

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Alabama Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Alabama Aetna Direct												
CDHP Self	N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Alabama Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	F51		374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52		853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53		844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54		326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55		748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56		734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Alabama Aetna HealthFund HDHP												
HDHP Self	224		304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225		671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226		658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP												
HDHP Self	LS1		193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2		444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3		415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
Alabama UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
High Self	KK1		313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2		783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3		673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26
Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage												
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan	
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan	
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan	
Alabama UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage												
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan	
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan	
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan	

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Plan - Option - Enrollment Code												
Alaska Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Alaska Aetna Direct												
CDHP Self	N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Alaska Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	JS4		371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5		847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6		838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1		484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2		1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3		1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
Alaska Aetna HealthFund HDHP												
HDHP Self	Z24		304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	Z25		671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	Z26		658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Arizona Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Arizona Aetna Direct												
CDHP Self	N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Arizona Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	G54		309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55		708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56		694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51		362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52		826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53		818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86

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Plan - Option - Enrollment Code											
Arizona Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Arizona Aetna Open Access											
High Self	WQ1	519.24	535.92	235.77	300.15	11.09	1125.02	1161.16	510.84	650.32	24.02
High Self & Family	WQ2	1260.70	1301.20	546.47	754.73	19.35	2731.52	2819.27	1184.02	1635.25	41.92
High Self Plus One	WQ3	1248.21	1288.31	504.12	784.19	28.25	2704.46	2791.34	1092.26	1699.08	61.21
Arizona Humana CoverageFirst and Humana Value Plan											
CDHP Self	R61	312.97	331.75	235.77	95.98	13.19	678.10	718.79	510.84	207.95	28.57
CDHP Self & Family	R62	704.17	746.43	546.47	199.96	21.11	1525.70	1617.27	1184.02	433.25	45.74
CDHP Self Plus One	R63	672.88	713.25	504.12	209.13	28.52	1457.91	1545.38	1092.26	453.12	61.80
Value Self	R64	250.16	265.17	198.88	66.29	3.75	542.01	574.54	430.91	143.63	8.13
Value Self & Family	R65	562.85	596.62	447.47	149.15	8.44	1219.51	1292.68	969.51	323.17	18.29
Value Self Plus One	R66	537.84	570.11	427.58	142.53	8.07	1165.32	1235.24	926.43	308.81	17.48
Arizona Humana CoverageFirst and Humana Value Plan											
Value Self	R94	228.07	241.76	181.32	60.44	3.42	494.15	523.81	392.86	130.95	7.41
Value Self & Family	R95	513.16	543.95	407.96	135.99	7.70	1111.85	1178.56	883.92	294.64	16.68
Value Self Plus One	R96	490.36	519.78	389.84	129.94	7.35	1062.45	1126.19	844.64	281.55	15.94
CDHP Self	R91	286.45	303.64	227.73	75.91	4.30	620.64	657.89	493.42	164.47	9.31
CDHP Self & Family	R92	644.50	683.17	512.38	170.79	9.67	1396.42	1480.20	1110.15	370.05	20.95
CDHP Self Plus One	R93	615.85	652.80	489.60	163.20	9.24	1334.34	1414.40	1060.80	353.60	20.02
Arizona Humana Health Plan, Inc.											
Standard Self	C74	335.34	361.89	235.77	126.12	20.96	726.57	784.10	510.84	273.26	45.41
Standard Self & Family	C75	754.49	814.24	546.47	267.77	38.60	1634.73	1764.19	1184.02	580.17	83.63
Standard Self Plus One	C76	720.95	778.03	504.12	273.91	45.23	1562.06	1685.73	1092.26	593.47	98.00
High Self	C71	398.12	469.79	235.77	234.02	66.08	862.59	1017.88	510.84	507.04	143.17
High Self & Family	C72	895.77	1057.01	546.47	510.54	140.09	1940.84	2290.19	1184.02	1106.17	303.52
High Self Plus One	C73	855.96	1010.03	504.12	505.91	142.22	1854.58	2188.40	1092.26	1096.14	308.15

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Plan - Option - Enrollment Code											
Arizona Humana Health Plan, Inc.											
High Self	BF1	628.35	659.77	235.77	424.00	25.83	1361.43	1429.50	510.84	918.66	55.95
High Self & Family	BF2	1413.76	1484.43	546.47	937.96	49.52	3063.15	3216.27	1184.02	2032.25	107.29
High Self Plus One	BF3	1350.92	1418.47	504.12	914.35	55.70	2926.99	3073.35	1092.26	1981.09	120.69
Standard Self	BF4	422.80	532.73	235.77	296.96	104.34	916.07	1154.25	510.84	643.41	226.06
Standard Self & Family	BF5	951.31	1198.65	546.47	652.18	226.19	2061.17	2597.08	1184.02	1413.06	490.08
Standard Self Plus One	BF6	909.03	1145.38	504.12	641.26	224.50	1969.57	2481.66	1092.26	1389.40	486.42
Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	207.84	204.85	153.64	51.21	-0.75	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	478.03	471.16	353.37	117.79	-1.72	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	446.86	440.43	330.32	110.11	-1.60	968.20	954.27	715.70	238.57	-3.48
Arizona UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KT1	313.47	334.51	235.77	98.74	15.45	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	783.67	836.26	546.47	289.79	31.44	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	673.95	719.19	504.12	215.07	33.39	1460.23	1558.25	1092.26	465.99	72.35
Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	WF1	New Plan	241.32	180.99	60.33	New Plan	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	570.64	427.98	142.66	New Plan	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	518.79	389.09	129.70	New Plan	New Plan	1124.05	843.04	281.01	New Plan
Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	VD1	New Plan	240.93	180.70	60.23	New Plan	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	569.71	427.28	142.43	New Plan	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	517.95	388.46	129.49	New Plan	New Plan	1122.23	841.67	280.56	New Plan
Arkansas Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Arkansas Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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Plan - Option - Enrollment Code											
Arkansas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Arkansas Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Arkansas QualChoice											
High Self	DH1	330.63	347.17	235.77	111.40	10.95	716.37	752.20	510.84	241.36	23.71
High Self & Family	DH2	862.38	905.52	546.47	359.05	21.99	1868.49	1961.96	1184.02	777.94	47.64
High Self Plus One	DH3	642.26	674.39	504.12	170.27	9.71	1391.56	1461.18	1092.26	368.92	21.03
Standard Self	DH4	258.14	271.04	203.28	67.76	3.23	559.30	587.25	440.44	146.81	6.99
Standard Self & Family	DH5	673.30	706.96	530.22	176.74	8.42	1458.82	1531.75	1148.81	382.94	18.24
Standard Self Plus One	DH6	501.44	526.51	394.88	131.63	6.27	1086.45	1140.77	855.58	285.19	13.58
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan

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California Aetna Advantage													
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Advantage Self & Family		Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One		Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
California Aetna Direct													
CDHP Self		N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family		N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One		N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
California Aetna HealthFund CDHP and Aetna Value Plan													
Value Self		JS4		371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family		JS5		847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One		JS6		838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self		JS1		484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family		JS2		1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One		JS3		1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
California Aetna HealthFund HDHP													
HDHP Self		224		304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family		225		671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One		226		658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
California Aetna Open Access													
High Self		2X1		352.58	406.40	235.77	170.63	48.23	763.92	880.53	510.84	369.69	104.49
High Self & Family		2X2		827.74	954.11	546.47	407.64	105.22	1793.44	2067.24	1184.02	883.22	227.97
High Self Plus One		2X3		811.51	935.40	504.12	431.28	112.04	1758.27	2026.70	1092.26	934.44	242.76
California Anthem Blue Cross Select HMO													
High Self		B31		355.52	357.29	235.77	121.52	-3.82	770.29	774.13	510.84	263.29	-8.28
High Self & Family		B32		799.93	816.42	546.47	269.95	-4.66	1733.18	1768.91	1184.02	584.89	-10.10
High Self Plus One		B33		743.05	757.46	504.12	253.34	2.56	1609.94	1641.16	1092.26	548.90	5.55
California Blue Shield of California													
Access + HMO Self		SI1		359.67	384.85	235.77	149.08	19.59	779.29	833.84	510.84	323.00	42.43
Access + HMO Self & Family		SI2		827.26	885.16	546.47	338.69	36.75	1792.40	1917.85	1184.02	733.83	79.62
Access + HMO Self Plus One		SI3		791.28	846.67	504.12	342.55	43.54	1714.44	1834.45	1092.26	742.19	94.34
TRIO HMO Self		SI4		325.42	341.69	235.77	105.92	10.68	705.08	740.33	510.84	229.49	23.13
TRIO HMO Self & Family		SI5		748.47	785.89	546.47	239.42	16.27	1621.69	1702.76	1184.02	518.74	35.24
TRIO HMO Self Plus One		SI6		715.93	751.72	504.12	247.60	23.94	1551.18	1628.73	1092.26	536.47	51.88

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
California Health Net of California											
Basic Self	P61	153.40	149.71	112.28	37.43	-0.92	332.37	324.37	243.28	81.09	-2.00
Basic Self & Family	P62	368.17	359.29	269.47	89.82	-2.22	797.70	778.46	583.85	194.61	-4.81
Basic Self Plus One	P63	337.49	329.35	247.01	82.34	-2.03	731.23	713.59	535.19	178.40	-4.41
California Health Net of California											
Standard Self	LP4	436.45	467.68	235.77	231.91	25.64	945.64	1013.31	510.84	502.47	55.55
Standard Self & Family	LP5	1047.48	1122.44	546.47	575.97	53.81	2269.54	2431.95	1184.02	1247.93	116.58
Standard Self Plus One	LP6	960.19	1028.90	504.12	524.78	56.86	2080.41	2229.28	1092.26	1137.02	123.20
High Self	LP1	458.33	483.86	235.77	248.09	19.94	993.05	1048.36	510.84	537.52	43.19
High Self & Family	LP2	1100.00	1161.26	546.47	614.79	40.11	2383.33	2516.06	1184.02	1332.04	86.90
High Self Plus One	LP3	1008.33	1064.49	504.12	560.37	44.31	2184.72	2306.40	1092.26	1214.14	96.01
California Health Net of California											
High Self	LB1	628.34	697.18	235.77	461.41	63.25	1361.40	1510.56	510.84	999.72	137.04
High Self & Family	LB2	1508.02	1673.25	546.47	1126.78	144.08	3267.38	3625.38	1184.02	2441.36	312.17
High Self Plus One	LB3	1382.35	1533.81	504.12	1029.69	139.61	2995.09	3323.26	1092.26	2231.00	302.50
Standard Self	LB4	595.11	618.71	235.77	382.94	18.01	1289.41	1340.54	510.84	829.70	39.01
Standard Self & Family	LB5	1428.27	1484.90	546.47	938.43	35.48	3094.59	3217.28	1184.02	2033.26	76.86
Standard Self Plus One	LB6	1309.25	1361.16	504.12	857.04	40.06	2836.71	2949.18	1092.26	1856.92	86.80
California Health Net of California											
Basic Self	T41	364.75	407.00	235.77	171.23	36.66	790.29	881.83	510.84	370.99	79.42
Basic Self & Family	T42	875.40	976.80	546.47	430.33	80.25	1896.70	2116.40	1184.02	932.38	173.87
Basic Self Plus One	T43	802.44	895.41	504.12	391.29	81.12	1738.62	1940.06	1092.26	847.80	175.77
California Kaiser Foundation Health Plan, Inc. Northern California Region											
Basic Self	KC1	295.76	300.96	225.72	75.24	1.30	640.81	652.08	489.06	163.02	2.82
Basic Self & Family	KC2	692.05	704.24	528.18	176.06	3.05	1499.44	1525.85	1144.39	381.46	6.60
Basic Self Plus One	KC3	692.05	704.24	504.12	200.12	0.34	1499.44	1525.85	1092.26	433.59	0.74
California Kaiser Foundation Health Plan, Inc. Northern California Region											
High Self	591	458.07	461.75	235.77	225.98	-1.91	992.49	1000.46	510.84	489.62	-4.15
High Self & Family	592	1093.45	1102.25	546.47	555.78	-12.35	2369.14	2388.21	1184.02	1204.19	-26.76
High Self Plus One	593	1093.45	1102.25	504.12	598.13	-3.05	2369.14	2388.21	1092.26	1295.95	-6.60
Standard Self	594	368.11	373.79	235.77	138.02	0.09	797.57	809.88	510.84	299.04	0.19
Standard Self & Family	595	861.36	874.65	546.47	328.18	-7.86	1866.28	1895.08	1184.02	711.06	-17.03
Standard Self Plus One	596	861.36	874.65	504.12	370.53	1.44	1866.28	1895.08	1092.26	802.82	3.13

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
California Kaiser Foundation Health Plan, Inc. Northern California Region: Fresno											
Standard Self	NZ4	246.77	261.60	196.20	65.40	3.71	534.67	566.80	425.10	141.70	8.03
Standard Self & Family	NZ5	570.33	604.59	453.44	151.15	8.57	1235.72	1309.95	982.46	327.49	18.56
Standard Self Plus One	NZ6	570.33	604.59	453.44	151.15	8.57	1235.72	1309.95	982.46	327.49	18.56
High Self	NZ1	337.40	358.58	235.77	122.81	15.59	731.03	776.92	510.84	266.08	33.77
High Self & Family	NZ2	779.79	828.77	546.47	282.30	27.83	1689.55	1795.67	1184.02	611.65	60.29
High Self Plus One	NZ3	779.79	828.77	504.12	324.65	37.13	1689.55	1795.67	1092.26	703.41	80.45
California Kaiser Foundation Health Plan, Inc. Southern California Region											
Standard Self	624	199.09	215.22	161.42	53.80	4.03	431.36	466.31	349.73	116.58	8.74
Standard Self & Family	625	460.12	497.40	373.05	124.35	9.32	996.93	1077.70	808.28	269.42	20.19
Standard Self Plus One	626	460.12	497.40	373.05	124.35	9.32	996.93	1077.70	808.28	269.42	20.19
High Self	621	317.17	339.42	235.77	103.65	16.66	687.20	735.41	510.84	224.57	36.09
High Self & Family	622	733.04	784.46	546.47	237.99	30.27	1588.25	1699.66	1184.02	515.64	65.58
High Self Plus One	623	733.04	784.46	504.12	280.34	39.57	1588.25	1699.66	1092.26	607.40	85.74
Colorado Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Colorado Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Colorado Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86
Colorado Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Colorado BlueAdvantageHMO on the Pathway HMO Network											
High Self	WW1	274.48	293.70	220.28	73.42	4.80	594.71	636.35	477.26	159.09	10.41
High Self & Family	WW2	668.36	715.15	536.36	178.79	11.70	1448.11	1549.49	1162.12	387.37	25.34
High Self Plus One	WW3	624.44	668.15	501.11	167.04	10.93	1352.95	1447.66	1085.75	361.91	23.67
Colorado Humana Health Plan, Inc.											
High Self	NR1	321.33	379.16	235.77	143.39	52.24	696.22	821.51	510.84	310.67	113.17
High Self & Family	NR2	722.98	853.11	546.47	306.64	108.98	1566.46	1848.41	1184.02	664.39	236.12
High Self Plus One	NR3	690.85	815.20	504.12	311.08	112.50	1496.84	1766.27	1092.26	674.01	243.76
Standard Self	NR4	241.06	262.76	197.07	65.69	5.43	522.30	569.31	426.98	142.33	11.76
Standard Self & Family	NR5	542.40	591.22	443.42	147.80	12.20	1175.20	1280.98	960.74	320.24	26.44
Standard Self Plus One	NR6	518.28	564.93	423.70	141.23	11.66	1122.94	1224.02	918.02	306.00	25.27
Colorado Humana Health Plan, Inc.											
Basic Self	RZ1	229.36	240.83	180.62	60.21	2.87	496.95	521.80	391.35	130.45	6.21
Basic Self & Family	RZ2	516.06	541.86	406.40	135.46	6.45	1118.13	1174.03	880.52	293.51	13.98
Basic Self Plus One	RZ3	493.14	517.80	388.35	129.45	6.17	1068.47	1121.90	841.43	280.47	13.35
Colorado Humana Health Plan, Inc.											
High Self	NT1	289.32	352.97	235.77	117.20	44.87	626.86	764.77	510.84	253.93	97.22
High Self & Family	NT2	650.99	794.21	546.47	247.74	84.99	1410.48	1720.79	1184.02	536.77	184.15
High Self Plus One	NT3	622.04	758.90	504.12	254.78	99.27	1347.75	1644.28	1092.26	552.02	215.08
Standard Self	NT4	231.42	249.93	187.45	62.48	4.63	501.41	541.52	406.14	135.38	10.03
Standard Self & Family	NT5	520.71	562.36	421.77	140.59	10.41	1128.21	1218.45	913.84	304.61	22.56
Standard Self Plus One	NT6	497.58	537.39	403.04	134.35	9.96	1078.09	1164.35	873.26	291.09	21.57
Colorado Humana Health Plan, Inc.											
Basic Self	R21	226.97	245.13	183.85	61.28	4.54	491.77	531.12	398.34	132.78	9.84
Basic Self & Family	R22	510.69	551.54	413.66	137.88	10.21	1106.50	1195.00	896.25	298.75	22.13
Basic Self Plus One	R23	487.99	527.03	395.27	131.76	9.76	1057.31	1141.90	856.43	285.47	21.14
Colorado Kaiser Foundation Health Plan of Colorado											
Standard Self	654	270.77	309.83	232.37	77.46	9.77	586.67	671.30	503.48	167.82	21.15
Standard Self & Family	655	611.96	700.21	525.16	175.05	22.06	1325.91	1517.12	1137.84	379.28	47.80
Standard Self Plus One	656	611.96	700.21	504.12	196.09	43.10	1325.91	1517.12	1092.26	424.86	93.38
High Self	651	341.05	364.23	235.77	128.46	17.59	738.94	789.17	510.84	278.33	38.11
High Self & Family	652	770.79	823.16	546.47	276.69	31.22	1670.05	1783.51	1184.02	599.49	67.63
High Self Plus One	653	770.79	823.16	504.12	319.04	40.52	1670.05	1783.51	1092.26	691.25	87.79

