

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code	2019 Total Biweekly Premium					2019 Total Biweekly Premium						
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		
<b>Alabama Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Alabama Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Alabama Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51		374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52		853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53		844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54		326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55		748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56		734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>Alabama Aetna HealthFund HDHP</b>												
HDHP Self	224		304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225		671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226		658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>												
HDHP Self	LS1		193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45
HDHP Self & Family	LS2		444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94
HDHP Self Plus One	LS3		415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41
<b>Alabama UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>												
High Self	KK1		313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18
High Self & Family	KK2		783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87
High Self Plus One	KK3		673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07
<b>Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan	
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan	
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan	
<b>Alabama UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium					2019 Total Biweekly Premium					
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>Alaska Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Alaska Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Alaska Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>Alaska Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Arizona Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Arizona Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Arizona Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89

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Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Arizona Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Arizona Aetna Open Access</b>											
High Self	WQ1	519.24	535.92	239.05	296.87	11.01	519.24	535.92	248.87	287.05	10.78
High Self & Family	WQ2	1260.70	1301.20	554.06	747.14	19.06	1260.70	1301.20	576.82	724.38	18.18
High Self Plus One	WQ3	1248.21	1288.31	511.12	777.19	28.09	1248.21	1288.31	532.13	756.18	27.59
<b>Arizona Humana CoverageFirst and Humana Value Plan</b>											
CDHP Self	R61	312.97	331.75	239.05	92.70	13.11	312.97	331.75	248.87	82.88	12.88
CDHP Self & Family	R62	704.17	746.43	554.06	192.37	20.82	704.17	746.43	576.82	169.61	19.94
CDHP Self Plus One	R63	672.88	713.25	511.12	202.13	28.36	672.88	713.25	532.13	181.12	27.86
Value Self	R64	250.16	265.17	201.53	63.64	3.60	250.16	265.17	210.15	55.02	3.11
Value Self & Family	R65	562.85	596.62	453.43	143.19	8.11	562.85	596.62	472.82	123.80	7.01
Value Self Plus One	R66	537.84	570.11	433.28	136.83	7.75	537.84	570.11	451.81	118.30	6.70
<b>Arizona Humana CoverageFirst and Humana Value Plan</b>											
Value Self	R94	228.07	241.76	183.74	58.02	3.28	228.07	241.76	191.59	50.17	2.85
Value Self & Family	R95	513.16	543.95	413.40	130.55	7.39	513.16	543.95	431.08	112.87	6.39
Value Self Plus One	R96	490.36	519.78	395.03	124.75	7.06	490.36	519.78	411.93	107.85	6.10
CDHP Self	R91	286.45	303.64	230.77	72.87	4.12	286.45	303.64	240.63	63.01	3.57
CDHP Self & Family	R92	644.50	683.17	519.21	163.96	9.28	644.50	683.17	541.41	141.76	8.03
CDHP Self Plus One	R93	615.85	652.80	496.13	156.67	8.87	615.85	652.80	517.34	135.46	7.67
<b>Arizona Humana Health Plan, Inc.</b>											
Standard Self	C74	335.34	361.89	239.05	122.84	20.88	335.34	361.89	248.87	113.02	20.65
Standard Self & Family	C75	754.49	814.24	554.06	260.18	38.31	754.49	814.24	576.82	237.42	37.43
Standard Self Plus One	C76	720.95	778.03	511.12	266.91	45.07	720.95	778.03	532.13	245.90	44.57
High Self	C71	398.12	469.79	239.05	230.74	66.00	398.12	469.79	248.87	220.92	65.77
High Self & Family	C72	895.77	1057.01	554.06	502.95	139.80	895.77	1057.01	576.82	480.19	138.92
High Self Plus One	C73	855.96	1010.03	511.12	498.91	142.06	855.96	1010.03	532.13	477.90	141.56

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Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Arizona Humana Health Plan, Inc.</b>												
High Self	BF1	628.35	659.77	239.05	420.72	25.75	628.35	659.77	248.87	410.90	25.52	
High Self & Family	BF2	1413.76	1484.43	554.06	930.37	49.23	1413.76	1484.43	576.82	907.61	48.35	
High Self Plus One	BF3	1350.92	1418.47	511.12	907.35	55.54	1350.92	1418.47	532.13	886.34	55.04	
Standard Self	BF4	422.80	532.73	239.05	293.68	104.26	422.80	532.73	248.87	283.86	104.03	
Standard Self & Family	BF5	951.31	1198.65	554.06	644.59	225.90	951.31	1198.65	576.82	621.83	225.02	
Standard Self Plus One	BF6	909.03	1145.38	511.12	634.26	224.34	909.03	1145.38	532.13	613.25	223.84	
<b>Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>												
HDHP Self	LU1	207.84	204.85	155.69	49.16	-0.72	207.84	204.85	162.34	42.51	-0.62	
HDHP Self & Family	LU2	478.03	471.16	358.08	113.08	-1.65	478.03	471.16	373.39	97.77	-1.42	
HDHP Self Plus One	LU3	446.86	440.43	334.73	105.70	-1.55	446.86	440.43	349.04	91.39	-1.33	
<b>Arizona UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>												
High Self	KT1	313.47	334.51	239.05	95.46	15.37	313.47	334.51	248.87	85.64	15.14	
High Self & Family	KT2	783.67	836.26	554.06	282.20	31.15	783.67	836.26	576.82	259.44	30.27	
High Self Plus One	KT3	673.95	719.19	511.12	208.07	33.23	673.95	719.19	532.13	187.06	32.73	
<b>Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	WF1	New Plan	241.32	183.40	57.92	New Plan	New Plan	241.32	191.25	50.07	New Plan	
High Self & Family	WF2	New Plan	570.64	433.69	136.95	New Plan	New Plan	570.64	452.23	118.41	New Plan	
High Self Plus One	WF3	New Plan	518.79	394.28	124.51	New Plan	New Plan	518.79	411.14	107.65	New Plan	
<b>Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	VD1	New Plan	240.93	183.11	57.82	New Plan	New Plan	240.93	190.94	49.99	New Plan	
High Self & Family	VD2	New Plan	569.71	432.98	136.73	New Plan	New Plan	569.71	451.50	118.21	New Plan	
High Self Plus One	VD3	New Plan	517.95	393.64	124.31	New Plan	New Plan	517.95	410.48	107.47	New Plan	
<b>Arkansas Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Arkansas Aetna Direct</b>												
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29	
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35	
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62	

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<b>Arkansas Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61	
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93	
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69	
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58	
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54	
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04	
<b>Arkansas Aetna HealthFund HDHP</b>												
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32	
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79	
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45	
<b>Arkansas QualChoice</b>												
High Self	DH1	330.63	347.17	239.05	108.12	10.87	330.63	347.17	248.87	98.30	10.64	
High Self & Family	DH2	862.38	905.52	554.06	351.46	21.70	862.38	905.52	576.82	328.70	20.82	
High Self Plus One	DH3	642.26	674.39	511.12	163.27	9.13	642.26	674.39	532.13	142.26	8.99	
Standard Self	DH4	258.14	271.04	205.99	65.05	3.10	258.14	271.04	214.80	56.24	2.68	
Standard Self & Family	DH5	673.30	706.96	537.29	169.67	8.08	673.30	706.96	560.27	146.69	6.98	
Standard Self Plus One	DH6	501.44	526.51	400.15	126.36	6.01	501.44	526.51	417.26	109.25	5.20	
<b>Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>												
HDHP Self	LS1	193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45	
HDHP Self & Family	LS2	444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94	
HDHP Self Plus One	LS3	415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41	
<b>Arkansas UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>												
High Self	KK1	313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18	
High Self & Family	KK2	783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87	
High Self Plus One	KK3	673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07	
<b>Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan	
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan	
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan	
<b>Arkansas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	

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Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>California Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>California Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>California Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>California Aetna Open Access</b>											
High Self	2X1	352.58	406.40	239.05	167.35	48.15	352.58	406.40	248.87	157.53	47.92
High Self & Family	2X2	827.74	954.11	554.06	400.05	104.93	827.74	954.11	576.82	377.29	104.05
High Self Plus One	2X3	811.51	935.40	511.12	424.28	111.88	811.51	935.40	532.13	403.27	111.38
<b>California Anthem Blue Cross Select HMO</b>											
High Self	B31	355.52	357.29	239.05	118.24	-3.90	355.52	357.29	248.87	108.42	-4.13
High Self & Family	B32	799.93	816.42	554.06	262.36	-4.95	799.93	816.42	576.82	239.60	-5.83
High Self Plus One	B33	743.05	757.46	511.12	246.34	2.40	743.05	757.46	532.13	225.33	1.90
<b>California Blue Shield of California</b>											
Access + HMO Self	SI1	359.67	384.85	239.05	145.80	19.51	359.67	384.85	248.87	135.98	19.28
Access + HMO Self & Family	SI2	827.26	885.16	554.06	331.10	36.46	827.26	885.16	576.82	308.34	35.58
Access + HMO Self Plus One	SI3	791.28	846.67	511.12	335.55	43.38	791.28	846.67	532.13	314.54	42.88
TRIO HMO Self	SI4	325.42	341.69	239.05	102.64	10.60	325.42	341.69	248.87	92.82	10.37
TRIO HMO Self & Family	SI5	748.47	785.89	554.06	231.83	15.98	748.47	785.89	576.82	209.07	15.10
TRIO HMO Self Plus One	SI6	715.93	751.72	511.12	240.60	23.78	715.93	751.72	532.13	219.59	23.28

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>California Health Net of California</b>											
Basic Self	P61	153.40	149.71	113.78	35.93	-0.89	153.40	149.71	118.65	31.06	-0.77
Basic Self & Family	P62	368.17	359.29	273.06	86.23	-2.13	368.17	359.29	284.74	74.55	-1.85
Basic Self Plus One	P63	337.49	329.35	250.31	79.04	-1.96	337.49	329.35	261.01	68.34	-1.69
<b>California Health Net of California</b>											
Standard Self	LP4	436.45	467.68	239.05	228.63	25.56	436.45	467.68	248.87	218.81	25.33
Standard Self & Family	LP5	1047.48	1122.44	554.06	568.38	53.52	1047.48	1122.44	576.82	545.62	52.64
Standard Self Plus One	LP6	960.19	1028.90	511.12	517.78	56.70	960.19	1028.90	532.13	496.77	56.20
High Self	LP1	458.33	483.86	239.05	244.81	19.86	458.33	483.86	248.87	234.99	19.63
High Self & Family	LP2	1100.00	1161.26	554.06	607.20	39.82	1100.00	1161.26	576.82	584.44	38.94
High Self Plus One	LP3	1008.33	1064.49	511.12	553.37	44.15	1008.33	1064.49	532.13	532.36	43.65
<b>California Health Net of California</b>											
High Self	LB1	628.34	697.18	239.05	458.13	63.17	628.34	697.18	248.87	448.31	62.94
High Self & Family	LB2	1508.02	1673.25	554.06	1119.19	143.79	1508.02	1673.25	576.82	1096.43	142.91
High Self Plus One	LB3	1382.35	1533.81	511.12	1022.69	139.45	1382.35	1533.81	532.13	1001.68	138.95
Standard Self	LB4	595.11	618.71	239.05	379.66	17.93	595.11	618.71	248.87	369.84	17.70
Standard Self & Family	LB5	1428.27	1484.90	554.06	930.84	35.19	1428.27	1484.90	576.82	908.08	34.31
Standard Self Plus One	LB6	1309.25	1361.16	511.12	850.04	39.90	1309.25	1361.16	532.13	829.03	39.40
<b>California Health Net of California</b>											
Basic Self	T41	364.75	407.00	239.05	167.95	36.58	364.75	407.00	248.87	158.13	36.35
Basic Self & Family	T42	875.40	976.80	554.06	422.74	79.96	875.40	976.80	576.82	399.98	79.08
Basic Self Plus One	T43	802.44	895.41	511.12	384.29	80.96	802.44	895.41	532.13	363.28	80.46
<b>California Kaiser Foundation Health Plan, Inc. Northern California Region</b>											
Basic Self	KC1	295.76	300.96	228.73	72.23	1.25	295.76	300.96	238.51	62.45	1.08
Basic Self & Family	KC2	692.05	704.24	535.22	169.02	2.93	692.05	704.24	558.11	146.13	2.53
Basic Self Plus One	KC3	692.05	704.24	511.12	193.12	0.18	692.05	704.24	532.13	172.11	-0.32
<b>California Kaiser Foundation Health Plan, Inc. Northern California Region</b>											
High Self	591	458.07	461.75	239.05	222.70	-1.99	458.07	461.75	248.87	212.88	-2.22
High Self & Family	592	1093.45	1102.25	554.06	548.19	-12.64	1093.45	1102.25	576.82	525.43	-13.52
High Self Plus One	593	1093.45	1102.25	511.12	591.13	-3.21	1093.45	1102.25	532.13	570.12	-3.71
Standard Self	594	368.11	373.79	239.05	134.74	0.01	368.11	373.79	248.87	124.92	-0.22
Standard Self & Family	595	861.36	874.65	554.06	320.59	-8.15	861.36	874.65	576.82	297.83	-9.03
Standard Self Plus One	596	861.36	874.65	511.12	363.53	1.28	861.36	874.65	532.13	342.52	0.78

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>California Kaiser Foundation Health Plan, Inc. Northern California Region: Fresno</b>											
Standard Self	NZ4	246.77	261.60	198.82	62.78	3.56	246.77	261.60	207.32	54.28	3.08
Standard Self & Family	NZ5	570.33	604.59	459.49	145.10	8.22	570.33	604.59	479.14	125.45	7.11
Standard Self Plus One	NZ6	570.33	604.59	459.49	145.10	8.22	570.33	604.59	479.14	125.45	7.11
High Self	NZ1	337.40	358.58	239.05	119.53	15.51	337.40	358.58	248.87	109.71	15.28
High Self & Family	NZ2	779.79	828.77	554.06	274.71	27.54	779.79	828.77	576.82	251.95	26.66
High Self Plus One	NZ3	779.79	828.77	511.12	317.65	36.97	779.79	828.77	532.13	296.64	36.47
<b>California Kaiser Foundation Health Plan, Inc. Southern California Region</b>											
Standard Self	624	199.09	215.22	163.57	51.65	3.87	199.09	215.22	170.56	44.66	3.35
Standard Self & Family	625	460.12	497.40	378.02	119.38	8.95	460.12	497.40	394.19	103.21	7.74
Standard Self Plus One	626	460.12	497.40	378.02	119.38	8.95	460.12	497.40	394.19	103.21	7.74
High Self	621	317.17	339.42	239.05	100.37	16.58	317.17	339.42	248.87	90.55	16.35
High Self & Family	622	733.04	784.46	554.06	230.40	29.98	733.04	784.46	576.82	207.64	29.10
High Self Plus One	623	733.04	784.46	511.12	273.34	39.41	733.04	784.46	532.13	252.33	38.91
<b>Colorado Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>Colorado Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Colorado Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89
<b>Colorado Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45



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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Colorado BlueAdvantageHMO on the Pathway HMO Network</b>											
High Self	WW1	274.48	293.70	223.21	70.49	4.61	274.48	293.70	232.76	60.94	3.99
High Self & Family	WW2	668.36	715.15	543.51	171.64	11.23	668.36	715.15	566.76	148.39	9.71
High Self Plus One	WW3	624.44	668.15	507.79	160.36	10.49	624.44	668.15	529.51	138.64	9.07
<b>Colorado Humana Health Plan, Inc.</b>											
High Self	NR1	321.33	379.16	239.05	140.11	52.16	321.33	379.16	248.87	130.29	51.93
High Self & Family	NR2	722.98	853.11	554.06	299.05	108.69	722.98	853.11	576.82	276.29	107.81
High Self Plus One	NR3	690.85	815.20	511.12	304.08	112.34	690.85	815.20	532.13	283.07	111.84
Standard Self	NR4	241.06	262.76	199.70	63.06	5.21	241.06	262.76	208.24	54.52	4.50
Standard Self & Family	NR5	542.40	591.22	449.33	141.89	11.71	542.40	591.22	468.54	122.68	10.13
Standard Self Plus One	NR6	518.28	564.93	429.35	135.58	11.19	518.28	564.93	447.71	117.22	9.68
<b>Colorado Humana Health Plan, Inc.</b>											
Basic Self	RZ1	229.36	240.83	183.03	57.80	2.75	229.36	240.83	190.86	49.97	2.38
Basic Self & Family	RZ2	516.06	541.86	411.81	130.05	6.20	516.06	541.86	429.42	112.44	5.36
Basic Self Plus One	RZ3	493.14	517.80	393.53	124.27	5.92	493.14	517.80	410.36	107.44	5.11
<b>Colorado Humana Health Plan, Inc.</b>											
High Self	NT1	289.32	352.97	239.05	113.92	44.48	289.32	352.97	248.87	104.10	44.07
High Self & Family	NT2	650.99	794.21	554.06	240.15	83.91	650.99	794.21	576.82	217.39	82.31
High Self Plus One	NT3	622.04	758.90	511.12	247.78	98.49	622.04	758.90	532.13	226.77	97.70
Standard Self	NT4	231.42	249.93	189.95	59.98	4.44	231.42	249.93	198.07	51.86	3.84
Standard Self & Family	NT5	520.71	562.36	427.39	134.97	10.00	520.71	562.36	445.67	116.69	8.64
Standard Self Plus One	NT6	497.58	537.39	408.42	128.97	9.55	497.58	537.39	425.88	111.51	8.26
<b>Colorado Humana Health Plan, Inc.</b>											
Basic Self	R21	226.97	245.13	186.30	58.83	4.36	226.97	245.13	194.27	50.86	3.76
Basic Self & Family	R22	510.69	551.54	419.17	132.37	9.80	510.69	551.54	437.10	114.44	8.47
Basic Self Plus One	R23	487.99	527.03	400.54	126.49	9.37	487.99	527.03	417.67	109.36	8.10
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>											
Standard Self	654	270.77	309.83	235.47	74.36	9.38	270.77	309.83	245.54	64.29	8.11
Standard Self & Family	655	611.96	700.21	532.16	168.05	21.18	611.96	700.21	554.92	145.29	18.31
Standard Self Plus One	656	611.96	700.21	511.12	189.09	42.22	611.96	700.21	532.13	168.08	41.10
High Self	651	341.05	364.23	239.05	125.18	17.51	341.05	364.23	248.87	115.36	17.28
High Self & Family	652	770.79	823.16	554.06	269.10	30.93	770.79	823.16	576.82	246.34	30.05
High Self Plus One	653	770.79	823.16	511.12	312.04	40.36	770.79	823.16	532.13	291.03	39.86

