569.66	3,186.38	616.72	2,519.27	3,123.90	604.63
Standard Self	UU4	992.13	1,210.37	218.24	972.68	1,186.64	213.96
Standard Self & Family	UU5	2,232.28	2,723.41	491.13	2,188.51	2,670.01	481.50
Standard Self Plus One	UU6	2,133.04	2,602.37	469.33	2,091.22	2,551.34	460.12
Texas Scott and White Health Plan							
Basic Self	A81	New Plan	672.99	New Plan	New Plan	659.79	New Plan
Basic Self & Family	A82	New Plan	1,576.97	New Plan	New Plan	1,546.05	New Plan
Basic Self Plus One	A83	New Plan	1,319.13	New Plan	New Plan	1,293.26	New Plan
Standard Self	A84	692.04	796.77	104.73	678.47	781.15	102.68
Standard Self & Family	A85	1,621.70	1,867.41	245.71	1,589.90	1,830.79	240.89
Standard Self Plus One	A86	1,449.54	1,562.01	112.47	1,421.12	1,531.38	110.26
Texas Scott and White Health Plan							
Basic Self	P81	New Plan	753.55	New Plan	New Plan	738.77	New Plan
Basic Self & Family	P82	New Plan	1,765.99	New Plan	New Plan	1,731.36	New Plan
Basic Self Plus One	P83	New Plan	1,477.20	New Plan	New Plan	1,448.24	New Plan
Standard Self	P84	774.69	892.17	117.48	759.50	874.68	115.18
Standard Self & Family	P85	1,815.90	2,091.31	275.41	1,780.29	2,050.30	270.01
Standard Self Plus One	P86	1,623.10	1,749.24	126.14	1,591.27	1,714.94	123.67

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced

Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11

Utah Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

Utah Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Utah Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Utah Altius Health Plans

High Self	9K1	761.28	865.04	103.76	746.35	848.08	101.73
High Self & Family	9K2	1,683.51	1,912.98	229.47	1,650.50	1,875.47	224.97
High Self Plus One	9K3	1,666.85	1,894.04	227.19	1,634.17	1,856.90	222.73
HDHP Self	9K4	383.86	429.11	45.25	376.33	420.70	44.37
HDHP Self & Family	9K5	802.23	896.81	94.58	786.50	879.23	92.73
HDHP Self Plus One	9K6	786.52	879.23	92.71	771.10	861.99	90.89

Utah Altius Health Plans

Standard Self	DK4	535.04	605.47	70.43	524.55	593.60	69.05
Standard Self & Family	DK5	1,181.54	1,337.03	155.49	1,158.37	1,310.81	152.44
Standard Self Plus One	DK6	1,169.82	1,323.79	153.97	1,146.88	1,297.83	150.95

Utah SelectHealth

High Self	SF1	757.66	993.15	235.49	742.80	973.68	230.88
High Self & Family	SF2	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
High Self Plus One	SF3	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
Standard Self	SF4	548.70	607.33	58.63	537.94	595.42	57.48
Standard Self & Family	SF5	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52
Standard Self Plus One	SF6	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Vermont Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

Vermont Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

Vermont Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Virgin Islands Triple-S Salud, Inc.

High Self	851	609.92	640.44	30.52	597.96	627.88	29.92
High Self & Family	852	1,396.72	1,466.58	69.86	1,369.33	1,437.82	68.49
High Self Plus One	853	1,369.47	1,437.99	68.52	1,342.62	1,409.79	67.17