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

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Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Colorado Kaiser Foundation Health Plan of Colorado											
Basic Self	N41	198.39	223.74	167.81	55.93	6.33	429.85	484.77	363.58	121.19	13.73
Basic Self & Family	N42	448.35	505.66	379.25	126.41	14.32	971.43	1095.60	821.70	273.90	31.04
Basic Self Plus One	N43	448.35	505.66	379.25	126.41	14.32	971.43	1095.60	821.70	273.90	31.04
Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	207.84	204.85	153.64	51.21	-0.75	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	478.03	471.16	353.37	117.79	-1.72	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	446.86	440.43	330.32	110.11	-1.60	968.20	954.27	715.70	238.57	-3.48
Colorado UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KT1	313.47	334.51	235.77	98.74	15.45	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	783.67	836.26	546.47	289.79	31.44	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	673.95	719.19	504.12	215.07	33.39	1460.23	1558.25	1092.26	465.99	72.35
Connecticut Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Connecticut Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Connecticut Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
Connecticut Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Delaware Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Delaware Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Delaware Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
Delaware Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Delaware Aetna Open Access											
Basic Self	P34	599.29	604.65	235.77	368.88	-0.23	1298.46	1310.08	510.84	799.24	-0.50
Basic Self & Family	P35	1390.96	1403.39	546.47	856.92	-8.72	3013.75	3040.68	1184.02	1856.66	-18.90
Basic Self Plus One	P36	1377.18	1389.48	504.12	885.36	0.45	2983.89	3010.54	1092.26	1918.28	0.98
High Self	P31	685.48	672.28	235.77	436.51	-18.79	1485.21	1456.61	510.84	945.77	-40.72
High Self & Family	P32	1661.96	1629.94	546.47	1083.47	-53.17	3600.91	3531.54	1184.02	2347.52	-115.20
High Self Plus One	P33	1645.50	1613.79	504.12	1109.67	-43.56	3565.25	3496.55	1092.26	2404.29	-94.37
District Of Columbia Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
District Of Columbia Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
District Of Columbia Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
District Of Columbia Aetna Open Access											
High Self	JN1	516.52	525.03	235.77	289.26	2.92	1119.13	1137.57	510.84	626.73	6.32
High Self & Family	JN2	1161.22	1180.35	546.47	633.88	-2.02	2515.98	2557.43	1184.02	1373.41	-4.38
High Self Plus One	JN3	1149.71	1168.66	504.12	664.54	7.10	2491.04	2532.10	1092.26	1439.84	15.39
Basic Self	JN4	314.06	321.74	235.77	85.97	2.09	680.46	697.10	510.84	186.26	4.52
Basic Self & Family	JN5	718.73	736.31	546.47	189.84	-3.57	1557.25	1595.34	1184.02	411.32	-7.74
Basic Self Plus One	JN6	660.00	676.15	504.12	172.03	4.30	1430.00	1464.99	1092.26	372.73	9.32
District Of Columbia Aetna Saver											
Saver Self	QQ4	New Plan	274.71	206.03	68.68	New Plan	New Plan	595.21	446.41	148.80	New Plan
Saver Self & Family	QQ5	New Plan	628.68	471.51	157.17	New Plan	New Plan	1362.14	1021.61	340.53	New Plan
Saver Self Plus One	QQ6	New Plan	577.30	432.98	144.32	New Plan	New Plan	1250.82	938.12	312.70	New Plan
District Of Columbia CareFirst BlueChoice											
Standard Self	2G4	368.16	390.25	235.77	154.48	16.50	797.68	845.54	510.84	334.70	35.74
Standard Self & Family	2G5	874.73	927.21	546.47	380.74	31.33	1895.25	2008.96	1184.02	824.94	67.88
Standard Self Plus One	2G6	736.31	780.49	504.12	276.37	32.33	1595.34	1691.06	1092.26	598.80	70.05
District Of Columbia CareFirst BlueChoice											
HDHP Self	B61	239.20	263.12	197.34	65.78	5.98	518.27	570.09	427.57	142.52	12.95
HDHP Self & Family	B62	568.33	625.16	468.87	156.29	14.21	1231.38	1354.51	1015.88	338.63	30.79
HDHP Self Plus One	B63	478.39	526.23	394.67	131.56	11.96	1036.51	1140.17	855.13	285.04	25.91
Blue Value Plus Self	B64	New Plan	325.84	235.77	90.07	New Plan	New Plan	705.99	510.84	195.15	New Plan
Blue Value Plus Self & Family	B65	New Plan	774.21	546.47	227.74	New Plan	New Plan	1677.46	1184.02	493.44	New Plan
Blue Value Plus Self Plus One	B66	New Plan	651.70	488.78	162.92	New Plan	New Plan	1412.02	1059.02	353.00	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.											
Basic Self	T71	193.90	193.90	145.43	48.47	0.00	420.12	420.12	315.09	105.03	0.00
Basic Self & Family	T72	473.61	473.61	355.21	118.40	0.00	1026.16	1026.16	769.62	256.54	0.00
Basic Self Plus One	T73	431.49	431.49	323.62	107.87	0.00	934.90	934.90	701.18	233.72	0.00
District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.											
Standard Self	E34	240.81	263.79	197.84	65.95	5.75	521.76	571.55	428.66	142.89	12.45
Standard Self & Family	E35	553.84	606.69	455.02	151.67	13.21	1199.99	1314.50	985.88	328.62	28.62
Standard Self Plus One	E36	553.84	606.69	455.02	151.67	13.21	1199.99	1314.50	985.88	328.62	28.62
High Self	E31	319.70	333.61	235.77	97.84	8.32	692.68	722.82	510.84	211.98	18.02
High Self & Family	E32	735.30	767.32	546.47	220.85	10.87	1593.15	1662.53	1184.02	478.51	23.55
High Self Plus One	E33	735.30	767.32	504.12	263.20	20.17	1593.15	1662.53	1092.26	570.27	43.71
District Of Columbia M.D. IPA											
High Self	JP1	365.01	404.59	235.77	168.82	33.99	790.86	876.61	510.84	365.77	73.63
High Self & Family	JP2	1023.48	1134.48	546.47	588.01	89.85	2217.54	2458.04	1184.02	1274.02	194.67
High Self Plus One	JP3	712.86	790.17	504.12	286.05	65.46	1544.53	1712.04	1092.26	619.78	141.84
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	228.78	224.57	168.43	56.14	-1.05	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	526.18	516.51	387.38	129.13	-2.41	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	491.87	482.83	362.12	120.71	-2.26	1065.72	1046.13	784.60	261.53	-4.90
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	308.28	329.95	235.77	94.18	16.08	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	730.61	781.98	546.47	235.51	30.22	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	662.79	709.38	504.12	205.26	34.74	1436.05	1536.99	1092.26	444.73	75.27
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	201.72	240.69	180.52	60.17	9.74	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	565.61	674.89	506.17	168.72	27.32	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	393.95	470.06	352.55	117.51	19.02	853.56	1018.46	763.85	254.61	41.22
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Florida Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Florida Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Florida Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Florida Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Florida AvMed											
HDHP Self	WZ1	375.37	371.61	235.77	135.84	-9.35	813.30	805.16	510.84	294.32	-20.26
HDHP Self & Family	WZ2	924.61	863.70	546.47	317.23	-82.06	2003.32	1871.35	1184.02	687.33	-177.80
HDHP Self Plus One	WZ3	720.74	748.77	504.12	244.65	16.18	1561.60	1622.34	1092.26	530.08	35.07
Florida AvMed											
Standard Self	ML4	327.33	327.34	235.77	91.57	-5.58	709.22	709.24	510.84	198.40	-12.10
Standard Self & Family	ML5	847.87	796.99	546.47	250.52	-72.03	1837.05	1726.81	1184.02	542.79	-156.07
Standard Self Plus One	ML6	654.66	687.40	504.12	183.28	19.62	1418.43	1489.37	1092.26	397.11	42.50
Florida Capital Health Plan											
High Self	EA1	318.65	314.13	235.60	78.53	-9.94	690.41	680.62	510.47	170.15	-21.54
High Self & Family	EA2	796.65	728.00	546.00	182.00	-89.33	1726.08	1577.33	1183.00	394.33	-193.56
High Self Plus One	EA3	685.11	686.96	504.12	182.84	-10.00	1484.41	1488.41	1092.26	396.15	-21.67

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Florida Humana CoverageFirst and Humana Value Plan											
Value Self	W94	223.95	237.04	177.78	59.26	3.27	485.23	513.59	385.19	128.40	7.09
Value Self & Family	W95	503.90	533.34	400.01	133.33	7.36	1091.78	1155.57	866.68	288.89	15.95
Value Self Plus One	W96	481.50	509.63	382.22	127.41	7.04	1043.25	1104.20	828.15	276.05	15.24
CDHP Self	W91	264.73	280.20	210.15	70.05	3.87	573.58	607.10	455.33	151.77	8.38
CDHP Self & Family	W92	595.65	630.44	472.83	157.61	8.70	1290.58	1365.95	1024.46	341.49	18.85
CDHP Self Plus One	W93	569.17	602.43	451.82	150.61	8.32	1233.20	1305.27	978.95	326.32	18.02
Florida Humana CoverageFirst and Humana Value Plan											
CDHP Self	QP1	315.70	334.64	235.77	98.87	13.35	684.02	725.05	510.84	214.21	28.91
CDHP Self & Family	QP2	711.27	753.94	546.47	207.47	21.52	1541.09	1633.54	1184.02	449.52	46.62
CDHP Self Plus One	QP3	679.65	720.43	504.12	216.31	28.93	1472.58	1560.93	1092.26	468.67	62.68
Value Self	QP4	226.13	239.70	179.78	59.92	3.39	489.95	519.35	389.51	129.84	7.35
Value Self & Family	QP5	508.78	539.30	404.48	134.82	7.63	1102.36	1168.48	876.36	292.12	16.53
Value Self Plus One	QP6	486.17	515.34	386.51	128.83	7.29	1053.37	1116.57	837.43	279.14	15.80
Florida Humana CoverageFirst and Humana Value Plan											
Value Self	MJ4	232.84	239.82	179.87	59.95	1.74	504.49	519.61	389.71	129.90	3.78
Value Self & Family	MJ5	523.89	539.60	404.70	134.90	3.93	1135.10	1169.13	876.85	292.28	8.51
Value Self Plus One	MJ6	500.60	515.62	386.72	128.90	3.75	1084.63	1117.18	837.89	279.29	8.13
CDHP Self	MJ1	394.20	437.57	235.77	201.80	37.78	854.10	948.07	510.84	437.23	81.85
CDHP Self & Family	MJ2	886.96	984.53	546.47	438.06	76.42	1921.75	2133.15	1184.02	949.13	165.57
CDHP Self Plus One	MJ3	847.55	940.78	504.12	436.66	81.38	1836.36	2038.36	1092.26	946.10	176.33
Florida Humana CoverageFirst and Humana Value Plan											
Value Self	X24	217.06	227.62	170.72	56.90	2.64	470.30	493.18	369.89	123.29	5.72
Value Self & Family	X25	488.38	512.15	384.11	128.04	5.95	1058.16	1109.66	832.25	277.41	12.87
Value Self Plus One	X26	466.68	489.39	367.04	122.35	5.68	1011.14	1060.35	795.26	265.09	12.31
CDHP Self	X21	256.58	269.07	201.80	67.27	3.13	555.92	582.99	437.24	145.75	6.77
CDHP Self & Family	X22	577.30	605.42	454.07	151.35	7.03	1250.82	1311.74	983.81	327.93	15.23
CDHP Self Plus One	X23	551.65	578.51	433.88	144.63	6.72	1195.24	1253.44	940.08	313.36	14.55
Florida Humana Medical Plan, Inc.											
Standard Self	LL4	400.11	496.13	235.77	260.36	90.43	866.91	1074.95	510.84	564.11	195.92
Standard Self & Family	LL5	900.22	1116.28	546.47	569.81	194.91	1950.48	2418.61	1184.02	1234.59	422.30
Standard Self Plus One	LL6	860.22	1066.67	504.12	562.55	194.60	1863.81	2311.12	1092.26	1218.86	421.64
High Self	LL1	743.45	765.76	235.77	529.99	16.72	1610.81	1659.15	510.84	1148.31	36.22
High Self & Family	LL2	1672.76	1722.95	546.47	1176.48	29.04	3624.31	3733.06	1184.02	2549.04	62.92
High Self Plus One	LL3	1598.42	1646.37	504.12	1142.25	36.10	3463.24	3567.14	1092.26	2474.88	78.23

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Florida Humana Medical Plan, Inc.											
High Self	EE1	421.87	514.68	235.77	278.91	87.22	914.05	1115.14	510.84	604.30	188.97
High Self & Family	EE2	949.21	1158.03	546.47	611.56	187.67	2056.62	2509.07	1184.02	1325.05	406.62
High Self Plus One	EE3	907.04	1106.58	504.12	602.46	187.69	1965.25	2397.59	1092.26	1305.33	406.67
Standard Self	EE4	377.22	460.21	235.77	224.44	77.40	817.31	997.12	510.84	486.28	167.69
Standard Self & Family	EE5	848.73	1035.46	546.47	488.99	165.58	1838.92	2243.50	1184.02	1059.48	358.75
Standard Self Plus One	EE6	811.01	989.44	504.12	485.32	166.58	1757.19	2143.79	1092.26	1051.53	360.93
Florida Humana Medical Plan, Inc.											
Standard Self	E24	292.45	330.47	235.77	94.70	21.59	633.64	716.02	510.84	205.18	46.77
Standard Self & Family	E25	658.00	743.54	546.47	197.07	32.57	1425.67	1611.00	1184.02	426.98	70.56
Standard Self Plus One	E26	628.75	710.49	504.12	206.37	49.18	1362.29	1539.40	1092.26	447.14	106.57
High Self	E21	454.97	555.07	235.77	319.30	94.51	985.77	1202.65	510.84	691.81	204.76
High Self & Family	E22	1023.66	1248.86	546.47	702.39	204.05	2217.93	2705.86	1184.02	1521.84	442.10
High Self Plus One	E23	978.16	1193.36	504.12	689.24	203.35	2119.35	2585.61	1092.26	1493.35	440.59
Florida Humana Medical Plan, Inc.											
High Self	EX1	343.62	412.34	235.77	176.57	63.13	744.51	893.40	510.84	382.56	136.77
High Self & Family	EX2	773.12	927.74	546.47	381.27	133.47	1675.09	2010.10	1184.02	826.08	289.18
High Self Plus One	EX3	738.75	886.51	504.12	382.39	135.91	1600.63	1920.77	1092.26	828.51	294.47
Standard Self	EX4	301.74	337.95	235.77	102.18	26.75	653.77	732.23	510.84	221.39	57.95
Standard Self & Family	EX5	678.91	760.39	546.47	213.92	44.19	1470.97	1647.51	1184.02	463.49	95.75
Standard Self Plus One	EX6	648.74	726.59	504.12	222.47	60.29	1405.60	1574.28	1092.26	482.02	130.62
Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
Florida UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	LV1	305.55	323.74	235.77	87.97	11.58	662.03	701.44	510.84	190.60	25.09
Value Self & Family	LV2	916.66	971.21	546.47	424.74	33.40	1986.10	2104.29	1184.02	920.27	72.36
Value Self Plus One	LV3	656.94	696.03	504.12	191.91	27.24	1423.37	1508.07	1092.26	415.81	59.03

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Florida UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Georgia Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Georgia Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Georgia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Georgia Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Georgia Aetna Open Access											
High Self	2U1	731.21	800.01	235.77	564.24	63.21	1584.29	1733.36	510.84	1222.52	136.95
High Self & Family	2U2	1684.32	1842.78	546.47	1296.31	137.31	3649.36	3992.69	1184.02	2808.67	297.50
High Self Plus One	2U3	1667.64	1824.53	504.12	1320.41	145.04	3613.22	3953.15	1092.26	2860.89	314.26
Georgia Blue Open Access POS											
High Self	QM1	274.80	288.54	216.41	72.13	3.43	595.40	625.17	468.88	156.29	7.44
High Self & Family	QM2	728.02	757.14	546.47	210.67	7.97	1577.38	1640.47	1184.02	456.45	17.26
High Self Plus One	QM3	608.49	635.88	476.91	158.97	6.85	1318.40	1377.74	1033.31	344.43	14.83

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Georgia Humana CoverageFirst and Humana Value Plan											
Value Self	S94	240.30	254.72	191.04	63.68	3.61	520.65	551.89	413.92	137.97	7.81
Value Self & Family	S95	540.68	573.11	429.83	143.28	8.11	1171.47	1241.74	931.31	310.43	17.56
Value Self Plus One	S96	516.65	547.65	410.74	136.91	7.75	1119.41	1186.58	889.94	296.64	16.79
CDHP Self	S91	301.81	319.91	235.77	84.14	8.69	653.92	693.14	510.84	182.30	18.82
CDHP Self & Family	S92	679.07	719.82	539.87	179.95	10.18	1471.32	1559.61	1169.71	389.90	22.07
CDHP Self Plus One	S93	648.89	687.82	504.12	183.70	21.48	1405.93	1490.28	1092.26	398.02	46.54
Georgia Humana CoverageFirst and Humana Value Plan											
Value Self	AD4	303.93	340.40	235.77	104.63	28.65	658.52	737.53	510.84	226.69	62.06
Value Self & Family	AD5	683.82	765.88	546.47	219.41	48.46	1481.61	1659.41	1184.02	475.39	104.99
Value Self Plus One	AD6	653.43	731.85	504.12	227.73	64.37	1415.77	1585.68	1092.26	493.42	139.48
CDHP Self	AD1	368.23	449.25	235.77	213.48	75.43	797.83	973.38	510.84	462.54	163.43
CDHP Self & Family	AD2	828.52	1010.80	546.47	464.33	161.13	1795.13	2190.07	1184.02	1006.05	349.11
CDHP Self Plus One	AD3	791.70	965.88	504.12	461.76	162.33	1715.35	2092.74	1092.26	1000.48	351.72
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self	LM1	291.56	313.49	235.12	78.37	5.48	631.71	679.23	509.42	169.81	11.88
CDHP Self & Family	LM2	656.04	705.37	529.03	176.34	12.33	1421.42	1528.30	1146.23	382.07	26.72
CDHP Self Plus One	LM3	626.88	674.01	504.12	169.89	13.17	1358.24	1460.36	1092.26	368.10	28.54
Value Self	LM4	237.24	296.56	222.42	74.14	14.83	514.02	642.55	481.91	160.64	32.14
Value Self & Family	LM5	533.80	667.25	500.44	166.81	33.36	1156.57	1445.71	1084.28	361.43	72.29
Value Self Plus One	LM6	510.08	637.60	478.20	159.40	31.88	1105.17	1381.47	1036.10	345.37	69.08
Georgia Humana Employers Health Plan of Georgia, Inc.											
Basic Self	RM1	274.61	299.32	224.49	74.83	6.18	594.99	648.53	486.40	162.13	13.38
Basic Self & Family	RM2	617.88	673.49	505.12	168.37	13.90	1338.74	1459.23	1094.42	364.81	30.13
Basic Self Plus One	RM3	590.42	643.55	482.66	160.89	13.29	1279.24	1394.36	1045.77	348.59	28.78
Georgia Humana Employers Health Plan of Georgia, Inc.											
Standard Self	DN4	316.12	335.09	235.77	99.32	13.38	684.93	726.03	510.84	215.19	28.98
Standard Self & Family	DN5	711.26	753.93	546.47	207.46	21.52	1541.06	1633.52	1184.02	449.50	46.63
Standard Self Plus One	DN6	679.65	720.43	504.12	216.31	28.93	1472.58	1560.93	1092.26	468.67	62.68
High Self	DN1	339.88	360.28	235.77	124.51	14.81	736.41	780.61	510.84	269.77	32.08
High Self & Family	DN2	764.74	810.63	546.47	264.16	24.74	1656.94	1756.37	1184.02	572.35	53.60
High Self Plus One	DN3	730.76	774.60	504.12	270.48	31.99	1583.31	1678.30	1092.26	586.04	69.32

