

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2016 Monthly premium rates			
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Alabama Aetna Direct						
CDHP Self N61	455.11	473.31	354.98	118.33	4.55	
CDHP Self & Family N62	1027.91	1193.68	895.26	298.42	41.44	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
Alabama Aetna HealthFund CDHP and Value Plan						
CDHP Self F51	589.36	647.57	462.30	185.27	33.60	
CDHP Self & Family F52	1338.35	1476.52	1058.42	418.10	51.65	
CDHP Self Plus One F53	-	1461.89	998.88	463.01	-	
Basic Self F54	527.58	543.05	407.29	135.76	3.87	
Basic Self & Family F55	1198.08	1243.52	932.64	310.88	11.36	
Basic Self Plus One F56	-	1219.14	914.36	304.78	-	
Alabama Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	
Alabama United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self KK1	New Plan	530.83	398.12	132.71	New Plan	
High Self & Family KK2	New Plan	1488.46	1058.42	430.04	New Plan	
High Self Plus One KK3	New Plan	1036.71	777.53	259.18	New Plan	
Alabama United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self LS1	New Plan	508.50	381.38	127.12	New Plan	
HDHP Self & Family LS2	New Plan	1425.78	1058.42	367.36	New Plan	
HDHP Self Plus One LS3	New Plan	993.05	744.79	248.26	New Plan	
Alaska Aetna Direct						
CDHP Self N61	455.11	473.31	354.98	118.33	4.55	
CDHP Self & Family N62	1027.91	1193.68	895.26	298.42	41.44	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	

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Alaska Aetna HealthFund CDHP and Value Plan						
CDHP Self JS1	737.77	874.36	462.30	412.06	111.98	
CDHP Self & Family JS2	1675.42	1993.12	1058.42	934.70	231.18	
CDHP Self Plus One JS3	-	1973.38	998.88	974.50	-	
Basic Self JS4	604.70	652.84	462.30	190.54	23.53	
Basic Self & Family JS5	1373.19	1490.36	1058.42	431.94	30.65	
Basic Self Plus One JS6	-	1475.59	998.88	476.71	-	
Alaska Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	
Arizona Aetna Direct						
CDHP Self N61	455.11	473.31	354.98	118.33	4.55	
CDHP Self & Family N62	1027.91	1193.68	895.26	298.42	41.44	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
Arizona Aetna HealthFund CDHP and Value Plan						
CDHP Self G51	627.19	697.19	462.30	234.89	45.39	
CDHP Self & Family G52	1424.28	1590.25	1058.42	531.83	79.45	
CDHP Self Plus One G53	-	1574.50	998.88	575.62	-	
Basic Self G54	518.05	534.84	401.13	133.71	4.20	
Basic Self & Family G55	1176.41	1225.01	918.76	306.25	12.15	
Basic Self Plus One G56	-	1200.98	900.74	300.24	-	
Arizona Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	
Arizona Aetna Open Access						

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Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self	WQ1	815.25	878.84	462.30	416.54	38.98
High Self & Family	WQ2	1971.41	2133.82	1058.42	1075.40	75.89
High Self Plus One	WQ3	-	2112.67	998.88	1113.79	-
Arizona Health Net of Arizona, Inc.						
High Self	A71	718.32	786.61	462.30	324.31	43.68
High Self & Family	A72	1818.81	1991.77	1058.42	933.35	86.44
High Self Plus One	A73	-	1991.77	998.88	992.89	-
Standard Self	A74	655.59	683.84	462.30	221.54	3.64
Standard Self & Family	A75	1660.01	1731.43	1058.42	673.01	-15.10
Standard Self Plus One	A76	-	1731.43	998.88	732.55	-
Arizona Humana Health Plan, Inc.						
High Self	BF1	596.59	756.21	462.30	293.91	135.01
High Self & Family	BF2	1327.39	1701.48	1058.42	643.06	287.57
High Self Plus One	BF3	-	1625.87	998.88	626.99	-
Standard Self	BF4	566.76	658.97	462.30	196.67	54.98
Standard Self & Family	BF5	1261.04	1482.67	1058.42	424.25	108.99
Standard Self Plus One	BF6	-	1416.76	998.88	417.88	-
Arizona Humana Health Plan, Inc.						
High Self	C71	596.59	672.19	462.30	209.89	50.99
High Self & Family	C72	1327.39	1512.44	1058.42	454.02	98.53
High Self Plus One	C73	-	1445.21	998.88	446.33	-
Standard Self	C74	566.76	627.16	462.30	164.86	23.17
Standard Self & Family	C75	1261.04	1411.15	1058.36	352.79	37.53
Standard Self Plus One	C76	-	1348.43	998.88	349.55	-
Arizona United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	KT1	New Plan	530.79	398.09	132.70	New Plan
High Self & Family	KT2	New Plan	1488.35	1058.42	429.93	New Plan

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Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self Plus One	KT3	New Plan	1036.64	777.48	259.16	New Plan
Arizona United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	LU1	New Plan	512.96	384.72	128.24	New Plan
HDHP Self & Family	LU2	New Plan	1438.28	1058.42	379.86	New Plan
HDHP Self Plus One	LU3	New Plan	1001.76	751.32	250.44	New Plan
Arkansas Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Arkansas Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
Arkansas Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Arkansas QualChoice						
High Self	DH1	589.31	677.76	462.30	215.46	63.84
High Self & Family	DH2	1380.06	1767.78	1058.42	709.36	301.20
High Self Plus One	DH3	-	1316.55	987.41	329.14	-
Standard Self	DH4	501.54	528.62	396.47	132.15	6.77
Standard Self & Family	DH5	1174.51	1378.80	1034.10	344.70	51.07
Standard Self Plus One	DH6	-	1026.85	770.14	256.71	-

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Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Arkansas United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	KK1	New Plan	530.83	398.12	132.71	New Plan
High Self & Family	KK2	New Plan	1488.46	1058.42	430.04	New Plan
High Self Plus One	KK3	New Plan	1036.71	777.53	259.18	New Plan
Arkansas United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	LS1	New Plan	508.50	381.38	127.12	New Plan
HDHP Self & Family	LS2	New Plan	1425.78	1058.42	367.36	New Plan
HDHP Self Plus One	LS3	New Plan	993.05	744.79	248.26	New Plan
California Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
California Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-
California Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
California Aetna Open Access						
High Self	2X1	604.83	625.32	462.30	163.02	-4.12
High Self & Family	2X2	1410.80	1468.03	1058.42	409.61	-29.29
High Self Plus One	2X3	-	1439.25	998.88	440.37	-

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Health Management Organizations (HMO)			2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Plan - Option - Enrollment Code							
California Anthem Blue Cross Select HMO							
High Self	B31		699.31	730.32	462.30	268.02	6.40
High Self & Family	B32		1503.52	1550.53	1058.42	492.11	-39.51
High Self Plus One	B33		-	1460.79	998.88	461.91	-
California Blue Shield of CA Access+HMO							
High Self	SI1		670.04	717.95	462.30	255.65	23.30
High Self & Family	SI2		1507.63	1615.40	1058.42	556.98	21.25
High Self Plus One	SI3		-	1579.50	998.88	580.62	-
California Health Net of California							
High Self	LB1		1267.50	1301.30	462.30	839.00	9.19
High Self & Family	LB2		2930.55	3123.14	1058.42	2064.72	106.07
High Self Plus One	LB3		-	2862.88	998.88	1864.00	-
Standard Self	LB4		1207.14	1235.93	462.30	773.63	4.18
Standard Self & Family	LB5		2790.97	2966.25	1058.42	1907.83	88.76
Standard Self Plus One	LB6		-	2719.06	998.88	1720.18	-
California Health Net of California							
High Self	LP1		745.81	758.81	462.30	296.51	-11.61
High Self & Family	LP2		1724.41	1821.13	1058.42	762.71	10.20
High Self Plus One	LP3		-	1669.35	998.88	670.47	-
Standard Self	LP4		709.32	719.77	462.30	257.47	-14.16
Standard Self & Family	LP5		1640.04	1727.48	1058.42	669.06	0.92
Standard Self Plus One	LP6		-	1583.51	998.88	584.63	-
California Health Net of California							
Basic Self	P61		New Plan	287.76	215.82	71.94	New Plan
Basic Self & Family	P62		New Plan	690.58	517.94	172.64	New Plan
Basic Self Plus One	P63		New Plan	633.04	474.78	158.26	New Plan
California Kaiser Foundation Health Plan							