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>												
Basic Self	N41	198.39	223.74	170.04	53.70	6.09	198.39	223.74	177.31	46.43	5.26	
Basic Self & Family	N42	448.35	505.66	384.30	121.36	13.76	448.35	505.66	400.74	104.92	11.89	
Basic Self Plus One	N43	448.35	505.66	384.30	121.36	13.76	448.35	505.66	400.74	104.92	11.89	
<b>Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>												
HDHP Self	LU1	207.84	204.85	155.69	49.16	-0.72	207.84	204.85	162.34	42.51	-0.62	
HDHP Self & Family	LU2	478.03	471.16	358.08	113.08	-1.65	478.03	471.16	373.39	97.77	-1.42	
HDHP Self Plus One	LU3	446.86	440.43	334.73	105.70	-1.55	446.86	440.43	349.04	91.39	-1.33	
<b>Colorado UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>												
High Self	KT1	313.47	334.51	239.05	95.46	15.37	313.47	334.51	248.87	85.64	15.14	
High Self & Family	KT2	783.67	836.26	554.06	282.20	31.15	783.67	836.26	576.82	259.44	30.27	
High Self Plus One	KT3	673.95	719.19	511.12	208.07	33.23	673.95	719.19	532.13	187.06	32.73	
<b>Connecticut Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Connecticut Aetna Direct</b>												
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29	
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35	
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62	
<b>Connecticut Aetna HealthFund CDHP and Aetna Value Plan</b>												
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43	
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26	
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86	
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46	
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98	
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14	
<b>Connecticut Aetna HealthFund HDHP</b>												
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32	
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79	
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45	
<b>Delaware Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Delaware Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Delaware Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>Delaware Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Delaware Aetna Open Access</b>											
Basic Self	P34	599.29	604.65	239.05	365.60	-0.31	599.29	604.65	248.87	355.78	-0.54
Basic Self & Family	P35	1390.96	1403.39	554.06	849.33	-9.01	1390.96	1403.39	576.82	826.57	-9.89
Basic Self Plus One	P36	1377.18	1389.48	511.12	878.36	0.29	1377.18	1389.48	532.13	857.35	-0.21
High Self	P31	685.48	672.28	239.05	433.23	-18.87	685.48	672.28	248.87	423.41	-19.10
High Self & Family	P32	1661.96	1629.94	554.06	1075.88	-53.46	1661.96	1629.94	576.82	1053.12	-54.34
High Self Plus One	P33	1645.50	1613.79	511.12	1102.67	-43.72	1645.50	1613.79	532.13	1081.66	-44.22
<b>District Of Columbia Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>District Of Columbia Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>District Of Columbia Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>District Of Columbia Aetna Open Access</b>											
High Self	JN1	516.52	525.03	239.05	285.98	2.84	516.52	525.03	248.87	276.16	2.61
High Self & Family	JN2	1161.22	1180.35	554.06	626.29	-2.31	1161.22	1180.35	576.82	603.53	-3.19
High Self Plus One	JN3	1149.71	1168.66	511.12	657.54	6.94	1149.71	1168.66	532.13	636.53	6.44
Basic Self	JN4	314.06	321.74	239.05	82.69	2.01	314.06	321.74	248.87	72.87	1.78
Basic Self & Family	JN5	718.73	736.31	554.06	182.25	-3.86	718.73	736.31	576.82	159.49	-4.74
Basic Self Plus One	JN6	660.00	676.15	511.12	165.03	4.14	660.00	676.15	532.13	144.02	3.64
<b>District Of Columbia Aetna Saver</b>											
Saver Self	QQ4	<b>New Plan</b>	274.71	208.78	65.93	<b>New Plan</b>	<b>New Plan</b>	274.71	217.71	57.00	<b>New Plan</b>
Saver Self & Family	QQ5	<b>New Plan</b>	628.68	477.80	150.88	<b>New Plan</b>	<b>New Plan</b>	628.68	498.23	130.45	<b>New Plan</b>
Saver Self Plus One	QQ6	<b>New Plan</b>	577.30	438.75	138.55	<b>New Plan</b>	<b>New Plan</b>	577.30	457.51	119.79	<b>New Plan</b>
<b>District Of Columbia CareFirst BlueChoice</b>											
Standard Self	2G4	368.16	390.25	239.05	151.20	16.42	368.16	390.25	248.87	141.38	16.19
Standard Self & Family	2G5	874.73	927.21	554.06	373.15	31.04	874.73	927.21	576.82	350.39	30.16
Standard Self Plus One	2G6	736.31	780.49	511.12	269.37	32.17	736.31	780.49	532.13	248.36	31.67
<b>District Of Columbia CareFirst BlueChoice</b>											
HDHP Self	B61	239.20	263.12	199.97	63.15	5.74	239.20	263.12	208.52	54.60	4.97
HDHP Self & Family	B62	568.33	625.16	475.12	150.04	13.64	568.33	625.16	495.44	129.72	11.79
HDHP Self Plus One	B63	478.39	526.23	399.93	126.30	11.49	478.39	526.23	417.04	109.19	9.92
Blue Value Plus Self	B64	<b>New Plan</b>	325.84	239.05	86.79	<b>New Plan</b>	<b>New Plan</b>	325.84	248.87	76.97	<b>New Plan</b>
Blue Value Plus Self & Family	B65	<b>New Plan</b>	774.21	554.06	220.15	<b>New Plan</b>	<b>New Plan</b>	774.21	576.82	197.39	<b>New Plan</b>
Blue Value Plus Self Plus One	B66	<b>New Plan</b>	651.70	495.29	156.41	<b>New Plan</b>	<b>New Plan</b>	651.70	516.47	135.23	<b>New Plan</b>

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>											
Basic Self	T71	193.90	193.90	147.36	46.54	0.00	193.90	193.90	153.67	40.23	0.00
Basic Self & Family	T72	473.61	473.61	359.94	113.67	0.00	473.61	473.61	375.34	98.27	0.00
Basic Self Plus One	T73	431.49	431.49	327.93	103.56	0.00	431.49	431.49	341.96	89.53	0.00
<b>District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>											
Standard Self	E34	240.81	263.79	200.48	63.31	5.52	240.81	263.79	209.05	54.74	4.77
Standard Self & Family	E35	553.84	606.69	461.08	145.61	12.69	553.84	606.69	480.80	125.89	10.97
Standard Self Plus One	E36	553.84	606.69	461.08	145.61	12.69	553.84	606.69	480.80	125.89	10.97
High Self	E31	319.70	333.61	239.05	94.56	8.24	319.70	333.61	248.87	84.74	8.01
High Self & Family	E32	735.30	767.32	554.06	213.26	10.58	735.30	767.32	576.82	190.50	9.70
High Self Plus One	E33	735.30	767.32	511.12	256.20	20.01	735.30	767.32	532.13	235.19	19.51
<b>District Of Columbia M.D. IPA</b>											
High Self	JP1	365.01	404.59	239.05	165.54	33.91	365.01	404.59	248.87	155.72	33.68
High Self & Family	JP2	1023.48	1134.48	554.06	580.42	89.56	1023.48	1134.48	576.82	557.66	88.68
High Self Plus One	JP3	712.86	790.17	511.12	279.05	65.30	712.86	790.17	532.13	258.04	64.80
<b>District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	V41	228.78	224.57	170.67	53.90	-1.01	228.78	224.57	177.97	46.60	-0.87
HDHP Self & Family	V42	526.18	516.51	392.55	123.96	-2.32	526.18	516.51	409.33	107.18	-2.00
HDHP Self Plus One	V43	491.87	482.83	366.95	115.88	-2.17	491.87	482.83	382.64	100.19	-1.87
<b>District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	LR1	308.28	329.95	239.05	90.90	16.00	308.28	329.95	248.87	81.08	15.77
High Self & Family	LR2	730.61	781.98	554.06	227.92	29.93	730.61	781.98	576.82	205.16	29.05
High Self Plus One	LR3	662.79	709.38	511.12	198.26	34.58	662.79	709.38	532.13	177.25	34.08
<b>District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	201.72	240.69	182.92	57.77	9.36	201.72	240.69	190.75	49.94	8.08
Value Self & Family	L92	565.61	674.89	512.92	161.97	26.22	565.61	674.89	534.85	140.04	22.68
Value Self Plus One	L93	393.95	470.06	357.25	112.81	18.26	393.95	470.06	372.52	97.54	15.80
<b>District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	<b>New Plan</b>	242.68	184.44	58.24	<b>New Plan</b>	<b>New Plan</b>	242.68	192.32	50.36	<b>New Plan</b>
High Self & Family	AS2	<b>New Plan</b>	573.86	436.13	137.73	<b>New Plan</b>	<b>New Plan</b>	573.86	454.78	119.08	<b>New Plan</b>
High Self Plus One	AS3	<b>New Plan</b>	521.73	396.51	125.22	<b>New Plan</b>	<b>New Plan</b>	521.73	413.47	108.26	<b>New Plan</b>
<b>District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	<b>New Plan</b>	233.88	177.75	56.13	<b>New Plan</b>	<b>New Plan</b>	233.88	185.35	48.53	<b>New Plan</b>
High Self & Family	Y82	<b>New Plan</b>	553.03	420.30	132.73	<b>New Plan</b>	<b>New Plan</b>	553.03	438.28	114.75	<b>New Plan</b>
High Self Plus One	Y83	<b>New Plan</b>	502.79	382.12	120.67	<b>New Plan</b>	<b>New Plan</b>	502.79	398.46	104.33	<b>New Plan</b>

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium					2019 Total Biweekly Premium					
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>Florida Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Florida Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Florida Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>Florida Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Florida AvMed</b>											
HDHP Self	WZ1	375.37	371.61	239.05	132.56	-9.43	375.37	371.61	248.87	122.74	-9.66
HDHP Self & Family	WZ2	924.61	863.70	554.06	309.64	-82.35	924.61	863.70	576.82	286.88	-83.23
HDHP Self Plus One	WZ3	720.74	748.77	511.12	237.65	16.02	720.74	748.77	532.13	216.64	15.52
<b>Florida AvMed</b>											
Standard Self	ML4	327.33	327.34	239.05	88.29	-5.66	327.33	327.34	248.87	78.47	-5.89
Standard Self & Family	ML5	847.87	796.99	554.06	242.93	-72.32	847.87	796.99	576.82	220.17	-73.20
Standard Self Plus One	ML6	654.66	687.40	511.12	176.28	19.16	654.66	687.40	532.13	155.27	19.43
<b>Florida Capital Health Plan</b>											
High Self	EA1	318.65	314.13	238.74	75.39	-9.88	318.65	314.13	248.87	65.26	-10.42
High Self & Family	EA2	796.65	728.00	553.28	174.72	-89.31	796.65	728.00	576.82	151.18	-90.97
High Self Plus One	EA3	685.11	686.96	511.12	175.84	-10.16	685.11	686.96	532.13	154.83	-10.66

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Florida Humana CoverageFirst and Humana Value Plan</b>											
Value Self	W94	223.95	237.04	180.15	56.89	3.14	223.95	237.04	187.85	49.19	2.72
Value Self & Family	W95	503.90	533.34	405.34	128.00	7.06	503.90	533.34	422.67	110.67	6.11
Value Self Plus One	W96	481.50	509.63	387.32	122.31	6.75	481.50	509.63	403.88	105.75	5.84
CDHP Self	W91	264.73	280.20	212.95	67.25	3.71	264.73	280.20	222.06	58.14	3.21
CDHP Self & Family	W92	595.65	630.44	479.13	151.31	8.35	595.65	630.44	499.62	130.82	7.22
CDHP Self Plus One	W93	569.17	602.43	457.85	144.58	7.98	569.17	602.43	477.43	125.00	6.90
<b>Florida Humana CoverageFirst and Humana Value Plan</b>											
CDHP Self	QP1	315.70	334.64	239.05	95.59	13.27	315.70	334.64	248.87	85.77	13.04
CDHP Self & Family	QP2	711.27	753.94	554.06	199.88	21.23	711.27	753.94	576.82	177.12	20.35
CDHP Self Plus One	QP3	679.65	720.43	511.12	209.31	28.77	679.65	720.43	532.13	188.30	28.27
Value Self	QP4	226.13	239.70	182.17	57.53	3.26	226.13	239.70	189.96	49.74	2.82
Value Self & Family	QP5	508.78	539.30	409.87	129.43	7.32	508.78	539.30	427.40	111.90	6.33
Value Self Plus One	QP6	486.17	515.34	391.66	123.68	7.00	486.17	515.34	408.41	106.93	6.05
<b>Florida Humana CoverageFirst and Humana Value Plan</b>											
Value Self	MJ4	232.84	239.82	182.26	57.56	1.68	232.84	239.82	190.06	49.76	1.45
Value Self & Family	MJ5	523.89	539.60	410.10	129.50	3.77	523.89	539.60	427.63	111.97	3.26
Value Self Plus One	MJ6	500.60	515.62	391.87	123.75	3.61	500.60	515.62	408.63	106.99	3.12
CDHP Self	MJ1	394.20	437.57	239.05	198.52	37.70	394.20	437.57	248.87	188.70	37.47
CDHP Self & Family	MJ2	886.96	984.53	554.06	430.47	76.13	886.96	984.53	576.82	407.71	75.25
CDHP Self Plus One	MJ3	847.55	940.78	511.12	429.66	81.22	847.55	940.78	532.13	408.65	80.72
<b>Florida Humana CoverageFirst and Humana Value Plan</b>											
Value Self	X24	217.06	227.62	172.99	54.63	2.54	217.06	227.62	180.39	47.23	2.19
Value Self & Family	X25	488.38	512.15	389.23	122.92	5.71	488.38	512.15	405.88	106.27	4.93
Value Self Plus One	X26	466.68	489.39	371.94	117.45	5.45	466.68	489.39	387.84	101.55	4.71
CDHP Self	X21	256.58	269.07	204.49	64.58	3.00	256.58	269.07	213.24	55.83	2.59
CDHP Self & Family	X22	577.30	605.42	460.12	145.30	6.75	577.30	605.42	479.80	125.62	5.83
CDHP Self Plus One	X23	551.65	578.51	439.67	138.84	6.44	551.65	578.51	458.47	120.04	5.57
<b>Florida Humana Medical Plan, Inc.</b>											
Standard Self	LL4	400.11	496.13	239.05	257.08	90.35	400.11	496.13	248.87	247.26	90.12
Standard Self & Family	LL5	900.22	1116.28	554.06	562.22	194.62	900.22	1116.28	576.82	539.46	193.74
Standard Self Plus One	LL6	860.22	1066.67	511.12	555.55	194.44	860.22	1066.67	532.13	534.54	193.94
High Self	LL1	743.45	765.76	239.05	526.71	16.64	743.45	765.76	248.87	516.89	16.41
High Self & Family	LL2	1672.76	1722.95	554.06	1168.89	28.75	1672.76	1722.95	576.82	1146.13	27.87
High Self Plus One	LL3	1598.42	1646.37	511.12	1135.25	35.94	1598.42	1646.37	532.13	1114.24	35.44

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	EE1	421.87	514.68	239.05	275.63	87.14	421.87	514.68	248.87	265.81	86.91
High Self & Family	EE2	949.21	1158.03	554.06	603.97	187.38	949.21	1158.03	576.82	581.21	186.50
High Self Plus One	EE3	907.04	1106.58	511.12	595.46	187.53	907.04	1106.58	532.13	574.45	187.03
Standard Self	EE4	377.22	460.21	239.05	221.16	77.32	377.22	460.21	248.87	211.34	77.09
Standard Self & Family	EE5	848.73	1035.46	554.06	481.40	165.29	848.73	1035.46	576.82	458.64	164.41
Standard Self Plus One	EE6	811.01	989.44	511.12	478.32	166.42	811.01	989.44	532.13	457.31	165.92
<b>Florida Humana Medical Plan, Inc.</b>											
Standard Self	E24	292.45	330.47	239.05	91.42	21.23	292.45	330.47	248.87	81.60	20.92
Standard Self & Family	E25	658.00	743.54	554.06	189.48	31.56	658.00	743.54	576.82	166.72	30.19
Standard Self Plus One	E26	628.75	710.49	511.12	199.37	48.47	628.75	710.49	532.13	178.36	47.89
High Self	E21	454.97	555.07	239.05	316.02	94.43	454.97	555.07	248.87	306.20	94.20
High Self & Family	E22	1023.66	1248.86	554.06	694.80	203.76	1023.66	1248.86	576.82	672.04	202.88
High Self Plus One	E23	978.16	1193.36	511.12	682.24	203.19	978.16	1193.36	532.13	661.23	202.69
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	EX1	343.62	412.34	239.05	173.29	63.05	343.62	412.34	248.87	163.47	62.82
High Self & Family	EX2	773.12	927.74	554.06	373.68	133.18	773.12	927.74	576.82	350.92	132.30
High Self Plus One	EX3	738.75	886.51	511.12	375.39	135.75	738.75	886.51	532.13	354.38	135.25
Standard Self	EX4	301.74	337.95	239.05	98.90	26.48	301.74	337.95	248.87	89.08	26.47
Standard Self & Family	EX5	678.91	760.39	554.06	206.33	43.39	678.91	760.39	576.82	183.57	42.70
Standard Self Plus One	EX6	648.74	726.59	511.12	215.47	59.77	648.74	726.59	532.13	194.46	59.85
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LS1	193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45
HDHP Self & Family	LS2	444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94
HDHP Self Plus One	LS3	415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KK1	313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18
High Self & Family	KK2	783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87
High Self Plus One	KK3	673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	LV1	305.55	323.74	239.05	84.69	11.36	305.55	323.74	248.87	74.87	11.47
Value Self & Family	LV2	916.66	971.21	554.06	417.15	33.11	916.66	971.21	576.82	394.39	32.23
Value Self Plus One	LV3	656.94	696.03	511.12	184.91	27.08	656.94	696.03	532.13	163.90	26.58



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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan
<b>Georgia Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Georgia Aetna Direct</b>											
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67
<b>Georgia Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51		374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85
CDHP Self & Family	F52		853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82
CDHP Self Plus One	F53		844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87
Value Self	F54		326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58
Value Self & Family	F55		748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77
Value Self Plus One	F56		734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46
<b>Georgia Aetna HealthFund HDHP</b>											
HDHP Self	224		304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50
HDHP Self & Family	225		671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15
HDHP Self Plus One	226		658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30
<b>Georgia Aetna Open Access</b>											
High Self	2U1		731.21	800.01	239.05	560.96	63.13	731.21	800.01	248.87	551.14
High Self & Family	2U2		1684.32	1842.78	554.06	1288.72	137.02	1684.32	1842.78	576.82	1265.96
High Self Plus One	2U3		1667.64	1824.53	511.12	1313.41	144.88	1667.64	1824.53	532.13	1292.40
<b>Georgia Blue Open Access POS</b>											
High Self	QM1		274.80	288.54	219.29	69.25	3.30	274.80	288.54	228.67	59.87
High Self & Family	QM2		728.02	757.14	554.06	203.08	7.68	728.02	757.14	576.82	180.32
High Self Plus One	QM3		608.49	635.88	483.27	152.61	6.57	608.49	635.88	503.93	131.95

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Georgia Humana CoverageFirst and Humana Value Plan</b>												
Value Self	S94	240.30	254.72	193.59	61.13	3.46	240.30	254.72	201.87	52.85	2.99	
Value Self & Family	S95	540.68	573.11	435.56	137.55	7.79	540.68	573.11	454.19	118.92	6.73	
Value Self Plus One	S96	516.65	547.65	416.21	131.44	7.44	516.65	547.65	434.01	113.64	6.44	
CDHP Self	S91	301.81	319.91	239.05	80.86	8.43	301.81	319.91	248.87	71.04	8.41	
CDHP Self & Family	S92	679.07	719.82	547.06	172.76	9.78	679.07	719.82	570.46	149.36	8.45	
CDHP Self Plus One	S93	648.89	687.82	511.12	176.70	20.97	648.89	687.82	532.13	155.69	21.05	
<b>Georgia Humana CoverageFirst and Humana Value Plan</b>												
Value Self	AD4	303.93	340.40	239.05	101.35	28.41	303.93	340.40	248.87	91.53	28.46	
Value Self & Family	AD5	683.82	765.88	554.06	211.82	47.70	683.82	765.88	576.82	189.06	47.17	
Value Self Plus One	AD6	653.43	731.85	511.12	220.73	63.91	653.43	731.85	532.13	199.72	64.13	
CDHP Self	AD1	368.23	449.25	239.05	210.20	75.35	368.23	449.25	248.87	200.38	75.12	
CDHP Self & Family	AD2	828.52	1010.80	554.06	456.74	160.84	828.52	1010.80	576.82	433.98	159.96	
CDHP Self Plus One	AD3	791.70	965.88	511.12	454.76	162.17	791.70	965.88	532.13	433.75	161.67	
<b>Georgia Humana CoverageFirst and Humana Value Plan</b>												
CDHP Self	LM1	291.56	313.49	238.25	75.24	5.27	291.56	313.49	248.44	65.05	4.55	
CDHP Self & Family	LM2	656.04	705.37	536.08	169.29	11.84	656.04	705.37	559.01	146.36	10.23	
CDHP Self Plus One	LM3	626.88	674.01	511.12	162.89	12.44	626.88	674.01	532.13	141.88	11.80	
Value Self	LM4	237.24	296.56	225.39	71.17	14.23	237.24	296.56	235.02	61.54	12.31	
Value Self & Family	LM5	533.80	667.25	507.11	160.14	32.03	533.80	667.25	528.80	138.45	27.69	
Value Self Plus One	LM6	510.08	637.60	484.58	153.02	30.60	510.08	637.60	505.30	132.30	26.46	
<b>Georgia Humana Employers Health Plan of Georgia, Inc.</b>												
Basic Self	RM1	274.61	299.32	227.48	71.84	5.93	274.61	299.32	237.21	62.11	5.13	
Basic Self & Family	RM2	617.88	673.49	511.85	161.64	13.35	617.88	673.49	533.74	139.75	11.54	
Basic Self Plus One	RM3	590.42	643.55	489.10	154.45	12.75	590.42	643.55	510.01	133.54	11.03	
<b>Georgia Humana Employers Health Plan of Georgia, Inc.</b>												
Standard Self	DN4	316.12	335.09	239.05	96.04	13.30	316.12	335.09	248.87	86.22	13.07	
Standard Self & Family	DN5	711.26	753.93	554.06	199.87	21.23	711.26	753.93	576.82	177.11	20.35	
Standard Self Plus One	DN6	679.65	720.43	511.12	209.31	28.77	679.65	720.43	532.13	188.30	28.27	
High Self	DN1	339.88	360.28	239.05	121.23	14.73	339.88	360.28	248.87	111.41	14.50	
High Self & Family	DN2	764.74	810.63	554.06	256.57	24.45	764.74	810.63	576.82	233.81	23.57	
High Self Plus One	DN3	730.76	774.60	511.12	263.48	31.83	730.76	774.60	532.13	242.47	31.33	