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Georgia Humana Employers Health Plan of Georgia, Inc.											
Basic Self	RJ1	260.42	276.04	207.03	69.01	3.91	564.24	598.09	448.57	149.52	8.46
Basic Self & Family	RJ2	585.95	621.10	465.83	155.27	8.78	1269.56	1345.72	1009.29	336.43	19.04
Basic Self Plus One	RJ3	559.90	593.50	445.13	148.37	8.40	1213.12	1285.92	964.44	321.48	18.20
Georgia Humana Employers Health Plan of Georgia, Inc.											
Basic Self	Q71	286.23	352.06	235.77	116.29	44.73	620.17	762.80	510.84	251.96	96.92
Basic Self & Family	Q72	644.02	792.15	546.47	245.68	84.68	1395.38	1716.33	1184.02	532.31	183.47
Basic Self Plus One	Q73	615.39	756.93	504.12	252.81	98.96	1333.35	1640.02	1092.26	547.76	214.42
Georgia Humana Employers Health Plan of Georgia, Inc.											
Standard Self	CB4	450.88	577.13	235.77	341.36	120.66	976.91	1250.45	510.84	739.61	261.42
Standard Self & Family	CB5	1014.49	1298.54	546.47	752.07	262.90	2198.06	2813.50	1184.02	1629.48	569.61
Standard Self Plus One	CB6	969.40	1240.83	504.12	736.71	259.58	2100.37	2688.47	1092.26	1596.21	562.43
High Self	CB1	457.09	530.11	235.77	294.34	67.43	990.36	1148.57	510.84	637.73	146.09
High Self & Family	CB2	1028.50	1192.80	546.47	646.33	143.15	2228.42	2584.40	1184.02	1400.38	310.15
High Self Plus One	CB3	982.77	1139.82	504.12	635.70	145.20	2129.34	2469.61	1092.26	1377.35	314.60
Georgia Humana Employers Health Plan of Georgia, Inc.											
High Self	DG1	592.35	610.12	235.77	374.35	12.18	1283.43	1321.93	510.84	811.09	26.38
High Self & Family	DG2	1332.79	1372.77	546.47	826.30	18.83	2887.71	2974.34	1184.02	1790.32	40.80
High Self Plus One	DG3	1273.57	1311.78	504.12	807.66	26.36	2759.40	2842.19	1092.26	1749.93	57.12
Standard Self	DG4	432.88	540.85	235.77	305.08	102.38	937.91	1171.84	510.84	661.00	221.81
Standard Self & Family	DG5	973.98	1216.94	546.47	670.47	221.81	2110.29	2636.70	1184.02	1452.68	480.58
Standard Self Plus One	DG6	930.69	1162.88	504.12	658.76	220.34	2016.50	2519.57	1092.26	1427.31	477.40
Georgia Kaiser Foundation Health Plan of Georgia, Inc.											
High Self	F81	321.27	336.94	235.77	101.17	10.08	696.09	730.04	510.84	219.20	21.83
High Self & Family	F82	726.07	761.48	546.47	215.01	14.26	1573.15	1649.87	1184.02	465.85	30.89
High Self Plus One	F83	726.07	761.48	504.12	257.36	23.56	1573.15	1649.87	1092.26	557.61	51.05
Standard Self	F84	242.86	254.92	191.19	63.73	3.02	526.20	552.33	414.25	138.08	6.53
Standard Self & Family	F85	548.87	576.12	432.09	144.03	6.81	1189.22	1248.26	936.20	312.06	14.76
Standard Self Plus One	F86	548.87	576.12	432.09	144.03	6.81	1189.22	1248.26	936.20	312.06	14.76
Georgia Kaiser Foundation Health Plan of Georgia, Inc.											
Basic Self	LA1	New Plan	181.55	136.16	45.39	New Plan	New Plan	393.36	295.02	98.34	New Plan
Basic Self & Family	LA2	New Plan	410.30	307.73	102.57	New Plan	New Plan	888.98	666.74	222.24	New Plan
Basic Self Plus One	LA3	New Plan	410.30	307.73	102.57	New Plan	New Plan	888.98	666.74	222.24	New Plan

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly premium rates				2020 Monthly premium rates					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2019 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced												
Value Self	LV1		305.55	323.74	235.77	87.97	11.58	662.03	701.44	510.84	190.60	25.09
Value Self & Family	LV2		916.66	971.21	546.47	424.74	33.40	1986.10	2104.29	1184.02	920.27	72.36
Value Self Plus One	LV3		656.94	696.03	504.12	191.91	27.24	1423.37	1508.07	1092.26	415.81	59.03
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage												
High Self	AS1		New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2		New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3		New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Georgia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage												
High Self	Y81		New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82		New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83		New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Guam Calvo's SelectCare												
Standard Self	B44		186.23	183.11	137.33	45.78	-0.78	403.50	396.74	297.56	99.18	-1.69
Standard Self & Family	B45		541.09	532.03	399.02	133.01	-2.26	1172.36	1152.73	864.55	288.18	-4.91
Standard Self Plus One	B46		367.12	360.97	270.73	90.24	-1.54	795.43	782.10	586.58	195.52	-3.34
High Self	B41		239.12	226.87	170.15	56.72	-3.06	518.09	491.55	368.66	122.89	-6.63
High Self & Family	B42		633.33	600.87	450.65	150.22	-8.11	1372.22	1301.89	976.42	325.47	-17.58
High Self Plus One	B43		466.63	442.72	332.04	110.68	-5.98	1011.03	959.23	719.42	239.81	-12.95
Guam TakeCare												
HDHP Self	KX1		47.87	57.34	43.01	14.33	2.36	103.72	124.24	93.18	31.06	5.13
HDHP Self & Family	KX2		128.33	156.61	117.46	39.15	7.07	278.05	339.32	254.49	84.83	15.32
HDHP Self Plus One	KX3		115.59	141.28	105.96	35.32	6.42	250.45	306.11	229.58	76.53	13.92
Guam TakeCare												
Standard Self	JK4		179.91	179.65	134.74	44.91	-0.07	389.81	389.24	291.93	97.31	-0.14
Standard Self & Family	JK5		509.48	508.76	381.57	127.19	-0.18	1103.87	1102.31	826.73	275.58	-0.39
Standard Self Plus One	JK6		354.57	354.07	265.55	88.52	-0.12	768.24	767.15	575.36	191.79	-0.27
High Self	JK1		217.78	227.24	170.43	56.81	2.37	471.86	492.35	369.26	123.09	5.13
High Self & Family	JK2		519.47	542.03	406.52	135.51	5.64	1125.52	1174.40	880.80	293.60	12.22
High Self Plus One	JK3		430.26	448.95	336.71	112.24	4.68	932.23	972.73	729.55	243.18	10.12
Hawaii Aetna Advantage												
Advantage Self	Z24		New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25		New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26		New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Hawaii Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Hawaii Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
Hawaii Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Hawaii HMSA Plan											
High Self	871	280.13	291.34	218.51	72.83	2.80	606.95	631.24	473.43	157.81	6.07
High Self & Family	872	629.74	654.93	491.20	163.73	6.30	1364.44	1419.02	1064.27	354.75	13.64
High Self Plus One	873	613.79	638.34	478.76	159.58	6.13	1329.88	1383.07	1037.30	345.77	13.30
Standard Self	874	New Plan	198.91	149.18	49.73	New Plan	New Plan	430.97	323.23	107.74	New Plan
Standard Self & Family	875	New Plan	447.15	335.36	111.79	New Plan	New Plan	968.83	726.62	242.21	New Plan
Standard Self Plus One	876	New Plan	435.80	326.85	108.95	New Plan	New Plan	944.23	708.17	236.06	New Plan
Hawaii Kaiser Foundation Health Plan, Inc. Hawaii Region											
High Self	631	303.96	311.79	233.84	77.95	1.96	658.58	675.55	506.66	168.89	4.25
High Self & Family	632	677.83	695.31	521.48	173.83	4.37	1468.63	1506.51	1129.88	376.63	9.47
High Self Plus One	633	677.83	695.31	504.12	191.19	5.63	1468.63	1506.51	1092.26	414.25	12.21
Standard Self	634	205.24	222.07	166.55	55.52	4.21	444.69	481.15	360.86	120.29	9.12
Standard Self & Family	635	457.68	495.22	371.42	123.80	9.38	991.64	1072.98	804.74	268.24	20.33
Standard Self Plus One	636	457.68	495.22	371.42	123.80	9.38	991.64	1072.98	804.74	268.24	20.33
Idaho Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Idaho Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Idaho Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Idaho Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Idaho Altius Health Plan											
High Self	9K1	431.65	465.72	235.77	229.95	28.48	935.24	1009.06	510.84	498.22	61.70
High Self & Family	9K2	954.58	1029.93	546.47	483.46	54.20	2068.26	2231.52	1184.02	1047.50	117.43
High Self Plus One	9K3	945.13	1019.73	504.12	515.61	62.75	2047.78	2209.42	1092.26	1117.16	135.97
HDHP Self	9K4	233.96	244.26	183.20	61.06	2.57	506.91	529.23	396.92	132.31	5.58
HDHP Self & Family	9K5	488.96	510.48	382.86	127.62	5.38	1059.41	1106.04	829.53	276.51	11.66
HDHP Self Plus One	9K6	479.37	500.48	375.36	125.12	5.28	1038.64	1084.37	813.28	271.09	11.43
Idaho Altius Health Plan											
Standard Self	DK4	328.82	351.37	235.77	115.60	16.96	712.44	761.30	510.84	250.46	36.74
Standard Self & Family	DK5	726.14	775.95	546.47	229.48	28.66	1573.30	1681.23	1184.02	497.21	62.10
Standard Self Plus One	DK6	718.94	768.26	504.12	264.14	37.47	1557.70	1664.56	1092.26	572.30	81.19
Idaho Kaiser Foundation Health Plan of Washington											
Standard Self	544	270.08	278.83	209.12	69.71	2.19	585.17	604.13	453.10	151.03	4.74
Standard Self & Family	545	621.19	641.32	480.99	160.33	5.03	1345.91	1389.53	1042.15	347.38	10.90
Standard Self Plus One	546	621.19	641.32	480.99	160.33	5.03	1345.91	1389.53	1042.15	347.38	10.90
High Self	541	376.34	390.34	235.77	154.57	8.41	815.40	845.74	510.84	334.90	18.22
High Self & Family	542	827.96	858.76	546.47	312.29	9.65	1793.91	1860.65	1184.02	676.63	20.91
High Self Plus One	543	827.96	858.76	504.12	354.64	18.95	1793.91	1860.65	1092.26	768.39	41.07

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Illinois Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Illinois Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Illinois Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Illinois Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Illinois Blue Preferred											
High Self	9G1	361.09	384.56	235.77	148.79	17.88	782.36	833.21	510.84	322.37	38.73
High Self & Family	9G2	775.88	857.94	546.47	311.47	60.91	1681.07	1858.87	1184.02	674.85	131.97
High Self Plus One	9G3	734.68	812.58	504.12	308.46	66.05	1591.81	1760.59	1092.26	668.33	143.11
Standard Self	9G4	257.87	277.21	207.91	69.30	4.83	558.72	600.62	450.47	150.15	10.47
Standard Self & Family	9G5	732.88	787.85	546.47	241.38	33.82	1587.91	1707.01	1184.02	522.99	73.27
Standard Self Plus One	9G6	662.78	712.48	504.12	208.36	37.85	1436.02	1543.71	1092.26	451.45	82.02
Illinois Health Alliance HMO											
Standard Self	K84	296.51	308.37	231.28	77.09	2.96	642.44	668.14	501.11	167.03	6.42
Standard Self & Family	K85	800.59	832.61	546.47	286.14	10.87	1734.61	1803.99	1184.02	619.97	23.55
Standard Self Plus One	K86	686.88	714.36	504.12	210.24	15.63	1488.24	1547.78	1092.26	455.52	33.87

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Illinois Humana CoverageFirst and Humana Value Plan											
Value Self	GB4	284.48	349.91	235.77	114.14	43.02	616.37	758.14	510.84	247.30	93.21
Value Self & Family	GB5	640.07	787.28	546.47	240.81	80.79	1386.82	1705.77	1184.02	521.75	175.05
Value Self Plus One	GB6	611.62	752.29	504.12	248.17	95.27	1325.18	1629.96	1092.26	537.70	206.41
CDHP Self	GB1	432.42	544.86	235.77	309.09	106.85	936.91	1180.53	510.84	669.69	231.50
CDHP Self & Family	GB2	972.94	1225.91	546.47	679.44	231.82	2108.04	2656.14	1184.02	1472.12	502.27
CDHP Self Plus One	GB3	929.71	1171.44	504.12	667.32	229.88	2014.37	2538.12	1092.26	1445.86	498.08
Illinois Humana CoverageFirst and Humana Value Plan											
Value Self	MW4	280.99	348.42	235.77	112.65	42.40	608.81	754.91	510.84	244.07	91.87
Value Self & Family	MW5	632.21	783.93	546.47	237.46	79.41	1369.79	1698.52	1184.02	514.50	172.05
Value Self Plus One	MW6	604.12	749.10	504.12	244.98	93.95	1308.93	1623.05	1092.26	530.79	203.56
CDHP Self	MW1	349.41	422.78	235.77	187.01	67.78	757.06	916.02	510.84	405.18	146.84
CDHP Self & Family	MW2	786.19	951.30	546.47	404.83	143.96	1703.41	2061.15	1184.02	877.13	311.91
CDHP Self Plus One	MW3	751.23	909.00	504.12	404.88	145.92	1627.67	1969.50	1092.26	877.24	316.16
Illinois Humana Health Plan, Inc.											
Standard Self	754	394.92	439.34	235.77	203.57	38.83	855.66	951.90	510.84	441.06	84.12
Standard Self & Family	755	888.57	988.51	546.47	442.04	78.79	1925.24	2141.77	1184.02	957.75	170.70
Standard Self Plus One	756	849.08	944.58	504.12	440.46	83.65	1839.67	2046.59	1092.26	954.33	181.25
High Self	751	559.41	571.82	235.77	336.05	6.82	1212.06	1238.94	510.84	728.10	14.76
High Self & Family	752	1258.68	1286.59	546.47	740.12	6.76	2727.14	2787.61	1184.02	1603.59	14.64
High Self Plus One	753	1202.73	1229.42	504.12	725.30	14.84	2605.92	2663.74	1092.26	1571.48	32.15
Illinois Humana Health Plan, Inc.											
High Self	9F1	784.74	894.61	235.77	658.84	104.28	1700.27	1938.32	510.84	1427.48	225.93
High Self & Family	9F2	1765.66	2012.86	546.47	1466.39	226.05	3825.60	4361.20	1184.02	3177.18	489.77
High Self Plus One	9F3	1687.18	1923.39	504.12	1419.27	224.36	3655.56	4167.35	1092.26	3075.09	486.12
Illinois Humana Health Plan, Inc.											
Standard Self	AB4	505.28	530.55	235.77	294.78	19.68	1094.77	1149.53	510.84	638.69	42.64
Standard Self & Family	AB5	1136.90	1193.74	546.47	647.27	35.69	2463.28	2586.44	1184.02	1402.42	77.33
Standard Self Plus One	AB6	1086.36	1140.69	504.12	636.57	42.48	2353.78	2471.50	1092.26	1379.24	92.05
Basic Self	AB1	283.92	349.22	235.77	113.45	42.47	615.16	756.64	510.84	245.80	92.01
Basic Self & Family	AB2	638.84	785.77	546.47	239.30	79.59	1384.15	1702.50	1184.02	518.48	172.44
Basic Self Plus One	AB3	610.45	750.85	504.12	246.73	94.12	1322.64	1626.84	1092.26	534.58	203.92