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High Self	591	779.59	817.33	462.30	355.03	13.13
High Self & Family	592	1860.93	1951.08	1058.42	892.66	3.63
High Self Plus One	593	-	1951.08	998.88	952.20	-
Standard Self	594	653.86	683.17	462.30	220.87	4.70
Standard Self & Family	595	1530.01	1598.63	1058.42	540.21	-17.90
Standard Self Plus One	596	-	1598.63	998.88	599.75	-
California Kaiser Foundation Health Plan						
High Self	621	577.16	597.74	448.31	149.43	5.14
High Self & Family	622	1333.91	1381.49	1036.12	345.37	-16.64
High Self Plus One	623	-	1381.49	998.88	382.61	-
Standard Self	624	374.42	387.64	290.73	96.91	3.31
Standard Self & Family	625	865.35	895.92	671.94	223.98	7.64
Standard Self Plus One	626	-	895.92	671.94	223.98	-
California Kaiser Foundation Health Plan						
Basic Self	KC1	609.07	609.55	457.16	152.39	-18.99
Basic Self & Family	KC2	1425.23	1426.34	1058.42	367.92	-85.41
Basic Self Plus One	KC3	-	1426.34	998.88	427.46	-
California Kaiser Foundation Health Plan						
High Self	NZ1	577.16	605.35	454.01	151.34	7.05
High Self & Family	NZ2	1333.91	1399.08	1049.31	349.77	-12.24
High Self Plus One	NZ3	-	1399.08	998.88	400.20	-
Standard Self	NZ4	374.42	392.73	294.55	98.18	4.58
Standard Self & Family	NZ5	865.35	907.70	680.78	226.92	10.58
Standard Self Plus One	NZ6	-	907.70	680.78	226.92	-
California UnitedHealthcare of California						
High Self	CY1	644.04	620.40	462.30	158.10	-48.25
High Self & Family	CY2	1471.67	1739.57	1058.42	681.15	181.38

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High Self Plus One	CY3	-	1211.62	908.72	302.90	-
Standard Self	CY4	544.81	557.85	418.39	139.46	3.26
Standard Self & Family	CY5	1248.33	1564.27	1058.42	505.85	193.77
Standard Self Plus One	CY6	-	1089.51	817.13	272.38	-
Colorado Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Colorado Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52	1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53	-	1574.50	998.88	575.62	-
Basic Self	G54	518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55	1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56	-	1200.98	900.74	300.24	-
Colorado Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Colorado Humana Health Plan, Inc.						
High Self	NR1	453.42	536.68	402.51	134.17	20.82
High Self & Family	NR2	1008.84	1207.53	905.65	301.88	49.67
High Self Plus One	NR3	-	1153.84	865.38	288.46	-
Standard Self	NR4	408.07	492.85	369.64	123.21	21.19
Standard Self & Family	NR5	907.96	1108.90	831.68	277.22	50.23
Standard Self Plus One	NR6	-	1059.63	794.72	264.91	-
Colorado Humana Health Plan, Inc.						

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Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self	NT1	477.27	569.83	427.37	142.46	23.14
High Self & Family	NT2	1061.95	1282.10	961.58	320.52	55.03
High Self Plus One	NT3	-	1225.14	918.86	306.28	-
Standard Self	NT4	429.56	517.40	388.05	129.35	21.96
Standard Self & Family	NT5	955.76	1164.19	873.14	291.05	52.11
Standard Self Plus One	NT6	-	1112.45	834.34	278.11	-
Colorado Kaiser Foundation Health Plan of Colorado						
High Self	651	684.49	689.48	462.30	227.18	-19.62
High Self & Family	652	1546.96	1558.22	1058.42	499.80	-75.26
High Self Plus One	653	-	1558.22	998.88	559.34	-
Standard Self	654	435.80	465.62	349.22	116.40	7.45
Standard Self & Family	655	984.92	1052.26	789.20	263.06	16.83
Standard Self Plus One	656	-	1052.26	789.20	263.06	-
Colorado Kaiser Foundation Health Plan of Colorado						
Basic Self	N41	311.31	351.00	263.25	87.75	9.92
Basic Self & Family	N42	703.54	793.26	594.95	198.31	22.43
Basic Self Plus One	N43	-	793.26	594.95	198.31	-
Colorado United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	KT1	New Plan	530.79	398.09	132.70	New Plan
High Self & Family	KT2	New Plan	1488.35	1058.42	429.93	New Plan
High Self Plus One	KT3	New Plan	1036.64	777.48	259.16	New Plan
Colorado United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	LU1	New Plan	512.96	384.72	128.24	New Plan
HDHP Self & Family	LU2	New Plan	1438.28	1058.42	379.86	New Plan
HDHP Self Plus One	LU3	New Plan	1001.76	751.32	250.44	New Plan
Connecticut Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55

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CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Connecticut Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
Connecticut Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Delaware Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Delaware Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
Delaware Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82

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HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Delaware Aetna Open Access						
High Self	P31	1208.33	1367.71	462.30	905.41	134.77
High Self & Family	P32	2915.51	3316.02	1058.42	2257.60	313.99
High Self Plus One	P33	-	3283.19	998.88	2284.31	-
Basic Self	P34	1046.72	1101.58	462.30	639.28	30.25
Basic Self & Family	P35	2417.00	2556.82	1058.42	1498.40	53.30
Basic Self Plus One	P36	-	2531.51	998.88	1532.63	-
District of Columbia Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
District of Columbia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
District of Columbia Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
District of Columbia Aetna Open Access						
High Self	JN1	924.69	959.51	462.30	497.21	10.21
High Self & Family	JN2	2071.27	2157.13	1058.42	1098.71	-0.66
High Self Plus One	JN3	-	2135.79	998.88	1136.91	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self	JN4	576.07	597.91	448.43	149.48	5.46
Basic Self & Family	JN5	1288.13	1345.85	1009.39	336.46	14.43
Basic Self Plus One	JN6	-	1319.46	989.60	329.86	-
District of Columbia CareFirst BlueChoice						
High Self	2G1	670.35	697.17	462.30	234.87	2.21
High Self & Family	2G2	1508.02	1656.42	1058.42	598.00	61.88
High Self Plus One	2G3	-	1394.32	998.88	395.44	-
Standard Self	2G4	599.24	623.20	462.30	160.90	-0.65
Standard Self & Family	2G5	1348.06	1480.70	1058.42	422.28	46.12
Standard Self Plus One	2G6	-	1246.42	934.82	311.60	-
District of Columbia CareFirst BlueChoice						
HDHP Self	B61	580.34	591.96	443.97	147.99	2.91
HDHP Self & Family	B62	1294.50	1406.49	1054.87	351.62	28.00
HDHP Self Plus One	B63	-	1183.93	887.95	295.98	-
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	606.54	618.54	462.30	156.24	-12.61
High Self & Family	E32	1395.05	1447.36	1058.42	388.94	-34.21
High Self Plus One	E33	-	1397.87	998.88	398.99	-
Standard Self	E34	393.32	465.75	349.31	116.44	18.11
Standard Self & Family	E35	904.58	1089.86	817.40	272.46	46.32
Standard Self Plus One	E36	-	1052.57	789.43	263.14	-
District of Columbia M.D. IPA						
High Self	JP1	681.53	641.05	462.30	178.75	-65.09
High Self & Family	JP2	1571.48	1797.51	1058.42	739.09	139.51
High Self Plus One	JP3	-	1251.97	938.98	312.99	-
District of Columbia United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	LR1	New Plan	531.12	398.34	132.78	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self & Family	LR2	New Plan	1489.26	1058.42	430.84	New Plan
High Self Plus One	LR3	New Plan	1037.27	777.95	259.32	New Plan
District of Columbia UnitedHealthcare Insurance Company						
Basic Self	L91	529.36	460.87	345.65	115.22	-17.12
Basic Self & Family	L92	1177.82	1292.31	969.23	323.08	28.63
Basic Self Plus One	L93	-	900.10	675.08	225.02	-
Florida Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Florida Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
Florida Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Florida AvMed Health Plans						
High Self	ML1	649.96	752.07	462.30	289.77	77.50
High Self & Family	ML2	1559.98	1948.09	1058.42	889.67	301.59
High Self Plus One	ML3	-	1504.14	998.88	505.26	-
Standard Self	ML4	524.05	591.13	443.35	147.78	16.77
Standard Self & Family	ML5	1257.86	1531.27	1058.42	472.85	158.39