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Virginia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
Virginia Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Virginia Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Virginia Aetna Open Access							
High Self	JN1	1,036.67	1,125.15	88.48	1,016.34	1,103.09	86.75
High Self & Family	JN2	2,330.62	2,529.55	198.93	2,284.92	2,479.95	195.03
High Self Plus One	JN3	2,307.55	2,504.49	196.94	2,262.30	2,455.38	193.08
Basic Self	JN4	650.10	676.11	26.01	637.35	662.85	25.50
Basic Self & Family	JN5	1,468.66	1,547.29	78.63	1,439.86	1,516.95	77.09
Basic Self Plus One	JN6	1,401.47	1,420.85	19.38	1,373.99	1,392.99	19.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Virginia CareFirst BlueChoice							
High Self	2G1	792.89	872.18	79.29	777.34	855.08	77.74
High Self & Family	2G2	1,883.87	2,072.23	188.36	1,846.93	2,031.60	184.67
High Self Plus One	2G3	1,585.76	1,744.33	158.57	1,554.67	1,710.13	155.46
Standard Self	2G4	673.81	707.49	33.68	660.60	693.62	33.02
Standard Self & Family	2G5	1,600.95	1,681.01	80.06	1,569.56	1,648.05	78.49
Standard Self Plus One	2G6	1,347.61	1,415.00	67.39	1,321.19	1,387.25	66.06
Virginia CareFirst BlueChoice							
HDHP Self	B61	621.91	621.91	0.00	609.72	609.72	0.00
HDHP Self & Family	B62	1,477.65	1,477.65	0.00	1,448.68	1,448.68	0.00
HDHP Self Plus One	B63	1,243.83	1,243.83	0.00	1,219.44	1,219.44	0.00
Virginia Kaiser Foundation Health Plan Mid-Atlantic States							
High Self	E31	654.53	673.57	19.04	641.70	660.36	18.66
High Self & Family	E32	1,531.66	1,549.21	17.55	1,501.63	1,518.83	17.20
High Self Plus One	E33	1,479.29	1,549.21	69.92	1,450.28	1,518.83	68.55
Standard Self	E34	493.71	515.06	21.35	484.03	504.96	20.93
Standard Self & Family	E35	1,155.28	1,184.72	29.44	1,132.63	1,161.49	28.86
Standard Self Plus One	E36	1,115.77	1,184.72	68.95	1,093.89	1,161.49	67.60
Virginia Kaiser Foundation Health Plan Mid-Atlantic States							
Basic Self	T71	New Plan	469.23	New Plan	New Plan	460.03	New Plan
Basic Self & Family	T72	New Plan	1,126.59	New Plan	New Plan	1,104.50	New Plan
Basic Self Plus One	T73	New Plan	1,026.34	New Plan	New Plan	1,006.22	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Virginia M.D. IPA

High Self	JP1	704.54	732.13	27.59	690.73	717.77	27.04
High Self & Family	JP2	1,975.55	2,052.91	77.36	1,936.81	2,012.66	75.85
High Self Plus One	JP3	1,375.99	1,429.85	53.86	1,349.01	1,401.81	52.80

Virginia Optima Health

High Self	PG1	580.94	664.31	83.37	569.55	651.28	81.73
High Self & Family	PG2	1,431.89	1,605.28	173.39	1,403.81	1,573.80	169.99
High Self Plus One	PG3	1,417.57	1,605.16	187.59	1,389.77	1,573.69	183.92

Virginia UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	LR1	618.22	620.15	1.93	606.10	607.99	1.89
High Self & Family	LR2	1,545.57	1,550.40	4.83	1,515.26	1,520.00	4.74
High Self Plus One	LR3	1,267.37	1,333.33	65.96	1,242.52	1,307.19	64.67

Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced

Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11

Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	V41	New Plan	578.31	New Plan	New Plan	566.97	New Plan
HDHP Self & Family	V42	New Plan	1,445.83	New Plan	New Plan	1,417.48	New Plan
HDHP Self Plus One	V43	New Plan	1,243.39	New Plan	New Plan	1,219.01	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Washington Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
Washington Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Washington Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Washington Kaiser Foundation Health Plan of Northwest							
High Self	571	700.66	705.92	5.26	686.92	692.08	5.16
High Self & Family	572	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
High Self Plus One	573	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
Standard Self	574	605.72	612.26	6.54	593.84	600.25	6.41
Standard Self & Family	575	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76
Standard Self Plus One	576	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Washington Kaiser Foundation Health Plan of Washington							
High Self	541	772.30	842.10	69.80	757.16	825.59	68.43
High Self & Family	542	2,007.98	1,852.65	-155.33	1,968.61	1,816.32	-152.29
High Self Plus One	543	1,583.20	1,852.65	269.45	1,552.16	1,816.32	264.16
Standard Self	544	580.22	621.17	40.95	568.84	608.99	40.15
Standard Self & Family	545	1,508.53	1,428.67	-79.86	1,478.95	1,400.66	-78.29
Standard Self Plus One	546	1,189.42	1,428.67	239.25	1,166.10	1,400.66	234.56
Washington Kaiser Foundation Health Plan of Washington							
HDHP Self	PT1	516.12	517.52	1.40	506.00	507.37	1.37
HDHP Self & Family	PT2	1,341.95	1,190.26	-151.69	1,315.64	1,166.92	-148.72
HDHP Self Plus One	PT3	1,058.09	1,190.26	132.17	1,037.34	1,166.92	129.58
Washington Kaiser Permanente Washington Options Federal							
Standard Self	L11	651.00	677.85	26.85	638.24	664.56	26.32
Standard Self & Family	L12	1,562.43	1,504.82	-57.61	1,531.79	1,475.31	-56.48
Standard Self Plus One	L13	1,367.15	1,504.82	137.67	1,340.34	1,475.31	134.97
HDHP Self	L14	522.99	536.31	13.32	512.74	525.79	13.05
HDHP Self & Family	L15	1,225.56	1,190.60	-34.96	1,201.53	1,167.25	-34.28
HDHP Self Plus One	L16	1,090.92	1,190.60	99.68	1,069.53	1,167.25	97.72
Washington UnitedHealthcare Insurance Company, Inc. Choice HMO							
High Self	KT1	New Plan	622.89	New Plan	New Plan	610.68	New Plan
High Self & Family	KT2	New Plan	1,557.23	New Plan	New Plan	1,526.70	New Plan
High Self Plus One	KT3	New Plan	1,339.22	New Plan	New Plan	1,312.96	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Washington UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	New Plan	492.57	New Plan	New Plan	482.91	New Plan
HDHP Self & Family	LU2	New Plan	1,231.40	New Plan	New Plan	1,207.25	New Plan
HDHP Self Plus One	LU3	New Plan	1,059.02	New Plan	New Plan	1,038.25	New Plan