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Illinois Humana Health Plan, Inc.											
Basic Self	RW1	287.79	345.34	235.77	109.57	37.62	623.55	748.24	510.84	237.40	81.51
Basic Self & Family	RW2	647.52	777.02	546.47	230.55	68.67	1402.96	1683.54	1184.02	499.52	148.78
Basic Self Plus One	RW3	618.75	742.49	504.12	238.37	83.68	1340.63	1608.73	1092.26	516.47	181.31
Illinois MercyCare Health Plans											
High Self	EY1	352.64	362.73	235.77	126.96	4.50	764.05	785.92	510.84	275.08	9.75
High Self & Family	EY2	920.31	946.61	546.47	400.14	5.15	1994.01	2050.99	1184.02	866.97	11.15
High Self Plus One	EY3	758.22	779.90	504.12	275.78	9.83	1642.81	1689.78	1092.26	597.52	21.30
Standard Self	EY4	New Plan	281.35	211.01	70.34	New Plan	New Plan	609.59	457.19	152.40	New Plan
Standard Self & Family	EY5	New Plan	734.24	546.47	187.77	New Plan	New Plan	1590.85	1184.02	406.83	New Plan
Standard Self Plus One	EY6	New Plan	604.93	453.70	151.23	New Plan	New Plan	1310.68	983.01	327.67	New Plan
Illinois Union Health Service											
High Self	761	314.65	343.42	235.77	107.65	23.18	681.74	744.08	510.84	233.24	50.22
High Self & Family	762	790.02	877.68	546.47	331.21	66.51	1711.71	1901.64	1184.02	717.62	144.10
High Self Plus One	763	697.49	770.00	504.12	265.88	60.66	1511.23	1668.33	1092.26	576.07	131.43
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	201.72	240.69	180.52	60.17	9.74	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	565.61	674.89	506.17	168.72	27.32	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	393.95	470.06	352.55	117.51	19.02	853.56	1018.46	763.85	254.61	41.22
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Illinois UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Indiana Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Indiana Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Indiana Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
Indiana Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Indiana Health Alliance HMO											
Standard Self	K84	296.51	308.37	231.28	77.09	2.96	642.44	668.14	501.11	167.03	6.42
Standard Self & Family	K85	800.59	832.61	546.47	286.14	10.87	1734.61	1803.99	1184.02	619.97	23.55
Standard Self Plus One	K86	686.88	714.36	504.12	210.24	15.63	1488.24	1547.78	1092.26	455.52	33.87
Indiana Humana CoverageFirst											
CDHP Self	TC1	287.13	304.37	228.28	76.09	4.31	622.12	659.47	494.60	164.87	9.34
CDHP Self & Family	TC2	646.04	684.80	513.60	171.20	9.69	1399.75	1483.73	1112.80	370.93	20.99
CDHP Self Plus One	TC3	617.33	654.38	490.79	163.59	9.26	1337.55	1417.82	1063.37	354.45	20.06
Indiana Humana CoverageFirst and Humana Value Plan											
Value Self	MW4	280.99	348.42	235.77	112.65	42.40	608.81	754.91	510.84	244.07	91.87
Value Self & Family	MW5	632.21	783.93	546.47	237.46	79.41	1369.79	1698.52	1184.02	514.50	172.05
Value Self Plus One	MW6	604.12	749.10	504.12	244.98	93.95	1308.93	1623.05	1092.26	530.79	203.56
CDHP Self	MW1	349.41	422.78	235.77	187.01	67.78	757.06	916.02	510.84	405.18	146.84
CDHP Self & Family	MW2	786.19	951.30	546.47	404.83	143.96	1703.41	2061.15	1184.02	877.13	311.91
CDHP Self Plus One	MW3	751.23	909.00	504.12	404.88	145.92	1627.67	1969.50	1092.26	877.24	316.16
Indiana Humana CoverageFirst and Humana Value Plan											
Value Self	X34	263.20	283.90	212.93	70.97	5.17	570.27	615.12	461.34	153.78	11.21
Value Self & Family	X35	592.21	638.79	479.09	159.70	11.65	1283.12	1384.05	1038.04	346.01	25.23
Value Self Plus One	X36	565.88	610.40	457.80	152.60	11.13	1226.07	1322.53	991.90	330.63	24.11
CDHP Self	X31	315.99	368.97	235.77	133.20	47.39	684.65	799.44	510.84	288.60	102.67
CDHP Self & Family	X32	710.99	830.20	546.47	283.73	98.06	1540.48	1798.77	1184.02	614.75	212.46
CDHP Self Plus One	X33	679.39	793.30	504.12	289.18	102.06	1472.01	1718.82	1092.26	626.56	221.14

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Indiana Humana Health Plan of Ohio, Inc.											
High Self	A61	541.22	692.76	235.77	456.99	145.95	1172.64	1500.98	510.84	990.14	316.22
High Self & Family	A62	1217.76	1558.72	546.47	1012.25	319.81	2638.48	3377.23	1184.02	2193.21	692.92
High Self Plus One	A63	1163.64	1489.45	504.12	985.33	313.96	2521.22	3227.14	1092.26	2134.88	680.25
Standard Self	A64	429.36	541.00	235.77	305.23	106.05	930.28	1172.17	510.84	661.33	229.77
Standard Self & Family	A65	966.08	1217.27	546.47	670.80	230.04	2093.17	2637.42	1184.02	1453.40	498.42
Standard Self Plus One	A66	923.15	1163.17	504.12	659.05	228.17	2000.16	2520.20	1092.26	1427.94	494.37
Indiana Humana Health Plan, Inc.											
Standard Self	754	394.92	439.34	235.77	203.57	38.83	855.66	951.90	510.84	441.06	84.12
Standard Self & Family	755	888.57	988.51	546.47	442.04	78.79	1925.24	2141.77	1184.02	957.75	170.70
Standard Self Plus One	756	849.08	944.58	504.12	440.46	83.65	1839.67	2046.59	1092.26	954.33	181.25
High Self	751	559.41	571.82	235.77	336.05	6.82	1212.06	1238.94	510.84	728.10	14.76
High Self & Family	752	1258.68	1286.59	546.47	740.12	6.76	2727.14	2787.61	1184.02	1603.59	14.64
High Self Plus One	753	1202.73	1229.42	504.12	725.30	14.84	2605.92	2663.74	1092.26	1571.48	32.15
Indiana Humana Health Plan, Inc.											
High Self	MH1	407.99	509.98	235.77	274.21	96.40	883.98	1104.96	510.84	594.12	208.86
High Self & Family	MH2	917.98	1147.47	546.47	601.00	208.34	1988.96	2486.19	1184.02	1302.17	451.40
High Self Plus One	MH3	877.18	1096.47	504.12	592.35	207.44	1900.56	2375.69	1092.26	1283.43	449.46
Standard Self	MH4	333.41	396.76	235.77	160.99	57.76	722.39	859.65	510.84	348.81	125.14
Standard Self & Family	MH5	750.17	892.70	546.47	346.23	121.38	1625.37	1934.18	1184.02	750.16	262.98
Standard Self Plus One	MH6	716.83	853.03	504.12	348.91	124.35	1553.13	1848.23	1092.26	755.97	269.43
Iowa Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Iowa Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Iowa Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Iowa Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Iowa Health Alliance HMO											
Standard Self	K84	296.51	308.37	231.28	77.09	2.96	642.44	668.14	501.11	167.03	6.42
Standard Self & Family	K85	800.59	832.61	546.47	286.14	10.87	1734.61	1803.99	1184.02	619.97	23.55
Standard Self Plus One	K86	686.88	714.36	504.12	210.24	15.63	1488.24	1547.78	1092.26	455.52	33.87
Iowa HealthPartners											
Standard Self	V34	197.58	212.27	159.20	53.07	3.68	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	481.30	517.11	387.83	129.28	8.96	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	436.65	469.13	351.85	117.28	8.12	946.08	1016.45	762.34	254.11	17.59
High Self	V31	364.76	328.76	235.77	92.99	-41.59	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	888.56	800.86	546.47	254.39	-108.85	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	806.11	726.56	504.12	222.44	-91.40	1746.57	1574.21	1092.26	481.95	-198.03
Iowa UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	N71	245.61	281.73	211.30	70.43	9.03	532.16	610.42	457.82	152.60	19.56
HDHP Self & Family	N72	564.89	647.99	485.99	162.00	20.78	1223.93	1403.98	1052.99	350.99	45.01
HDHP Self Plus One	N73	528.05	605.73	454.30	151.43	19.42	1144.11	1312.42	984.32	328.10	42.07
Iowa UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LJ1	310.13	332.39	235.77	96.62	16.67	671.95	720.18	510.84	209.34	36.11
High Self & Family	LJ2	775.32	830.99	546.47	284.52	34.52	1679.86	1800.48	1184.02	616.46	74.79
High Self Plus One	LJ3	666.78	714.65	504.12	210.53	36.02	1444.69	1548.41	1092.26	456.15	78.05
Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Iowa UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage												
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan	
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan	
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan	
Kansas Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Kansas Aetna Direct												
CDHP Self	N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Kansas Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	G54		309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55		708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56		694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51		362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52		826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53		818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86
Kansas Aetna HealthFund HDHP												
HDHP Self	224		304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225		671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226		658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Kansas Aetna Open Access												
High Self	HA1		406.62	507.66	235.77	271.89	95.45	881.01	1099.93	510.84	589.09	206.80
High Self & Family	HA2		960.51	1199.16	546.47	652.69	217.50	2081.11	2598.18	1184.02	1414.16	471.24
High Self Plus One	HA3		951.02	1187.32	504.12	683.20	224.45	2060.54	2572.53	1092.26	1480.27	486.32
Standard Self	HA4		326.70	330.63	235.77	94.86	-1.66	707.85	716.37	510.84	205.53	-3.60
Standard Self & Family	HA5		771.13	780.41	546.47	233.94	-11.87	1670.78	1690.89	1184.02	506.87	-25.72
Standard Self Plus One	HA6		763.50	772.69	504.12	268.57	-2.66	1654.25	1674.16	1092.26	581.90	-5.76

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Kansas Humana CoverageFirst and Humana Value Plan											
Value Self	PH4	197.70	223.40	167.55	55.85	6.43	428.35	484.03	363.02	121.01	13.92
Value Self & Family	PH5	444.84	502.66	377.00	125.66	14.45	963.82	1089.10	816.83	272.27	31.32
Value Self Plus One	PH6	425.06	480.31	360.23	120.08	13.82	920.96	1040.67	780.50	260.17	29.93
CDHP Self	PH1	277.36	330.05	235.77	94.28	24.94	600.95	715.11	510.84	204.27	54.03
CDHP Self & Family	PH2	624.06	742.63	546.47	196.16	40.15	1352.13	1609.03	1184.02	425.01	86.98
CDHP Self Plus One	PH3	596.33	709.62	504.12	205.50	56.42	1292.05	1537.51	1092.26	445.25	122.24
Kansas Humana Health Plan, Inc.											
High Self	MS1	750.29	795.31	235.77	559.54	39.43	1625.63	1723.17	510.84	1212.33	85.42
High Self & Family	MS2	1688.15	1789.44	546.47	1242.97	80.14	3657.66	3877.12	1184.02	2693.10	173.63
High Self Plus One	MS3	1613.12	1709.91	504.12	1205.79	84.94	3495.09	3704.81	1092.26	2612.55	184.05
Standard Self	MS4	439.74	492.46	235.77	256.69	47.13	952.77	1067.00	510.84	556.16	102.11
Standard Self & Family	MS5	989.44	1108.05	546.47	561.58	97.46	2143.79	2400.78	1184.02	1216.76	211.16
Standard Self Plus One	MS6	945.46	1058.81	504.12	554.69	101.50	2048.50	2294.09	1092.26	1201.83	219.92
Kentucky Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Kentucky Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Kentucky Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Kentucky Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Kentucky Humana CoverageFirst											
CDHP Self	TC1	287.13	304.37	228.28	76.09	4.31	622.12	659.47	494.60	164.87	9.34
CDHP Self & Family	TC2	646.04	684.80	513.60	171.20	9.69	1399.75	1483.73	1112.80	370.93	20.99
CDHP Self Plus One	TC3	617.33	654.38	490.79	163.59	9.26	1337.55	1417.82	1063.37	354.45	20.06
Kentucky Humana CoverageFirst											
CDHP Self	6N1	292.45	353.86	235.77	118.09	44.98	633.64	766.70	510.84	255.86	97.45
CDHP Self & Family	6N2	658.01	796.19	546.47	249.72	85.22	1425.69	1725.08	1184.02	541.06	184.64
CDHP Self Plus One	6N3	628.76	760.80	504.12	256.68	99.49	1362.31	1648.40	1092.26	556.14	215.56
Kentucky Humana CoverageFirst and Humana Value Plan											
Value Self	X34	263.20	283.90	212.93	70.97	5.17	570.27	615.12	461.34	153.78	11.21
Value Self & Family	X35	592.21	638.79	479.09	159.70	11.65	1283.12	1384.05	1038.04	346.01	25.23
Value Self Plus One	X36	565.88	610.40	457.80	152.60	11.13	1226.07	1322.53	991.90	330.63	24.11
CDHP Self	X31	315.99	368.97	235.77	133.20	47.39	684.65	799.44	510.84	288.60	102.67
CDHP Self & Family	X32	710.99	830.20	546.47	283.73	98.06	1540.48	1798.77	1184.02	614.75	212.46
CDHP Self Plus One	X33	679.39	793.30	504.12	289.18	102.06	1472.01	1718.82	1092.26	626.56	221.14
Kentucky Humana Health Plan of Ohio, Inc.											
High Self	A61	541.22	692.76	235.77	456.99	145.95	1172.64	1500.98	510.84	990.14	316.22
High Self & Family	A62	1217.76	1558.72	546.47	1012.25	319.81	2638.48	3377.23	1184.02	2193.21	692.92
High Self Plus One	A63	1163.64	1489.45	504.12	985.33	313.96	2521.22	3227.14	1092.26	2134.88	680.25
Standard Self	A64	429.36	541.00	235.77	305.23	106.05	930.28	1172.17	510.84	661.33	229.77
Standard Self & Family	A65	966.08	1217.27	546.47	670.80	230.04	2093.17	2637.42	1184.02	1453.40	498.42
Standard Self Plus One	A66	923.15	1163.17	504.12	659.05	228.17	2000.16	2520.20	1092.26	1427.94	494.37
Kentucky Humana Health Plan of Ohio, Inc.											
Basic Self	W61	270.36	280.90	210.68	70.22	2.63	585.78	608.62	456.47	152.15	5.71
Basic Self & Family	W62	608.31	632.05	474.04	158.01	5.93	1318.01	1369.44	1027.08	342.36	12.86
Basic Self Plus One	W63	581.27	603.96	452.97	150.99	5.67	1259.42	1308.58	981.44	327.14	12.29
Kentucky Humana Health Plan, Inc.											
High Self	MI1	518.37	637.59	235.77	401.82	113.63	1123.14	1381.45	510.84	870.61	246.19
High Self & Family	MI2	1166.32	1434.57	546.47	888.10	247.10	2527.03	3108.24	1184.02	1924.22	535.38
High Self Plus One	MI3	1114.48	1370.81	504.12	866.69	244.48	2414.71	2970.09	1092.26	1877.83	529.71
Standard Self	MI4	374.73	408.46	235.77	172.69	28.14	811.92	885.00	510.84	374.16	60.96
Standard Self & Family	MI5	843.14	919.02	546.47	372.55	54.73	1826.80	1991.21	1184.02	807.19	118.58
Standard Self Plus One	MI6	805.67	878.19	504.12	374.07	60.67	1745.62	1902.75	1092.26	810.49	131.46