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	ML6	-	1182.33	886.75	295.58	-
Florida Capital Health Plan						
High Self	EA1	514.15	551.46	413.60	137.86	9.32
High Self & Family	EA2	1362.51	1488.91	1058.42	430.49	39.88
High Self Plus One	EA3	-	1102.90	827.18	275.72	-
Florida Humana CoverageFirst and Value Plan						
CDHP Self	MJ1	589.49	662.52	462.30	200.22	48.42
CDHP Self & Family	MJ2	1311.64	1490.71	1058.42	432.29	92.55
CDHP Self Plus One	MJ3	-	1424.48	998.88	425.60	-
Basic Self	MJ4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	MJ5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	MJ6	-	1002.82	752.12	250.70	-
Florida Humana CoverageFirst and Value Plan						
CDHP Self	QP1	505.29	577.29	432.97	144.32	18.00
CDHP Self & Family	QP2	1124.26	1298.85	974.14	324.71	43.65
CDHP Self Plus One	QP3	-	1241.13	930.85	310.28	-
Basic Self	QP4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	QP5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	QP6	-	1002.82	752.12	250.70	-
Florida Humana Medical Plan, Inc.						
High Self	E21	530.29	601.42	451.07	150.35	17.78
High Self & Family	E22	1179.92	1353.17	1014.88	338.29	43.31
High Self Plus One	E23	-	1293.02	969.77	323.25	-
Standard Self	E24	477.27	569.53	427.15	142.38	23.06
Standard Self & Family	E25	1061.93	1281.43	961.07	320.36	54.88
Standard Self Plus One	E26	-	1224.49	918.37	306.12	-
Florida Humana Medical Plan, Inc.						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self	EE1	697.02	844.59	462.30	382.29	122.96
High Self & Family	EE2	1550.86	1900.34	1058.42	841.92	262.96
High Self Plus One	EE3	-	1815.88	998.88	817.00	-
Standard Self	EE4	596.53	680.29	462.30	217.99	59.15
Standard Self & Family	EE5	1327.28	1530.62	1058.42	472.20	116.82
Standard Self Plus One	EE6	-	1462.59	998.88	463.71	-
Florida Humana Medical Plan, Inc.						
High Self	EX1	563.44	649.74	462.30	187.44	46.58
High Self & Family	EX2	1253.66	1461.94	1058.42	403.52	90.11
High Self Plus One	EX3	-	1396.96	998.88	398.08	-
Standard Self	EX4	507.11	593.06	444.80	148.26	21.48
Standard Self & Family	EX5	1128.31	1334.39	1000.79	333.60	51.52
Standard Self Plus One	EX6	-	1275.06	956.30	318.76	-
Florida Humana Medical Plan, Inc.						
High Self	LL1	1022.93	1314.63	462.30	852.33	267.09
High Self & Family	LL2	2276.00	2957.93	1058.42	1899.51	595.41
High Self Plus One	LL3	-	2826.44	998.88	1827.56	-
Standard Self	LL4	596.59	692.81	462.30	230.51	71.61
Standard Self & Family	LL5	1327.41	1558.81	1058.42	500.39	144.88
Standard Self Plus One	LL6	-	1489.56	998.88	490.68	-
Florida UnitedHealthcare Insurance Company						
Basic Self	LV1	552.11	526.07	394.55	131.52	-6.51
Basic Self & Family	LV2	1228.46	1475.13	1058.42	416.71	109.60
Basic Self Plus One	LV3	-	1027.43	770.57	256.86	-
Georgia Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Georgia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
Georgia Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Georgia Aetna Open Access						
High Self	2U1	966.85	1095.14	462.30	632.84	103.68
High Self & Family	2U2	2218.62	2522.59	1058.42	1464.17	217.45
High Self Plus One	2U3	-	2497.60	998.88	1498.72	-
Georgia Humana CoverageFirst and Value Plan						
CDHP Self	AD1	561.45	614.10	460.58	153.52	13.16
CDHP Self & Family	AD2	1249.17	1381.73	1036.30	345.43	33.14
CDHP Self Plus One	AD3	-	1320.30	990.23	330.07	-
Basic Self	AD4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	AD5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	AD6	-	1002.82	752.12	250.70	-
Georgia Humana CoverageFirst and Value Plan						
CDHP Self	LM1	561.45	589.66	442.25	147.41	7.05
CDHP Self & Family	LM2	1249.17	1326.72	995.04	331.68	19.39
CDHP Self Plus One	LM3	-	1267.74	950.81	316.93	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Basic Self	LM4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	LM5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	LM6	-	1002.82	752.12	250.70	-
Georgia Humana Employers Health of Georgia, Inc.						
High Self	CB1	596.59	680.98	462.30	218.68	59.78
High Self & Family	CB2	1327.39	1532.20	1058.42	473.78	118.29
High Self Plus One	CB3	-	1464.10	998.88	465.22	-
Standard Self	CB4	566.76	646.45	462.30	184.15	42.46
Standard Self & Family	CB5	1261.04	1454.51	1058.42	396.09	80.83
Standard Self Plus One	CB6	-	1389.85	998.88	390.97	-
Georgia Humana Employers Health of Georgia, Inc.						
High Self	DG1	645.69	810.59	462.30	348.29	140.29
High Self & Family	DG2	1436.65	1823.86	1058.42	765.44	300.69
High Self Plus One	DG3	-	1742.76	998.88	743.88	-
Standard Self	DG4	596.59	676.07	462.30	213.77	54.87
Standard Self & Family	DG5	1327.41	1521.15	1058.42	462.73	107.22
Standard Self Plus One	DG6	-	1453.55	998.88	454.67	-
Georgia Humana Employers Health of Georgia, Inc.						
High Self	DN1	596.59	673.90	462.30	211.60	52.70
High Self & Family	DN2	1327.39	1516.32	1058.42	457.90	102.41
High Self Plus One	DN3	-	1448.92	998.88	450.04	-
Standard Self	DN4	566.76	645.23	462.30	182.93	41.24
Standard Self & Family	DN5	1261.04	1451.78	1058.42	393.36	78.10
Standard Self Plus One	DN6	-	1387.25	998.88	388.37	-
Georgia Kaiser Foundation Health Plan of Georgia						
High Self	F81	588.60	622.16	462.30	159.86	8.95
High Self & Family	F82	1344.98	1421.70	1058.42	363.28	-9.80