West Virginia Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

West Virginia Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

West Virginia Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72
Wisconsin Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Wisconsin Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Wisconsin Dean Health Plan							
High Self	WD1	925.42	1,088.78	163.36	907.27	1,067.43	160.16
High Self & Family	WD2	2,128.43	2,504.15	375.72	2,086.70	2,455.05	368.35
High Self Plus One	WD3	1,943.34	2,286.40	343.06	1,905.24	2,241.57	336.33
Standard Self	WD4	612.29	655.86	43.57	600.28	643.00	42.72
Standard Self & Family	WD5	1,469.47	1,574.07	104.60	1,440.66	1,543.21	102.55
Standard Self Plus One	WD6	1,347.02	1,442.91	95.89	1,320.61	1,414.62	94.01

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan - Option - Enrollment Code								
Wisconsin Group Health Cooperative								
	High Self	WJ1	687.09	711.11	24.02	673.62	697.17	23.55
	High Self & Family	WJ2	2,047.55	2,119.10	71.55	2,007.40	2,077.55	70.15
	High Self Plus One	WJ3	1,360.48	1,407.99	47.51	1,333.80	1,380.38	46.58
Wisconsin HealthPartners								
	High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
	High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
	High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
	Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
	Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
	Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36
Wisconsin MercyCare HMO								
	High Self	EY1	742.23	781.81	39.58	727.68	766.48	38.80
	High Self & Family	EY2	1,929.84	2,040.28	110.44	1,892.00	2,000.27	108.27
	High Self Plus One	EY3	1,595.80	1,680.91	85.11	1,564.51	1,647.95	83.44
Wisconsin Physicians Plus								
	High Self	LW1	665.81	715.36	49.55	652.75	701.33	48.58
	High Self & Family	LW2	1,771.01	2,162.31	391.30	1,736.28	2,119.91	383.63
	High Self Plus One	LW3	1,664.49	1,674.56	10.07	1,631.85	1,641.73	9.88
	Standard Self	LW4	598.07	699.98	101.91	586.34	686.25	99.91
	Standard Self & Family	LW5	1,590.87	1,679.95	89.08	1,559.68	1,647.01	87.33
	Standard Self Plus One	LW6	1,495.18	1,539.96	44.78	1,465.86	1,509.76	43.90

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Wyoming Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
Wyoming Aetna HealthFund HDHP							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
Wyoming Aetna Direct							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
Wyoming Altius Health Plans							
High Self	9K1	761.28	865.04	103.76	746.35	848.08	101.73
High Self & Family	9K2	1,683.51	1,912.98	229.47	1,650.50	1,875.47	224.97
High Self Plus One	9K3	1,666.85	1,894.04	227.19	1,634.17	1,856.90	222.73
HDHP Self	9K4	383.86	429.11	45.25	376.33	420.70	44.37
HDHP Self & Family	9K5	802.23	896.81	94.58	786.50	879.23	92.73
HDHP Self Plus One	9K6	786.52	879.23	92.71	771.10	861.99	90.89

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Wyoming Altius Health Plans

Standard Self	DK4	535.04	605.47	70.43	524.55	593.60	69.05
Standard Self & Family	DK5	1,181.54	1,337.03	155.49	1,158.37	1,310.81	152.44
Standard Self Plus One	DK6	1,169.82	1,323.79	153.97	1,146.88	1,297.83	150.95