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

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Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Kentucky Humana Health Plan, Inc.											
High Self	MH1	407.99	509.98	235.77	274.21	96.40	883.98	1104.96	510.84	594.12	208.86
High Self & Family	MH2	917.98	1147.47	546.47	601.00	208.34	1988.96	2486.19	1184.02	1302.17	451.40
High Self Plus One	MH3	877.18	1096.47	504.12	592.35	207.44	1900.56	2375.69	1092.26	1283.43	449.46
Standard Self	MH4	333.41	396.76	235.77	160.99	57.76	722.39	859.65	510.84	348.81	125.14
Standard Self & Family	MH5	750.17	892.70	546.47	346.23	121.38	1625.37	1934.18	1184.02	750.16	262.98
Standard Self Plus One	MH6	716.83	853.03	504.12	348.91	124.35	1553.13	1848.23	1092.26	755.97	269.43
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	N71	245.61	281.73	211.30	70.43	9.03	532.16	610.42	457.82	152.60	19.56
HDHP Self & Family	N72	564.89	647.99	485.99	162.00	20.78	1223.93	1403.98	1052.99	350.99	45.01
HDHP Self Plus One	N73	528.05	605.73	454.30	151.43	19.42	1144.11	1312.42	984.32	328.10	42.07
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LJ1	310.13	332.39	235.77	96.62	16.67	671.95	720.18	510.84	209.34	36.11
High Self & Family	LJ2	775.32	830.99	546.47	284.52	34.52	1679.86	1800.48	1184.02	616.46	74.79
High Self Plus One	LJ3	666.78	714.65	504.12	210.53	36.02	1444.69	1548.41	1092.26	456.15	78.05
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Louisiana Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Louisiana Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Louisiana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Louisiana Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
Standard Self	BC4	275.34	311.14	233.36	77.78	8.95	596.57	674.14	505.61	168.53	19.39
Standard Self & Family	BC5	619.52	700.06	525.05	175.01	20.13	1342.29	1516.80	1137.60	379.20	43.63
Standard Self Plus One	BC6	591.98	668.94	501.71	167.23	19.24	1282.62	1449.37	1087.03	362.34	41.69
High Self	BC1	346.66	416.00	235.77	180.23	63.75	751.10	901.33	510.84	390.49	138.11
High Self & Family	BC2	780.01	936.01	546.47	389.54	134.85	1690.02	2028.02	1184.02	844.00	292.17
High Self Plus One	BC3	745.34	894.41	504.12	390.29	137.22	1614.90	1937.89	1092.26	845.63	297.32
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self	AE1	398.79	494.50	235.77	258.73	90.12	864.05	1071.42	510.84	560.58	195.25
High Self & Family	AE2	897.26	1112.60	546.47	566.13	194.19	1944.06	2410.63	1184.02	1226.61	420.74
High Self Plus One	AE3	857.39	1063.16	504.12	559.04	193.92	1857.68	2303.51	1092.26	1211.25	420.16
Standard Self	AE4	338.79	372.67	235.77	136.90	28.29	734.05	807.45	510.84	296.61	61.28
Standard Self & Family	AE5	762.29	838.52	546.47	292.05	55.08	1651.63	1816.79	1184.02	632.77	119.33
Standard Self Plus One	AE6	728.41	801.25	504.12	297.13	60.99	1578.22	1736.04	1092.26	643.78	132.15
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Maine Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Maine Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Maine Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
Maine Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Maryland Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Maryland Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Maryland Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Maryland Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Maryland Aetna Open Access											
High Self	JN1	516.52	525.03	235.77	289.26	2.92	1119.13	1137.57	510.84	626.73	6.32
High Self & Family	JN2	1161.22	1180.35	546.47	633.88	-2.02	2515.98	2557.43	1184.02	1373.41	-4.38
High Self Plus One	JN3	1149.71	1168.66	504.12	664.54	7.10	2491.04	2532.10	1092.26	1439.84	15.39
Basic Self	JN4	314.06	321.74	235.77	85.97	2.09	680.46	697.10	510.84	186.26	4.52
Basic Self & Family	JN5	718.73	736.31	546.47	189.84	-3.57	1557.25	1595.34	1184.02	411.32	-7.74
Basic Self Plus One	JN6	660.00	676.15	504.12	172.03	4.30	1430.00	1464.99	1092.26	372.73	9.32
Maryland Aetna Saver											
Saver Self	QQ4	New Plan	274.71	206.03	68.68	New Plan	New Plan	595.21	446.41	148.80	New Plan
Saver Self & Family	QQ5	New Plan	628.68	471.51	157.17	New Plan	New Plan	1362.14	1021.61	340.53	New Plan
Saver Self Plus One	QQ6	New Plan	577.30	432.98	144.32	New Plan	New Plan	1250.82	938.12	312.70	New Plan
Maryland CareFirst BlueChoice											
Standard Self	2G4	368.16	390.25	235.77	154.48	16.50	797.68	845.54	510.84	334.70	35.74
Standard Self & Family	2G5	874.73	927.21	546.47	380.74	31.33	1895.25	2008.96	1184.02	824.94	67.88
Standard Self Plus One	2G6	736.31	780.49	504.12	276.37	32.33	1595.34	1691.06	1092.26	598.80	70.05
Maryland CareFirst BlueChoice											
HDHP Self	B61	239.20	263.12	197.34	65.78	5.98	518.27	570.09	427.57	142.52	12.95
HDHP Self & Family	B62	568.33	625.16	468.87	156.29	14.21	1231.38	1354.51	1015.88	338.63	30.79
HDHP Self Plus One	B63	478.39	526.23	394.67	131.56	11.96	1036.51	1140.17	855.13	285.04	25.91
Blue Value Plus Self	B64	New Plan	325.84	235.77	90.07	New Plan	New Plan	705.99	510.84	195.15	New Plan
Blue Value Plus Self & Family	B65	New Plan	774.21	546.47	227.74	New Plan	New Plan	1677.46	1184.02	493.44	New Plan
Blue Value Plus Self Plus One	B66	New Plan	651.70	488.78	162.92	New Plan	New Plan	1412.02	1059.02	353.00	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.											
Basic Self	T71	193.90	193.90	145.43	48.47	0.00	420.12	420.12	315.09	105.03	0.00
Basic Self & Family	T72	473.61	473.61	355.21	118.40	0.00	1026.16	1026.16	769.62	256.54	0.00
Basic Self Plus One	T73	431.49	431.49	323.62	107.87	0.00	934.90	934.90	701.18	233.72	0.00
Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.											
Standard Self	E34	240.81	263.79	197.84	65.95	5.75	521.76	571.55	428.66	142.89	12.45
Standard Self & Family	E35	553.84	606.69	455.02	151.67	13.21	1199.99	1314.50	985.88	328.62	28.62
Standard Self Plus One	E36	553.84	606.69	455.02	151.67	13.21	1199.99	1314.50	985.88	328.62	28.62
High Self	E31	319.70	333.61	235.77	97.84	8.32	692.68	722.82	510.84	211.98	18.02
High Self & Family	E32	735.30	767.32	546.47	220.85	10.87	1593.15	1662.53	1184.02	478.51	23.55
High Self Plus One	E33	735.30	767.32	504.12	263.20	20.17	1593.15	1662.53	1092.26	570.27	43.71
Maryland M.D. IPA											
High Self	JP1	365.01	404.59	235.77	168.82	33.99	790.86	876.61	510.84	365.77	73.63
High Self & Family	JP2	1023.48	1134.48	546.47	588.01	89.85	2217.54	2458.04	1184.02	1274.02	194.67
High Self Plus One	JP3	712.86	790.17	504.12	286.05	65.46	1544.53	1712.04	1092.26	619.78	141.84
Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	228.78	224.57	168.43	56.14	-1.05	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	526.18	516.51	387.38	129.13	-2.41	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	491.87	482.83	362.12	120.71	-2.26	1065.72	1046.13	784.60	261.53	-4.90
Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	308.28	329.95	235.77	94.18	16.08	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	730.61	781.98	546.47	235.51	30.22	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	662.79	709.38	504.12	205.26	34.74	1436.05	1536.99	1092.26	444.73	75.27
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	201.72	240.69	180.52	60.17	9.74	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	565.61	674.89	506.17	168.72	27.32	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	393.95	470.06	352.55	117.51	19.02	853.56	1018.46	763.85	254.61	41.22
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Maryland UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Massachusetts Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Massachusetts Aetna Direct												
CDHP Self	N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	EP4		285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5		654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6		641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1		423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2		965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3		955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
Massachusetts Aetna HealthFund HDHP												
HDHP Self	224		304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225		671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226		658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Michigan Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Michigan Aetna Direct												
CDHP Self	N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Michigan Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	G54		309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55		708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56		694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51		362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52		826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53		818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Michigan Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Michigan Blue Care Network of Michigan											
High Self	LX1	339.10	342.86	235.77	107.09	-1.83	734.72	742.86	510.84	232.02	-3.98
High Self & Family	LX2	827.37	836.58	546.47	290.11	-11.94	1792.64	1812.59	1184.02	628.57	-25.88
High Self Plus One	LX3	779.91	788.57	504.12	284.45	-3.19	1689.81	1708.57	1092.26	616.31	-6.91
Michigan Blue Care Network of Michigan											
High Self	K51	435.44	442.03	235.77	206.26	1.00	943.45	957.73	510.84	446.89	2.16
High Self & Family	K52	1062.44	1078.53	546.47	532.06	-5.06	2301.95	2336.82	1184.02	1152.80	-10.96
High Self Plus One	K53	1001.49	1016.64	504.12	512.52	3.30	2169.90	2202.72	1092.26	1110.46	7.15
Michigan Health Alliance Plan											
High Self	521	352.54	363.64	235.77	127.87	5.51	763.84	787.89	510.84	277.05	11.93
High Self & Family	522	860.18	887.28	546.47	340.81	5.95	1863.72	1922.44	1184.02	738.42	12.89
High Self Plus One	523	810.84	836.37	504.12	332.25	13.68	1756.82	1812.14	1092.26	719.88	29.65
Michigan Health Alliance Plan											
Standard Self	GY4	276.16	283.49	212.62	70.87	1.83	598.35	614.23	460.67	153.56	3.97
Standard Self & Family	GY5	673.85	691.74	518.81	172.93	4.47	1460.01	1498.77	1124.08	374.69	9.69
Standard Self Plus One	GY6	635.18	652.05	489.04	163.01	4.22	1376.22	1412.78	1059.59	353.19	9.14
Michigan Priority Health											
High Self	LE1	420.97	424.42	235.77	188.65	-2.14	912.10	919.58	510.84	408.74	-4.64
High Self & Family	LE2	989.28	997.39	546.47	450.92	-13.04	2143.44	2161.01	1184.02	976.99	-28.26
High Self Plus One	LE3	926.14	933.72	504.12	429.60	-4.27	2006.64	2023.06	1092.26	930.80	-9.25
Standard Self	LE4	232.82	248.92	186.69	62.23	4.03	504.44	539.33	404.50	134.83	8.72
Standard Self & Family	LE5	547.13	584.97	438.73	146.24	9.46	1185.45	1267.44	950.58	316.86	20.50
Standard Self Plus One	LE6	512.21	547.63	410.72	136.91	8.86	1109.79	1186.53	889.90	296.63	19.18
Michigan Priority Health											
Value Self	Y41	New Plan	218.42	163.82	54.60	New Plan	New Plan	473.24	354.93	118.31	New Plan
Value Self & Family	Y42	New Plan	513.29	384.97	128.32	New Plan	New Plan	1112.13	834.10	278.03	New Plan
Value Self Plus One	Y43	New Plan	480.52	360.39	120.13	New Plan	New Plan	1041.13	780.85	260.28	New Plan
Minnesota Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Minnesota Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Minnesota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Minnesota Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Minnesota HealthPartners											
Standard Self	V34	197.58	212.27	159.20	53.07	3.68	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	481.30	517.11	387.83	129.28	8.96	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	436.65	469.13	351.85	117.28	8.12	946.08	1016.45	762.34	254.11	17.59
High Self	V31	364.76	328.76	235.77	92.99	-41.59	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	888.56	800.86	546.47	254.39	-108.85	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	806.11	726.56	504.12	222.44	-91.40	1746.57	1574.21	1092.26	481.95	-198.03
Mississippi Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Mississippi Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Mississippi Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Mississippi Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Missouri Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Missouri Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Missouri Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86
Missouri Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Missouri Aetna Open Access											
High Self	HA1	406.62	507.66	235.77	271.89	95.45	881.01	1099.93	510.84	589.09	206.80
High Self & Family	HA2	960.51	1199.16	546.47	652.69	217.50	2081.11	2598.18	1184.02	1414.16	471.24
High Self Plus One	HA3	951.02	1187.32	504.12	683.20	224.45	2060.54	2572.53	1092.26	1480.27	486.32
Standard Self	HA4	326.70	330.63	235.77	94.86	-1.66	707.85	716.37	510.84	205.53	-3.60
Standard Self & Family	HA5	771.13	780.41	546.47	233.94	-11.87	1670.78	1690.89	1184.02	506.87	-25.72
Standard Self Plus One	HA6	763.50	772.69	504.12	268.57	-2.66	1654.25	1674.16	1092.26	581.90	-5.76
Missouri Blue Preferred											
High Self	9G1	361.09	384.56	235.77	148.79	17.88	782.36	833.21	510.84	322.37	38.73
High Self & Family	9G2	775.88	857.94	546.47	311.47	60.91	1681.07	1858.87	1184.02	674.85	131.97
High Self Plus One	9G3	734.68	812.58	504.12	308.46	66.05	1591.81	1760.59	1092.26	668.33	143.11
Standard Self	9G4	257.87	277.21	207.91	69.30	4.83	558.72	600.62	450.47	150.15	10.47
Standard Self & Family	9G5	732.88	787.85	546.47	241.38	33.82	1587.91	1707.01	1184.02	522.99	73.27
Standard Self Plus One	9G6	662.78	712.48	504.12	208.36	37.85	1436.02	1543.71	1092.26	451.45	82.02
Missouri Humana CoverageFirst and Humana Value Plan											
Value Self	PH4	197.70	223.40	167.55	55.85	6.43	428.35	484.03	363.02	121.01	13.92
Value Self & Family	PH5	444.84	502.66	377.00	125.66	14.45	963.82	1089.10	816.83	272.27	31.32
Value Self Plus One	PH6	425.06	480.31	360.23	120.08	13.82	920.96	1040.67	780.50	260.17	29.93
CDHP Self	PH1	277.36	330.05	235.77	94.28	24.94	600.95	715.11	510.84	204.27	54.03
CDHP Self & Family	PH2	624.06	742.63	546.47	196.16	40.15	1352.13	1609.03	1184.02	425.01	86.98
CDHP Self Plus One	PH3	596.33	709.62	504.12	205.50	56.42	1292.05	1537.51	1092.26	445.25	122.24