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self Plus One	F83	-	1381.27	998.88	382.39	-
Standard Self	F84	434.83	465.23	348.92	116.31	7.60
Standard Self & Family	F85	993.59	1069.97	802.48	267.49	19.09
Standard Self Plus One	F86	-	1037.42	778.07	259.35	-
Georgia UnitedHealthcare Insurance Company						
Basic Self	LV1	552.11	526.07	394.55	131.52	-6.51
Basic Self & Family	LV2	1228.46	1475.13	1058.42	416.71	109.60
Basic Self Plus One	LV3	-	1027.43	770.57	256.86	-
Guam Calvos Selectcare						
High Self	B41	422.57	387.38	290.54	96.84	-8.80
High Self & Family	B42	1152.84	1035.67	776.75	258.92	-29.29
High Self Plus One	B43	-	755.93	566.95	188.98	-
Standard Self	B44	365.58	356.48	267.36	89.12	-2.27
Standard Self & Family	B45	996.67	953.10	714.83	238.27	-10.90
Standard Self Plus One	B46	-	695.65	521.74	173.91	-
Guam TakeCare						
High Self	JK1	445.75	526.50	394.88	131.62	20.18
High Self & Family	JK2	1171.34	1579.48	1058.42	521.06	228.23
High Self Plus One	JK3	-	1052.98	789.74	263.24	-
Standard Self	JK4	372.49	362.31	271.73	90.58	-2.54
Standard Self & Family	JK5	983.69	1083.36	812.52	270.84	24.92
Standard Self Plus One	JK6	-	721.02	540.77	180.25	-
Guam TakeCare						
HDHP Self	KX1	192.92	165.49	124.12	41.37	-6.86
HDHP Self & Family	KX2	506.00	485.20	363.90	121.30	-5.20
HDHP Self Plus One	KX3	-	345.54	259.16	86.38	-
Hawaii Aetna Direct						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Hawaii Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-
Hawaii Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Hawaii HMSA						
High Self	871	498.33	562.01	421.51	140.50	15.92
High Self & Family	872	1109.25	1263.38	947.54	315.84	38.53
High Self Plus One	873	-	1231.36	923.52	307.84	-
Hawaii Kaiser Foundation Health Plan of Hawaii						
High Self	631	528.32	571.89	428.92	142.97	10.89
High Self & Family	632	1178.13	1275.34	956.51	318.83	24.30
High Self Plus One	633	-	1275.34	956.51	318.83	-
Standard Self	634	364.61	392.60	294.45	98.15	7.00
Standard Self & Family	635	813.06	875.51	656.63	218.88	15.62
Standard Self Plus One	636	-	875.51	656.63	218.88	-
Idaho Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans						
High Self	9K1	649.31	682.05	462.30	219.75	8.13
High Self & Family	9K2	1428.55	1508.30	1058.42	449.88	-6.77
High Self Plus One	9K3	-	1493.38	998.88	494.50	-
HDHP Self	9K4	365.60	368.94	276.71	92.23	0.83
HDHP Self & Family	9K5	757.42	771.07	578.30	192.77	3.42
HDHP Self Plus One	9K6	-	755.95	566.96	188.99	-
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans						
Standard Self	DK4	488.43	498.29	373.72	124.57	2.46
Standard Self & Family	DK5	1074.52	1100.34	825.26	275.08	6.45
Standard Self Plus One	DK6	-	1089.47	817.10	272.37	-
Idaho Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Idaho Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Idaho Group Health Cooperative						
High Self	541	702.91	708.78	462.30	246.48	-18.74
High Self & Family	542	1511.25	1913.69	1058.42	855.27	315.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Monthly premium rates				
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self Plus One	543	-	1417.54	998.88	418.66	-
Standard Self	544	482.52	507.15	380.36	126.79	6.16
Standard Self & Family	545	1089.31	1369.36	1027.02	342.34	70.01
Standard Self Plus One	546	-	1014.33	760.75	253.58	-
Idaho Group Health Cooperative						
HDHP Self	PT1	New Plan	473.85	355.39	118.46	New Plan
HDHP Self & Family	PT2	New Plan	1279.42	959.57	319.85	New Plan
HDHP Self Plus One	PT3	New Plan	947.70	710.78	236.92	New Plan
Idaho SelectHealth						
High Self	SF1	636.78	687.77	462.30	225.47	26.38
High Self & Family	SF2	1420.51	1534.13	1058.42	475.71	27.10
High Self Plus One	SF3	-	1534.13	998.88	535.25	-
Standard Self	SF4	497.42	512.33	384.25	128.08	3.73
Standard Self & Family	SF5	1109.64	1137.67	853.25	284.42	7.01
Standard Self Plus One	SF6	-	1137.67	853.25	284.42	-
Illinois Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Illinois Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Illinois Aetna HealthFund HDHP						

Tribal Premium Rates for the Federal Employees Health Benefits Program

2016 Monthly premium rates							
Health Management Organizations (HMO)			2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Plan - Option - Enrollment Code							
HDHP Self	224		491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225		1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226		-	1125.24	843.93	281.31	-
Illinois Blue Cross and Blue Shield of Illinois							
High Self	A21		769.32	730.62	462.30	268.32	-63.31
High Self & Family	A22		1746.44	1811.38	1058.42	752.96	-21.58
High Self Plus One	A23		-	1579.26	998.88	580.38	-
Illinois Blue Preferred Plus POS							
High Self	9G1		869.25	675.96	462.30	213.66	-217.90
High Self & Family	9G2		1738.51	1441.05	1058.42	382.63	-383.98
High Self Plus One	9G3		-	1351.94	998.88	353.06	-
Illinois Health Alliance HMO							
High Self	FX1		740.65	761.48	462.30	299.18	-3.78
High Self & Family	FX2		1726.49	2154.77	1058.42	1096.35	341.76
High Self Plus One	FX3		-	1599.09	998.88	600.21	-
Illinois Health Alliance HMO							
Standard Self	K84		629.37	624.91	462.30	162.61	-29.07
Standard Self & Family	K85		1467.09	1734.11	1058.42	675.69	180.50
Standard Self Plus One	K86		-	1312.33	984.25	328.08	-
Illinois Humana CoverageFirst and Value Plan							
CDHP Self	GB1		561.45	632.60	462.30	170.30	29.94
CDHP Self & Family	GB2		1249.17	1423.33	1058.42	364.91	52.62
CDHP Self Plus One	GB3		-	1360.06	998.88	361.18	-
Basic Self	GB4		430.89	466.44	349.83	116.61	8.89
Basic Self & Family	GB5		958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	GB6		-	1002.82	752.12	250.70	-
Illinois Humana CoverageFirst and Value Plan							