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Georgia Humana Employers Health Plan of Georgia, Inc.</b>											
Basic Self	RJ1	260.42	276.04	209.79	66.25	3.75	260.42	276.04	218.76	57.28	3.24
Basic Self & Family	RJ2	585.95	621.10	472.04	149.06	8.43	585.95	621.10	492.22	128.88	7.30
Basic Self Plus One	RJ3	559.90	593.50	451.06	142.44	8.06	559.90	593.50	470.35	123.15	6.97
<b>Georgia Humana Employers Health Plan of Georgia, Inc.</b>											
Basic Self	Q71	286.23	352.06	239.05	113.01	44.31	286.23	352.06	248.87	103.19	43.80
Basic Self & Family	Q72	644.02	792.15	554.06	238.09	83.53	644.02	792.15	576.82	215.33	81.70
Basic Self Plus One	Q73	615.39	756.93	511.12	245.81	98.12	615.39	756.93	532.13	224.80	97.11
<b>Georgia Humana Employers Health Plan of Georgia, Inc.</b>											
Standard Self	CB4	450.88	577.13	239.05	338.08	120.58	450.88	577.13	248.87	328.26	120.35
Standard Self & Family	CB5	1014.49	1298.54	554.06	744.48	262.61	1014.49	1298.54	576.82	721.72	261.73
Standard Self Plus One	CB6	969.40	1240.83	511.12	729.71	259.42	969.40	1240.83	532.13	708.70	258.92
High Self	CB1	457.09	530.11	239.05	291.06	67.35	457.09	530.11	248.87	281.24	67.12
High Self & Family	CB2	1028.50	1192.80	554.06	638.74	142.86	1028.50	1192.80	576.82	615.98	141.98
High Self Plus One	CB3	982.77	1139.82	511.12	628.70	145.04	982.77	1139.82	532.13	607.69	144.54
<b>Georgia Humana Employers Health Plan of Georgia, Inc.</b>											
High Self	DG1	592.35	610.12	239.05	371.07	12.10	592.35	610.12	248.87	361.25	11.87
High Self & Family	DG2	1332.79	1372.77	554.06	818.71	18.54	1332.79	1372.77	576.82	795.95	17.66
High Self Plus One	DG3	1273.57	1311.78	511.12	800.66	26.20	1273.57	1311.78	532.13	779.65	25.70
Standard Self	DG4	432.88	540.85	239.05	301.80	102.30	432.88	540.85	248.87	291.98	102.07
Standard Self & Family	DG5	973.98	1216.94	554.06	662.88	221.52	973.98	1216.94	576.82	640.12	220.64
Standard Self Plus One	DG6	930.69	1162.88	511.12	651.76	220.18	930.69	1162.88	532.13	630.75	219.68
<b>Georgia Kaiser Foundation Health Plan of Georgia, Inc.</b>											
High Self	F81	321.27	336.94	239.05	97.89	10.00	321.27	336.94	248.87	88.07	9.77
High Self & Family	F82	726.07	761.48	554.06	207.42	13.97	726.07	761.48	576.82	184.66	13.09
High Self Plus One	F83	726.07	761.48	511.12	250.36	23.40	726.07	761.48	532.13	229.35	22.90
Standard Self	F84	242.86	254.92	193.74	61.18	2.89	242.86	254.92	202.02	52.90	2.51
Standard Self & Family	F85	548.87	576.12	437.85	138.27	6.54	548.87	576.12	456.58	119.54	5.65
Standard Self Plus One	F86	548.87	576.12	437.85	138.27	6.54	548.87	576.12	456.58	119.54	5.65
<b>Georgia Kaiser Foundation Health Plan of Georgia, Inc.</b>											
Basic Self	LA1	<b>New Plan</b>	181.55	137.98	43.57	<b>New Plan</b>	<b>New Plan</b>	181.55	143.88	37.67	<b>New Plan</b>
Basic Self & Family	LA2	<b>New Plan</b>	410.30	311.83	98.47	<b>New Plan</b>	<b>New Plan</b>	410.30	325.16	85.14	<b>New Plan</b>
Basic Self Plus One	LA3	<b>New Plan</b>	410.30	311.83	98.47	<b>New Plan</b>	<b>New Plan</b>	410.30	325.16	85.14	<b>New Plan</b>

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>												
Value Self	LV1	305.55	323.74	239.05	84.69	11.36	305.55	323.74	248.87	74.87	11.47	
Value Self & Family	LV2	916.66	971.21	554.06	417.15	33.11	916.66	971.21	576.82	394.39	32.23	
Value Self Plus One	LV3	656.94	696.03	511.12	184.91	27.08	656.94	696.03	532.13	163.90	26.58	
<b>Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan	
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan	
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan	
<b>Georgia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	
<b>Guam Calvo's SelectCare</b>												
Standard Self	B44	186.23	183.11	139.16	43.95	-0.75	186.23	183.11	145.11	38.00	-0.64	
Standard Self & Family	B45	541.09	532.03	404.34	127.69	-2.17	541.09	532.03	421.63	110.40	-1.88	
Standard Self Plus One	B46	367.12	360.97	274.34	86.63	-1.48	367.12	360.97	286.07	74.90	-1.28	
High Self	B41	239.12	226.87	172.42	54.45	-2.94	239.12	226.87	179.79	47.08	-2.54	
High Self & Family	B42	633.33	600.87	456.66	144.21	-7.79	633.33	600.87	476.19	124.68	-6.74	
High Self Plus One	B43	466.63	442.72	336.47	106.25	-5.74	466.63	442.72	350.86	91.86	-4.97	
<b>Guam TakeCare</b>												
HDHP Self	KX1	47.87	57.34	43.58	13.76	2.27	47.87	57.34	45.44	11.90	1.97	
HDHP Self & Family	KX2	128.33	156.61	119.02	37.59	6.79	128.33	156.61	124.11	32.50	5.87	
HDHP Self Plus One	KX3	115.59	141.28	107.37	33.91	6.17	115.59	141.28	111.96	29.32	5.34	
<b>Guam TakeCare</b>												
Standard Self	JK4	179.91	179.65	136.53	43.12	-0.06	179.91	179.65	142.37	37.28	-0.05	
Standard Self & Family	JK5	509.48	508.76	386.66	122.10	-0.18	509.48	508.76	403.19	105.57	-0.15	
Standard Self Plus One	JK6	354.57	354.07	269.09	84.98	-0.12	354.57	354.07	280.60	73.47	-0.10	
High Self	JK1	217.78	227.24	172.70	54.54	2.27	217.78	227.24	180.09	47.15	1.96	
High Self & Family	JK2	519.47	542.03	411.94	130.09	5.42	519.47	542.03	429.56	112.47	4.68	
High Self Plus One	JK3	430.26	448.95	341.20	107.75	4.49	430.26	448.95	355.79	93.16	3.88	
<b>Hawaii Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Hawaii Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Hawaii Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>Hawaii Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Hawaii HMSA Plan</b>											
High Self	871	280.13	291.34	221.42	69.92	2.69	280.13	291.34	230.89	60.45	2.32
High Self & Family	872	629.74	654.93	497.75	157.18	6.04	629.74	654.93	519.03	135.90	5.23
High Self Plus One	873	613.79	638.34	485.14	153.20	5.89	613.79	638.34	505.88	132.46	5.10
Standard Self	874	New Plan	198.91	151.17	47.74	New Plan	New Plan	198.91	157.64	41.27	New Plan
Standard Self & Family	875	New Plan	447.15	339.83	107.32	New Plan	New Plan	447.15	354.37	92.78	New Plan
Standard Self Plus One	876	New Plan	435.80	331.21	104.59	New Plan	New Plan	435.80	345.37	90.43	New Plan
<b>Hawaii Kaiser Foundation Health Plan, Inc. Hawaii Region</b>											
High Self	631	303.96	311.79	236.96	74.83	1.88	303.96	311.79	247.09	64.70	1.63
High Self & Family	632	677.83	695.31	528.44	166.87	4.19	677.83	695.31	551.03	144.28	3.63
High Self Plus One	633	677.83	695.31	511.12	184.19	5.47	677.83	695.31	532.13	163.18	4.97
Standard Self	634	205.24	222.07	168.77	53.30	4.04	205.24	222.07	175.99	46.08	3.49
Standard Self & Family	635	457.68	495.22	376.37	118.85	9.01	457.68	495.22	392.46	102.76	7.79
Standard Self Plus One	636	457.68	495.22	376.37	118.85	9.01	457.68	495.22	392.46	102.76	7.79
<b>Idaho Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Idaho Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Idaho Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Idaho Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Idaho Altius Health Plan</b>											
High Self	9K1	431.65	465.72	239.05	226.67	28.40	431.65	465.72	248.87	216.85	28.17
High Self & Family	9K2	954.58	1029.93	554.06	475.87	53.91	954.58	1029.93	576.82	453.11	53.03
High Self Plus One	9K3	945.13	1019.73	511.12	508.61	62.59	945.13	1019.73	532.13	487.60	62.09
HDHP Self	9K4	233.96	244.26	185.64	58.62	2.47	233.96	244.26	193.58	50.68	2.13
HDHP Self & Family	9K5	488.96	510.48	387.96	122.52	5.17	488.96	510.48	404.56	105.92	4.46
HDHP Self Plus One	9K6	479.37	500.48	380.36	120.12	5.07	479.37	500.48	396.63	103.85	4.38
<b>Idaho Altius Health Plan</b>											
Standard Self	DK4	328.82	351.37	239.05	112.32	16.88	328.82	351.37	248.87	102.50	16.65
Standard Self & Family	DK5	726.14	775.95	554.06	221.89	28.37	726.14	775.95	576.82	199.13	27.49
Standard Self Plus One	DK6	718.94	768.26	511.12	257.14	37.31	718.94	768.26	532.13	236.13	36.81
<b>Idaho Kaiser Foundation Health Plan of Washington</b>											
Standard Self	544	270.08	278.83	211.91	66.92	2.10	270.08	278.83	220.97	57.86	1.82
Standard Self & Family	545	621.19	641.32	487.40	153.92	4.83	621.19	641.32	508.25	133.07	4.17
Standard Self Plus One	546	621.19	641.32	487.40	153.92	4.83	621.19	641.32	508.25	133.07	4.17
High Self	541	376.34	390.34	239.05	151.29	8.33	376.34	390.34	248.87	141.47	8.10
High Self & Family	542	827.96	858.76	554.06	304.70	9.36	827.96	858.76	576.82	281.94	8.48
High Self Plus One	543	827.96	858.76	511.12	347.64	18.79	827.96	858.76	532.13	326.63	18.29

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

Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates					
			2019 Total Biweekly Premium	Category 1			2019 Total Biweekly Premium	Category 2				
Plan - Option - Enrollment Code	Total Premium	Govt Pays		Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment		
<b>Illinois Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Illinois Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Illinois Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	H41		382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42		872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43		863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44		284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45		653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46		640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Illinois Aetna HealthFund HDHP</b>												
HDHP Self	224		304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225		671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226		658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Illinois Blue Preferred</b>												
High Self	9G1		361.09	384.56	239.05	145.51	17.80	361.09	384.56	248.87	135.69	17.57
High Self & Family	9G2		775.88	857.94	554.06	303.88	60.62	775.88	857.94	576.82	281.12	59.74
High Self Plus One	9G3		734.68	812.58	511.12	301.46	65.89	734.68	812.58	532.13	280.45	65.39
Standard Self	9G4		257.87	277.21	210.68	66.53	4.64	257.87	277.21	219.69	57.52	4.01
Standard Self & Family	9G5		732.88	787.85	554.06	233.79	33.53	732.88	787.85	576.82	211.03	32.65
Standard Self Plus One	9G6		662.78	712.48	511.12	201.36	37.69	662.78	712.48	532.13	180.35	37.19
<b>Illinois Health Alliance HMO</b>												
Standard Self	K84		296.51	308.37	234.36	74.01	2.85	296.51	308.37	244.38	63.99	2.46
Standard Self & Family	K85		800.59	832.61	554.06	278.55	10.58	800.59	832.61	576.82	255.79	9.70
Standard Self Plus One	K86		686.88	714.36	511.12	203.24	15.47	686.88	714.36	532.13	182.23	14.97

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Illinois Humana CoverageFirst and Humana Value Plan</b>												
Value Self	GB4	284.48	349.91	239.05	110.86	42.58	284.48	349.91	248.87	101.04	42.01	
Value Self & Family	GB5	640.07	787.28	554.06	233.22	79.60	640.07	787.28	576.82	210.46	77.65	
Value Self Plus One	GB6	611.62	752.29	511.12	241.17	94.38	611.62	752.29	532.13	220.16	93.25	
CDHP Self	GB1	432.42	544.86	239.05	305.81	106.77	432.42	544.86	248.87	295.99	106.54	
CDHP Self & Family	GB2	972.94	1225.91	554.06	671.85	231.53	972.94	1225.91	576.82	649.09	230.65	
CDHP Self Plus One	GB3	929.71	1171.44	511.12	660.32	229.72	929.71	1171.44	532.13	639.31	229.22	
<b>Illinois Humana CoverageFirst and Humana Value Plan</b>												
Value Self	MW4	280.99	348.42	239.05	109.37	41.93	280.99	348.42	248.87	99.55	41.24	
Value Self & Family	MW5	632.21	783.93	554.06	229.87	78.14	632.21	783.93	576.82	207.11	75.93	
Value Self Plus One	MW6	604.12	749.10	511.12	237.98	92.99	604.12	749.10	532.13	216.97	91.62	
CDHP Self	MW1	349.41	422.78	239.05	183.73	67.70	349.41	422.78	248.87	173.91	67.47	
CDHP Self & Family	MW2	786.19	951.30	554.06	397.24	143.67	786.19	951.30	576.82	374.48	142.79	
CDHP Self Plus One	MW3	751.23	909.00	511.12	397.88	145.76	751.23	909.00	532.13	376.87	145.26	
<b>Illinois Humana Health Plan, Inc.</b>												
Standard Self	754	394.92	439.34	239.05	200.29	38.75	394.92	439.34	248.87	190.47	38.52	
Standard Self & Family	755	888.57	988.51	554.06	434.45	78.50	888.57	988.51	576.82	411.69	77.62	
Standard Self Plus One	756	849.08	944.58	511.12	433.46	83.49	849.08	944.58	532.13	412.45	82.99	
High Self	751	559.41	571.82	239.05	332.77	6.74	559.41	571.82	248.87	322.95	6.51	
High Self & Family	752	1258.68	1286.59	554.06	732.53	6.47	1258.68	1286.59	576.82	709.77	5.59	
High Self Plus One	753	1202.73	1229.42	511.12	718.30	14.68	1202.73	1229.42	532.13	697.29	14.18	
<b>Illinois Humana Health Plan, Inc.</b>												
High Self	9F1	784.74	894.61	239.05	655.56	104.20	784.74	894.61	248.87	645.74	103.97	
High Self & Family	9F2	1765.66	2012.86	554.06	1458.80	225.76	1765.66	2012.86	576.82	1436.04	224.88	
High Self Plus One	9F3	1687.18	1923.39	511.12	1412.27	224.20	1687.18	1923.39	532.13	1391.26	223.70	
<b>Illinois Humana Health Plan, Inc.</b>												
Standard Self	AB4	505.28	530.55	239.05	291.50	19.60	505.28	530.55	248.87	281.68	19.37	
Standard Self & Family	AB5	1136.90	1193.74	554.06	639.68	35.40	1136.90	1193.74	576.82	616.92	34.52	
Standard Self Plus One	AB6	1086.36	1140.69	511.12	629.57	42.32	1086.36	1140.69	532.13	608.56	41.82	
Basic Self	AB1	283.92	349.22	239.05	110.17	42.03	283.92	349.22	248.87	100.35	41.44	
Basic Self & Family	AB2	638.84	785.77	554.06	231.71	78.39	638.84	785.77	576.82	208.95	76.39	
Basic Self Plus One	AB3	610.45	750.85	511.12	239.73	93.22	610.45	750.85	532.13	218.72	92.05	



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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Illinois Humana Health Plan, Inc.</b>												
Basic Self	RW1	287.79	345.34	239.05	106.29	37.22	287.79	345.34	248.87	96.47	36.75	
Basic Self & Family	RW2	647.52	777.02	554.06	222.96	67.56	647.52	777.02	576.82	200.20	65.84	
Basic Self Plus One	RW3	618.75	742.49	511.12	231.37	82.87	618.75	742.49	532.13	210.36	81.97	
<b>Illinois MercyCare Health Plans</b>												
High Self	EY1	352.64	362.73	239.05	123.68	4.42	352.64	362.73	248.87	113.86	4.19	
High Self & Family	EY2	920.31	946.61	554.06	392.55	4.86	920.31	946.61	576.82	369.79	3.98	
High Self Plus One	EY3	758.22	779.90	511.12	268.78	9.67	758.22	779.90	532.13	247.77	9.17	
Standard Self	EY4	New Plan	281.35	213.83	67.52	New Plan	New Plan	281.35	222.97	58.38	New Plan	
Standard Self & Family	EY5	New Plan	734.24	554.06	180.18	New Plan	New Plan	734.24	576.82	157.42	New Plan	
Standard Self Plus One	EY6	New Plan	604.93	459.75	145.18	New Plan	New Plan	604.93	479.41	125.52	New Plan	
<b>Illinois Union Health Service</b>												
High Self	761	314.65	343.42	239.05	104.37	23.10	314.65	343.42	248.87	94.55	22.87	
High Self & Family	762	790.02	877.68	554.06	323.62	66.22	790.02	877.68	576.82	300.86	65.34	
High Self Plus One	763	697.49	770.00	511.12	258.88	60.50	697.49	770.00	532.13	237.87	60.00	
<b>Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>												
Value Self	L91	201.72	240.69	182.92	57.77	9.36	201.72	240.69	190.75	49.94	8.08	
Value Self & Family	L92	565.61	674.89	512.92	161.97	26.22	565.61	674.89	534.85	140.04	22.68	
Value Self Plus One	L93	393.95	470.06	357.25	112.81	18.26	393.95	470.06	372.52	97.54	15.80	
<b>Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan	
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan	
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan	
<b>Illinois UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	
<b>Indiana Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Indiana Aetna Direct</b>												
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29	
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35	
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62	

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Indiana Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>Indiana Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Indiana Health Alliance HMO</b>											
Standard Self	K84	296.51	308.37	234.36	74.01	2.85	296.51	308.37	244.38	63.99	2.46
Standard Self & Family	K85	800.59	832.61	554.06	278.55	10.58	800.59	832.61	576.82	255.79	9.70
Standard Self Plus One	K86	686.88	714.36	511.12	203.24	15.47	686.88	714.36	532.13	182.23	14.97
<b>Indiana Humana CoverageFirst</b>											
CDHP Self	TC1	287.13	304.37	231.32	73.05	4.14	287.13	304.37	241.21	63.16	3.58
CDHP Self & Family	TC2	646.04	684.80	520.45	164.35	9.30	646.04	684.80	542.70	142.10	8.05
CDHP Self Plus One	TC3	617.33	654.38	497.33	157.05	8.89	617.33	654.38	518.60	135.78	7.68
<b>Indiana Humana CoverageFirst and Humana Value Plan</b>											
Value Self	MW4	280.99	348.42	239.05	109.37	41.93	280.99	348.42	248.87	99.55	41.24
Value Self & Family	MW5	632.21	783.93	554.06	229.87	78.14	632.21	783.93	576.82	207.11	75.93
Value Self Plus One	MW6	604.12	749.10	511.12	237.98	92.99	604.12	749.10	532.13	216.97	91.62
CDHP Self	MW1	349.41	422.78	239.05	183.73	67.70	349.41	422.78	248.87	173.91	67.47
CDHP Self & Family	MW2	786.19	951.30	554.06	397.24	143.67	786.19	951.30	576.82	374.48	142.79
CDHP Self Plus One	MW3	751.23	909.00	511.12	397.88	145.76	751.23	909.00	532.13	376.87	145.26
<b>Indiana Humana CoverageFirst and Humana Value Plan</b>											
Value Self	X34	263.20	283.90	215.76	68.14	4.97	263.20	283.90	224.99	58.91	4.30
Value Self & Family	X35	592.21	638.79	485.48	153.31	11.18	592.21	638.79	506.24	132.55	9.67
Value Self Plus One	X36	565.88	610.40	463.90	146.50	10.69	565.88	610.40	483.74	126.66	9.24
CDHP Self	X31	315.99	368.97	239.05	129.92	47.31	315.99	368.97	248.87	120.10	47.08
CDHP Self & Family	X32	710.99	830.20	554.06	276.14	97.77	710.99	830.20	576.82	253.38	96.89
CDHP Self Plus One	X33	679.39	793.30	511.12	282.18	101.90	679.39	793.30	532.13	261.17	101.40