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Missouri Humana Health Plan, Inc.											
High Self	MS1	750.29	795.31	235.77	559.54	39.43	1625.63	1723.17	510.84	1212.33	85.42
High Self & Family	MS2	1688.15	1789.44	546.47	1242.97	80.14	3657.66	3877.12	1184.02	2693.10	173.63
High Self Plus One	MS3	1613.12	1709.91	504.12	1205.79	84.94	3495.09	3704.81	1092.26	2612.55	184.05
Standard Self	MS4	439.74	492.46	235.77	256.69	47.13	952.77	1067.00	510.84	556.16	102.11
Standard Self & Family	MS5	989.44	1108.05	546.47	561.58	97.46	2143.79	2400.78	1184.02	1216.76	211.16
Standard Self Plus One	MS6	945.46	1058.81	504.12	554.69	101.50	2048.50	2294.09	1092.26	1201.83	219.92
Missouri UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Missouri UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Montana Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Montana Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Montana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Montana Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly premium rates				2020 Monthly premium rates				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2019 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Nebraska Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Nebraska Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Nebraska Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Nebraska Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Nevada Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Nevada Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Nevada Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Nevada Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Nevada Health Plan of Nevada, Inc.											
High Self	NM1	303.94	326.30	235.77	90.53	14.55	658.54	706.98	510.84	196.14	31.51
High Self & Family	NM2	720.31	773.30	546.47	226.83	31.84	1560.67	1675.48	1184.02	491.46	68.98
High Self Plus One	NM3	577.50	619.98	464.99	154.99	10.62	1251.25	1343.29	1007.47	335.82	23.01
Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	207.84	204.85	153.64	51.21	-0.75	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	478.03	471.16	353.37	117.79	-1.72	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	446.86	440.43	330.32	110.11	-1.60	968.20	954.27	715.70	238.57	-3.48
Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KT1	313.47	334.51	235.77	98.74	15.45	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	783.67	836.26	546.47	289.79	31.44	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	673.95	719.19	504.12	215.07	33.39	1460.23	1558.25	1092.26	465.99	72.35
Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	WF1	New Plan	241.32	180.99	60.33	New Plan	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	570.64	427.98	142.66	New Plan	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	518.79	389.09	129.70	New Plan	New Plan	1124.05	843.04	281.01	New Plan
Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	VD1	New Plan	240.93	180.70	60.23	New Plan	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	569.71	427.28	142.43	New Plan	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	517.95	388.46	129.49	New Plan	New Plan	1122.23	841.67	280.56	New Plan
New Hampshire Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
New Hampshire Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
New Hampshire Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
New Jersey Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
New Jersey Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
New Jersey Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
New Jersey Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
New Jersey Aetna Open Access											
High Self	JR1	650.67	712.96	235.77	477.19	56.70	1409.79	1544.75	510.84	1033.91	122.84
High Self & Family	JR2	1502.98	1646.86	546.47	1100.39	122.73	3256.46	3568.20	1184.02	2384.18	265.91
High Self Plus One	JR3	1488.09	1630.54	504.12	1126.42	130.60	3224.20	3532.84	1092.26	2440.58	282.97
Basic Self	JR4	536.96	633.82	235.77	398.05	91.27	1163.41	1373.28	510.84	862.44	197.75
Basic Self & Family	JR5	1244.46	1468.93	546.47	922.46	203.32	2696.33	3182.68	1184.02	1998.66	440.52
Basic Self Plus One	JR6	1232.13	1454.38	504.12	950.26	210.40	2669.62	3151.16	1092.26	2058.90	455.87
New Jersey Aetna Open Access											
Basic Self	P34	599.29	604.65	235.77	368.88	-0.23	1298.46	1310.08	510.84	799.24	-0.50
Basic Self & Family	P35	1390.96	1403.39	546.47	856.92	-8.72	3013.75	3040.68	1184.02	1856.66	-18.90
Basic Self Plus One	P36	1377.18	1389.48	504.12	885.36	0.45	2983.89	3010.54	1092.26	1918.28	0.98
High Self	P31	685.48	672.28	235.77	436.51	-18.79	1485.21	1456.61	510.84	945.77	-40.72
High Self & Family	P32	1661.96	1629.94	546.47	1083.47	-53.17	3600.91	3531.54	1184.02	2347.52	-115.20
High Self Plus One	P33	1645.50	1613.79	504.12	1109.67	-43.56	3565.25	3496.55	1092.26	2404.29	-94.37
New Jersey GHI Health Plan											
Standard Self	804	427.37	463.69	235.77	227.92	30.73	925.97	1004.66	510.84	493.82	66.57
Standard Self & Family	805	1036.83	1124.96	546.47	578.49	66.98	2246.47	2437.41	1184.02	1253.39	145.11
Standard Self Plus One	806	994.08	1078.58	504.12	574.46	72.65	2153.84	2336.92	1092.26	1244.66	157.41
New Jersey GHI Health Plan											
HDHP Self	811	New Plan	312.16	234.12	78.04	New Plan	New Plan	676.35	507.26	169.09	New Plan
HDHP Self & Family	812	New Plan	682.48	511.86	170.62	New Plan	New Plan	1478.71	1109.03	369.68	New Plan
HDHP Self Plus One	813	New Plan	669.27	501.95	167.32	New Plan	New Plan	1450.09	1087.57	362.52	New Plan
New Mexico Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
New Mexico Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
New Mexico Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86
New Mexico Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
New Mexico Presbyterian Health Plan											
High Self	P21	341.68	388.15	235.77	152.38	40.88	740.31	840.99	510.84	330.15	88.56
High Self & Family	P22	802.96	912.14	546.47	365.67	88.03	1739.75	1976.30	1184.02	792.28	190.72
High Self Plus One	P23	775.63	881.09	504.12	376.97	93.61	1680.53	1909.03	1092.26	816.77	202.83
New Mexico Presbyterian Health Plan											
Standard Self	PS4	287.38	327.82	235.77	92.05	20.21	622.66	710.28	510.84	199.44	43.78
Standard Self & Family	PS5	675.36	770.38	546.47	223.91	55.07	1463.28	1669.16	1184.02	485.14	119.32
Standard Self Plus One	PS6	652.36	744.16	504.12	240.04	76.95	1413.45	1612.35	1092.26	520.09	166.73
Wellness Self	PS1	New Plan	286.10	214.58	71.52	New Plan	New Plan	619.88	464.91	154.97	New Plan
Wellness Self & Family	PS2	New Plan	672.35	504.26	168.09	New Plan	New Plan	1456.76	1092.57	364.19	New Plan
Wellness Self Plus One	PS3	New Plan	649.47	487.10	162.37	New Plan	New Plan	1407.19	1055.39	351.80	New Plan
New Mexico True Health New Mexico											
High Self	EL1	New Plan	286.23	214.67	71.56	New Plan	New Plan	620.17	465.13	155.04	New Plan
High Self & Family	EL2	New Plan	675.91	506.93	168.98	New Plan	New Plan	1464.47	1098.35	366.12	New Plan
High Self Plus One	EL3	New Plan	640.63	480.47	160.16	New Plan	New Plan	1388.03	1041.02	347.01	New Plan
New York Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
New York Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New York Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
New York Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
New York Aetna Open Access											
High Self	JC1	601.41	609.40	235.77	373.63	2.40	1303.06	1320.37	510.84	809.53	5.19
High Self & Family	JC2	1486.08	1505.80	546.47	959.33	-1.43	3219.84	3262.57	1184.02	2078.55	-3.10
High Self Plus One	JC3	1471.38	1490.89	504.12	986.77	7.66	3187.99	3230.26	1092.26	2138.00	16.60
Basic Self	JC4	490.71	508.81	235.77	273.04	12.51	1063.21	1102.42	510.84	591.58	27.09
Basic Self & Family	JC5	1196.94	1241.09	546.47	694.62	23.00	2593.37	2689.03	1184.02	1505.01	49.83
Basic Self Plus One	JC6	1185.10	1228.82	504.12	724.70	31.87	2567.72	2662.44	1092.26	1570.18	69.05
New York CDPHP											
Standard Self	SG4	266.57	290.59	217.94	72.65	6.01	577.57	629.61	472.21	157.40	13.01
Standard Self & Family	SG5	799.69	827.37	546.47	280.90	6.53	1732.66	1792.64	1184.02	608.62	14.15
Standard Self Plus One	SG6	533.14	601.50	451.13	150.37	17.09	1155.14	1303.25	977.44	325.81	37.03
High Self	SG1	401.67	457.50	235.77	221.73	50.24	870.29	991.25	510.84	480.41	108.84
High Self & Family	SG2	1204.87	1303.87	546.47	757.40	77.85	2610.55	2825.05	1184.02	1641.03	168.67
High Self Plus One	SG3	803.33	947.02	504.12	442.90	131.84	1740.55	2051.88	1092.26	959.62	285.66
New York GHI Health Plan											
Standard Self	804	427.37	463.69	235.77	227.92	30.73	925.97	1004.66	510.84	493.82	66.57
Standard Self & Family	805	1036.83	1124.96	546.47	578.49	66.98	2246.47	2437.41	1184.02	1253.39	145.11
Standard Self Plus One	806	994.08	1078.58	504.12	574.46	72.65	2153.84	2336.92	1092.26	1244.66	157.41
New York GHI Health Plan											
HDHP Self	811	New Plan	312.16	234.12	78.04	New Plan	New Plan	676.35	507.26	169.09	New Plan
HDHP Self & Family	812	New Plan	682.48	511.86	170.62	New Plan	New Plan	1478.71	1109.03	369.68	New Plan
HDHP Self Plus One	813	New Plan	669.27	501.95	167.32	New Plan	New Plan	1450.09	1087.57	362.52	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
New York HIP of Greater NY											
Standard Self	YL4	303.97	375.63	235.77	139.86	63.87	658.60	813.87	510.84	303.03	138.38
Standard Self & Family	YL5	869.85	1079.99	546.47	533.52	188.99	1884.68	2339.98	1184.02	1155.96	409.47
Standard Self Plus One	YL6	539.64	683.19	504.12	179.07	44.16	1169.22	1480.25	1092.26	387.99	95.69
New York HIP of Greater NY											
High Self	511	454.78	494.33	235.77	258.56	33.96	985.36	1071.05	510.84	560.21	73.57
High Self & Family	512	1302.18	1422.45	546.47	875.98	99.12	2821.39	3081.98	1184.02	1897.96	214.76
High Self Plus One	513	810.21	899.33	504.12	395.21	77.27	1755.46	1948.55	1092.26	856.29	167.42
New York Independent Health											
Standard Self	C54	323.92	328.44	235.77	92.67	-1.07	701.83	711.62	510.84	200.78	-2.33
Standard Self & Family	C55	874.59	886.79	546.47	340.32	-8.95	1894.95	1921.38	1184.02	737.36	-19.40
Standard Self Plus One	C56	825.99	837.51	504.12	333.39	-0.33	1789.65	1814.61	1092.26	722.35	-0.71
New York Independent Health											
High Self	QA1	335.83	352.00	235.77	116.23	10.58	727.63	762.67	510.84	251.83	22.92
High Self & Family	QA2	906.72	950.39	546.47	403.92	22.52	1964.56	2059.18	1184.02	875.16	48.79
High Self Plus One	QA3	856.35	897.60	504.12	393.48	29.40	1855.43	1944.80	1092.26	852.54	63.70
HDHP Self	QA4	272.57	273.63	205.22	68.41	0.27	590.57	592.87	444.65	148.22	0.58
HDHP Self & Family	QA5	703.77	707.60	530.70	176.90	-1.55	1524.84	1533.13	1149.85	383.28	-3.37
HDHP Self Plus One	QA6	655.94	659.82	494.87	164.95	0.97	1421.20	1429.61	1072.21	357.40	2.10
North Carolina Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
North Carolina Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
North Carolina Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
North Carolina Aetna HealthFund HDHP												
HDHP Self		224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family		225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One		226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP												
HDHP Self		LS1	193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family		LS2	444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One		LS3	415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
High Self		KK1	313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family		KK2	783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One		KK3	673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage												
High Self		AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family		AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One		AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage												
High Self		Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family		Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One		Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
North Dakota Aetna Advantage												
Advantage Self		Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family		Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One		Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
North Dakota Aetna Direct												
CDHP Self		N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family		N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One		N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
North Dakota Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self		H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family		H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One		H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self		H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family		H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One		H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
North Dakota Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
North Dakota HealthPartners											
Standard Self	V34	197.58	212.27	159.20	53.07	3.68	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	481.30	517.11	387.83	129.28	8.96	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	436.65	469.13	351.85	117.28	8.12	946.08	1016.45	762.34	254.11	17.59
High Self	V31	364.76	328.76	235.77	92.99	-41.59	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	888.56	800.86	546.47	254.39	-108.85	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	806.11	726.56	504.12	222.44	-91.40	1746.57	1574.21	1092.26	481.95	-198.03
Ohio Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Ohio Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Ohio Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
Ohio Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Ohio AultCare Insurance Company											
High Self	3A1	355.15	388.63	235.77	152.86	27.89	769.49	842.03	510.84	331.19	60.42
High Self & Family	3A2	877.23	959.90	546.47	413.43	61.52	1900.67	2079.78	1184.02	895.76	133.28
High Self Plus One	3A3	745.82	816.11	504.12	311.99	58.44	1615.94	1768.24	1092.26	675.98	126.63
HDHP Self	3A4	172.27	201.98	151.49	50.49	7.42	373.25	437.62	328.22	109.40	16.09
HDHP Self & Family	3A5	551.23	646.73	485.05	161.68	23.87	1194.33	1401.25	1050.94	350.31	51.73
HDHP Self Plus One	3A6	327.29	383.98	287.99	95.99	14.17	709.13	831.96	623.97	207.99	30.71
Ohio Humana CoverageFirst and Humana Value Plan											
Value Self	X34	263.20	283.90	212.93	70.97	5.17	570.27	615.12	461.34	153.78	11.21
Value Self & Family	X35	592.21	638.79	479.09	159.70	11.65	1283.12	1384.05	1038.04	346.01	25.23
Value Self Plus One	X36	565.88	610.40	457.80	152.60	11.13	1226.07	1322.53	991.90	330.63	24.11
CDHP Self	X31	315.99	368.97	235.77	133.20	47.39	684.65	799.44	510.84	288.60	102.67
CDHP Self & Family	X32	710.99	830.20	546.47	283.73	98.06	1540.48	1798.77	1184.02	614.75	212.46
CDHP Self Plus One	X33	679.39	793.30	504.12	289.18	102.06	1472.01	1718.82	1092.26	626.56	221.14
Ohio Humana Health Plan of Ohio, Inc.											
High Self	A61	541.22	692.76	235.77	456.99	145.95	1172.64	1500.98	510.84	990.14	316.22
High Self & Family	A62	1217.76	1558.72	546.47	1012.25	319.81	2638.48	3377.23	1184.02	2193.21	692.92
High Self Plus One	A63	1163.64	1489.45	504.12	985.33	313.96	2521.22	3227.14	1092.26	2134.88	680.25
Standard Self	A64	429.36	541.00	235.77	305.23	106.05	930.28	1172.17	510.84	661.33	229.77
Standard Self & Family	A65	966.08	1217.27	546.47	670.80	230.04	2093.17	2637.42	1184.02	1453.40	498.42
Standard Self Plus One	A66	923.15	1163.17	504.12	659.05	228.17	2000.16	2520.20	1092.26	1427.94	494.37
Ohio Humana Health Plan of Ohio, Inc.											
Basic Self	W61	270.36	280.90	210.68	70.22	2.63	585.78	608.62	456.47	152.15	5.71
Basic Self & Family	W62	608.31	632.05	474.04	158.01	5.93	1318.01	1369.44	1027.08	342.36	12.86
Basic Self Plus One	W63	581.27	603.96	452.97	150.99	5.67	1259.42	1308.58	981.44	327.14	12.29
Ohio Medical Mutual of Ohio											
Standard Self	644	395.89	474.36	235.77	238.59	72.88	857.76	1027.78	510.84	516.94	157.90
Standard Self & Family	645	950.13	1138.48	546.47	592.01	167.20	2058.62	2466.71	1184.02	1282.69	362.26
Standard Self Plus One	646	870.94	1043.61	504.12	539.49	160.82	1887.04	2261.16	1092.26	1168.90	348.45

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Ohio Medical Mutual of Ohio											
Standard Self	X64	371.98	392.04	235.77	156.27	14.47	805.96	849.42	510.84	338.58	31.34
Standard Self & Family	X65	892.75	940.89	546.47	394.42	26.99	1934.29	2038.60	1184.02	854.58	58.48
Standard Self Plus One	X66	818.34	862.48	504.12	358.36	32.29	1773.07	1868.71	1092.26	776.45	69.97
Basic Self	X61	213.10	203.07	152.30	50.77	-2.50	461.72	439.99	329.99	110.00	-5.43
Basic Self & Family	X62	511.44	487.36	365.52	121.84	-6.02	1108.12	1055.95	791.96	263.99	-13.04
Basic Self Plus One	X63	468.82	446.75	335.06	111.69	-5.51	1015.78	967.96	725.97	241.99	-11.95
Ohio Medical Mutual of Ohio											
Basic Self	UX1	222.72	203.14	152.36	50.78	-4.90	482.56	440.14	330.11	110.03	-10.61
Basic Self & Family	UX2	534.53	487.54	365.66	121.88	-11.75	1158.15	1056.34	792.26	264.08	-25.46
Basic Self Plus One	UX3	489.99	446.92	335.19	111.73	-10.77	1061.65	968.33	726.25	242.08	-23.33
Ohio Medical Mutual of Ohio											
Basic Self	YF1	226.41	203.14	152.36	50.78	-5.82	490.56	440.14	330.11	110.03	-12.61
Basic Self & Family	YF2	543.40	487.54	365.66	121.88	-13.97	1177.37	1056.34	792.26	264.08	-30.26
Basic Self Plus One	YF3	498.12	446.92	335.19	111.73	-12.80	1079.26	968.33	726.25	242.08	-27.73
Standard Self	YF4	424.54	447.22	235.77	211.45	17.09	919.84	968.98	510.84	458.14	37.02
Standard Self & Family	YF5	1018.89	1073.33	546.47	526.86	33.29	2207.60	2325.55	1184.02	1141.53	72.12
Standard Self Plus One	YF6	933.97	983.88	504.12	479.76	38.06	2023.60	2131.74	1092.26	1039.48	82.47
Oklahoma Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Oklahoma Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Oklahoma Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Oklahoma GlobalHealth											
Standard Self	IM4	277.92	287.51	215.63	71.88	2.40	602.16	622.94	467.21	155.73	5.19
Standard Self & Family	IM5	694.80	718.79	539.09	179.70	6.00	1505.40	1557.38	1168.04	389.34	12.99
Standard Self Plus One	IM6	555.84	575.03	431.27	143.76	4.80	1204.32	1245.90	934.43	311.47	10.39
High Self	IM1	285.69	304.28	228.21	76.07	4.65	619.00	659.27	494.45	164.82	10.07
High Self & Family	IM2	714.24	760.69	546.47	214.22	25.30	1547.52	1648.16	1184.02	464.14	54.81
High Self Plus One	IM3	571.39	608.55	456.41	152.14	9.29	1238.01	1318.53	988.90	329.63	20.13
Oregon Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Oregon Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Oregon Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Oregon Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Oregon Kaiser Foundation Health Plan of the Northwest												
Standard Self	574	286.29	299.06	224.30	74.76	3.19	620.30	647.96	485.97	161.99	6.92	
Standard Self & Family	575	657.69	687.02	515.27	171.75	7.33	1425.00	1488.54	1116.41	372.13	15.88	
Standard Self Plus One	576	657.69	687.02	504.12	182.90	17.48	1425.00	1488.54	1092.26	396.28	37.87	
High Self	571	326.16	336.89	235.77	101.12	5.14	706.68	729.93	510.84	219.09	11.13	
High Self & Family	572	736.69	760.94	546.47	214.47	3.10	1596.16	1648.70	1184.02	464.68	6.71	
High Self Plus One	573	736.69	760.94	504.12	256.82	12.40	1596.16	1648.70	1092.26	556.44	26.87	
Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP												
HDHP Self	LU1	207.84	204.85	153.64	51.21	-0.75	450.32	443.84	332.88	110.96	-1.62	
HDHP Self & Family	LU2	478.03	471.16	353.37	117.79	-1.72	1035.73	1020.85	765.64	255.21	-3.72	
HDHP Self Plus One	LU3	446.86	440.43	330.32	110.11	-1.60	968.20	954.27	715.70	238.57	-3.48	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
High Self	KT1	313.47	334.51	235.77	98.74	15.45	679.19	724.77	510.84	213.93	33.46	
High Self & Family	KT2	783.67	836.26	546.47	289.79	31.44	1697.95	1811.90	1184.02	627.88	68.12	
High Self Plus One	KT3	673.95	719.19	504.12	215.07	33.39	1460.23	1558.25	1092.26	465.99	72.35	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage												
High Self	WF1	New Plan	241.32	180.99	60.33	New Plan	New Plan	522.86	392.15	130.71	New Plan	
High Self & Family	WF2	New Plan	570.64	427.98	142.66	New Plan	New Plan	1236.39	927.29	309.10	New Plan	
High Self Plus One	WF3	New Plan	518.79	389.09	129.70	New Plan	New Plan	1124.05	843.04	281.01	New Plan	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage												
High Self	VD1	New Plan	240.93	180.70	60.23	New Plan	New Plan	522.02	391.52	130.50	New Plan	
High Self & Family	VD2	New Plan	569.71	427.28	142.43	New Plan	New Plan	1234.37	925.78	308.59	New Plan	
High Self Plus One	VD3	New Plan	517.95	388.46	129.49	New Plan	New Plan	1122.23	841.67	280.56	New Plan	
Pennsylvania Aetna Advantage												
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Pennsylvania Aetna Direct												
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83	
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87	
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family	H42	872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One	H43	863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self	H44	284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family	H45	653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One	H46	640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Pennsylvania Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Pennsylvania Aetna Open Access											
High Self	YE1	432.98	560.83	235.77	325.06	122.26	938.12	1215.13	510.84	704.29	264.89
High Self & Family	YE2	1087.21	1408.24	546.47	861.77	299.88	2355.62	3051.19	1184.02	1867.17	649.74
High Self Plus One	YE3	1076.44	1394.30	504.12	890.18	306.01	2332.29	3020.98	1092.26	1928.72	663.02
Pennsylvania Aetna Open Access											
Basic Self	P34	599.29	604.65	235.77	368.88	-0.23	1298.46	1310.08	510.84	799.24	-0.50
Basic Self & Family	P35	1390.96	1403.39	546.47	856.92	-8.72	3013.75	3040.68	1184.02	1856.66	-18.90
Basic Self Plus One	P36	1377.18	1389.48	504.12	885.36	0.45	2983.89	3010.54	1092.26	1918.28	0.98
High Self	P31	685.48	672.28	235.77	436.51	-18.79	1485.21	1456.61	510.84	945.77	-40.72
High Self & Family	P32	1661.96	1629.94	546.47	1083.47	-53.17	3600.91	3531.54	1184.02	2347.52	-115.20
High Self Plus One	P33	1645.50	1613.79	504.12	1109.67	-43.56	3565.25	3496.55	1092.26	2404.29	-94.37
Pennsylvania Geisinger Health Plan											
Standard Self	GG4	336.54	379.72	235.77	143.95	37.59	729.17	822.73	510.84	311.89	81.44
Standard Self & Family	GG5	770.52	869.39	546.47	322.92	77.72	1669.46	1883.68	1184.02	699.66	168.39
Standard Self Plus One	GG6	727.17	820.48	504.12	316.36	81.46	1575.54	1777.71	1092.26	685.45	176.50
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	228.78	224.57	168.43	56.14	-1.05	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	526.18	516.51	387.38	129.13	-2.41	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	491.87	482.83	362.12	120.71	-2.26	1065.72	1046.13	784.60	261.53	-4.90
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	308.28	329.95	235.77	94.18	16.08	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	730.61	781.98	546.47	235.51	30.22	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	662.79	709.38	504.12	205.26	34.74	1436.05	1536.99	1092.26	444.73	75.27

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Pennsylvania UPMC Health Plan											
Standard Self	YT4	New Plan	417.27	235.77	181.50	New Plan	New Plan	904.09	510.84	393.25	New Plan
Standard Self & Family	YT5	New Plan	979.37	546.47	432.90	New Plan	New Plan	2121.97	1184.02	937.95	New Plan
Standard Self Plus One	YT6	New Plan	938.06	504.12	433.94	New Plan	New Plan	2032.46	1092.26	940.20	New Plan
Pennsylvania UPMC Health Plan											
HDHP Self	YS4	New Plan	358.06	235.77	122.29	New Plan	New Plan	775.80	510.84	264.96	New Plan
HDHP Self & Family	YS5	New Plan	826.64	546.47	280.17	New Plan	New Plan	1791.05	1184.02	607.03	New Plan
HDHP Self Plus One	YS6	New Plan	794.64	504.12	290.52	New Plan	New Plan	1721.72	1092.26	629.46	New Plan
High Self	YS1	New Plan	527.24	235.77	291.47	New Plan	New Plan	1142.35	510.84	631.51	New Plan
High Self & Family	YS2	New Plan	1239.17	546.47	692.70	New Plan	New Plan	2684.87	1184.02	1500.85	New Plan
High Self Plus One	YS3	New Plan	1186.47	504.12	682.35	New Plan	New Plan	2570.69	1092.26	1478.43	New Plan
Pennsylvania UPMC Health Plan											
HDHP Self	8W4	264.73	281.83	211.37	70.46	4.28	573.58	610.63	457.97	152.66	9.27
HDHP Self & Family	8W5	608.12	648.46	486.35	162.11	10.08	1317.59	1405.00	1053.75	351.25	21.85
HDHP Self Plus One	8W6	585.25	623.83	467.87	155.96	9.65	1268.04	1351.63	1013.72	337.91	20.90
High Self	8W1	402.82	432.18	235.77	196.41	23.77	872.78	936.39	510.84	425.55	51.49
High Self & Family	8W2	946.76	1015.77	546.47	469.30	47.86	2051.31	2200.84	1184.02	1016.82	103.70
High Self Plus One	8W3	906.52	972.59	504.12	468.47	54.22	1964.13	2107.28	1092.26	1015.02	117.48
Pennsylvania UPMC Health Plan											
Standard Self	UW4	300.86	310.93	233.20	77.73	2.52	651.86	673.68	505.26	168.42	5.46
Standard Self & Family	UW5	703.29	729.57	546.47	183.10	5.13	1523.80	1580.74	1184.02	396.72	11.11
Standard Self Plus One	UW6	673.51	698.86	504.12	194.74	13.50	1459.27	1514.20	1092.26	421.94	29.26
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	168.51	180.11	135.08	45.03	2.90	365.11	390.24	292.68	97.56	6.28
High Self & Family	ZJ2	379.15	405.26	303.95	101.31	6.52	821.49	878.06	658.55	219.51	14.14
High Self Plus One	ZJ3	362.30	387.24	290.43	96.81	6.24	784.98	839.02	629.27	209.75	13.51