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	MW1	561.45	669.05	462.30	206.75	66.39
CDHP Self & Family	MW2	1249.17	1505.34	1058.42	446.92	134.63
CDHP Self Plus One	MW3	-	1438.43	998.88	439.55	-
Basic Self	MW4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	MW5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	MW6	-	1002.82	752.12	250.70	-
Illinois Humana Health Plan, Inc.						
High Self	751	974.78	1200.77	462.30	738.47	201.38
High Self & Family	752	2168.92	2701.75	1058.42	1643.33	446.31
High Self Plus One	753	-	2581.65	998.88	1582.77	-
Standard Self	754	596.59	747.22	462.30	284.92	126.02
Standard Self & Family	755	1327.41	1681.25	1058.42	622.83	267.32
Standard Self Plus One	756	-	1606.54	998.88	607.66	-
Illinois Humana Health Plan, Inc.						
High Self	9F1	1173.64	1490.71	462.30	1028.41	292.46
High Self & Family	9F2	2611.35	3354.13	1058.42	2295.71	656.26
High Self Plus One	9F3	-	3205.04	998.88	2206.16	-
Illinois Humana Health Plan, Inc.						
Standard Self	AB4	609.14	783.99	462.30	321.69	150.24
Standard Self & Family	AB5	1355.36	1763.99	1058.42	705.57	322.11
Standard Self Plus One	AB6	-	1685.56	998.88	686.68	-
Illinois Union Health Service						
High Self	761	557.83	597.83	448.37	149.46	10.00
High Self & Family	762	1295.49	1485.81	1058.42	427.39	103.52
High Self Plus One	763	-	1307.54	980.66	326.88	-
Illinois UnitedHealthcare Insurance Company						
Basic Self	L91	529.36	460.87	345.65	115.22	-17.12

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self & Family	L92	1177.82	1292.31	969.23	323.08	28.63
Basic Self Plus One	L93	-	900.10	675.08	225.02	-
Illinois UnitedHealthcare Plan of the River Valley Inc.						
High Self	YH1	583.61	624.37	462.30	162.07	16.15
High Self & Family	YH2	1378.74	1750.75	1058.42	692.33	285.49
High Self Plus One	YH3	-	1219.42	914.57	304.85	-
Indiana Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Indiana Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-
Indiana Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Indiana Health Alliance HMO						
High Self	FX1	740.65	761.48	462.30	299.18	-3.78
High Self & Family	FX2	1726.49	2154.77	1058.42	1096.35	341.76
High Self Plus One	FX3	-	1599.09	998.88	600.21	-
Indiana Health Alliance HMO						
Standard Self	K84	629.37	624.91	462.30	162.61	-29.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self & Family	K85	1467.09	1734.11	1058.42	675.69	180.50
Standard Self Plus One	K86	-	1312.33	984.25	328.08	-
Indiana Humana CoverageFirst and Value Plan						
CDHP Self	MW1	561.45	669.05	462.30	206.75	66.39
CDHP Self & Family	MW2	1249.17	1505.34	1058.42	446.92	134.63
CDHP Self Plus One	MW3	-	1438.43	998.88	439.55	-
Basic Self	MW4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	MW5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	MW6	-	1002.82	752.12	250.70	-
Indiana Humana Health Plan of Ohio						
High Self	A61	596.59	756.21	462.30	293.91	135.01
High Self & Family	A62	1327.39	1701.48	1058.42	643.06	287.57
High Self Plus One	A63	-	1625.87	998.88	626.99	-
Standard Self	A64	566.76	638.58	462.30	176.28	34.59
Standard Self & Family	A65	1261.04	1436.80	1058.42	378.38	63.12
Standard Self Plus One	A66	-	1372.93	998.88	374.05	-
Indiana Humana Health Plan, Inc.						
High Self	751	974.78	1200.77	462.30	738.47	201.38
High Self & Family	752	2168.92	2701.75	1058.42	1643.33	446.31
High Self Plus One	753	-	2581.65	998.88	1582.77	-
Standard Self	754	596.59	747.22	462.30	284.92	126.02
Standard Self & Family	755	1327.41	1681.25	1058.42	622.83	267.32
Standard Self Plus One	756	-	1606.54	998.88	607.66	-
Indiana Humana Health Plan, Inc.						
High Self	MH1	596.59	690.13	462.30	227.83	68.93
High Self & Family	MH2	1327.39	1552.79	1058.42	494.37	138.88
High Self Plus One	MH3	-	1483.80	998.88	484.92	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self	MH4	566.76	627.16	462.30	164.86	23.17
Standard Self & Family	MH5	1261.04	1411.15	1058.36	352.79	37.53
Standard Self Plus One	MH6	-	1348.43	998.88	349.55	-
Iowa Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Iowa Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Iowa Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Iowa Health Alliance HMO						
High Self	FX1	740.65	761.48	462.30	299.18	-3.78
High Self & Family	FX2	1726.49	2154.77	1058.42	1096.35	341.76
High Self Plus One	FX3	-	1599.09	998.88	600.21	-
Iowa Health Alliance HMO						
Standard Self	K84	629.37	624.91	462.30	162.61	-29.07
Standard Self & Family	K85	1467.09	1734.11	1058.42	675.69	180.50
Standard Self Plus One	K86	-	1312.33	984.25	328.08	-
Iowa HealthPartners High and Standard Option						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self	V31	660.05	683.80	462.30	221.50	-0.86
High Self & Family	V32	1518.14	1665.71	1058.42	607.29	61.05
High Self Plus One	V33	-	1511.19	998.88	512.31	-
Standard Self	V34	366.58	388.33	291.25	97.08	5.44
Standard Self & Family	V35	843.14	945.99	709.49	236.50	25.72
Standard Self Plus One	V36	-	858.22	643.67	214.55	-
Iowa Sanford Health Plan						
High Self	AU1	737.08	730.32	462.30	268.02	-31.37
High Self & Family	AU2	1695.94	2044.90	1058.42	986.48	262.44
High Self Plus One	AU3	-	1314.58	985.94	328.64	-
Standard Self	AU4	707.31	708.02	462.30	245.72	-23.90
Standard Self & Family	AU5	1626.86	1982.44	1058.42	924.02	269.06
Standard Self Plus One	AU6	-	1274.41	955.81	318.60	-
Iowa United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	LJ1	New Plan	531.33	398.50	132.83	New Plan
High Self & Family	LJ2	New Plan	1489.87	1058.42	431.45	New Plan
High Self Plus One	LJ3	New Plan	1037.70	778.28	259.42	New Plan
Iowa United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	N71	New Plan	512.70	384.53	128.17	New Plan
HDHP Self & Family	N72	New Plan	1437.63	1058.42	379.21	New Plan
HDHP Self Plus One	N73	New Plan	1001.30	750.98	250.32	New Plan
Iowa UnitedHealthcare Plan of the River Valley Inc.						
High Self	YH1	583.61	624.37	462.30	162.07	16.15
High Self & Family	YH2	1378.74	1750.75	1058.42	692.33	285.49
High Self Plus One	YH3	-	1219.42	914.57	304.85	-
Kansas Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Kansas Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52	1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53	-	1574.50	998.88	575.62	-
Basic Self	G54	518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55	1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56	-	1200.98	900.74	300.24	-
Kansas Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Kansas Aetna Open Access						
High Self	HA1	529.62	626.69	462.30	164.39	31.99
High Self & Family	HA2	1244.66	1480.40	1058.42	421.98	110.82
High Self Plus One	HA3	-	1465.75	998.88	466.87	-
Standard Self	HA4	566.65	609.48	457.11	152.37	10.71
Standard Self & Family	HA5	1331.63	1438.67	1058.42	380.25	20.52
Standard Self Plus One	HA6	-	1424.43	998.88	425.55	-
Kansas Humana CoverageFirst and Value Plan						
CDHP Self	PH1	505.29	608.40	456.30	152.10	25.78
CDHP Self & Family	PH2	1124.26	1368.94	1026.71	342.23	61.17
CDHP Self Plus One	PH3	-	1308.10	981.08	327.02	-
Basic Self	PH4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	PH5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	PH6	-	1002.82	752.12	250.70	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Kansas Humana Health Plan, Inc.