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>Indiana Humana Health Plan of Ohio, Inc.</b>											
High Self	A61	541.22	692.76	239.05	453.71	145.87	541.22	692.76	248.87	443.89	145.64
High Self & Family	A62	1217.76	1558.72	554.06	1004.66	319.52	1217.76	1558.72	576.82	981.90	318.64
High Self Plus One	A63	1163.64	1489.45	511.12	978.33	313.80	1163.64	1489.45	532.13	957.32	313.30
Standard Self	A64	429.36	541.00	239.05	301.95	105.97	429.36	541.00	248.87	292.13	105.74
Standard Self & Family	A65	966.08	1217.27	554.06	663.21	229.75	966.08	1217.27	576.82	640.45	228.87
Standard Self Plus One	A66	923.15	1163.17	511.12	652.05	228.01	923.15	1163.17	532.13	631.04	227.51
<b>Indiana Humana Health Plan, Inc.</b>											
Standard Self	754	394.92	439.34	239.05	200.29	38.75	394.92	439.34	248.87	190.47	38.52
Standard Self & Family	755	888.57	988.51	554.06	434.45	78.50	888.57	988.51	576.82	411.69	77.62
Standard Self Plus One	756	849.08	944.58	511.12	433.46	83.49	849.08	944.58	532.13	412.45	82.99
High Self	751	559.41	571.82	239.05	332.77	6.74	559.41	571.82	248.87	322.95	6.51
High Self & Family	752	1258.68	1286.59	554.06	732.53	6.47	1258.68	1286.59	576.82	709.77	5.59
High Self Plus One	753	1202.73	1229.42	511.12	718.30	14.68	1202.73	1229.42	532.13	697.29	14.18
<b>Indiana Humana Health Plan, Inc.</b>											
High Self	MH1	407.99	509.98	239.05	270.93	96.32	407.99	509.98	248.87	261.11	96.09
High Self & Family	MH2	917.98	1147.47	554.06	593.41	208.05	917.98	1147.47	576.82	570.65	207.17
High Self Plus One	MH3	877.18	1096.47	511.12	585.35	207.28	877.18	1096.47	532.13	564.34	206.78
Standard Self	MH4	333.41	396.76	239.05	157.71	57.68	333.41	396.76	248.87	147.89	57.45
Standard Self & Family	MH5	750.17	892.70	554.06	338.64	121.09	750.17	892.70	576.82	315.88	120.21
Standard Self Plus One	MH6	716.83	853.03	511.12	341.91	124.19	716.83	853.03	532.13	320.90	123.69
<b>Iowa Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>Iowa Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Iowa Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Iowa Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Iowa Health Alliance HMO</b>											
Standard Self	K84	296.51	308.37	234.36	74.01	2.85	296.51	308.37	244.38	63.99	2.46
Standard Self & Family	K85	800.59	832.61	554.06	278.55	10.58	800.59	832.61	576.82	255.79	9.70
Standard Self Plus One	K86	686.88	714.36	511.12	203.24	15.47	686.88	714.36	532.13	182.23	14.97
<b>Iowa HealthPartners</b>											
Standard Self	V34	197.58	212.27	161.33	50.94	3.52	197.58	212.27	168.22	44.05	3.05
Standard Self & Family	V35	481.30	517.11	393.00	124.11	8.60	481.30	517.11	409.81	107.30	7.43
Standard Self Plus One	V36	436.65	469.13	356.54	112.59	7.79	436.65	469.13	371.79	97.34	6.74
High Self	V31	364.76	328.76	239.05	89.71	-41.67	364.76	328.76	248.87	79.89	-41.90
High Self & Family	V32	888.56	800.86	554.06	246.80	-109.14	888.56	800.86	576.82	224.04	-110.02
High Self Plus One	V33	806.11	726.56	511.12	215.44	-91.56	806.11	726.56	532.13	194.43	-92.06
<b>Iowa UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	N71	245.61	281.73	214.11	67.62	8.67	245.61	281.73	223.27	58.46	7.50
HDHP Self & Family	N72	564.89	647.99	492.47	155.52	19.95	564.89	647.99	513.53	134.46	17.25
HDHP Self Plus One	N73	528.05	605.73	460.35	145.38	18.65	528.05	605.73	480.04	125.69	16.12
<b>Iowa UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	LJ1	310.13	332.39	239.05	93.34	16.59	310.13	332.39	248.87	83.52	16.36
High Self & Family	LJ2	775.32	830.99	554.06	276.93	34.23	775.32	830.99	576.82	254.17	33.35
High Self Plus One	LJ3	666.78	714.65	511.12	203.53	35.86	666.78	714.65	532.13	182.52	35.36
<b>Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
<b>Iowa UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	
<b>Kansas Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Kansas Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Kansas Aetna HealthFund CDHP and Aetna Value Plan</b>												
Value Self	G54		309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55		708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56		694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51		362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52		826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53		818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89
<b>Kansas Aetna HealthFund HDHP</b>												
HDHP Self	224		304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225		671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226		658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Kansas Aetna Open Access</b>												
High Self	HA1		406.62	507.66	239.05	268.61	95.37	406.62	507.66	248.87	258.79	95.14
High Self & Family	HA2		960.51	1199.16	554.06	645.10	217.21	960.51	1199.16	576.82	622.34	216.33
High Self Plus One	HA3		951.02	1187.32	511.12	676.20	224.29	951.02	1187.32	532.13	655.19	223.79
Standard Self	HA4		326.70	330.63	239.05	91.58	-1.74	326.70	330.63	248.87	81.76	-1.97
Standard Self & Family	HA5		771.13	780.41	554.06	226.35	-12.16	771.13	780.41	576.82	203.59	-13.04
Standard Self Plus One	HA6		763.50	772.69	511.12	261.57	-2.82	763.50	772.69	532.13	240.56	-3.32

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Kansas Humana CoverageFirst and Humana Value Plan</b>												
Value Self	PH4	197.70	223.40	169.78	53.62	6.17	197.70	223.40	177.04	46.36	5.34	
Value Self & Family	PH5	444.84	502.66	382.02	120.64	13.88	444.84	502.66	398.36	104.30	12.00	
Value Self Plus One	PH6	425.06	480.31	365.04	115.27	13.26	425.06	480.31	380.65	99.66	11.46	
CDHP Self	PH1	277.36	330.05	239.05	91.00	24.43	277.36	330.05	248.87	81.18	23.63	
CDHP Self & Family	PH2	624.06	742.63	554.06	188.57	38.80	624.06	742.63	576.82	165.81	36.32	
CDHP Self Plus One	PH3	596.33	709.62	511.12	198.50	55.38	596.33	709.62	532.13	177.49	53.75	
<b>Kansas Humana Health Plan, Inc.</b>												
High Self	MS1	750.29	795.31	239.05	556.26	39.35	750.29	795.31	248.87	546.44	39.12	
High Self & Family	MS2	1688.15	1789.44	554.06	1235.38	79.85	1688.15	1789.44	576.82	1212.62	78.97	
High Self Plus One	MS3	1613.12	1709.91	511.12	1198.79	84.78	1613.12	1709.91	532.13	1177.78	84.28	
Standard Self	MS4	439.74	492.46	239.05	253.41	47.05	439.74	492.46	248.87	243.59	46.82	
Standard Self & Family	MS5	989.44	1108.05	554.06	553.99	97.17	989.44	1108.05	576.82	531.23	96.29	
Standard Self Plus One	MS6	945.46	1058.81	511.12	547.69	101.34	945.46	1058.81	532.13	526.68	100.84	
<b>Kentucky Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Kentucky Aetna Direct</b>												
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29	
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35	
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62	
<b>Kentucky Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08	
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75	
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86	
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57	
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52	
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10	
<b>Kentucky Aetna HealthFund HDHP</b>												
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32	
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79	
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Kentucky Humana CoverageFirst</b>											
CDHP Self	TC1	287.13	304.37	231.32	73.05	4.14	287.13	304.37	241.21	63.16	3.58
CDHP Self & Family	TC2	646.04	684.80	520.45	164.35	9.30	646.04	684.80	542.70	142.10	8.05
CDHP Self Plus One	TC3	617.33	654.38	497.33	157.05	8.89	617.33	654.38	518.60	135.78	7.68
<b>Kentucky Humana CoverageFirst</b>											
CDHP Self	6N1	292.45	353.86	239.05	114.81	44.62	292.45	353.86	248.87	104.99	44.31
CDHP Self & Family	6N2	658.01	796.19	554.06	242.13	84.21	658.01	796.19	576.82	219.37	82.83
CDHP Self Plus One	6N3	628.76	760.80	511.12	249.68	98.78	628.76	760.80	532.13	228.67	98.20
<b>Kentucky Humana CoverageFirst and Humana Value Plan</b>											
Value Self	X34	263.20	283.90	215.76	68.14	4.97	263.20	283.90	224.99	58.91	4.30
Value Self & Family	X35	592.21	638.79	485.48	153.31	11.18	592.21	638.79	506.24	132.55	9.67
Value Self Plus One	X36	565.88	610.40	463.90	146.50	10.69	565.88	610.40	483.74	126.66	9.24
CDHP Self	X31	315.99	368.97	239.05	129.92	47.31	315.99	368.97	248.87	120.10	47.08
CDHP Self & Family	X32	710.99	830.20	554.06	276.14	97.77	710.99	830.20	576.82	253.38	96.89
CDHP Self Plus One	X33	679.39	793.30	511.12	282.18	101.90	679.39	793.30	532.13	261.17	101.40
<b>Kentucky Humana Health Plan of Ohio, Inc.</b>											
High Self	A61	541.22	692.76	239.05	453.71	145.87	541.22	692.76	248.87	443.89	145.64
High Self & Family	A62	1217.76	1558.72	554.06	1004.66	319.52	1217.76	1558.72	576.82	981.90	318.64
High Self Plus One	A63	1163.64	1489.45	511.12	978.33	313.80	1163.64	1489.45	532.13	957.32	313.30
Standard Self	A64	429.36	541.00	239.05	301.95	105.97	429.36	541.00	248.87	292.13	105.74
Standard Self & Family	A65	966.08	1217.27	554.06	663.21	229.75	966.08	1217.27	576.82	640.45	228.87
Standard Self Plus One	A66	923.15	1163.17	511.12	652.05	228.01	923.15	1163.17	532.13	631.04	227.51
<b>Kentucky Humana Health Plan of Ohio, Inc.</b>											
Basic Self	W61	270.36	280.90	213.48	67.42	2.53	270.36	280.90	222.61	58.29	2.19
Basic Self & Family	W62	608.31	632.05	480.36	151.69	5.70	608.31	632.05	500.90	131.15	4.93
Basic Self Plus One	W63	581.27	603.96	459.01	144.95	5.45	581.27	603.96	478.64	125.32	4.71
<b>Kentucky Humana Health Plan, Inc.</b>											
High Self	MI1	518.37	637.59	239.05	398.54	113.55	518.37	637.59	248.87	388.72	113.32
High Self & Family	MI2	1166.32	1434.57	554.06	880.51	246.81	1166.32	1434.57	576.82	857.75	245.93
High Self Plus One	MI3	1114.48	1370.81	511.12	859.69	244.32	1114.48	1370.81	532.13	838.68	243.82
Standard Self	MI4	374.73	408.46	239.05	169.41	28.06	374.73	408.46	248.87	159.59	27.83
Standard Self & Family	MI5	843.14	919.02	554.06	364.96	54.44	843.14	919.02	576.82	342.20	53.56
Standard Self Plus One	MI6	805.67	878.19	511.12	367.07	60.51	805.67	878.19	532.13	346.06	60.01

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Kentucky Humana Health Plan, Inc.</b>											
High Self	MH1	407.99	509.98	239.05	270.93	96.32	407.99	509.98	248.87	261.11	96.09
High Self & Family	MH2	917.98	1147.47	554.06	593.41	208.05	917.98	1147.47	576.82	570.65	207.17
High Self Plus One	MH3	877.18	1096.47	511.12	585.35	207.28	877.18	1096.47	532.13	564.34	206.78
Standard Self	MH4	333.41	396.76	239.05	157.71	57.68	333.41	396.76	248.87	147.89	57.45
Standard Self & Family	MH5	750.17	892.70	554.06	338.64	121.09	750.17	892.70	576.82	315.88	120.21
Standard Self Plus One	MH6	716.83	853.03	511.12	341.91	124.19	716.83	853.03	532.13	320.90	123.69
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	N71	245.61	281.73	214.11	67.62	8.67	245.61	281.73	223.27	58.46	7.50
HDHP Self & Family	N72	564.89	647.99	492.47	155.52	19.95	564.89	647.99	513.53	134.46	17.25
HDHP Self Plus One	N73	528.05	605.73	460.35	145.38	18.65	528.05	605.73	480.04	125.69	16.12
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	LJ1	310.13	332.39	239.05	93.34	16.59	310.13	332.39	248.87	83.52	16.36
High Self & Family	LJ2	775.32	830.99	554.06	276.93	34.23	775.32	830.99	576.82	254.17	33.35
High Self Plus One	LJ3	666.78	714.65	511.12	203.53	35.86	666.78	714.65	532.13	182.52	35.36
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan
<b>Louisiana Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Louisiana Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62



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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Louisiana Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>Louisiana Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>											
Standard Self	BC4	275.34	311.14	236.47	74.67	8.59	275.34	311.14	246.58	64.56	7.43
Standard Self & Family	BC5	619.52	700.06	532.05	168.01	19.33	619.52	700.06	554.80	145.26	16.71
Standard Self Plus One	BC6	591.98	668.94	508.39	160.55	18.47	591.98	668.94	530.13	138.81	15.97
High Self	BC1	346.66	416.00	239.05	176.95	63.67	346.66	416.00	248.87	167.13	63.44
High Self & Family	BC2	780.01	936.01	554.06	381.95	134.56	780.01	936.01	576.82	359.19	133.68
High Self Plus One	BC3	745.34	894.41	511.12	383.29	137.06	745.34	894.41	532.13	362.28	136.56
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>											
High Self	AE1	398.79	494.50	239.05	255.45	90.04	398.79	494.50	248.87	245.63	89.81
High Self & Family	AE2	897.26	1112.60	554.06	558.54	193.90	897.26	1112.60	576.82	535.78	193.02
High Self Plus One	AE3	857.39	1063.16	511.12	552.04	193.76	857.39	1063.16	532.13	531.03	193.26
Standard Self	AE4	338.79	372.67	239.05	133.62	28.21	338.79	372.67	248.87	123.80	27.98
Standard Self & Family	AE5	762.29	838.52	554.06	284.46	54.79	762.29	838.52	576.82	261.70	53.91
Standard Self Plus One	AE6	728.41	801.25	511.12	290.13	60.83	728.41	801.25	532.13	269.12	60.33
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LS1	193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45
HDHP Self & Family	LS2	444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94
HDHP Self Plus One	LS3	415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KK1	313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18
High Self & Family	KK2	783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87
High Self Plus One	KK3	673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	<b>New Plan</b>	242.68	184.44	58.24	<b>New Plan</b>	<b>New Plan</b>	242.68	192.32	50.36	<b>New Plan</b>	
High Self & Family	AS2	<b>New Plan</b>	573.86	436.13	137.73	<b>New Plan</b>	<b>New Plan</b>	573.86	454.78	119.08	<b>New Plan</b>	
High Self Plus One	AS3	<b>New Plan</b>	521.73	396.51	125.22	<b>New Plan</b>	<b>New Plan</b>	521.73	413.47	108.26	<b>New Plan</b>	
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	<b>New Plan</b>	233.88	177.75	56.13	<b>New Plan</b>	<b>New Plan</b>	233.88	185.35	48.53	<b>New Plan</b>	
High Self & Family	Y82	<b>New Plan</b>	553.03	420.30	132.73	<b>New Plan</b>	<b>New Plan</b>	553.03	438.28	114.75	<b>New Plan</b>	
High Self Plus One	Y83	<b>New Plan</b>	502.79	382.12	120.67	<b>New Plan</b>	<b>New Plan</b>	502.79	398.46	104.33	<b>New Plan</b>	
<b>Maine Aetna Advantage</b>												
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>	
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>	
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>	
<b>Maine Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Maine Aetna HealthFund CDHP and Aetna Value Plan</b>												
Value Self	EP4		285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5		654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6		641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1		423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2		965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3		955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>Maine Aetna HealthFund HDHP</b>												
HDHP Self	224		304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225		671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226		658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Maryland Aetna Advantage</b>												
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>	
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>	
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>	
<b>Maryland Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Maryland Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>Maryland Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Maryland Aetna Open Access</b>											
High Self	JN1	516.52	525.03	239.05	285.98	2.84	516.52	525.03	248.87	276.16	2.61
High Self & Family	JN2	1161.22	1180.35	554.06	626.29	-2.31	1161.22	1180.35	576.82	603.53	-3.19
High Self Plus One	JN3	1149.71	1168.66	511.12	657.54	6.94	1149.71	1168.66	532.13	636.53	6.44
Basic Self	JN4	314.06	321.74	239.05	82.69	2.01	314.06	321.74	248.87	72.87	1.78
Basic Self & Family	JN5	718.73	736.31	554.06	182.25	-3.86	718.73	736.31	576.82	159.49	-4.74
Basic Self Plus One	JN6	660.00	676.15	511.12	165.03	4.14	660.00	676.15	532.13	144.02	3.64
<b>Maryland Aetna Saver</b>											
Saver Self	QQ4	<b>New Plan</b>	274.71	208.78	65.93	<b>New Plan</b>	<b>New Plan</b>	274.71	217.71	57.00	<b>New Plan</b>
Saver Self & Family	QQ5	<b>New Plan</b>	628.68	477.80	150.88	<b>New Plan</b>	<b>New Plan</b>	628.68	498.23	130.45	<b>New Plan</b>
Saver Self Plus One	QQ6	<b>New Plan</b>	577.30	438.75	138.55	<b>New Plan</b>	<b>New Plan</b>	577.30	457.51	119.79	<b>New Plan</b>
<b>Maryland CareFirst BlueChoice</b>											
Standard Self	2G4	368.16	390.25	239.05	151.20	16.42	368.16	390.25	248.87	141.38	16.19
Standard Self & Family	2G5	874.73	927.21	554.06	373.15	31.04	874.73	927.21	576.82	350.39	30.16
Standard Self Plus One	2G6	736.31	780.49	511.12	269.37	32.17	736.31	780.49	532.13	248.36	31.67
<b>Maryland CareFirst BlueChoice</b>											
HDHP Self	B61	239.20	263.12	199.97	63.15	5.74	239.20	263.12	208.52	54.60	4.97
HDHP Self & Family	B62	568.33	625.16	475.12	150.04	13.64	568.33	625.16	495.44	129.72	11.79
HDHP Self Plus One	B63	478.39	526.23	399.93	126.30	11.49	478.39	526.23	417.04	109.19	9.92
Blue Value Plus Self	B64	<b>New Plan</b>	325.84	239.05	86.79	<b>New Plan</b>	<b>New Plan</b>	325.84	248.87	76.97	<b>New Plan</b>
Blue Value Plus Self & Family	B65	<b>New Plan</b>	774.21	554.06	220.15	<b>New Plan</b>	<b>New Plan</b>	774.21	576.82	197.39	<b>New Plan</b>
Blue Value Plus Self Plus One	B66	<b>New Plan</b>	651.70	495.29	156.41	<b>New Plan</b>	<b>New Plan</b>	651.70	516.47	135.23	<b>New Plan</b>