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Puerto Rico Triple-S Salud Inc. Puerto Rico												
High Self		891	188.02	180.02	135.02	45.00	-2.00	407.38	390.04	292.53	97.51	-4.33
High Self & Family		892	430.56	412.25	309.19	103.06	-4.58	932.88	893.21	669.91	223.30	-9.92
High Self Plus One		893	422.17	404.21	303.16	101.05	-4.49	914.70	875.79	656.84	218.95	-9.72
Rhode Island Aetna Advantage												
Advantage Self		Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family		Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One		Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Rhode Island Aetna Direct												
CDHP Self		N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family		N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One		N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan												
Value Self		EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family		EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One		EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self		EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family		EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One		EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
Rhode Island Aetna HealthFund HDHP												
HDHP Self		224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family		225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One		226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
South Carolina Aetna Advantage												
Advantage Self		Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family		Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One		Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
South Carolina Aetna Direct												
CDHP Self		N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family		N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One		N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
South Carolina Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
South Carolina Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
South Dakota Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
South Dakota Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
South Dakota Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86
South Dakota Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
South Dakota HealthPartners											
Standard Self	V34	197.58	212.27	159.20	53.07	3.68	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	481.30	517.11	387.83	129.28	8.96	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	436.65	469.13	351.85	117.28	8.12	946.08	1016.45	762.34	254.11	17.59
High Self	V31	364.76	328.76	235.77	92.99	-41.59	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	888.56	800.86	546.47	254.39	-108.85	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	806.11	726.56	504.12	222.44	-91.40	1746.57	1574.21	1092.26	481.95	-198.03
Tennessee Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Tennessee Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Tennessee Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Tennessee Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Tennessee Aetna Open Access											
High Self	UB1	459.15	489.78	235.77	254.01	25.04	994.83	1061.19	510.84	550.35	54.24
High Self & Family	UB2	1176.58	1255.06	546.47	708.59	57.33	2549.26	2719.30	1184.02	1535.28	124.21
High Self Plus One	UB3	1164.95	1242.65	504.12	738.53	65.85	2524.06	2692.41	1092.26	1600.15	142.68

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Tennessee Humana CoverageFirst and Humana Value Plan											
CDHP Self	TT1	307.13	343.99	235.77	108.22	31.27	665.45	745.31	510.84	234.47	67.74
CDHP Self & Family	TT2	691.06	773.99	546.47	227.52	54.76	1497.30	1676.98	1184.02	492.96	118.64
CDHP Self Plus One	TT3	660.35	739.59	504.12	235.47	67.39	1430.76	1602.45	1092.26	510.19	146.02
Value Self	TT4	248.20	315.21	235.77	79.44	17.39	537.77	682.96	510.84	172.12	37.68
Value Self & Family	TT5	558.43	709.21	531.91	177.30	37.69	1209.93	1536.62	1152.47	384.15	81.67
Value Self Plus One	TT6	533.61	677.68	504.12	173.56	40.16	1156.16	1468.31	1092.26	376.05	87.01
Tennessee Humana Health Plan, Inc.											
High Self	GJ1	444.81	542.67	235.77	306.90	92.27	963.76	1175.79	510.84	664.95	199.91
High Self & Family	GJ2	1000.79	1220.97	546.47	674.50	199.03	2168.38	2645.44	1184.02	1461.42	431.23
High Self Plus One	GJ3	956.31	1166.70	504.12	662.58	198.54	2072.01	2527.85	1092.26	1435.59	430.17
Standard Self	GJ4	376.44	401.60	235.77	165.83	19.57	815.62	870.13	510.84	359.29	42.39
Standard Self & Family	GJ5	846.98	903.59	546.47	357.12	35.46	1835.12	1957.78	1184.02	773.76	76.83
Standard Self Plus One	GJ6	809.33	863.43	504.12	359.31	42.25	1753.55	1870.77	1092.26	778.51	91.55
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	193.25	209.88	157.41	52.47	4.16	418.71	454.74	341.06	113.68	9.00
HDHP Self & Family	LS2	444.50	482.73	362.05	120.68	9.56	963.08	1045.92	784.44	261.48	20.71
HDHP Self Plus One	LS3	415.50	451.25	338.44	112.81	8.94	900.25	977.71	733.28	244.43	19.37
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	313.40	329.48	235.77	93.71	10.49	679.03	713.87	510.84	203.03	22.72
High Self & Family	KK2	783.52	823.71	546.47	277.24	19.04	1697.63	1784.71	1184.02	600.69	41.25
High Self Plus One	KK3	673.82	708.40	504.12	204.28	22.73	1459.94	1534.87	1092.26	442.61	49.26
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Texas Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Texas Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Texas Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
Texas Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Texas Humana CoverageFirst and Humana Value Plan											
Value Self	T34	229.96	243.77	182.83	60.94	3.45	498.25	528.17	396.13	132.04	7.48
Value Self & Family	T35	517.42	548.46	411.35	137.11	7.76	1121.08	1188.33	891.25	297.08	16.81
Value Self Plus One	T36	494.43	524.09	393.07	131.02	7.41	1071.27	1135.53	851.65	283.88	16.06
CDHP Self	T31	301.89	350.19	235.77	114.42	38.95	654.10	758.75	510.84	247.91	84.39
CDHP Self & Family	T32	679.24	787.92	546.47	241.45	71.64	1471.69	1707.16	1184.02	523.14	155.22
CDHP Self Plus One	T33	649.06	752.92	504.12	248.80	86.54	1406.30	1631.33	1092.26	539.07	187.50
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self	TV1	326.58	388.63	235.77	152.86	56.46	707.59	842.03	510.84	331.19	122.32
CDHP Self & Family	TV2	734.81	874.43	546.47	327.96	118.47	1592.09	1894.60	1184.02	710.58	256.68
CDHP Self Plus One	TV3	702.16	835.57	504.12	331.45	121.56	1521.35	1810.40	1092.26	718.14	263.38
Value Self	TV4	267.29	307.38	230.54	76.84	10.02	579.13	665.99	499.49	166.50	21.72
Value Self & Family	TV5	601.41	691.62	518.72	172.90	22.55	1303.06	1498.51	1123.88	374.63	48.87
Value Self Plus One	TV6	574.68	660.89	495.67	165.22	21.55	1245.14	1431.93	1073.95	357.98	46.70

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Texas Humana CoverageFirst and Humana Value Plan											
Value Self	TU4	234.75	243.56	182.67	60.89	2.20	508.63	527.71	395.78	131.93	4.77
Value Self & Family	TU5	528.18	548.02	411.02	137.00	4.96	1144.39	1187.38	890.54	296.84	10.74
Value Self Plus One	TU6	504.72	523.67	392.75	130.92	4.74	1093.56	1134.62	850.97	283.65	10.26
CDHP Self	TU1	295.10	298.05	223.54	74.51	0.74	639.38	645.78	484.34	161.44	1.60
CDHP Self & Family	TU2	663.99	670.62	502.97	167.65	1.65	1438.65	1453.01	1089.76	363.25	3.59
CDHP Self Plus One	TU3	634.47	640.82	480.62	160.20	1.58	1374.69	1388.44	1041.33	347.11	3.44
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self	TP1	272.99	333.05	235.77	97.28	29.03	591.48	721.61	510.84	210.77	62.90
CDHP Self & Family	TP2	614.23	749.36	546.47	202.89	49.33	1330.83	1623.61	1184.02	439.59	106.88
CDHP Self Plus One	TP3	586.94	716.07	504.12	211.95	65.22	1271.70	1551.49	1092.26	459.23	141.31
Value Self	TP4	184.12	195.17	146.38	48.79	2.76	398.93	422.87	317.15	105.72	5.99
Value Self & Family	TP5	414.27	439.13	329.35	109.78	6.21	897.59	951.45	713.59	237.86	13.46
Value Self Plus One	TP6	395.87	419.62	314.72	104.90	5.93	857.72	909.18	681.89	227.29	12.86
Texas Humana Health Plan of Texas											
Standard Self	UC4	369.17	387.63	235.77	151.86	12.87	799.87	839.87	510.84	329.03	27.88
Standard Self & Family	UC5	830.63	872.15	546.47	325.68	20.37	1799.70	1889.66	1184.02	705.64	44.13
Standard Self Plus One	UC6	793.71	833.39	504.12	329.27	27.83	1719.71	1805.68	1092.26	713.42	60.30
High Self	UC1	451.35	505.51	235.77	269.74	48.57	977.93	1095.27	510.84	584.43	105.22
High Self & Family	UC2	1015.55	1137.42	546.47	590.95	100.72	2200.36	2464.41	1184.02	1280.39	218.22
High Self Plus One	UC3	970.41	1086.86	504.12	582.74	104.60	2102.56	2354.86	1092.26	1262.60	226.63
Texas Humana Health Plan of Texas											
Basic Self	QX1	285.79	345.81	235.77	110.04	38.59	619.21	749.26	510.84	238.42	83.62
Basic Self & Family	QX2	643.02	778.08	546.47	231.61	70.86	1393.21	1685.84	1184.02	501.82	153.52
Basic Self Plus One	QX3	614.44	743.50	504.12	239.38	85.77	1331.29	1610.92	1092.26	518.66	185.84
Texas Humana Health Plan of Texas											
Standard Self	EW4	357.23	385.81	235.77	150.04	22.99	774.00	835.92	510.84	325.08	49.80
Standard Self & Family	EW5	803.76	868.07	546.47	321.60	43.16	1741.48	1880.82	1184.02	696.80	93.51
Standard Self Plus One	EW6	768.04	829.48	504.12	325.36	49.59	1664.09	1797.21	1092.26	704.95	107.45
High Self	EW1	474.95	522.44	235.77	286.67	41.90	1029.06	1131.95	510.84	621.11	90.77
High Self & Family	EW2	1068.65	1175.51	546.47	629.04	85.71	2315.41	2546.94	1184.02	1362.92	185.70
High Self Plus One	EW3	1021.16	1123.27	504.12	619.15	90.26	2212.51	2433.75	1092.26	1341.49	195.57

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Texas Humana Health Plan of Texas											
Basic Self	QY1	283.23	351.21	235.77	115.44	44.63	613.67	760.96	510.84	250.12	96.70
Basic Self & Family	QY2	637.27	790.21	546.47	243.74	84.42	1380.75	1712.12	1184.02	528.10	182.91
Basic Self Plus One	QY3	608.95	755.10	504.12	250.98	98.74	1319.39	1636.05	1092.26	543.79	213.94
Texas Humana Health Plan of Texas											
Basic Self	Q21	275.77	339.20	235.77	103.43	34.49	597.50	734.93	510.84	224.09	74.72
Basic Self & Family	Q22	620.47	763.18	546.47	216.71	61.59	1344.35	1653.56	1184.02	469.54	133.45
Basic Self Plus One	Q23	592.88	729.25	504.12	225.13	76.91	1284.57	1580.04	1092.26	487.78	166.64
Texas Humana Health Plan of Texas											
Basic Self	Q61	271.81	288.12	216.09	72.03	4.08	588.92	624.26	468.20	156.06	8.83
Basic Self & Family	Q62	611.59	648.28	486.21	162.07	9.17	1325.11	1404.61	1053.46	351.15	19.87
Basic Self Plus One	Q63	584.40	619.47	464.60	154.87	8.77	1266.20	1342.19	1006.64	335.55	19.00
Texas Humana Health Plan of Texas											
Standard Self	UU4	598.83	766.51	235.77	530.74	162.09	1297.47	1660.77	510.84	1149.93	351.18
Standard Self & Family	UU5	1347.38	1724.64	546.47	1178.17	356.11	2919.32	3736.72	1184.02	2552.70	771.57
Standard Self Plus One	UU6	1287.49	1647.98	504.12	1143.86	348.64	2789.56	3570.62	1092.26	2478.36	755.39
High Self	UU1	679.02	712.96	235.77	477.19	28.35	1471.21	1544.75	510.84	1033.91	61.42
High Self & Family	UU2	1527.76	1604.15	546.47	1057.68	55.24	3310.15	3475.66	1184.02	2291.64	119.68
High Self Plus One	UU3	1459.87	1532.86	504.12	1028.74	61.14	3163.05	3321.20	1092.26	2228.94	132.48
Texas Humana Health Plan of Texas											
Standard Self	UR4	411.18	452.31	235.77	216.54	35.54	890.89	980.01	510.84	469.17	77.00
Standard Self & Family	UR5	925.17	1017.69	546.47	471.22	71.37	2004.54	2205.00	1184.02	1020.98	154.63
Standard Self Plus One	UR6	884.05	972.46	504.12	468.34	76.56	1915.44	2107.00	1092.26	1014.74	165.89
High Self	UR1	596.23	637.98	235.77	402.21	36.16	1291.83	1382.29	510.84	871.45	78.34
High Self & Family	UR2	1341.53	1435.44	546.47	888.97	72.76	2906.65	3110.12	1184.02	1926.10	157.64
High Self Plus One	UR3	1281.90	1371.65	504.12	867.53	77.90	2777.45	2971.91	1092.26	1879.65	168.79
Texas Scott and White Health Plan											
Basic Self	A81	279.64	303.74	227.81	75.93	6.02	605.89	658.10	493.58	164.52	13.05
Basic Self & Family	A82	656.09	712.71	534.53	178.18	14.16	1421.53	1544.21	1158.16	386.05	30.67
Basic Self Plus One	A83	619.85	673.33	504.12	169.21	14.25	1343.01	1458.88	1092.26	366.62	30.87
Standard Self	A84	340.93	362.50	235.77	126.73	15.98	738.68	785.42	510.84	274.58	34.62
Standard Self & Family	A85	800.14	850.84	546.47	304.37	29.55	1733.64	1843.49	1184.02	659.47	64.02
Standard Self Plus One	A86	755.92	803.81	504.12	299.69	36.04	1637.83	1741.59	1092.26	649.33	78.09