High Self	MS1	1271.90	1462.91	462.30	1000.61	166.40
High Self & Family	MS2	2829.95	3291.54	1058.42	2233.12	375.07
High Self Plus One	MS3	-	3145.22	998.88	2146.34	-
Standard Self	MS4	596.59	729.43	462.30	267.13	108.23
Standard Self & Family	MS5	1327.41	1641.19	1058.42	582.77	227.26
Standard Self Plus One	MS6	-	1568.26	998.88	569.38	-

Kentucky Aetna Direct

CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-

Kentucky Aetna HealthFund CDHP and Value Plan

CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-

Kentucky Aetna HealthFund HDHP

HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-

Kentucky Humana CoverageFirst and Value Plan

CDHP Self	6N1	505.29	553.91	415.43	138.48	12.16
CDHP Self & Family	6N2	1124.26	1246.29	934.72	311.57	30.51
CDHP Self Plus One	6N3	-	1190.91	893.18	297.73	-

Kentucky Humana Health Plan of Ohio

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self	A61	596.59	756.21	462.30	293.91	135.01
High Self & Family	A62	1327.39	1701.48	1058.42	643.06	287.57
High Self Plus One	A63	-	1625.87	998.88	626.99	-
Standard Self	A64	566.76	638.58	462.30	176.28	34.59
Standard Self & Family	A65	1261.04	1436.80	1058.42	378.38	63.12
Standard Self Plus One	A66	-	1372.93	998.88	374.05	-
Kentucky Humana Health Plan, Inc.						
High Self	MH1	596.59	690.13	462.30	227.83	68.93
High Self & Family	MH2	1327.39	1552.79	1058.42	494.37	138.88
High Self Plus One	MH3	-	1483.80	998.88	484.92	-
Standard Self	MH4	566.76	627.16	462.30	164.86	23.17
Standard Self & Family	MH5	1261.04	1411.15	1058.36	352.79	37.53
Standard Self Plus One	MH6	-	1348.43	998.88	349.55	-
Kentucky Humana Health Plan, Inc.						
High Self	MI1	596.59	682.54	462.30	220.24	61.34
High Self & Family	MI2	1327.41	1535.71	1058.42	477.29	121.78
High Self Plus One	MI3	-	1467.46	998.88	468.58	-
Standard Self	MI4	566.76	648.18	462.30	185.88	44.19
Standard Self & Family	MI5	1261.04	1458.41	1058.42	399.99	84.73
Standard Self Plus One	MI6	-	1393.58	998.88	394.70	-
Kentucky United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	LJ1	New Plan	531.33	398.50	132.83	New Plan
High Self & Family	LJ2	New Plan	1489.87	1058.42	431.45	New Plan
High Self Plus One	LJ3	New Plan	1037.70	778.28	259.42	New Plan
Kentucky United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	N71	New Plan	512.70	384.53	128.17	New Plan
HDHP Self & Family	N72	New Plan	1437.63	1058.42	379.21	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
	HDHP Self Plus One N73	New Plan	1001.30	750.98	250.32	New Plan
Louisiana Aetna Direct						
	CDHP Self N61	455.11	473.31	354.98	118.33	4.55
	CDHP Self & Family N62	1027.91	1193.68	895.26	298.42	41.44
	CDHP Self Plus One N63	-	1038.01	778.51	259.50	-
Louisiana Aetna HealthFund CDHP and Value Plan						
	CDHP Self F51	589.36	647.57	462.30	185.27	33.60
	CDHP Self & Family F52	1338.35	1476.52	1058.42	418.10	51.65
	CDHP Self Plus One F53	-	1461.89	998.88	463.01	-
	Basic Self F54	527.58	543.05	407.29	135.76	3.87
	Basic Self & Family F55	1198.08	1243.52	932.64	310.88	11.36
	Basic Self Plus One F56	-	1219.14	914.36	304.78	-
Louisiana Aetna HealthFund HDHP						
	HDHP Self 224	491.53	520.33	390.25	130.08	7.20
	HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82
	HDHP Self Plus One 226	-	1125.24	843.93	281.31	-
Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
	High Self AE1	596.59	680.49	462.30	218.19	59.29
	High Self & Family AE2	1327.41	1531.10	1058.42	472.68	117.17
	High Self Plus One AE3	-	1463.04	998.88	464.16	-
	Standard Self AE4	536.92	645.80	462.30	183.50	49.27
	Standard Self & Family AE5	1194.68	1454.09	1058.42	395.67	97.00
	Standard Self Plus One AE6	-	1389.48	998.88	390.60	-
Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
	High Self BC1	563.44	642.92	462.30	180.62	39.76
	High Self & Family BC2	1253.66	1446.55	1058.42	388.13	74.72
	High Self Plus One BC3	-	1382.27	998.88	383.39	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Standard Self	BC4	507.11	573.24	429.93	143.31	16.53
Standard Self & Family	BC5	1128.31	1289.77	967.33	322.44	40.36
Standard Self Plus One	BC6	-	1232.44	924.33	308.11	-
Louisiana United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	KK1	New Plan	530.83	398.12	132.71	New Plan
High Self & Family	KK2	New Plan	1488.46	1058.42	430.04	New Plan
High Self Plus One	KK3	New Plan	1036.71	777.53	259.18	New Plan
Louisiana United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	LS1	New Plan	508.50	381.38	127.12	New Plan
HDHP Self & Family	LS2	New Plan	1425.78	1058.42	367.36	New Plan
HDHP Self Plus One	LS3	New Plan	993.05	744.79	248.26	New Plan
Maine Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Maine Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
Maine Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Maryland Aetna Direct						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Maryland Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
Maryland Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Maryland Aetna Open Access						
High Self	JN1	924.69	959.51	462.30	497.21	10.21
High Self & Family	JN2	2071.27	2157.13	1058.42	1098.71	-0.66
High Self Plus One	JN3	-	2135.79	998.88	1136.91	-
Basic Self	JN4	576.07	597.91	448.43	149.48	5.46
Basic Self & Family	JN5	1288.13	1345.85	1009.39	336.46	14.43
Basic Self Plus One	JN6	-	1319.46	989.60	329.86	-
Maryland CareFirst BlueChoice						
High Self	2G1	670.35	697.17	462.30	234.87	2.21
High Self & Family	2G2	1508.02	1656.42	1058.42	598.00	61.88
High Self Plus One	2G3	-	1394.32	998.88	395.44	-
Standard Self	2G4	599.24	623.20	462.30	160.90	-0.65
Standard Self & Family	2G5	1348.06	1480.70	1058.42	422.28	46.12