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>											
Basic Self	T71	193.90	193.90	147.36	46.54	0.00	193.90	193.90	153.67	40.23	0.00
Basic Self & Family	T72	473.61	473.61	359.94	113.67	0.00	473.61	473.61	375.34	98.27	0.00
Basic Self Plus One	T73	431.49	431.49	327.93	103.56	0.00	431.49	431.49	341.96	89.53	0.00
<b>Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>											
Standard Self	E34	240.81	263.79	200.48	63.31	5.52	240.81	263.79	209.05	54.74	4.77
Standard Self & Family	E35	553.84	606.69	461.08	145.61	12.69	553.84	606.69	480.80	125.89	10.97
Standard Self Plus One	E36	553.84	606.69	461.08	145.61	12.69	553.84	606.69	480.80	125.89	10.97
High Self	E31	319.70	333.61	239.05	94.56	8.24	319.70	333.61	248.87	84.74	8.01
High Self & Family	E32	735.30	767.32	554.06	213.26	10.58	735.30	767.32	576.82	190.50	9.70
High Self Plus One	E33	735.30	767.32	511.12	256.20	20.01	735.30	767.32	532.13	235.19	19.51
<b>Maryland M.D. IPA</b>											
High Self	JP1	365.01	404.59	239.05	165.54	33.91	365.01	404.59	248.87	155.72	33.68
High Self & Family	JP2	1023.48	1134.48	554.06	580.42	89.56	1023.48	1134.48	576.82	557.66	88.68
High Self Plus One	JP3	712.86	790.17	511.12	279.05	65.30	712.86	790.17	532.13	258.04	64.80
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	V41	228.78	224.57	170.67	53.90	-1.01	228.78	224.57	177.97	46.60	-0.87
HDHP Self & Family	V42	526.18	516.51	392.55	123.96	-2.32	526.18	516.51	409.33	107.18	-2.00
HDHP Self Plus One	V43	491.87	482.83	366.95	115.88	-2.17	491.87	482.83	382.64	100.19	-1.87
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	LR1	308.28	329.95	239.05	90.90	16.00	308.28	329.95	248.87	81.08	15.77
High Self & Family	LR2	730.61	781.98	554.06	227.92	29.93	730.61	781.98	576.82	205.16	29.05
High Self Plus One	LR3	662.79	709.38	511.12	198.26	34.58	662.79	709.38	532.13	177.25	34.08
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	201.72	240.69	182.92	57.77	9.36	201.72	240.69	190.75	49.94	8.08
Value Self & Family	L92	565.61	674.89	512.92	161.97	26.22	565.61	674.89	534.85	140.04	22.68
Value Self Plus One	L93	393.95	470.06	357.25	112.81	18.26	393.95	470.06	372.52	97.54	15.80
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	<b>New Plan</b>	242.68	184.44	58.24	<b>New Plan</b>	<b>New Plan</b>	242.68	192.32	50.36	<b>New Plan</b>
High Self & Family	AS2	<b>New Plan</b>	573.86	436.13	137.73	<b>New Plan</b>	<b>New Plan</b>	573.86	454.78	119.08	<b>New Plan</b>
High Self Plus One	AS3	<b>New Plan</b>	521.73	396.51	125.22	<b>New Plan</b>	<b>New Plan</b>	521.73	413.47	108.26	<b>New Plan</b>
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	<b>New Plan</b>	233.88	177.75	56.13	<b>New Plan</b>	<b>New Plan</b>	233.88	185.35	48.53	<b>New Plan</b>
High Self & Family	Y82	<b>New Plan</b>	553.03	420.30	132.73	<b>New Plan</b>	<b>New Plan</b>	553.03	438.28	114.75	<b>New Plan</b>
High Self Plus One	Y83	<b>New Plan</b>	502.79	382.12	120.67	<b>New Plan</b>	<b>New Plan</b>	502.79	398.46	104.33	<b>New Plan</b>

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
<b>Massachusetts Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Massachusetts Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Massachusetts Aetna HealthFund CDHP and Aetna Value Plan</b>												
Value Self	EP4		285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5		654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6		641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1		423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2		965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3		955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>Massachusetts Aetna HealthFund HDHP</b>												
HDHP Self	224		304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225		671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226		658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Michigan Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Michigan Aetna Direct</b>												
CDHP Self	N61		257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62		648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63		564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Michigan Aetna HealthFund CDHP and Aetna Value Plan</b>												
Value Self	G54		309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55		708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56		694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51		362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52		826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53		818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Michigan Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Michigan Blue Care Network of Michigan</b>											
High Self	LX1	339.10	342.86	239.05	103.81	-1.91	339.10	342.86	248.87	93.99	-2.14
High Self & Family	LX2	827.37	836.58	554.06	282.52	-12.23	827.37	836.58	576.82	259.76	-13.11
High Self Plus One	LX3	779.91	788.57	511.12	277.45	-3.35	779.91	788.57	532.13	256.44	-3.85
<b>Michigan Blue Care Network of Michigan</b>											
High Self	K51	435.44	442.03	239.05	202.98	0.92	435.44	442.03	248.87	193.16	0.69
High Self & Family	K52	1062.44	1078.53	554.06	524.47	-5.35	1062.44	1078.53	576.82	501.71	-6.23
High Self Plus One	K53	1001.49	1016.64	511.12	505.52	3.14	1001.49	1016.64	532.13	484.51	2.64
<b>Michigan Health Alliance Plan</b>											
High Self	521	352.54	363.64	239.05	124.59	5.43	352.54	363.64	248.87	114.77	5.20
High Self & Family	522	860.18	887.28	554.06	333.22	5.66	860.18	887.28	576.82	310.46	4.78
High Self Plus One	523	810.84	836.37	511.12	325.25	13.52	810.84	836.37	532.13	304.24	13.02
<b>Michigan Health Alliance Plan</b>											
Standard Self	GY4	276.16	283.49	215.45	68.04	1.76	276.16	283.49	224.67	58.82	1.52
Standard Self & Family	GY5	673.85	691.74	525.72	166.02	4.30	673.85	691.74	548.20	143.54	3.72
Standard Self Plus One	GY6	635.18	652.05	495.56	156.49	4.05	635.18	652.05	516.75	135.30	3.50
<b>Michigan Priority Health</b>											
High Self	LE1	420.97	424.42	239.05	185.37	-2.22	420.97	424.42	248.87	175.55	-2.45
High Self & Family	LE2	989.28	997.39	554.06	443.33	-13.33	989.28	997.39	576.82	420.57	-14.21
High Self Plus One	LE3	926.14	933.72	511.12	422.60	-4.43	926.14	933.72	532.13	401.59	-4.93
Standard Self	LE4	232.82	248.92	189.18	59.74	3.86	232.82	248.92	197.27	51.65	3.34
Standard Self & Family	LE5	547.13	584.97	444.58	140.39	9.08	547.13	584.97	463.59	121.38	7.85
Standard Self Plus One	LE6	512.21	547.63	416.20	131.43	8.50	512.21	547.63	434.00	113.63	7.35
<b>Michigan Priority Health</b>											
Value Self	Y41	<b>New Plan</b>	218.42	166.00	52.42	<b>New Plan</b>	<b>New Plan</b>	218.42	173.10	45.32	<b>New Plan</b>
Value Self & Family	Y42	<b>New Plan</b>	513.29	390.10	123.19	<b>New Plan</b>	<b>New Plan</b>	513.29	406.78	106.51	<b>New Plan</b>
Value Self Plus One	Y43	<b>New Plan</b>	480.52	365.20	115.32	<b>New Plan</b>	<b>New Plan</b>	480.52	380.81	99.71	<b>New Plan</b>
<b>Minnesota Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Minnesota Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Minnesota Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Minnesota Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Minnesota HealthPartners</b>											
Standard Self	V34	197.58	212.27	161.33	50.94	3.52	197.58	212.27	168.22	44.05	3.05
Standard Self & Family	V35	481.30	517.11	393.00	124.11	8.60	481.30	517.11	409.81	107.30	7.43
Standard Self Plus One	V36	436.65	469.13	356.54	112.59	7.79	436.65	469.13	371.79	97.34	6.74
High Self	V31	364.76	328.76	239.05	89.71	-41.67	364.76	328.76	248.87	79.89	-41.90
High Self & Family	V32	888.56	800.86	554.06	246.80	-109.14	888.56	800.86	576.82	224.04	-110.02
High Self Plus One	V33	806.11	726.56	511.12	215.44	-91.56	806.11	726.56	532.13	194.43	-92.06
<b>Mississippi Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Mississippi Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Mississippi Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Mississippi Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LS1	193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45
HDHP Self & Family	LS2	444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94
HDHP Self Plus One	LS3	415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41
<b>Mississippi UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KK1	313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18
High Self & Family	KK2	783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87
High Self Plus One	KK3	673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07
<b>Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan
<b>Mississippi UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan
<b>Missouri Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Missouri Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62



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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Missouri Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89
<b>Missouri Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Missouri Aetna Open Access</b>											
High Self	HA1	406.62	507.66	239.05	268.61	95.37	406.62	507.66	248.87	258.79	95.14
High Self & Family	HA2	960.51	1199.16	554.06	645.10	217.21	960.51	1199.16	576.82	622.34	216.33
High Self Plus One	HA3	951.02	1187.32	511.12	676.20	224.29	951.02	1187.32	532.13	655.19	223.79
Standard Self	HA4	326.70	330.63	239.05	91.58	-1.74	326.70	330.63	248.87	81.76	-1.97
Standard Self & Family	HA5	771.13	780.41	554.06	226.35	-12.16	771.13	780.41	576.82	203.59	-13.04
Standard Self Plus One	HA6	763.50	772.69	511.12	261.57	-2.82	763.50	772.69	532.13	240.56	-3.32
<b>Missouri Blue Preferred</b>											
High Self	9G1	361.09	384.56	239.05	145.51	17.80	361.09	384.56	248.87	135.69	17.57
High Self & Family	9G2	775.88	857.94	554.06	303.88	60.62	775.88	857.94	576.82	281.12	59.74
High Self Plus One	9G3	734.68	812.58	511.12	301.46	65.89	734.68	812.58	532.13	280.45	65.39
Standard Self	9G4	257.87	277.21	210.68	66.53	4.64	257.87	277.21	219.69	57.52	4.01
Standard Self & Family	9G5	732.88	787.85	554.06	233.79	33.53	732.88	787.85	576.82	211.03	32.65
Standard Self Plus One	9G6	662.78	712.48	511.12	201.36	37.69	662.78	712.48	532.13	180.35	37.19
<b>Missouri Humana CoverageFirst and Humana Value Plan</b>											
Value Self	PH4	197.70	223.40	169.78	53.62	6.17	197.70	223.40	177.04	46.36	5.34
Value Self & Family	PH5	444.84	502.66	382.02	120.64	13.88	444.84	502.66	398.36	104.30	12.00
Value Self Plus One	PH6	425.06	480.31	365.04	115.27	13.26	425.06	480.31	380.65	99.66	11.46
CDHP Self	PH1	277.36	330.05	239.05	91.00	24.43	277.36	330.05	248.87	81.18	23.63
CDHP Self & Family	PH2	624.06	742.63	554.06	188.57	38.80	624.06	742.63	576.82	165.81	36.32
CDHP Self Plus One	PH3	596.33	709.62	511.12	198.50	55.38	596.33	709.62	532.13	177.49	53.75

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Missouri Humana Health Plan, Inc.</b>												
High Self	MS1	750.29	795.31	239.05	556.26	39.35	750.29	795.31	248.87	546.44	39.12	
High Self & Family	MS2	1688.15	1789.44	554.06	1235.38	79.85	1688.15	1789.44	576.82	1212.62	78.97	
High Self Plus One	MS3	1613.12	1709.91	511.12	1198.79	84.78	1613.12	1709.91	532.13	1177.78	84.28	
Standard Self	MS4	439.74	492.46	239.05	253.41	47.05	439.74	492.46	248.87	243.59	46.82	
Standard Self & Family	MS5	989.44	1108.05	554.06	553.99	97.17	989.44	1108.05	576.82	531.23	96.29	
Standard Self Plus One	MS6	945.46	1058.81	511.12	547.69	101.34	945.46	1058.81	532.13	526.68	100.84	
<b>Missouri UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan	
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan	
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan	
<b>Missouri UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	
<b>Montana Aetna Advantage</b>												
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan	
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan	
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan	
<b>Montana Aetna Direct</b>												
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29	
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35	
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62	
<b>Montana Aetna HealthFund CDHP and Aetna Value Plan</b>												
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08	
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75	
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86	
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57	
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52	
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10	
<b>Montana Aetna HealthFund HDHP</b>												
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32	
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79	
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45	

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium					2019 Total Biweekly Premium					
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>Nebraska Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Nebraska Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Nebraska Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Nebraska Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Nevada Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Nevada Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Nevada Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Nevada Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Nevada Health Plan of Nevada, Inc.</b>											
High Self	NM1	303.94	326.30	239.05	87.25	14.30	303.94	326.30	248.87	77.43	14.36
High Self & Family	NM2	720.31	773.30	554.06	219.24	31.55	720.31	773.30	576.82	196.48	30.67
High Self Plus One	NM3	577.50	619.98	471.18	148.80	10.20	577.50	619.98	491.33	128.65	8.82
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LU1	207.84	204.85	155.69	49.16	-0.72	207.84	204.85	162.34	42.51	-0.62
HDHP Self & Family	LU2	478.03	471.16	358.08	113.08	-1.65	478.03	471.16	373.39	97.77	-1.42
HDHP Self Plus One	LU3	446.86	440.43	334.73	105.70	-1.55	446.86	440.43	349.04	91.39	-1.33
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KT1	313.47	334.51	239.05	95.46	15.37	313.47	334.51	248.87	85.64	15.14
High Self & Family	KT2	783.67	836.26	554.06	282.20	31.15	783.67	836.26	576.82	259.44	30.27
High Self Plus One	KT3	673.95	719.19	511.12	208.07	33.23	673.95	719.19	532.13	187.06	32.73
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	WF1	New Plan	241.32	183.40	57.92	New Plan	New Plan	241.32	191.25	50.07	New Plan
High Self & Family	WF2	New Plan	570.64	433.69	136.95	New Plan	New Plan	570.64	452.23	118.41	New Plan
High Self Plus One	WF3	New Plan	518.79	394.28	124.51	New Plan	New Plan	518.79	411.14	107.65	New Plan
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	VD1	New Plan	240.93	183.11	57.82	New Plan	New Plan	240.93	190.94	49.99	New Plan
High Self & Family	VD2	New Plan	569.71	432.98	136.73	New Plan	New Plan	569.71	451.50	118.21	New Plan
High Self Plus One	VD3	New Plan	517.95	393.64	124.31	New Plan	New Plan	517.95	410.48	107.47	New Plan
<b>New Hampshire Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>New Hampshire Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>New Hampshire Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>New Hampshire Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>New Jersey Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>New Jersey Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>New Jersey Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>New Jersey Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>New Jersey Aetna Open Access</b>											
High Self	JR1	650.67	712.96	239.05	473.91	56.62	650.67	712.96	248.87	464.09	56.39
High Self & Family	JR2	1502.98	1646.86	554.06	1092.80	122.44	1502.98	1646.86	576.82	1070.04	121.56
High Self Plus One	JR3	1488.09	1630.54	511.12	1119.42	130.44	1488.09	1630.54	532.13	1098.41	129.94
Basic Self	JR4	536.96	633.82	239.05	394.77	91.19	536.96	633.82	248.87	384.95	90.96
Basic Self & Family	JR5	1244.46	1468.93	554.06	914.87	203.03	1244.46	1468.93	576.82	892.11	202.15
Basic Self Plus One	JR6	1232.13	1454.38	511.12	943.26	210.24	1232.13	1454.38	532.13	922.25	209.74
<b>New Jersey Aetna Open Access</b>											
Basic Self	P34	599.29	604.65	239.05	365.60	-0.31	599.29	604.65	248.87	355.78	-0.54
Basic Self & Family	P35	1390.96	1403.39	554.06	849.33	-9.01	1390.96	1403.39	576.82	826.57	-9.89
Basic Self Plus One	P36	1377.18	1389.48	511.12	878.36	0.29	1377.18	1389.48	532.13	857.35	-0.21
High Self	P31	685.48	672.28	239.05	433.23	-18.87	685.48	672.28	248.87	423.41	-19.10
High Self & Family	P32	1661.96	1629.94	554.06	1075.88	-53.46	1661.96	1629.94	576.82	1053.12	-54.34
High Self Plus One	P33	1645.50	1613.79	511.12	1102.67	-43.72	1645.50	1613.79	532.13	1081.66	-44.22
<b>New Jersey GHI Health Plan</b>											
Standard Self	804	427.37	463.69	239.05	224.64	30.65	427.37	463.69	248.87	214.82	30.42
Standard Self & Family	805	1036.83	1124.96	554.06	570.90	66.69	1036.83	1124.96	576.82	548.14	65.81
Standard Self Plus One	806	994.08	1078.58	511.12	567.46	72.49	994.08	1078.58	532.13	546.45	71.99
<b>New Jersey GHI Health Plan</b>											
HDHP Self	811	New Plan	312.16	237.24	74.92	New Plan	New Plan	312.16	247.39	64.77	New Plan
HDHP Self & Family	812	New Plan	682.48	518.68	163.80	New Plan	New Plan	682.48	540.87	141.61	New Plan
HDHP Self Plus One	813	New Plan	669.27	508.65	160.62	New Plan	New Plan	669.27	530.40	138.87	New Plan
<b>New Mexico Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>New Mexico Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>New Mexico Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89
<b>New Mexico Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>New Mexico Presbyterian Health Plan</b>											
High Self	P21	341.68	388.15	239.05	149.10	40.80	341.68	388.15	248.87	139.28	40.57
High Self & Family	P22	802.96	912.14	554.06	358.08	87.74	802.96	912.14	576.82	335.32	86.86
High Self Plus One	P23	775.63	881.09	511.12	369.97	93.45	775.63	881.09	532.13	348.96	92.95
<b>New Mexico Presbyterian Health Plan</b>											
Standard Self	PS4	287.38	327.82	239.05	88.77	19.80	287.38	327.82	248.87	78.95	19.32
Standard Self & Family	PS5	675.36	770.38	554.06	216.32	54.23	675.36	770.38	576.82	193.56	53.42
Standard Self Plus One	PS6	652.36	744.16	511.12	233.04	76.47	652.36	744.16	532.13	212.03	76.67
Wellness Self	PS1	New Plan	286.10	217.44	68.66	New Plan	New Plan	286.10	226.73	59.37	New Plan
Wellness Self & Family	PS2	New Plan	672.35	510.99	161.36	New Plan	New Plan	672.35	532.84	139.51	New Plan
Wellness Self Plus One	PS3	New Plan	649.47	493.60	155.87	New Plan	New Plan	649.47	514.70	134.77	New Plan
<b>New Mexico True Health New Mexico</b>											
High Self	EL1	New Plan	286.23	217.53	68.70	New Plan	New Plan	286.23	226.84	59.39	New Plan
High Self & Family	EL2	New Plan	675.91	513.69	162.22	New Plan	New Plan	675.91	535.66	140.25	New Plan
High Self Plus One	EL3	New Plan	640.63	486.88	153.75	New Plan	New Plan	640.63	507.70	132.93	New Plan
<b>New York Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>New York Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>New York Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>New York Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>New York Aetna Open Access</b>											
High Self	JC1	601.41	609.40	239.05	370.35	2.32	601.41	609.40	248.87	360.53	2.09
High Self & Family	JC2	1486.08	1505.80	554.06	951.74	-1.72	1486.08	1505.80	576.82	928.98	-2.60
High Self Plus One	JC3	1471.38	1490.89	511.12	979.77	7.50	1471.38	1490.89	532.13	958.76	7.00
Basic Self	JC4	490.71	508.81	239.05	269.76	12.43	490.71	508.81	248.87	259.94	12.20
Basic Self & Family	JC5	1196.94	1241.09	554.06	687.03	22.71	1196.94	1241.09	576.82	664.27	21.83
Basic Self Plus One	JC6	1185.10	1228.82	511.12	717.70	31.71	1185.10	1228.82	532.13	696.69	31.21
<b>New York CDPHP</b>											
Standard Self	SG4	266.57	290.59	220.85	69.74	5.76	266.57	290.59	230.29	60.30	4.99
Standard Self & Family	SG5	799.69	827.37	554.06	273.31	6.24	799.69	827.37	576.82	250.55	5.36
Standard Self Plus One	SG6	533.14	601.50	457.14	144.36	16.41	533.14	601.50	476.69	124.81	14.18
High Self	SG1	401.67	457.50	239.05	218.45	50.16	401.67	457.50	248.87	208.63	49.93
High Self & Family	SG2	1204.87	1303.87	554.06	749.81	77.56	1204.87	1303.87	576.82	727.05	76.68
High Self Plus One	SG3	803.33	947.02	511.12	435.90	131.68	803.33	947.02	532.13	414.89	131.18
<b>New York GHI Health Plan</b>											
Standard Self	804	427.37	463.69	239.05	224.64	30.65	427.37	463.69	248.87	214.82	30.42
Standard Self & Family	805	1036.83	1124.96	554.06	570.90	66.69	1036.83	1124.96	576.82	548.14	65.81
Standard Self Plus One	806	994.08	1078.58	511.12	567.46	72.49	994.08	1078.58	532.13	546.45	71.99
<b>New York GHI Health Plan</b>											
HDHP Self	811	<b>New Plan</b>	312.16	237.24	74.92	<b>New Plan</b>	<b>New Plan</b>	312.16	247.39	64.77	<b>New Plan</b>
HDHP Self & Family	812	<b>New Plan</b>	682.48	518.68	163.80	<b>New Plan</b>	<b>New Plan</b>	682.48	540.87	141.61	<b>New Plan</b>
HDHP Self Plus One	813	<b>New Plan</b>	669.27	508.65	160.62	<b>New Plan</b>	<b>New Plan</b>	669.27	530.40	138.87	<b>New Plan</b>