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Texas Scott and White Health Plan											
Basic Self	P81	313.82	313.09	234.82	78.27	-5.37	679.94	678.36	508.77	169.59	-11.63
Basic Self & Family	P82	736.43	734.72	546.47	188.25	-22.86	1595.60	1591.89	1184.02	407.87	-49.54
Basic Self Plus One	P83	695.73	694.12	504.12	190.00	-13.46	1507.42	1503.93	1092.26	411.67	-29.16
Standard Self	P84	381.63	380.74	235.77	144.97	-6.48	826.87	824.94	510.84	314.10	-14.05
Standard Self & Family	P85	895.77	893.68	546.47	347.21	-23.24	1940.84	1936.31	1184.02	752.29	-50.36
Standard Self Plus One	P86	846.27	844.29	504.12	340.17	-13.83	1833.59	1829.30	1092.26	737.04	-29.96
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	201.72	240.69	180.52	60.17	9.74	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	565.61	674.89	506.17	168.72	27.32	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	393.95	470.06	352.55	117.51	19.02	853.56	1018.46	763.85	254.61	41.22
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Texas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Utah Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Utah Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Utah Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Utah Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Utah Altius Health Plan											
High Self	9K1	431.65	465.72	235.77	229.95	28.48	935.24	1009.06	510.84	498.22	61.70
High Self & Family	9K2	954.58	1029.93	546.47	483.46	54.20	2068.26	2231.52	1184.02	1047.50	117.43
High Self Plus One	9K3	945.13	1019.73	504.12	515.61	62.75	2047.78	2209.42	1092.26	1117.16	135.97
HDHP Self	9K4	233.96	244.26	183.20	61.06	2.57	506.91	529.23	396.92	132.31	5.58
HDHP Self & Family	9K5	488.96	510.48	382.86	127.62	5.38	1059.41	1106.04	829.53	276.51	11.66
HDHP Self Plus One	9K6	479.37	500.48	375.36	125.12	5.28	1038.64	1084.37	813.28	271.09	11.43
Utah Altius Health Plan											
Standard Self	DK4	328.82	351.37	235.77	115.60	16.96	712.44	761.30	510.84	250.46	36.74
Standard Self & Family	DK5	726.14	775.95	546.47	229.48	28.66	1573.30	1681.23	1184.02	497.21	62.10
Standard Self Plus One	DK6	718.94	768.26	504.12	264.14	37.47	1557.70	1664.56	1092.26	572.30	81.19
Utah SelectHealth Plan											
Standard Self	SF4	285.79	279.23	209.42	69.81	-1.64	619.21	605.00	453.75	151.25	-3.55
Standard Self & Family	SF5	651.35	636.40	477.30	159.10	-3.74	1411.26	1378.87	1034.15	344.72	-8.09
Standard Self Plus One	SF6	651.35	636.40	477.30	159.10	-3.74	1411.26	1378.87	1034.15	344.72	-8.09
Utah SelectHealth Plan											
HDHP Self	WX1	233.96	243.32	182.49	60.83	2.34	506.91	527.19	395.39	131.80	5.07
HDHP Self & Family	WX2	533.22	554.55	415.91	138.64	5.34	1155.31	1201.53	901.15	300.38	11.55
HDHP Self Plus One	WX3	533.22	554.55	415.91	138.64	5.34	1155.31	1201.53	901.15	300.38	11.55
Vermont Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Vermont Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Vermont Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	285.73	350.59	235.77	114.82	43.39	619.08	759.61	510.84	248.77	94.00
Value Self & Family	EP5	654.30	802.85	546.47	256.38	92.81	1417.65	1739.51	1184.02	555.49	201.08
Value Self Plus One	EP6	641.47	787.10	504.12	282.98	122.61	1389.85	1705.38	1092.26	613.12	265.66
CDHP Self	EP1	423.14	496.50	235.77	260.73	67.77	916.80	1075.75	510.84	564.91	146.83
CDHP Self & Family	EP2	965.00	1132.30	546.47	585.83	146.15	2090.83	2453.32	1184.02	1269.30	316.66
CDHP Self Plus One	EP3	955.44	1121.09	504.12	616.97	153.80	2070.12	2429.03	1092.26	1336.77	333.24
Vermont Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands											
High Self	851	304.27	313.40	235.05	78.35	2.28	659.25	679.03	509.27	169.76	4.95
High Self & Family	852	696.79	717.70	538.28	179.42	5.22	1509.71	1555.02	1166.27	388.75	11.32
High Self Plus One	853	683.20	703.70	504.12	199.58	8.65	1480.27	1524.68	1092.26	432.42	18.74
Virginia Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Virginia Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
Virginia Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Virginia Aetna Open Access											
High Self	JN1	516.52	525.03	235.77	289.26	2.92	1119.13	1137.57	510.84	626.73	6.32
High Self & Family	JN2	1161.22	1180.35	546.47	633.88	-2.02	2515.98	2557.43	1184.02	1373.41	-4.38
High Self Plus One	JN3	1149.71	1168.66	504.12	664.54	7.10	2491.04	2532.10	1092.26	1439.84	15.39
Basic Self	JN4	314.06	321.74	235.77	85.97	2.09	680.46	697.10	510.84	186.26	4.52
Basic Self & Family	JN5	718.73	736.31	546.47	189.84	-3.57	1557.25	1595.34	1184.02	411.32	-7.74
Basic Self Plus One	JN6	660.00	676.15	504.12	172.03	4.30	1430.00	1464.99	1092.26	372.73	9.32
Virginia Aetna Saver											
Saver Self	QQ4	New Plan	274.71	206.03	68.68	New Plan	New Plan	595.21	446.41	148.80	New Plan
Saver Self & Family	QQ5	New Plan	628.68	471.51	157.17	New Plan	New Plan	1362.14	1021.61	340.53	New Plan
Saver Self Plus One	QQ6	New Plan	577.30	432.98	144.32	New Plan	New Plan	1250.82	938.12	312.70	New Plan
Virginia CareFirst BlueChoice											
Standard Self	2G4	368.16	390.25	235.77	154.48	16.50	797.68	845.54	510.84	334.70	35.74
Standard Self & Family	2G5	874.73	927.21	546.47	380.74	31.33	1895.25	2008.96	1184.02	824.94	67.88
Standard Self Plus One	2G6	736.31	780.49	504.12	276.37	32.33	1595.34	1691.06	1092.26	598.80	70.05
Virginia CareFirst BlueChoice											
HDHP Self	B61	239.20	263.12	197.34	65.78	5.98	518.27	570.09	427.57	142.52	12.95
HDHP Self & Family	B62	568.33	625.16	468.87	156.29	14.21	1231.38	1354.51	1015.88	338.63	30.79
HDHP Self Plus One	B63	478.39	526.23	394.67	131.56	11.96	1036.51	1140.17	855.13	285.04	25.91
Blue Value Plus Self	B64	New Plan	325.84	235.77	90.07	New Plan	New Plan	705.99	510.84	195.15	New Plan
Blue Value Plus Self & Family	B65	New Plan	774.21	546.47	227.74	New Plan	New Plan	1677.46	1184.02	493.44	New Plan
Blue Value Plus Self Plus One	B66	New Plan	651.70	488.78	162.92	New Plan	New Plan	1412.02	1059.02	353.00	New Plan
Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.											
Basic Self	T71	193.90	193.90	145.43	48.47	0.00	420.12	420.12	315.09	105.03	0.00
Basic Self & Family	T72	473.61	473.61	355.21	118.40	0.00	1026.16	1026.16	769.62	256.54	0.00
Basic Self Plus One	T73	431.49	431.49	323.62	107.87	0.00	934.90	934.90	701.18	233.72	0.00
Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.											
Standard Self	E34	240.81	263.79	197.84	65.95	5.75	521.76	571.55	428.66	142.89	12.45
Standard Self & Family	E35	553.84	606.69	455.02	151.67	13.21	1199.99	1314.50	985.88	328.62	28.62
Standard Self Plus One	E36	553.84	606.69	455.02	151.67	13.21	1199.99	1314.50	985.88	328.62	28.62
High Self	E31	319.70	333.61	235.77	97.84	8.32	692.68	722.82	510.84	211.98	18.02
High Self & Family	E32	735.30	767.32	546.47	220.85	10.87	1593.15	1662.53	1184.02	478.51	23.55
High Self Plus One	E33	735.30	767.32	504.12	263.20	20.17	1593.15	1662.53	1092.26	570.27	43.71

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Virginia M.D. IPA											
High Self	JP1	365.01	404.59	235.77	168.82	33.99	790.86	876.61	510.84	365.77	73.63
High Self & Family	JP2	1023.48	1134.48	546.47	588.01	89.85	2217.54	2458.04	1184.02	1274.02	194.67
High Self Plus One	JP3	712.86	790.17	504.12	286.05	65.46	1544.53	1712.04	1092.26	619.78	141.84
Virginia Optima Health											
HDHP Self	PG4	279.32	297.42	223.07	74.35	4.52	605.19	644.41	483.31	161.10	9.80
HDHP Self & Family	PG5	616.15	656.07	492.05	164.02	9.98	1334.99	1421.49	1066.12	355.37	21.62
HDHP Self Plus One	PG6	604.06	643.21	482.41	160.80	9.79	1308.80	1393.62	1045.22	348.40	21.20
High Self	PG1	313.14	319.43	235.77	83.66	0.70	678.47	692.10	510.84	181.26	1.51
High Self & Family	PG2	756.68	771.86	546.47	225.39	-5.97	1639.47	1672.36	1184.02	488.34	-12.94
High Self Plus One	PG3	756.63	771.80	504.12	267.68	3.32	1639.37	1672.23	1092.26	579.97	7.19
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	228.78	224.57	168.43	56.14	-1.05	495.69	486.57	364.93	121.64	-2.28
HDHP Self & Family	V42	526.18	516.51	387.38	129.13	-2.41	1140.06	1119.11	839.33	279.78	-5.23
HDHP Self Plus One	V43	491.87	482.83	362.12	120.71	-2.26	1065.72	1046.13	784.60	261.53	-4.90
Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	308.28	329.95	235.77	94.18	16.08	667.94	714.89	510.84	204.05	34.83
High Self & Family	LR2	730.61	781.98	546.47	235.51	30.22	1582.99	1694.29	1184.02	510.27	65.47
High Self Plus One	LR3	662.79	709.38	504.12	205.26	34.74	1436.05	1536.99	1092.26	444.73	75.27
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	201.72	240.69	180.52	60.17	9.74	437.06	521.50	391.13	130.37	21.11
Value Self & Family	L92	565.61	674.89	506.17	168.72	27.32	1225.49	1462.26	1096.70	365.56	59.19
Value Self Plus One	L93	393.95	470.06	352.55	117.51	19.02	853.56	1018.46	763.85	254.61	41.22
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	AS1	New Plan	242.68	182.01	60.67	New Plan	New Plan	525.81	394.36	131.45	New Plan
High Self & Family	AS2	New Plan	573.86	430.40	143.46	New Plan	New Plan	1243.36	932.52	310.84	New Plan
High Self Plus One	AS3	New Plan	521.73	391.30	130.43	New Plan	New Plan	1130.42	847.82	282.60	New Plan
Virginia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	Y81	New Plan	233.88	175.41	58.47	New Plan	New Plan	506.74	380.06	126.68	New Plan
High Self & Family	Y82	New Plan	553.03	414.77	138.26	New Plan	New Plan	1198.23	898.67	299.56	New Plan
High Self Plus One	Y83	New Plan	502.79	377.09	125.70	New Plan	New Plan	1089.38	817.04	272.34	New Plan
Washington Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Washington Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Washington Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86
Washington Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Washington Kaiser Foundation Health Plan of the Northwest											
Standard Self	574	286.29	299.06	224.30	74.76	3.19	620.30	647.96	485.97	161.99	6.92
Standard Self & Family	575	657.69	687.02	515.27	171.75	7.33	1425.00	1488.54	1116.41	372.13	15.88
Standard Self Plus One	576	657.69	687.02	504.12	182.90	17.48	1425.00	1488.54	1092.26	396.28	37.87
High Self	571	326.16	336.89	235.77	101.12	5.14	706.68	729.93	510.84	219.09	11.13
High Self & Family	572	736.69	760.94	546.47	214.47	3.10	1596.16	1648.70	1184.02	464.68	6.71
High Self Plus One	573	736.69	760.94	504.12	256.82	12.40	1596.16	1648.70	1092.26	556.44	26.87
Washington Kaiser Foundation Health Plan of Washington											
Standard Self	544	270.08	278.83	209.12	69.71	2.19	585.17	604.13	453.10	151.03	4.74
Standard Self & Family	545	621.19	641.32	480.99	160.33	5.03	1345.91	1389.53	1042.15	347.38	10.90
Standard Self Plus One	546	621.19	641.32	480.99	160.33	5.03	1345.91	1389.53	1042.15	347.38	10.90
High Self	541	376.34	390.34	235.77	154.57	8.41	815.40	845.74	510.84	334.90	18.22
High Self & Family	542	827.96	858.76	546.47	312.29	9.65	1793.91	1860.65	1184.02	676.63	20.91
High Self Plus One	543	827.96	858.76	504.12	354.64	18.95	1793.91	1860.65	1092.26	768.39	41.07

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Washington Kaiser Permanente Washington Options Federal											
Standard Self	L11	322.07	335.95	235.77	100.18	8.29	697.82	727.89	510.84	217.05	17.95
Standard Self & Family	L12	714.98	745.80	546.47	199.33	9.67	1549.12	1615.90	1184.02	431.88	20.95
Standard Self Plus One	L13	714.98	745.80	504.12	241.68	18.97	1549.12	1615.90	1092.26	523.64	41.11
HDHP Self	L14	271.00	297.96	223.47	74.49	6.74	587.17	645.58	484.19	161.39	14.60
HDHP Self & Family	L15	601.61	661.45	496.09	165.36	14.96	1303.49	1433.14	1074.86	358.28	32.41
HDHP Self Plus One	L16	601.61	661.45	496.09	165.36	14.96	1303.49	1433.14	1074.86	358.28	32.41
Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	207.84	204.85	153.64	51.21	-0.75	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	478.03	471.16	353.37	117.79	-1.72	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	446.86	440.43	330.32	110.11	-1.60	968.20	954.27	715.70	238.57	-3.48
Washington UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KT1	313.47	334.51	235.77	98.74	15.45	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	783.67	836.26	546.47	289.79	31.44	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	673.95	719.19	504.12	215.07	33.39	1460.23	1558.25	1092.26	465.99	72.35
Washington UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	WF1	New Plan	241.32	180.99	60.33	New Plan	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	570.64	427.98	142.66	New Plan	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	518.79	389.09	129.70	New Plan	New Plan	1124.05	843.04	281.01	New Plan
Washington UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	VD1	New Plan	240.93	180.70	60.23	New Plan	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	569.71	427.28	142.43	New Plan	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	517.95	388.46	129.49	New Plan	New Plan	1122.23	841.67	280.56	New Plan
West Virginia Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
West Virginia Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
West Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	374.21	382.72	235.77	146.95	2.92	810.79	829.23	510.84	318.39	6.32
CDHP Self & Family	F52	853.25	872.64	546.47	326.17	-1.76	1848.71	1890.72	1184.02	706.70	-3.82
CDHP Self Plus One	F53	844.80	864.00	504.12	359.88	7.35	1830.40	1872.00	1092.26	779.74	15.93
Value Self	F54	326.97	378.45	235.77	142.68	45.89	708.44	819.98	510.84	309.14	99.42
Value Self & Family	F55	748.73	866.59	546.47	320.12	96.71	1622.25	1877.61	1184.02	693.59	209.53
Value Self Plus One	F56	734.04	849.59	504.12	345.47	103.70	1590.42	1840.78	1092.26	748.52	224.69
West Virginia Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Wisconsin Aetna Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
Wisconsin Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
Wisconsin Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Wisconsin Dean Health Plan, Inc.											
High Self	WD1	506.37	529.42	235.77	293.65	17.46	1097.14	1147.08	510.84	636.24	37.82
High Self & Family	WD2	1164.64	1217.66	546.47	671.19	31.87	2523.39	2638.26	1184.02	1454.24	69.04
High Self Plus One	WD3	1063.37	1111.78	504.12	607.66	36.56	2303.97	2408.86	1092.26	1316.60	79.22
Standard Self	WD4	298.00	314.57	235.77	78.80	4.30	645.67	681.57	510.84	170.73	9.31
Standard Self & Family	WD5	715.21	754.97	546.47	208.50	18.61	1549.62	1635.77	1184.02	451.75	40.32
Standard Self Plus One	WD6	655.62	692.06	504.12	187.94	24.04	1420.51	1499.46	1092.26	407.20	52.07
Wisconsin Group Health Cooperative of South Central Wisconsin											
High Self	WJ1	337.40	395.98	235.77	160.21	52.99	731.03	857.96	510.84	347.12	114.81
High Self & Family	WJ2	877.24	1029.58	546.47	483.11	131.19	1900.69	2230.76	1184.02	1046.74	284.24
High Self Plus One	WJ3	742.28	871.18	504.12	367.06	117.05	1608.27	1887.56	1092.26	795.30	253.62
Wisconsin HealthPartners											
Standard Self	V34	197.58	212.27	159.20	53.07	3.68	428.09	459.92	344.94	114.98	7.96
Standard Self & Family	V35	481.30	517.11	387.83	129.28	8.96	1042.82	1120.41	840.31	280.10	19.40
Standard Self Plus One	V36	436.65	469.13	351.85	117.28	8.12	946.08	1016.45	762.34	254.11	17.59
High Self	V31	364.76	328.76	235.77	92.99	-41.59	790.31	712.31	510.84	201.47	-90.12
High Self & Family	V32	888.56	800.86	546.47	254.39	-108.85	1925.21	1735.20	1184.02	551.18	-235.84
High Self Plus One	V33	806.11	726.56	504.12	222.44	-91.40	1746.57	1574.21	1092.26	481.95	-198.03
Wisconsin MercyCare Health Plans											
High Self	EY1	352.64	362.73	235.77	126.96	4.50	764.05	785.92	510.84	275.08	9.75
High Self & Family	EY2	920.31	946.61	546.47	400.14	5.15	1994.01	2050.99	1184.02	866.97	11.15
High Self Plus One	EY3	758.22	779.90	504.12	275.78	9.83	1642.81	1689.78	1092.26	597.52	21.30
Standard Self	EY4	New Plan	281.35	211.01	70.34	New Plan	New Plan	609.59	457.19	152.40	New Plan
Standard Self & Family	EY5	New Plan	734.24	546.47	187.77	New Plan	New Plan	1590.85	1184.02	406.83	New Plan
Standard Self Plus One	EY6	New Plan	604.93	453.70	151.23	New Plan	New Plan	1310.68	983.01	327.67	New Plan
Wisconsin Quartz Health Benefit Plans Corporation											
High Self	TF1	New Plan	466.32	235.77	230.55	New Plan	New Plan	1010.36	510.84	499.52	New Plan
High Self & Family	TF2	New Plan	1119.18	546.47	572.71	New Plan	New Plan	2424.89	1184.02	1240.87	New Plan
High Self Plus One	TF3	New Plan	1049.24	504.12	545.12	New Plan	New Plan	2273.35	1092.26	1181.09	New Plan
Standard Self	TF4	New Plan	283.51	212.63	70.88	New Plan	New Plan	614.27	460.70	153.57	New Plan
Standard Self & Family	TF5	New Plan	680.44	510.33	170.11	New Plan	New Plan	1474.29	1105.72	368.57	New Plan
Standard Self Plus One	TF6	New Plan	623.74	467.81	155.93	New Plan	New Plan	1351.44	1013.58	337.86	New Plan

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program													
Health Management Organizations (HMO)			2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 Monthly premium rates				
Plan - Option - Enrollment Code		2019 Total Biweekly Premium		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Wyoming Aetna Advantage													
Advantage Self		Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan	
Advantage Self & Family		Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan	
Advantage Self Plus One		Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan	
Wyoming Aetna Direct													
CDHP Self		N61		257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family		N62		648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One		N63		564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Wyoming Aetna HealthFund CDHP and Aetna Value Plan													
CDHP Self		H41		382.55	382.37	235.77	146.60	-5.77	828.86	828.47	510.84	317.63	-12.51
CDHP Self & Family		H42		872.02	871.59	546.47	325.12	-21.58	1889.38	1888.45	1184.02	704.43	-46.76
CDHP Self Plus One		H43		863.39	863.04	504.12	358.92	-12.20	1870.68	1869.92	1092.26	777.66	-26.43
Value Self		H44		284.55	372.48	235.77	136.71	65.57	616.53	807.04	510.84	296.20	142.07
Value Self & Family		H45		653.07	854.85	546.47	308.38	145.11	1414.99	1852.18	1184.02	668.16	314.41
Value Self Plus One		H46		640.27	838.09	504.12	333.97	173.90	1387.25	1815.86	1092.26	723.60	376.79
Wyoming Aetna HealthFund HDHP													
HDHP Self		224		304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family		225		671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One		226		658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Wyoming Altius Health Plan													
High Self		9K1		431.65	465.72	235.77	229.95	28.48	935.24	1009.06	510.84	498.22	61.70
High Self & Family		9K2		954.58	1029.93	546.47	483.46	54.20	2068.26	2231.52	1184.02	1047.50	117.43
High Self Plus One		9K3		945.13	1019.73	504.12	515.61	62.75	2047.78	2209.42	1092.26	1117.16	135.97
HDHP Self		9K4		233.96	244.26	183.20	61.06	2.57	506.91	529.23	396.92	132.31	5.58
HDHP Self & Family		9K5		488.96	510.48	382.86	127.62	5.38	1059.41	1106.04	829.53	276.51	11.66
HDHP Self Plus One		9K6		479.37	500.48	375.36	125.12	5.28	1038.64	1084.37	813.28	271.09	11.43
Wyoming Altius Health Plan													
Standard Self		DK4		328.82	351.37	235.77	115.60	16.96	712.44	761.30	510.84	250.46	36.74
Standard Self & Family		DK5		726.14	775.95	546.47	229.48	28.66	1573.30	1681.23	1184.02	497.21	62.10
Standard Self Plus One		DK6		718.94	768.26	504.12	264.14	37.47	1557.70	1664.56	1092.26	572.30	81.19