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	2G6	-	1246.42	934.82	311.60	-
Maryland CareFirst BlueChoice						
HDHP Self	B61	580.34	591.96	443.97	147.99	2.91
HDHP Self & Family	B62	1294.50	1406.49	1054.87	351.62	28.00
HDHP Self Plus One	B63	-	1183.93	887.95	295.98	-
Maryland Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	606.54	618.54	462.30	156.24	-12.61
High Self & Family	E32	1395.05	1447.36	1058.42	388.94	-34.21
High Self Plus One	E33	-	1397.87	998.88	398.99	-
Standard Self	E34	393.32	465.75	349.31	116.44	18.11
Standard Self & Family	E35	904.58	1089.86	817.40	272.46	46.32
Standard Self Plus One	E36	-	1052.57	789.43	263.14	-
Maryland M.D. IPA						
High Self	JP1	681.53	641.05	462.30	178.75	-65.09
High Self & Family	JP2	1571.48	1797.51	1058.42	739.09	139.51
High Self Plus One	JP3	-	1251.97	938.98	312.99	-
Maryland United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	LR1	New Plan	531.12	398.34	132.78	New Plan
High Self & Family	LR2	New Plan	1489.26	1058.42	430.84	New Plan
High Self Plus One	LR3	New Plan	1037.27	777.95	259.32	New Plan
Maryland UnitedHealthcare Insurance Company						
Basic Self	L91	529.36	460.87	345.65	115.22	-17.12
Basic Self & Family	L92	1177.82	1292.31	969.23	323.08	28.63
Basic Self Plus One	L93	-	900.10	675.08	225.02	-
Massachusetts Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Monthly premium rates				
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
Massachusetts Aetna HealthFund CDHP and Value Plan						
CDHP Self EP1	643.39	765.14	462.30	302.84	97.14	
CDHP Self & Family EP2	1461.16	1744.97	1058.42	686.55	197.29	
CDHP Self Plus One EP3	-	1727.68	998.88	728.80	-	
Basic Self EP4	512.83	526.50	394.88	131.62	3.41	
Basic Self & Family EP5	1164.63	1205.69	904.27	301.42	10.26	
Basic Self Plus One EP6	-	1182.03	886.52	295.51	-	
Massachusetts Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	
Michigan Aetna Direct						
CDHP Self N61	455.11	473.31	354.98	118.33	4.55	
CDHP Self & Family N62	1027.91	1193.68	895.26	298.42	41.44	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
Michigan Aetna HealthFund CDHP and Value Plan						
CDHP Self G51	627.19	697.19	462.30	234.89	45.39	
CDHP Self & Family G52	1424.28	1590.25	1058.42	531.83	79.45	
CDHP Self Plus One G53	-	1574.50	998.88	575.62	-	
Basic Self G54	518.05	534.84	401.13	133.71	4.20	
Basic Self & Family G55	1176.41	1225.01	918.76	306.25	12.15	
Basic Self Plus One G56	-	1200.98	900.74	300.24	-	
Michigan Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Michigan Bluecare Network of MI						
High Self	K51	686.18	708.63	462.30	246.33	-2.16
High Self & Family	K52	1564.42	1730.43	1058.42	672.01	79.49
High Self Plus One	K53	-	1630.16	998.88	631.28	-
Michigan Bluecare Network of MI						
High Self	LX1	607.19	617.93	462.30	155.63	-13.87
High Self & Family	LX2	1456.85	1509.13	1058.42	450.71	-34.24
High Self Plus One	LX3	-	1421.44	998.88	422.56	-
Michigan Grand Valley Health Plan						
High Self	RL1	672.17	607.38	455.54	151.84	-82.64
High Self & Family	RL2	1572.85	1427.36	1058.42	368.94	-232.01
High Self Plus One	RL3	-	1347.62	998.88	348.74	-
Standard Self	RL4	628.46	576.18	432.14	144.04	-46.73
Standard Self & Family	RL5	1470.52	1354.04	1015.53	338.51	-160.11
Standard Self Plus One	RL6	-	1267.59	950.69	316.90	-
Michigan Health Alliance Plan						
High Self	521	679.08	690.17	462.30	227.87	-13.52
High Self & Family	522	1595.86	1639.37	1058.42	580.95	-43.01
High Self Plus One	523	-	1604.63	998.88	605.75	-
Michigan Health Alliance Plan						
Standard Self	GY4	577.48	577.66	433.25	144.41	0.04
Standard Self & Family	GY5	1357.09	1371.96	1028.97	342.99	-42.20
Standard Self Plus One	GY6	-	1343.10	998.88	344.22	-
Michigan HealthPlus of MI						
High Self	X51	641.25	657.80	462.30	195.50	-8.06
High Self & Family	X52	1538.64	1776.02	1058.42	717.60	150.86
High Self Plus One	X53	-	1480.01	998.88	481.13	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Michigan Priority Health						
High Self	LE1	682.63	638.58	462.30	176.28	-68.66
High Self & Family	LE2	1638.30	1596.44	1058.42	538.02	-128.38
High Self Plus One	LE3	-	1404.85	998.88	405.97	-
Standard Self	LE4	580.62	500.07	375.05	125.02	-20.13
Standard Self & Family	LE5	1393.47	1250.17	937.63	312.54	-109.03
Standard Self Plus One	LE6	-	1100.15	825.11	275.04	-
Minnesota Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Minnesota Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Minnesota Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Minnesota HealthPartners High and Standard Option						
High Self	V31	660.05	683.80	462.30	221.50	-0.86
High Self & Family	V32	1518.14	1665.71	1058.42	607.29	61.05
High Self Plus One	V33	-	1511.19	998.88	512.31	-
Standard Self	V34	366.58	388.33	291.25	97.08	5.44

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self & Family	V35	843.14	945.99	709.49	236.50	25.72
Standard Self Plus One	V36	-	858.22	643.67	214.55	-
Mississippi Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Mississippi Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Mississippi Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Mississippi United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	KK1	New Plan	530.83	398.12	132.71	New Plan
High Self & Family	KK2	New Plan	1488.46	1058.42	430.04	New Plan
High Self Plus One	KK3	New Plan	1036.71	777.53	259.18	New Plan
Mississippi United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	LS1	New Plan	508.50	381.38	127.12	New Plan
HDHP Self & Family	LS2	New Plan	1425.78	1058.42	367.36	New Plan
HDHP Self Plus One	LS3	New Plan	993.05	744.79	248.26	New Plan
Missouri Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Missouri Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52	1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53	-	1574.50	998.88	575.62	-
Basic Self	G54	518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55	1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56	-	1200.98	900.74	300.24	-
Missouri Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Missouri Aetna Open Access						
High Self	HA1	529.62	626.69	462.30	164.39	31.99
High Self & Family	HA2	1244.66	1480.40	1058.42	421.98	110.82
High Self Plus One	HA3	-	1465.75	998.88	466.87	-
Standard Self	HA4	566.65	609.48	457.11	152.37	10.71
Standard Self & Family	HA5	1331.63	1438.67	1058.42	380.25	20.52
Standard Self Plus One	HA6	-	1424.43	998.88	425.55	-
Missouri Blue Preferred Plus POS						
High Self	9G1	869.25	675.96	462.30	213.66	-217.90
High Self & Family	9G2	1738.51	1441.05	1058.42	382.63	-383.98
High Self Plus One	9G3	-	1351.94	998.88	353.06	-
Missouri Humana CoverageFirst and Value Plan						
CDHP Self	PH1	505.29	608.40	456.30	152.10	25.78
CDHP Self & Family	PH2	1124.26	1368.94	1026.71	342.23	61.17