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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>New York HIP of Greater NY</b>											
Standard Self	YL4	303.97	375.63	239.05	136.58	63.63	303.97	375.63	248.87	126.76	63.69
Standard Self & Family	YL5	869.85	1079.99	554.06	525.93	188.70	869.85	1079.99	576.82	503.17	187.82
Standard Self Plus One	YL6	539.64	683.19	511.12	172.07	42.56	539.64	683.19	532.13	151.06	39.08
<b>New York HIP of Greater NY</b>											
High Self	511	454.78	494.33	239.05	255.28	33.88	454.78	494.33	248.87	245.46	33.65
High Self & Family	512	1302.18	1422.45	554.06	868.39	98.83	1302.18	1422.45	576.82	845.63	97.95
High Self Plus One	513	810.21	899.33	511.12	388.21	77.11	810.21	899.33	532.13	367.20	76.61
<b>New York Independent Health</b>											
Standard Self	C54	323.92	328.44	239.05	89.39	-1.15	323.92	328.44	248.87	79.57	-1.38
Standard Self & Family	C55	874.59	886.79	554.06	332.73	-9.24	874.59	886.79	576.82	309.97	-10.12
Standard Self Plus One	C56	825.99	837.51	511.12	326.39	-0.49	825.99	837.51	532.13	305.38	-0.99
<b>New York Independent Health</b>											
High Self	QA1	335.83	352.00	239.05	112.95	10.50	335.83	352.00	248.87	103.13	10.27
High Self & Family	QA2	906.72	950.39	554.06	396.33	22.23	906.72	950.39	576.82	373.57	21.35
High Self Plus One	QA3	856.35	897.60	511.12	386.48	29.24	856.35	897.60	532.13	365.47	28.74
HDHP Self	QA4	272.57	273.63	207.96	65.67	0.25	272.57	273.63	216.85	56.78	0.22
HDHP Self & Family	QA5	703.77	707.60	537.78	169.82	-1.33	703.77	707.60	560.77	146.83	-2.44
HDHP Self Plus One	QA6	655.94	659.82	501.46	158.36	0.93	655.94	659.82	522.91	136.91	0.59
<b>North Carolina Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>North Carolina Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>North Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium					2019 Total Biweekly Premium					
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>North Carolina Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LS1	193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45
HDHP Self & Family	LS2	444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94
HDHP Self Plus One	LS3	415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KK1	313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18
High Self & Family	KK2	783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87
High Self Plus One	KK3	673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan
<b>North Dakota Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>North Dakota Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>North Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>North Dakota Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>North Dakota HealthPartners</b>											
Standard Self	V34	197.58	212.27	161.33	50.94	3.52	197.58	212.27	168.22	44.05	3.05
Standard Self & Family	V35	481.30	517.11	393.00	124.11	8.60	481.30	517.11	409.81	107.30	7.43
Standard Self Plus One	V36	436.65	469.13	356.54	112.59	7.79	436.65	469.13	371.79	97.34	6.74
High Self	V31	364.76	328.76	239.05	89.71	-41.67	364.76	328.76	248.87	79.89	-41.90
High Self & Family	V32	888.56	800.86	554.06	246.80	-109.14	888.56	800.86	576.82	224.04	-110.02
High Self Plus One	V33	806.11	726.56	511.12	215.44	-91.56	806.11	726.56	532.13	194.43	-92.06
<b>Ohio Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Ohio Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Ohio Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>Ohio Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Ohio AultCare Insurance Company</b>												
High Self	3A1	355.15	388.63	239.05	149.58	27.81	355.15	388.63	248.87	139.76	27.58	
High Self & Family	3A2	877.23	959.90	554.06	405.84	61.23	877.23	959.90	576.82	383.08	60.35	
High Self Plus One	3A3	745.82	816.11	511.12	304.99	58.28	745.82	816.11	532.13	283.98	57.78	
HDHP Self	3A4	172.27	201.98	153.50	48.48	7.14	172.27	201.98	160.07	41.91	6.16	
HDHP Self & Family	3A5	551.23	646.73	491.51	155.22	22.92	551.23	646.73	512.53	134.20	19.82	
HDHP Self Plus One	3A6	327.29	383.98	291.82	92.16	13.61	327.29	383.98	304.30	79.68	11.77	
<b>Ohio Humana CoverageFirst and Humana Value Plan</b>												
Value Self	X34	263.20	283.90	215.76	68.14	4.97	263.20	283.90	224.99	58.91	4.30	
Value Self & Family	X35	592.21	638.79	485.48	153.31	11.18	592.21	638.79	506.24	132.55	9.67	
Value Self Plus One	X36	565.88	610.40	463.90	146.50	10.69	565.88	610.40	483.74	126.66	9.24	
CDHP Self	X31	315.99	368.97	239.05	129.92	47.31	315.99	368.97	248.87	120.10	47.08	
CDHP Self & Family	X32	710.99	830.20	554.06	276.14	97.77	710.99	830.20	576.82	253.38	96.89	
CDHP Self Plus One	X33	679.39	793.30	511.12	282.18	101.90	679.39	793.30	532.13	261.17	101.40	
<b>Ohio Humana Health Plan of Ohio, Inc.</b>												
High Self	A61	541.22	692.76	239.05	453.71	145.87	541.22	692.76	248.87	443.89	145.64	
High Self & Family	A62	1217.76	1558.72	554.06	1004.66	319.52	1217.76	1558.72	576.82	981.90	318.64	
High Self Plus One	A63	1163.64	1489.45	511.12	978.33	313.80	1163.64	1489.45	532.13	957.32	313.30	
Standard Self	A64	429.36	541.00	239.05	301.95	105.97	429.36	541.00	248.87	292.13	105.74	
Standard Self & Family	A65	966.08	1217.27	554.06	663.21	229.75	966.08	1217.27	576.82	640.45	228.87	
Standard Self Plus One	A66	923.15	1163.17	511.12	652.05	228.01	923.15	1163.17	532.13	631.04	227.51	
<b>Ohio Humana Health Plan of Ohio, Inc.</b>												
Basic Self	W61	270.36	280.90	213.48	67.42	2.53	270.36	280.90	222.61	58.29	2.19	
Basic Self & Family	W62	608.31	632.05	480.36	151.69	5.70	608.31	632.05	500.90	131.15	4.93	
Basic Self Plus One	W63	581.27	603.96	459.01	144.95	5.45	581.27	603.96	478.64	125.32	4.71	
<b>Ohio Medical Mutual of Ohio</b>												
Standard Self	644	395.89	474.36	239.05	235.31	72.80	395.89	474.36	248.87	225.49	72.57	
Standard Self & Family	645	950.13	1138.48	554.06	584.42	166.91	950.13	1138.48	576.82	561.66	166.03	
Standard Self Plus One	646	870.94	1043.61	511.12	532.49	160.66	870.94	1043.61	532.13	511.48	160.16	

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Ohio Medical Mutual of Ohio</b>												
Standard Self	X64	371.98	392.04	239.05	152.99	14.39	371.98	392.04	248.87	143.17	14.16	
Standard Self & Family	X65	892.75	940.89	554.06	386.83	26.70	892.75	940.89	576.82	364.07	25.82	
Standard Self Plus One	X66	818.34	862.48	511.12	351.36	32.13	818.34	862.48	532.13	330.35	31.63	
Basic Self	X61	213.10	203.07	154.33	48.74	-2.40	213.10	203.07	160.93	42.14	-2.08	
Basic Self & Family	X62	511.44	487.36	370.39	116.97	-5.78	511.44	487.36	386.23	101.13	-4.99	
Basic Self Plus One	X63	468.82	446.75	339.53	107.22	-5.30	468.82	446.75	354.05	92.70	-4.58	
<b>Ohio Medical Mutual of Ohio</b>												
Basic Self	UX1	222.72	203.14	154.39	48.75	-4.70	222.72	203.14	160.99	42.15	-4.06	
Basic Self & Family	UX2	534.53	487.54	370.53	117.01	-11.28	534.53	487.54	386.38	101.16	-9.75	
Basic Self Plus One	UX3	489.99	446.92	339.66	107.26	-10.34	489.99	446.92	354.18	92.74	-8.93	
<b>Ohio Medical Mutual of Ohio</b>												
Basic Self	YF1	226.41	203.14	154.39	48.75	-5.59	226.41	203.14	160.99	42.15	-4.83	
Basic Self & Family	YF2	543.40	487.54	370.53	117.01	-13.41	543.40	487.54	386.38	101.16	-11.60	
Basic Self Plus One	YF3	498.12	446.92	339.66	107.26	-12.29	498.12	446.92	354.18	92.74	-10.62	
Standard Self	YF4	424.54	447.22	239.05	208.17	17.01	424.54	447.22	248.87	198.35	16.78	
Standard Self & Family	YF5	1018.89	1073.33	554.06	519.27	33.00	1018.89	1073.33	576.82	496.51	32.12	
Standard Self Plus One	YF6	933.97	983.88	511.12	472.76	37.90	933.97	983.88	532.13	451.75	37.40	
<b>Oklahoma Aetna Advantage</b>												
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>	
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>	
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>	
<b>Oklahoma Aetna Direct</b>												
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29	
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35	
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62	
<b>Oklahoma Aetna HealthFund CDHP and Aetna Value Plan</b>												
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48	
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61	
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60	
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69	
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72	
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Oklahoma Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Oklahoma GlobalHealth</b>											
Standard Self	IM4	277.92	287.51	218.51	69.00	2.30	277.92	287.51	227.85	59.66	1.99
Standard Self & Family	IM5	694.80	718.79	546.28	172.51	5.76	694.80	718.79	569.64	149.15	4.98
Standard Self Plus One	IM6	555.84	575.03	437.02	138.01	4.61	555.84	575.03	455.71	119.32	3.98
High Self	IM1	285.69	304.28	231.25	73.03	4.46	285.69	304.28	241.14	63.14	3.86
High Self & Family	IM2	714.24	760.69	554.06	206.63	25.01	714.24	760.69	576.82	183.87	24.13
High Self Plus One	IM3	571.39	608.55	462.50	146.05	8.92	571.39	608.55	482.28	126.27	7.71
<b>Oregon Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>Oregon Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Oregon Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Oregon Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Oregon Kaiser Foundation Health Plan of the Northwest</b>											
Standard Self	574	286.29	299.06	227.29	71.77	3.06	286.29	299.06	237.01	62.05	2.64
Standard Self & Family	575	657.69	687.02	522.14	164.88	7.03	657.69	687.02	544.46	142.56	6.09
Standard Self Plus One	576	657.69	687.02	511.12	175.90	17.32	657.69	687.02	532.13	154.89	16.82
High Self	571	326.16	336.89	239.05	97.84	5.06	326.16	336.89	248.87	88.02	4.83
High Self & Family	572	736.69	760.94	554.06	206.88	2.81	736.69	760.94	576.82	184.12	1.93
High Self Plus One	573	736.69	760.94	511.12	249.82	12.24	736.69	760.94	532.13	228.81	11.74
<b>Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LU1	207.84	204.85	155.69	49.16	-0.72	207.84	204.85	162.34	42.51	-0.62
HDHP Self & Family	LU2	478.03	471.16	358.08	113.08	-1.65	478.03	471.16	373.39	97.77	-1.42
HDHP Self Plus One	LU3	446.86	440.43	334.73	105.70	-1.55	446.86	440.43	349.04	91.39	-1.33
<b>Oregon UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KT1	313.47	334.51	239.05	95.46	15.37	313.47	334.51	248.87	85.64	15.14
High Self & Family	KT2	783.67	836.26	554.06	282.20	31.15	783.67	836.26	576.82	259.44	30.27
High Self Plus One	KT3	673.95	719.19	511.12	208.07	33.23	673.95	719.19	532.13	187.06	32.73
<b>Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	WF1	New Plan	241.32	183.40	57.92	New Plan	New Plan	241.32	191.25	50.07	New Plan
High Self & Family	WF2	New Plan	570.64	433.69	136.95	New Plan	New Plan	570.64	452.23	118.41	New Plan
High Self Plus One	WF3	New Plan	518.79	394.28	124.51	New Plan	New Plan	518.79	411.14	107.65	New Plan
<b>Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	VD1	New Plan	240.93	183.11	57.82	New Plan	New Plan	240.93	190.94	49.99	New Plan
High Self & Family	VD2	New Plan	569.71	432.98	136.73	New Plan	New Plan	569.71	451.50	118.21	New Plan
High Self Plus One	VD3	New Plan	517.95	393.64	124.31	New Plan	New Plan	517.95	410.48	107.47	New Plan
<b>Pennsylvania Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Pennsylvania Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates				2020 Biweekly Postal Premium Rates				
Plan - Option - Enrollment Code			Category 1				Category 2				
			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays
<b>Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Pennsylvania Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Pennsylvania Aetna Open Access</b>											
High Self	YE1	432.98	560.83	239.05	321.78	122.18	432.98	560.83	248.87	311.96	121.95
High Self & Family	YE2	1087.21	1408.24	554.06	854.18	299.59	1087.21	1408.24	576.82	831.42	298.71
High Self Plus One	YE3	1076.44	1394.30	511.12	883.18	305.85	1076.44	1394.30	532.13	862.17	305.35
<b>Pennsylvania Aetna Open Access</b>											
Basic Self	P34	599.29	604.65	239.05	365.60	-0.31	599.29	604.65	248.87	355.78	-0.54
Basic Self & Family	P35	1390.96	1403.39	554.06	849.33	-9.01	1390.96	1403.39	576.82	826.57	-9.89
Basic Self Plus One	P36	1377.18	1389.48	511.12	878.36	0.29	1377.18	1389.48	532.13	857.35	-0.21
High Self	P31	685.48	672.28	239.05	433.23	-18.87	685.48	672.28	248.87	423.41	-19.10
High Self & Family	P32	1661.96	1629.94	554.06	1075.88	-53.46	1661.96	1629.94	576.82	1053.12	-54.34
High Self Plus One	P33	1645.50	1613.79	511.12	1102.67	-43.72	1645.50	1613.79	532.13	1081.66	-44.22
<b>Pennsylvania Geisinger Health Plan</b>											
Standard Self	GG4	336.54	379.72	239.05	140.67	37.51	336.54	379.72	248.87	130.85	37.28
Standard Self & Family	GG5	770.52	869.39	554.06	315.33	77.43	770.52	869.39	576.82	292.57	76.55
Standard Self Plus One	GG6	727.17	820.48	511.12	309.36	81.30	727.17	820.48	532.13	288.35	80.80
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	V41	228.78	224.57	170.67	53.90	-1.01	228.78	224.57	177.97	46.60	-0.87
HDHP Self & Family	V42	526.18	516.51	392.55	123.96	-2.32	526.18	516.51	409.33	107.18	-2.00
HDHP Self Plus One	V43	491.87	482.83	366.95	115.88	-2.17	491.87	482.83	382.64	100.19	-1.87
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	LR1	308.28	329.95	239.05	90.90	16.00	308.28	329.95	248.87	81.08	15.77
High Self & Family	LR2	730.61	781.98	554.06	227.92	29.93	730.61	781.98	576.82	205.16	29.05
High Self Plus One	LR3	662.79	709.38	511.12	198.26	34.58	662.79	709.38	532.13	177.25	34.08



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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>												
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan	
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan	
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan	
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>												
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan	
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan	
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan	
<b>Pennsylvania UPMC Health Plan</b>												
Standard Self	YT4	New Plan	417.27	239.05	178.22	New Plan	New Plan	417.27	248.87	168.40	New Plan	
Standard Self & Family	YT5	New Plan	979.37	554.06	425.31	New Plan	New Plan	979.37	576.82	402.55	New Plan	
Standard Self Plus One	YT6	New Plan	938.06	511.12	426.94	New Plan	New Plan	938.06	532.13	405.93	New Plan	
<b>Pennsylvania UPMC Health Plan</b>												
HDHP Self	YS4	New Plan	358.06	239.05	119.01	New Plan	New Plan	358.06	248.87	109.19	New Plan	
HDHP Self & Family	YS5	New Plan	826.64	554.06	272.58	New Plan	New Plan	826.64	576.82	249.82	New Plan	
HDHP Self Plus One	YS6	New Plan	794.64	511.12	283.52	New Plan	New Plan	794.64	532.13	262.51	New Plan	
High Self	YS1	New Plan	527.24	239.05	288.19	New Plan	New Plan	527.24	248.87	278.37	New Plan	
High Self & Family	YS2	New Plan	1239.17	554.06	685.11	New Plan	New Plan	1239.17	576.82	662.35	New Plan	
High Self Plus One	YS3	New Plan	1186.47	511.12	675.35	New Plan	New Plan	1186.47	532.13	654.34	New Plan	
<b>Pennsylvania UPMC Health Plan</b>												
HDHP Self	8W4		264.73	281.83	214.19	67.64	4.10	264.73	281.83	223.35	58.48	3.55
HDHP Self & Family	8W5		608.12	648.46	492.83	155.63	9.68	608.12	648.46	513.90	134.56	8.38
HDHP Self Plus One	8W6		585.25	623.83	474.11	149.72	9.26	585.25	623.83	494.39	129.44	8.00
High Self	8W1		402.82	432.18	239.05	193.13	23.69	402.82	432.18	248.87	183.31	23.46
High Self & Family	8W2		946.76	1015.77	554.06	461.71	47.57	946.76	1015.77	576.82	438.95	46.69
High Self Plus One	8W3		906.52	972.59	511.12	461.47	54.06	906.52	972.59	532.13	440.46	53.56
<b>Pennsylvania UPMC Health Plan</b>												
Standard Self	UW4		300.86	310.93	236.31	74.62	2.41	300.86	310.93	246.41	64.52	2.09
Standard Self & Family	UW5		703.29	729.57	554.06	175.51	4.84	703.29	729.57	576.82	152.75	3.96
Standard Self Plus One	UW6		673.51	698.86	511.12	187.74	13.34	673.51	698.86	532.13	166.73	12.84
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>												
High Self	ZJ1		168.51	180.11	136.88	43.23	2.79	168.51	180.11	142.74	37.37	2.40
High Self & Family	ZJ2		379.15	405.26	308.00	97.26	6.26	379.15	405.26	321.17	84.09	5.42
High Self Plus One	ZJ3		362.30	387.24	294.30	92.94	5.99	362.30	387.24	306.89	80.35	5.17

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium					2019 Total Biweekly Premium					
		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>Puerto Rico Triple-S Salud Inc. Puerto Rico</b>											
High Self	891	188.02	180.02	136.82	43.20	-1.92	188.02	180.02	142.67	37.35	-1.66
High Self & Family	892	430.56	412.25	313.31	98.94	-4.39	430.56	412.25	326.71	85.54	-3.80
High Self Plus One	893	422.17	404.21	307.20	97.01	-4.31	422.17	404.21	320.34	83.87	-3.73
<b>Rhode Island Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Rhode Island Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Rhode Island Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>Rhode Island Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>South Carolina Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>South Carolina Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>South Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>South Carolina Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>South Dakota Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>South Dakota Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>South Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89
<b>South Dakota Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>South Dakota HealthPartners</b>											
Standard Self	V34	197.58	212.27	161.33	50.94	3.52	197.58	212.27	168.22	44.05	3.05
Standard Self & Family	V35	481.30	517.11	393.00	124.11	8.60	481.30	517.11	409.81	107.30	7.43
Standard Self Plus One	V36	436.65	469.13	356.54	112.59	7.79	436.65	469.13	371.79	97.34	6.74
High Self	V31	364.76	328.76	239.05	89.71	-41.67	364.76	328.76	248.87	79.89	-41.90
High Self & Family	V32	888.56	800.86	554.06	246.80	-109.14	888.56	800.86	576.82	224.04	-110.02
High Self Plus One	V33	806.11	726.56	511.12	215.44	-91.56	806.11	726.56	532.13	194.43	-92.06
<b>Tennessee Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Tennessee Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Tennessee Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>Tennessee Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Tennessee Aetna Open Access</b>											
High Self	UB1	459.15	489.78	239.05	250.73	24.96	459.15	489.78	248.87	240.91	24.73
High Self & Family	UB2	1176.58	1255.06	554.06	701.00	57.04	1176.58	1255.06	576.82	678.24	56.16
High Self Plus One	UB3	1164.95	1242.65	511.12	731.53	65.69	1164.95	1242.65	532.13	710.52	65.19

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Tennessee Humana CoverageFirst and Humana Value Plan</b>											
CDHP Self	TT1	307.13	343.99	239.05	104.94	31.19	307.13	343.99	248.87	95.12	30.96
CDHP Self & Family	TT2	691.06	773.99	554.06	219.93	54.08	691.06	773.99	576.82	197.17	53.78
CDHP Self Plus One	TT3	660.35	739.59	511.12	228.47	67.23	660.35	739.59	532.13	207.46	66.73
Value Self	TT4	248.20	315.21	239.05	76.16	16.59	248.20	315.21	248.87	66.34	14.84
Value Self & Family	TT5	558.43	709.21	539.00	170.21	36.19	558.43	709.21	562.05	147.16	31.29
Value Self Plus One	TT6	533.61	677.68	511.12	166.56	38.49	533.61	677.68	532.13	145.55	34.83
<b>Tennessee Humana Health Plan, Inc.</b>											
High Self	GJ1	444.81	542.67	239.05	303.62	92.19	444.81	542.67	248.87	293.80	91.96
High Self & Family	GJ2	1000.79	1220.97	554.06	666.91	198.74	1000.79	1220.97	576.82	644.15	197.86
High Self Plus One	GJ3	956.31	1166.70	511.12	655.58	198.38	956.31	1166.70	532.13	634.57	197.88
Standard Self	GJ4	376.44	401.60	239.05	162.55	19.49	376.44	401.60	248.87	152.73	19.26
Standard Self & Family	GJ5	846.98	903.59	554.06	349.53	35.17	846.98	903.59	576.82	326.77	34.29
Standard Self Plus One	GJ6	809.33	863.43	511.12	352.31	42.09	809.33	863.43	532.13	331.30	41.59
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LS1	193.25	209.88	159.51	50.37	3.99	193.25	209.88	166.33	43.55	3.45
HDHP Self & Family	LS2	444.50	482.73	366.87	115.86	9.18	444.50	482.73	382.56	100.17	7.94
HDHP Self Plus One	LS3	415.50	451.25	342.95	108.30	8.58	415.50	451.25	357.62	93.63	7.41
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KK1	313.40	329.48	239.05	90.43	10.41	313.40	329.48	248.87	80.61	10.18
High Self & Family	KK2	783.52	823.71	554.06	269.65	18.75	783.52	823.71	576.82	246.89	17.87
High Self Plus One	KK3	673.82	708.40	511.12	197.28	22.57	673.82	708.40	532.13	176.27	22.07
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan
<b>Texas Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Texas Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Texas Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>Texas Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Texas Humana CoverageFirst and Humana Value Plan</b>											
Value Self	T34	229.96	243.77	185.27	58.50	3.31	229.96	243.77	193.19	50.58	2.86
Value Self & Family	T35	517.42	548.46	416.83	131.63	7.45	517.42	548.46	434.65	113.81	6.45
Value Self Plus One	T36	494.43	524.09	398.31	125.78	7.12	494.43	524.09	415.34	108.75	6.16
CDHP Self	T31	301.89	350.19	239.05	111.14	38.69	301.89	350.19	248.87	101.32	38.68
CDHP Self & Family	T32	679.24	787.92	554.06	233.86	70.84	679.24	787.92	576.82	211.10	70.16
CDHP Self Plus One	T33	649.06	752.92	511.12	241.80	86.03	649.06	752.92	532.13	220.79	86.11
<b>Texas Humana CoverageFirst and Humana Value Plan</b>											
CDHP Self	TV1	326.58	388.63	239.05	149.58	56.38	326.58	388.63	248.87	139.76	56.15
CDHP Self & Family	TV2	734.81	874.43	554.06	320.37	118.18	734.81	874.43	576.82	297.61	117.30
CDHP Self Plus One	TV3	702.16	835.57	511.12	324.45	121.40	702.16	835.57	532.13	303.44	120.90
Value Self	TV4	267.29	307.38	233.61	73.77	9.62	267.29	307.38	243.60	63.78	8.32
Value Self & Family	TV5	601.41	691.62	525.63	165.99	21.65	601.41	691.62	548.11	143.51	18.72
Value Self Plus One	TV6	574.68	660.89	502.28	158.61	20.69	574.68	660.89	523.76	137.13	17.88

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Texas Humana CoverageFirst and Humana Value Plan</b>												
Value Self	TU4	234.75	243.56	185.11	58.45	2.11	234.75	243.56	193.02	50.54	1.83	
Value Self & Family	TU5	528.18	548.02	416.50	131.52	4.76	528.18	548.02	434.31	113.71	4.11	
Value Self Plus One	TU6	504.72	523.67	397.99	125.68	4.55	504.72	523.67	415.01	108.66	3.93	
CDHP Self	TU1	295.10	298.05	226.52	71.53	0.71	295.10	298.05	236.20	61.85	0.62	
CDHP Self & Family	TU2	663.99	670.62	509.67	160.95	1.59	663.99	670.62	531.47	139.15	1.37	
CDHP Self Plus One	TU3	634.47	640.82	487.02	153.80	1.53	634.47	640.82	507.85	132.97	1.32	
<b>Texas Humana CoverageFirst and Humana Value Plan</b>												
CDHP Self	TP1	272.99	333.05	239.05	94.00	28.48	272.99	333.05	248.87	84.18	27.53	
CDHP Self & Family	TP2	614.23	749.36	554.06	195.30	47.88	614.23	749.36	576.82	172.54	45.09	
CDHP Self Plus One	TP3	586.94	716.07	511.12	204.95	64.08	586.94	716.07	532.13	183.94	62.15	
Value Self	TP4	184.12	195.17	148.33	46.84	2.65	184.12	195.17	154.67	40.50	2.30	
Value Self & Family	TP5	414.27	439.13	333.74	105.39	5.97	414.27	439.13	348.01	91.12	5.16	
Value Self Plus One	TP6	395.87	419.62	318.91	100.71	5.70	395.87	419.62	332.55	87.07	4.93	
<b>Texas Humana Health Plan of Texas</b>												
Standard Self	UC4	369.17	387.63	239.05	148.58	12.79	369.17	387.63	248.87	138.76	12.56	
Standard Self & Family	UC5	830.63	872.15	554.06	318.09	20.08	830.63	872.15	576.82	295.33	19.20	
Standard Self Plus One	UC6	793.71	833.39	511.12	322.27	27.67	793.71	833.39	532.13	301.26	27.17	
High Self	UC1	451.35	505.51	239.05	266.46	48.49	451.35	505.51	248.87	256.64	48.26	
High Self & Family	UC2	1015.55	1137.42	554.06	583.36	100.43	1015.55	1137.42	576.82	560.60	99.55	
High Self Plus One	UC3	970.41	1086.86	511.12	575.74	104.44	970.41	1086.86	532.13	554.73	103.94	
<b>Texas Humana Health Plan of Texas</b>												
Basic Self	QX1	285.79	345.81	239.05	106.76	38.17	285.79	345.81	248.87	96.94	37.64	
Basic Self & Family	QX2	643.02	778.08	554.06	224.02	69.70	643.02	778.08	576.82	201.26	67.83	
Basic Self Plus One	QX3	614.44	743.50	511.12	232.38	84.91	614.44	743.50	532.13	211.37	83.87	
<b>Texas Humana Health Plan of Texas</b>												
Standard Self	EW4	357.23	385.81	239.05	146.76	22.91	357.23	385.81	248.87	136.94	22.68	
Standard Self & Family	EW5	803.76	868.07	554.06	314.01	42.87	803.76	868.07	576.82	291.25	41.99	
Standard Self Plus One	EW6	768.04	829.48	511.12	318.36	49.43	768.04	829.48	532.13	297.35	48.93	
High Self	EW1	474.95	522.44	239.05	283.39	41.82	474.95	522.44	248.87	273.57	41.59	
High Self & Family	EW2	1068.65	1175.51	554.06	621.45	85.42	1068.65	1175.51	576.82	598.69	84.54	
High Self Plus One	EW3	1021.16	1123.27	511.12	612.15	90.10	1021.16	1123.27	532.13	591.14	89.60	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Texas Humana Health Plan of Texas</b>											
Basic Self	QY1	283.23	351.21	239.05	112.16	44.18	283.23	351.21	248.87	102.34	43.57
Basic Self & Family	QY2	637.27	790.21	554.06	236.15	83.21	637.27	790.21	576.82	213.39	81.16
Basic Self Plus One	QY3	608.95	755.10	511.12	243.98	97.83	608.95	755.10	532.13	222.97	96.61
<b>Texas Humana Health Plan of Texas</b>											
Basic Self	Q21	275.77	339.20	239.05	100.15	33.97	275.77	339.20	248.87	90.33	33.11
Basic Self & Family	Q22	620.47	763.18	554.06	209.12	60.21	620.47	763.18	576.82	186.36	57.61
Basic Self Plus One	Q23	592.88	729.25	511.12	218.13	75.84	592.88	729.25	532.13	197.12	74.10
<b>Texas Humana Health Plan of Texas</b>											
Basic Self	Q61	271.81	288.12	218.97	69.15	3.92	271.81	288.12	228.34	59.78	3.38
Basic Self & Family	Q62	611.59	648.28	492.69	155.59	8.81	611.59	648.28	513.76	134.52	7.62
Basic Self Plus One	Q63	584.40	619.47	470.80	148.67	8.41	584.40	619.47	490.93	128.54	7.28
<b>Texas Humana Health Plan of Texas</b>											
Standard Self	UU4	598.83	766.51	239.05	527.46	162.01	598.83	766.51	248.87	517.64	161.78
Standard Self & Family	UU5	1347.38	1724.64	554.06	1170.58	355.82	1347.38	1724.64	576.82	1147.82	354.94
Standard Self Plus One	UU6	1287.49	1647.98	511.12	1136.86	348.48	1287.49	1647.98	532.13	1115.85	347.98
High Self	UU1	679.02	712.96	239.05	473.91	28.27	679.02	712.96	248.87	464.09	28.04
High Self & Family	UU2	1527.76	1604.15	554.06	1050.09	54.95	1527.76	1604.15	576.82	1027.33	54.07
High Self Plus One	UU3	1459.87	1532.86	511.12	1021.74	60.98	1459.87	1532.86	532.13	1000.73	60.48
<b>Texas Humana Health Plan of Texas</b>											
Standard Self	UR4	411.18	452.31	239.05	213.26	35.46	411.18	452.31	248.87	203.44	35.23
Standard Self & Family	UR5	925.17	1017.69	554.06	463.63	71.08	925.17	1017.69	576.82	440.87	70.20
Standard Self Plus One	UR6	884.05	972.46	511.12	461.34	76.40	884.05	972.46	532.13	440.33	75.90
High Self	UR1	596.23	637.98	239.05	398.93	36.08	596.23	637.98	248.87	389.11	35.85
High Self & Family	UR2	1341.53	1435.44	554.06	881.38	72.47	1341.53	1435.44	576.82	858.62	71.59
High Self Plus One	UR3	1281.90	1371.65	511.12	860.53	77.74	1281.90	1371.65	532.13	839.52	77.24
<b>Texas Scott and White Health Plan</b>											
Basic Self	A81	279.64	303.74	230.84	72.90	5.79	279.64	303.74	240.71	63.03	5.00
Basic Self & Family	A82	656.09	712.71	541.66	171.05	13.59	656.09	712.71	564.82	147.89	11.75
Basic Self Plus One	A83	619.85	673.33	511.12	162.21	13.45	619.85	673.33	532.13	141.20	12.58
Standard Self	A84	340.93	362.50	239.05	123.45	15.90	340.93	362.50	248.87	113.63	15.67
Standard Self & Family	A85	800.14	850.84	554.06	296.78	29.26	800.14	850.84	576.82	274.02	28.38
Standard Self Plus One	A86	755.92	803.81	511.12	292.69	35.88	755.92	803.81	532.13	271.68	35.38



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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Texas Scott and White Health Plan</b>											
Basic Self	P81	313.82	313.09	237.95	75.14	-5.30	313.82	313.09	248.12	64.97	-5.88
Basic Self & Family	P82	736.43	734.72	554.06	180.66	-23.15	736.43	734.72	576.82	157.90	-24.03
Basic Self Plus One	P83	695.73	694.12	511.12	183.00	-13.62	695.73	694.12	532.13	161.99	-14.12
Standard Self	P84	381.63	380.74	239.05	141.69	-6.56	381.63	380.74	248.87	131.87	-6.79
Standard Self & Family	P85	895.77	893.68	554.06	339.62	-23.53	895.77	893.68	576.82	316.86	-24.41
Standard Self Plus One	P86	846.27	844.29	511.12	333.17	-13.99	846.27	844.29	532.13	312.16	-14.49
<b>Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	201.72	240.69	182.92	57.77	9.36	201.72	240.69	190.75	49.94	8.08
Value Self & Family	L92	565.61	674.89	512.92	161.97	26.22	565.61	674.89	534.85	140.04	22.68
Value Self Plus One	L93	393.95	470.06	357.25	112.81	18.26	393.95	470.06	372.52	97.54	15.80
<b>Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	<b>New Plan</b>	242.68	184.44	58.24	<b>New Plan</b>	<b>New Plan</b>	242.68	192.32	50.36	<b>New Plan</b>
High Self & Family	AS2	<b>New Plan</b>	573.86	436.13	137.73	<b>New Plan</b>	<b>New Plan</b>	573.86	454.78	119.08	<b>New Plan</b>
High Self Plus One	AS3	<b>New Plan</b>	521.73	396.51	125.22	<b>New Plan</b>	<b>New Plan</b>	521.73	413.47	108.26	<b>New Plan</b>
<b>Texas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	<b>New Plan</b>	233.88	177.75	56.13	<b>New Plan</b>	<b>New Plan</b>	233.88	185.35	48.53	<b>New Plan</b>
High Self & Family	Y82	<b>New Plan</b>	553.03	420.30	132.73	<b>New Plan</b>	<b>New Plan</b>	553.03	438.28	114.75	<b>New Plan</b>
High Self Plus One	Y83	<b>New Plan</b>	502.79	382.12	120.67	<b>New Plan</b>	<b>New Plan</b>	502.79	398.46	104.33	<b>New Plan</b>
<b>Utah Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>Utah Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Utah Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Utah Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Utah Altius Health Plan</b>											
High Self	9K1	431.65	465.72	239.05	226.67	28.40	431.65	465.72	248.87	216.85	28.17
High Self & Family	9K2	954.58	1029.93	554.06	475.87	53.91	954.58	1029.93	576.82	453.11	53.03
High Self Plus One	9K3	945.13	1019.73	511.12	508.61	62.59	945.13	1019.73	532.13	487.60	62.09
HDHP Self	9K4	233.96	244.26	185.64	58.62	2.47	233.96	244.26	193.58	50.68	2.13
HDHP Self & Family	9K5	488.96	510.48	387.96	122.52	5.17	488.96	510.48	404.56	105.92	4.46
HDHP Self Plus One	9K6	479.37	500.48	380.36	120.12	5.07	479.37	500.48	396.63	103.85	4.38
<b>Utah Altius Health Plan</b>											
Standard Self	DK4	328.82	351.37	239.05	112.32	16.88	328.82	351.37	248.87	102.50	16.65
Standard Self & Family	DK5	726.14	775.95	554.06	221.89	28.37	726.14	775.95	576.82	199.13	27.49
Standard Self Plus One	DK6	718.94	768.26	511.12	257.14	37.31	718.94	768.26	532.13	236.13	36.81
<b>Utah SelectHealth Plan</b>											
Standard Self	SF4	285.79	279.23	212.21	67.02	-1.57	285.79	279.23	221.29	57.94	-1.36
Standard Self & Family	SF5	651.35	636.40	483.66	152.74	-3.58	651.35	636.40	504.35	132.05	-3.11
Standard Self Plus One	SF6	651.35	636.40	483.66	152.74	-3.58	651.35	636.40	504.35	132.05	-3.11
<b>Utah SelectHealth Plan</b>											
HDHP Self	WX1	233.96	243.32	184.92	58.40	2.25	233.96	243.32	192.83	50.49	1.94
HDHP Self & Family	WX2	533.22	554.55	421.46	133.09	5.12	533.22	554.55	439.48	115.07	4.43
HDHP Self Plus One	WX3	533.22	554.55	421.46	133.09	5.12	533.22	554.55	439.48	115.07	4.43
<b>Vermont Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Vermont Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Vermont Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	EP4	285.73	350.59	239.05	111.54	42.96	285.73	350.59	248.87	101.72	42.43
Value Self & Family	EP5	654.30	802.85	554.06	248.79	91.76	654.30	802.85	576.82	226.03	90.26
Value Self Plus One	EP6	641.47	787.10	511.12	275.98	122.03	641.47	787.10	532.13	254.97	121.86
CDHP Self	EP1	423.14	496.50	239.05	257.45	67.69	423.14	496.50	248.87	247.63	67.46
CDHP Self & Family	EP2	965.00	1132.30	554.06	578.24	145.86	965.00	1132.30	576.82	555.48	144.98
CDHP Self Plus One	EP3	955.44	1121.09	511.12	609.97	153.64	955.44	1121.09	532.13	588.96	153.14
<b>Vermont Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands</b>											
High Self	851	304.27	313.40	238.18	75.22	2.20	304.27	313.40	248.37	65.03	1.89
High Self & Family	852	696.79	717.70	545.45	172.25	5.02	696.79	717.70	568.78	148.92	4.34
High Self Plus One	853	683.20	703.70	511.12	192.58	8.49	683.20	703.70	532.13	171.57	7.99
<b>Virginia Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>Virginia Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Virginia Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>Virginia Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45

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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Virginia Aetna Open Access</b>												
High Self	JN1	516.52	525.03	239.05	285.98	2.84	516.52	525.03	248.87	276.16	2.61	
High Self & Family	JN2	1161.22	1180.35	554.06	626.29	-2.31	1161.22	1180.35	576.82	603.53	-3.19	
High Self Plus One	JN3	1149.71	1168.66	511.12	657.54	6.94	1149.71	1168.66	532.13	636.53	6.44	
Basic Self	JN4	314.06	321.74	239.05	82.69	2.01	314.06	321.74	248.87	72.87	1.78	
Basic Self & Family	JN5	718.73	736.31	554.06	182.25	-3.86	718.73	736.31	576.82	159.49	-4.74	
Basic Self Plus One	JN6	660.00	676.15	511.12	165.03	4.14	660.00	676.15	532.13	144.02	3.64	
<b>Virginia Aetna Saver</b>												
Saver Self	QQ4	New Plan	274.71	208.78	65.93	New Plan	New Plan	274.71	217.71	57.00	New Plan	
Saver Self & Family	QQ5	New Plan	628.68	477.80	150.88	New Plan	New Plan	628.68	498.23	130.45	New Plan	
Saver Self Plus One	QQ6	New Plan	577.30	438.75	138.55	New Plan	New Plan	577.30	457.51	119.79	New Plan	
<b>Virginia CareFirst BlueChoice</b>												
Standard Self	2G4	368.16	390.25	239.05	151.20	16.42	368.16	390.25	248.87	141.38	16.19	
Standard Self & Family	2G5	874.73	927.21	554.06	373.15	31.04	874.73	927.21	576.82	350.39	30.16	
Standard Self Plus One	2G6	736.31	780.49	511.12	269.37	32.17	736.31	780.49	532.13	248.36	31.67	
<b>Virginia CareFirst BlueChoice</b>												
HDHP Self	B61	239.20	263.12	199.97	63.15	5.74	239.20	263.12	208.52	54.60	4.97	
HDHP Self & Family	B62	568.33	625.16	475.12	150.04	13.64	568.33	625.16	495.44	129.72	11.79	
HDHP Self Plus One	B63	478.39	526.23	399.93	126.30	11.49	478.39	526.23	417.04	109.19	9.92	
Blue Value Plus Self	B64	New Plan	325.84	239.05	86.79	New Plan	New Plan	325.84	248.87	76.97	New Plan	
Blue Value Plus Self & Family	B65	New Plan	774.21	554.06	220.15	New Plan	New Plan	774.21	576.82	197.39	New Plan	
Blue Value Plus Self Plus One	B66	New Plan	651.70	495.29	156.41	New Plan	New Plan	651.70	516.47	135.23	New Plan	
<b>Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>												
Basic Self	T71	193.90	193.90	147.36	46.54	0.00	193.90	193.90	153.67	40.23	0.00	
Basic Self & Family	T72	473.61	473.61	359.94	113.67	0.00	473.61	473.61	375.34	98.27	0.00	
Basic Self Plus One	T73	431.49	431.49	327.93	103.56	0.00	431.49	431.49	341.96	89.53	0.00	
<b>Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>												
Standard Self	E34	240.81	263.79	200.48	63.31	5.52	240.81	263.79	209.05	54.74	4.77	
Standard Self & Family	E35	553.84	606.69	461.08	145.61	12.69	553.84	606.69	480.80	125.89	10.97	
Standard Self Plus One	E36	553.84	606.69	461.08	145.61	12.69	553.84	606.69	480.80	125.89	10.97	
High Self	E31	319.70	333.61	239.05	94.56	8.24	319.70	333.61	248.87	84.74	8.01	
High Self & Family	E32	735.30	767.32	554.06	213.26	10.58	735.30	767.32	576.82	190.50	9.70	
High Self Plus One	E33	735.30	767.32	511.12	256.20	20.01	735.30	767.32	532.13	235.19	19.51	

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Virginia M.D. IPA</b>											
High Self	JP1	365.01	404.59	239.05	165.54	33.91	365.01	404.59	248.87	155.72	33.68
High Self & Family	JP2	1023.48	1134.48	554.06	580.42	89.56	1023.48	1134.48	576.82	557.66	88.68
High Self Plus One	JP3	712.86	790.17	511.12	279.05	65.30	712.86	790.17	532.13	258.04	64.80
<b>Virginia Optima Health</b>											
HDHP Self	PG4	279.32	297.42	226.04	71.38	4.34	279.32	297.42	235.71	61.71	3.75
HDHP Self & Family	PG5	616.15	656.07	498.61	157.46	9.58	616.15	656.07	519.94	136.13	8.28
HDHP Self Plus One	PG6	604.06	643.21	488.84	154.37	9.40	604.06	643.21	509.74	133.47	8.13
High Self	PG1	313.14	319.43	239.05	80.38	0.62	313.14	319.43	248.87	70.56	0.39
High Self & Family	PG2	756.68	771.86	554.06	217.80	-6.26	756.68	771.86	576.82	195.04	-7.14
High Self Plus One	PG3	756.63	771.80	511.12	260.68	3.16	756.63	771.80	532.13	239.67	2.66
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	V41	228.78	224.57	170.67	53.90	-1.01	228.78	224.57	177.97	46.60	-0.87
HDHP Self & Family	V42	526.18	516.51	392.55	123.96	-2.32	526.18	516.51	409.33	107.18	-2.00
HDHP Self Plus One	V43	491.87	482.83	366.95	115.88	-2.17	491.87	482.83	382.64	100.19	-1.87
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	LR1	308.28	329.95	239.05	90.90	16.00	308.28	329.95	248.87	81.08	15.77
High Self & Family	LR2	730.61	781.98	554.06	227.92	29.93	730.61	781.98	576.82	205.16	29.05
High Self Plus One	LR3	662.79	709.38	511.12	198.26	34.58	662.79	709.38	532.13	177.25	34.08
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	201.72	240.69	182.92	57.77	9.36	201.72	240.69	190.75	49.94	8.08
Value Self & Family	L92	565.61	674.89	512.92	161.97	26.22	565.61	674.89	534.85	140.04	22.68
Value Self Plus One	L93	393.95	470.06	357.25	112.81	18.26	393.95	470.06	372.52	97.54	15.80
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	AS1	New Plan	242.68	184.44	58.24	New Plan	New Plan	242.68	192.32	50.36	New Plan
High Self & Family	AS2	New Plan	573.86	436.13	137.73	New Plan	New Plan	573.86	454.78	119.08	New Plan
High Self Plus One	AS3	New Plan	521.73	396.51	125.22	New Plan	New Plan	521.73	413.47	108.26	New Plan
<b>Virginia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	Y81	New Plan	233.88	177.75	56.13	New Plan	New Plan	233.88	185.35	48.53	New Plan
High Self & Family	Y82	New Plan	553.03	420.30	132.73	New Plan	New Plan	553.03	438.28	114.75	New Plan
High Self Plus One	Y83	New Plan	502.79	382.12	120.67	New Plan	New Plan	502.79	398.46	104.33	New Plan
<b>Washington Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Washington Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Washington Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	G54	309.50	328.95	239.05	89.90	13.78	309.50	328.95	248.87	80.08	13.55
Value Self & Family	G55	708.86	753.40	554.06	199.34	23.10	708.86	753.40	576.82	176.58	22.22
Value Self Plus One	G56	694.97	738.63	511.12	227.51	31.65	694.97	738.63	532.13	206.50	31.15
CDHP Self	G51	362.37	417.46	239.05	178.41	49.42	362.37	417.46	248.87	168.59	49.19
CDHP Self & Family	G52	826.56	952.20	554.06	398.14	104.20	826.56	952.20	576.82	375.38	103.32
CDHP Self Plus One	G53	818.39	942.79	511.12	431.67	112.39	818.39	942.79	532.13	410.66	111.89
<b>Washington Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Washington Kaiser Foundation Health Plan of the Northwest</b>											
Standard Self	574	286.29	299.06	227.29	71.77	3.06	286.29	299.06	237.01	62.05	2.64
Standard Self & Family	575	657.69	687.02	522.14	164.88	7.03	657.69	687.02	544.46	142.56	6.09
Standard Self Plus One	576	657.69	687.02	511.12	175.90	17.32	657.69	687.02	532.13	154.89	16.82
High Self	571	326.16	336.89	239.05	97.84	5.06	326.16	336.89	248.87	88.02	4.83
High Self & Family	572	736.69	760.94	554.06	206.88	2.81	736.69	760.94	576.82	184.12	1.93
High Self Plus One	573	736.69	760.94	511.12	249.82	12.24	736.69	760.94	532.13	228.81	11.74
<b>Washington Kaiser Foundation Health Plan of Washington</b>											
Standard Self	544	270.08	278.83	211.91	66.92	2.10	270.08	278.83	220.97	57.86	1.82
Standard Self & Family	545	621.19	641.32	487.40	153.92	4.83	621.19	641.32	508.25	133.07	4.17
Standard Self Plus One	546	621.19	641.32	487.40	153.92	4.83	621.19	641.32	508.25	133.07	4.17
High Self	541	376.34	390.34	239.05	151.29	8.33	376.34	390.34	248.87	141.47	8.10
High Self & Family	542	827.96	858.76	554.06	304.70	9.36	827.96	858.76	576.82	281.94	8.48
High Self Plus One	543	827.96	858.76	511.12	347.64	18.79	827.96	858.76	532.13	326.63	18.29

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>Washington Kaiser Permanente Washington Options Federal</b>											
Standard Self	L11	322.07	335.95	239.05	96.90	8.21	322.07	335.95	248.87	87.08	7.98
Standard Self & Family	L12	714.98	745.80	554.06	191.74	9.38	714.98	745.80	576.82	168.98	8.50
Standard Self Plus One	L13	714.98	745.80	511.12	234.68	18.81	714.98	745.80	532.13	213.67	18.31
HDHP Self	L14	271.00	297.96	226.45	71.51	6.47	271.00	297.96	236.13	61.83	5.60
HDHP Self & Family	L15	601.61	661.45	502.70	158.75	14.36	601.61	661.45	524.20	137.25	12.42
HDHP Self Plus One	L16	601.61	661.45	502.70	158.75	14.36	601.61	661.45	524.20	137.25	12.42
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP</b>											
HDHP Self	LU1	207.84	204.85	155.69	49.16	-0.72	207.84	204.85	162.34	42.51	-0.62
HDHP Self & Family	LU2	478.03	471.16	358.08	113.08	-1.65	478.03	471.16	373.39	97.77	-1.42
HDHP Self Plus One	LU3	446.86	440.43	334.73	105.70	-1.55	446.86	440.43	349.04	91.39	-1.33
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO</b>											
High Self	KT1	313.47	334.51	239.05	95.46	15.37	313.47	334.51	248.87	85.64	15.14
High Self & Family	KT2	783.67	836.26	554.06	282.20	31.15	783.67	836.26	576.82	259.44	30.27
High Self Plus One	KT3	673.95	719.19	511.12	208.07	33.23	673.95	719.19	532.13	187.06	32.73
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage</b>											
High Self	WF1	New Plan	241.32	183.40	57.92	New Plan	New Plan	241.32	191.25	50.07	New Plan
High Self & Family	WF2	New Plan	570.64	433.69	136.95	New Plan	New Plan	570.64	452.23	118.41	New Plan
High Self Plus One	WF3	New Plan	518.79	394.28	124.51	New Plan	New Plan	518.79	411.14	107.65	New Plan
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage</b>											
High Self	VD1	New Plan	240.93	183.11	57.82	New Plan	New Plan	240.93	190.94	49.99	New Plan
High Self & Family	VD2	New Plan	569.71	432.98	136.73	New Plan	New Plan	569.71	451.50	118.21	New Plan
High Self Plus One	VD3	New Plan	517.95	393.64	124.31	New Plan	New Plan	517.95	410.48	107.47	New Plan
<b>West Virginia Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>West Virginia Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62

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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
<b>West Virginia Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	F51	374.21	382.72	239.05	143.67	2.84	374.21	382.72	248.87	133.85	2.61
CDHP Self & Family	F52	853.25	872.64	554.06	318.58	-2.05	853.25	872.64	576.82	295.82	-2.93
CDHP Self Plus One	F53	844.80	864.00	511.12	352.88	7.19	844.80	864.00	532.13	331.87	6.69
Value Self	F54	326.97	378.45	239.05	139.40	45.81	326.97	378.45	248.87	129.58	45.58
Value Self & Family	F55	748.73	866.59	554.06	312.53	96.42	748.73	866.59	576.82	289.77	95.54
Value Self Plus One	F56	734.04	849.59	511.12	338.47	103.54	734.04	849.59	532.13	317.46	103.04
<b>West Virginia Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Wisconsin Aetna Advantage</b>											
Advantage Self	Z24	<b>New Plan</b>	214.08	162.70	51.38	<b>New Plan</b>	<b>New Plan</b>	214.08	169.66	44.42	<b>New Plan</b>
Advantage Self & Family	Z25	<b>New Plan</b>	567.31	431.16	136.15	<b>New Plan</b>	<b>New Plan</b>	567.31	449.59	117.72	<b>New Plan</b>
Advantage Self Plus One	Z26	<b>New Plan</b>	470.97	357.94	113.03	<b>New Plan</b>	<b>New Plan</b>	470.97	373.24	97.73	<b>New Plan</b>
<b>Wisconsin Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Wisconsin Aetna HealthFund CDHP and Aetna Value Plan</b>											
Value Self	JS4	371.07	495.45	239.05	256.40	118.71	371.07	495.45	248.87	246.58	118.48
Value Self & Family	JS5	847.11	1131.04	554.06	576.98	262.49	847.11	1131.04	576.82	554.22	261.61
Value Self Plus One	JS6	838.73	1119.84	511.12	608.72	269.10	838.73	1119.84	532.13	587.71	268.60
CDHP Self	JS1	484.17	463.38	239.05	224.33	-26.46	484.17	463.38	248.87	214.51	-26.69
CDHP Self & Family	JS2	1103.70	1056.30	554.06	502.24	-68.84	1103.70	1056.30	576.82	479.48	-69.72
CDHP Self Plus One	JS3	1092.78	1045.84	511.12	534.72	-58.95	1092.78	1045.84	532.13	513.71	-59.45
<b>Wisconsin Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45



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

Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2					
Plan - Option - Enrollment Code			2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
<b>Wisconsin Dean Health Plan, Inc.</b>												
High Self	WD1	506.37	529.42	239.05	290.37	17.38	506.37	529.42	248.87	280.55	17.15	
High Self & Family	WD2	1164.64	1217.66	554.06	663.60	31.58	1164.64	1217.66	576.82	640.84	30.70	
High Self Plus One	WD3	1063.37	1111.78	511.12	600.66	36.40	1063.37	1111.78	532.13	579.65	35.90	
Standard Self	WD4	298.00	314.57	239.05	75.52	4.00	298.00	314.57	248.87	65.70	3.87	
Standard Self & Family	WD5	715.21	754.97	554.06	200.91	18.32	715.21	754.97	576.82	178.15	17.44	
Standard Self Plus One	WD6	655.62	692.06	511.12	180.94	23.59	655.62	692.06	532.13	159.93	23.89	
<b>Wisconsin Group Health Cooperative of South Central Wisconsin</b>												
High Self	WJ1	337.40	395.98	239.05	156.93	52.91	337.40	395.98	248.87	147.11	52.68	
High Self & Family	WJ2	877.24	1029.58	554.06	475.52	130.90	877.24	1029.58	576.82	452.76	130.02	
High Self Plus One	WJ3	742.28	871.18	511.12	360.06	116.89	742.28	871.18	532.13	339.05	116.39	
<b>Wisconsin HealthPartners</b>												
Standard Self	V34	197.58	212.27	161.33	50.94	3.52	197.58	212.27	168.22	44.05	3.05	
Standard Self & Family	V35	481.30	517.11	393.00	124.11	8.60	481.30	517.11	409.81	107.30	7.43	
Standard Self Plus One	V36	436.65	469.13	356.54	112.59	7.79	436.65	469.13	371.79	97.34	6.74	
High Self	V31	364.76	328.76	239.05	89.71	-41.67	364.76	328.76	248.87	79.89	-41.90	
High Self & Family	V32	888.56	800.86	554.06	246.80	-109.14	888.56	800.86	576.82	224.04	-110.02	
High Self Plus One	V33	806.11	726.56	511.12	215.44	-91.56	806.11	726.56	532.13	194.43	-92.06	
<b>Wisconsin MercyCare Health Plans</b>												
High Self	EY1	352.64	362.73	239.05	123.68	4.42	352.64	362.73	248.87	113.86	4.19	
High Self & Family	EY2	920.31	946.61	554.06	392.55	4.86	920.31	946.61	576.82	369.79	3.98	
High Self Plus One	EY3	758.22	779.90	511.12	268.78	9.67	758.22	779.90	532.13	247.77	9.17	
Standard Self	EY4	<b>New Plan</b>	281.35	213.83	67.52	<b>New Plan</b>	<b>New Plan</b>	281.35	222.97	58.38	<b>New Plan</b>	
Standard Self & Family	EY5	<b>New Plan</b>	734.24	554.06	180.18	<b>New Plan</b>	<b>New Plan</b>	734.24	576.82	157.42	<b>New Plan</b>	
Standard Self Plus One	EY6	<b>New Plan</b>	604.93	459.75	145.18	<b>New Plan</b>	<b>New Plan</b>	604.93	479.41	125.52	<b>New Plan</b>	
<b>Wisconsin Quartz Health Benefit Plans Corporation</b>												
High Self	TF1	<b>New Plan</b>	466.32	239.05	227.27	<b>New Plan</b>	<b>New Plan</b>	466.32	248.87	217.45	<b>New Plan</b>	
High Self & Family	TF2	<b>New Plan</b>	1119.18	554.06	565.12	<b>New Plan</b>	<b>New Plan</b>	1119.18	576.82	542.36	<b>New Plan</b>	
High Self Plus One	TF3	<b>New Plan</b>	1049.24	511.12	538.12	<b>New Plan</b>	<b>New Plan</b>	1049.24	532.13	517.11	<b>New Plan</b>	
Standard Self	TF4	<b>New Plan</b>	283.51	215.47	68.04	<b>New Plan</b>	<b>New Plan</b>	283.51	224.68	58.83	<b>New Plan</b>	
Standard Self & Family	TF5	<b>New Plan</b>	680.44	517.13	163.31	<b>New Plan</b>	<b>New Plan</b>	680.44	539.25	141.19	<b>New Plan</b>	
Standard Self Plus One	TF6	<b>New Plan</b>	623.74	474.04	149.70	<b>New Plan</b>	<b>New Plan</b>	623.74	494.31	129.43	<b>New Plan</b>	

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

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2020 Biweekly Postal Premium Rates Category 1				2020 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2019 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
<b>Wyoming Aetna Advantage</b>											
Advantage Self	Z24	New Plan	214.08	162.70	51.38	New Plan	New Plan	214.08	169.66	44.42	New Plan
Advantage Self & Family	Z25	New Plan	567.31	431.16	136.15	New Plan	New Plan	567.31	449.59	117.72	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	357.94	113.03	New Plan	New Plan	470.97	373.24	97.73	New Plan
<b>Wyoming Aetna Direct</b>											
CDHP Self	N61	257.23	282.76	214.90	67.86	6.12	257.23	282.76	224.09	58.67	5.29
CDHP Self & Family	N62	648.71	713.08	541.94	171.14	15.45	648.71	713.08	565.12	147.96	13.35
CDHP Self Plus One	N63	564.12	620.10	471.28	148.82	13.43	564.12	620.10	491.43	128.67	11.62
<b>Wyoming Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	H41	382.55	382.37	239.05	143.32	-5.85	382.55	382.37	248.87	133.50	-6.08
CDHP Self & Family	H42	872.02	871.59	554.06	317.53	-21.87	872.02	871.59	576.82	294.77	-22.75
CDHP Self Plus One	H43	863.39	863.04	511.12	351.92	-12.36	863.39	863.04	532.13	330.91	-12.86
Value Self	H44	284.55	372.48	239.05	133.43	65.14	284.55	372.48	248.87	123.61	64.57
Value Self & Family	H45	653.07	854.85	554.06	300.79	144.05	653.07	854.85	576.82	278.03	142.52
Value Self Plus One	H46	640.27	838.09	511.12	326.97	173.31	640.27	838.09	532.13	305.96	173.10
<b>Wyoming Aetna HealthFund HDHP</b>											
HDHP Self	224	304.48	336.37	239.05	97.32	24.24	304.48	336.37	248.87	87.50	24.32
HDHP Self & Family	225	671.63	741.97	554.06	187.91	26.72	671.63	741.97	576.82	165.15	25.79
HDHP Self Plus One	226	658.47	727.43	511.12	216.31	56.95	658.47	727.43	532.13	195.30	56.45
<b>Wyoming Altius Health Plan</b>											
High Self	9K1	431.65	465.72	239.05	226.67	28.40	431.65	465.72	248.87	216.85	28.17
High Self & Family	9K2	954.58	1029.93	554.06	475.87	53.91	954.58	1029.93	576.82	453.11	53.03
High Self Plus One	9K3	945.13	1019.73	511.12	508.61	62.59	945.13	1019.73	532.13	487.60	62.09
HDHP Self	9K4	233.96	244.26	185.64	58.62	2.47	233.96	244.26	193.58	50.68	2.13
HDHP Self & Family	9K5	488.96	510.48	387.96	122.52	5.17	488.96	510.48	404.56	105.92	4.46
HDHP Self Plus One	9K6	479.37	500.48	380.36	120.12	5.07	479.37	500.48	396.63	103.85	4.38
<b>Wyoming Altius Health Plan</b>											
Standard Self	DK4	328.82	351.37	239.05	112.32	16.88	328.82	351.37	248.87	102.50	16.65
Standard Self & Family	DK5	726.14	775.95	554.06	221.89	28.37	726.14	775.95	576.82	199.13	27.49
Standard Self Plus One	DK6	718.94	768.26	511.12	257.14	37.31	718.94	768.26	532.13	236.13	36.81