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self Plus One	PH3	-	1308.10	981.08	327.02	-
Basic Self	PH4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	PH5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	PH6	-	1002.82	752.12	250.70	-
Missouri Humana Health Plan, Inc.						
High Self	MS1	1271.90	1462.91	462.30	1000.61	166.40
High Self & Family	MS2	2829.95	3291.54	1058.42	2233.12	375.07
High Self Plus One	MS3	-	3145.22	998.88	2146.34	-
Standard Self	MS4	596.59	729.43	462.30	267.13	108.23
Standard Self & Family	MS5	1327.41	1641.19	1058.42	582.77	227.26
Standard Self Plus One	MS6	-	1568.26	998.88	569.38	-
Montana Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Montana Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Montana Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Nebraska Aetna Direct						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Nebraska Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Nebraska Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Nevada Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Nevada Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52	1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53	-	1574.50	998.88	575.62	-
Basic Self	G54	518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55	1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56	-	1200.98	900.74	300.24	-
Nevada Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Nevada Health Plan of Nevada						
High Self	NM1	448.54	505.98	379.49	126.49	14.36
High Self & Family	NM2	1057.70	1199.21	899.41	299.80	35.38
High Self Plus One	NM3	-	961.39	721.04	240.35	-
New Hampshire Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
New Hampshire Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
New Hampshire Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
New Jersey Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
New Jersey Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
New Jersey Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
New Jersey Aetna Open Access						
High Self	JR1	1158.69	1371.87	462.30	909.57	188.57
High Self & Family	JR2	2665.33	3168.95	1058.42	2110.53	417.10
High Self Plus One	JR3	-	3137.57	998.88	2138.69	-
Basic Self	JR4	854.79	1087.82	462.30	625.52	208.42
Basic Self & Family	JR5	1973.18	2521.05	1058.42	1462.63	461.35
Basic Self Plus One	JR6	-	2496.09	998.88	1497.21	-
New Jersey Aetna Open Access						
High Self	P31	1208.33	1367.71	462.30	905.41	134.77
High Self & Family	P32	2915.51	3316.02	1058.42	2257.60	313.99
High Self Plus One	P33	-	3283.19	998.88	2284.31	-
Basic Self	P34	1046.72	1101.58	462.30	639.28	30.25
Basic Self & Family	P35	2417.00	2556.82	1058.42	1498.40	53.30
Basic Self Plus One	P36	-	2531.51	998.88	1532.63	-
New Jersey GHI Health Plan						
High Self	801	778.38	853.26	462.30	390.96	50.27
High Self & Family	802	1946.12	2520.74	1058.42	1462.32	488.10
High Self Plus One	803	-	1634.86	998.88	635.98	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

2016 Monthly premium rates							
Health Management Organizations (HMO)			2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Plan - Option - Enrollment Code							
Standard Self	804		585.20	658.34	462.30	196.04	48.53
Standard Self & Family	805		1328.84	1782.76	1058.42	724.34	367.40
Standard Self Plus One	806		-	1083.07	812.30	270.77	-
New Mexico Aetna Direct							
CDHP Self	N61		455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62		1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63		-	1038.01	778.51	259.50	-
New Mexico Aetna HealthFund CDHP and Value Plan							
CDHP Self	G51		627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52		1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53		-	1574.50	998.88	575.62	-
Basic Self	G54		518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55		1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56		-	1200.98	900.74	300.24	-
New Mexico Aetna HealthFund HDHP							
HDHP Self	224		491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225		1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226		-	1125.24	843.93	281.31	-
New Mexico New Mexico BlueHMO Preferred							
High Self	Q11		600.95	701.26	462.30	238.96	75.70
High Self & Family	Q12		1412.26	1729.28	1058.42	670.86	230.50
High Self Plus One	Q13		-	1507.68	998.88	508.80	-
New Mexico Presbyterian Health Plan							
High Self	P21		686.88	679.81	462.30	217.51	-31.68
High Self & Family	P22		1559.96	1597.57	1058.42	539.15	-48.91
High Self Plus One	P23		-	1543.19	998.88	544.31	-
New Mexico Presbyterian Health Plan							

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self	PS4	New Plan	577.01	432.76	144.25	New Plan
Standard Self & Family	PS5	New Plan	1355.94	1016.96	338.98	New Plan
Standard Self Plus One	PS6	New Plan	1309.79	982.34	327.45	New Plan
New York Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
New York Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
New York Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
New York Aetna Open Access						
High Self	JC1	904.04	1040.48	462.30	578.18	111.83
High Self & Family	JC2	2225.38	2571.08	1058.42	1512.66	259.18
High Self Plus One	JC3	-	2545.62	998.88	1546.74	-
Basic Self	JC4	700.74	750.32	462.30	288.02	24.97
Basic Self & Family	JC5	1702.70	1830.16	1058.42	771.74	40.94
Basic Self Plus One	JC6	-	1812.05	998.88	813.17	-
New York CDPHP Universal Benefits, Inc.						
High Self	SG1	688.44	749.49	462.30	287.19	36.44

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self & Family	SG2	1743.54	2248.46	1058.42	1190.04	418.40
High Self Plus One	SG3	-	1499.01	998.88	500.13	-
Standard Self	SG4	524.92	529.84	397.38	132.46	1.23
Standard Self & Family	SG5	1268.71	1589.40	1058.42	530.98	213.80
Standard Self Plus One	SG6	-	1059.63	794.72	264.91	-
New York GHI Health Plan						
High Self	801	778.38	853.26	462.30	390.96	50.27
High Self & Family	802	1946.12	2520.74	1058.42	1462.32	488.10
High Self Plus One	803	-	1634.86	998.88	635.98	-
Standard Self	804	585.20	658.34	462.30	196.04	48.53
Standard Self & Family	805	1328.84	1782.76	1058.42	724.34	367.40
Standard Self Plus One	806	-	1083.07	812.30	270.77	-
New York HIP Health of Greater New York						
High Self	511	638.47	656.67	462.30	194.37	-6.41
High Self & Family	512	1691.99	1883.44	1058.42	825.02	104.93
High Self Plus One	513	-	1165.58	874.19	291.39	-
New York Independent Health Assoc						
High Self	QA1	645.00	620.08	462.30	157.78	-49.53
High Self & Family	QA2	1547.95	1674.18	1058.42	615.76	39.71
High Self Plus One	QA3	-	1581.17	998.88	582.29	-
HDHP Self	QA4	461.35	448.96	336.72	112.24	-3.10
HDHP Self & Family	QA5	1109.53	1189.91	892.43	297.48	20.10
HDHP Self Plus One	QA6	-	1099.69	824.77	274.92	-
New York Independent Health Association						
Standard Self	C54	635.07	593.99	445.49	148.50	-48.88
Standard Self & Family	C55	1524.19	1603.81	1058.42	545.39	-6.90
Standard Self Plus One	C56	-	1514.72	998.88	515.84	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2016 Monthly premium rates			
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New York MVP Health Care						
High Self	GA1	649.70	678.93	462.30	216.63	4.62
High Self & Family	GA2	1627.69	1665.84	1058.42	607.42	-48.37
High Self Plus One	GA3	-	1562.90	998.88	564.02	-
Standard Self	GA4	604.09	619.65	462.30	157.35	-9.05
Standard Self & Family	GA5	1517.75	1515.35	1058.42	456.93	-88.92
Standard Self Plus One	GA6	-	1433.27	998.88	434.39	-
New York MVP Health Care						
High Self	GV1	599.34	635.68	462.30	173.38	11.73
High Self & Family	GV2	1499.81	1559.00	1058.42	500.58	-27.33
High Self Plus One	GV3	-	1462.15	998.88	463.27	-
Standard Self	GV4	536.97	562.42	421.82	140.60	6.36
Standard Self & Family	GV5	1343.68	1379.26	1034.45	344.81	-26.97
Standard Self Plus One	GV6	-	1293.57	970.18	323.39	-
New York MVP Health Care						
High Self	M91	644.43	674.92	462.30	212.62	5.88
High Self & Family	M92	1615.10	1656.24	1058.42	597.82	-45.38
High Self Plus One	M93	-	1557.51	998.88	558.63	-
Standard Self	M94	605.48	641.62	462.30	179.32	11.53
Standard Self & Family	M95	1512.38	1575.73	1058.42	517.31	-23.17
Standard Self Plus One	M96	-	1479.27	998.88	480.39	-
New York MVP Health Care						
High Self	MF1	734.13	772.46	462.30	310.16	13.72
High Self & Family	MF2	1837.12	1894.40	1058.42	835.98	-29.24
High Self Plus One	MF3	-	1776.69	998.88	777.81	-
Standard Self	MF4	698.95	745.38	462.30	283.08	21.82
Standard Self & Family	MF5	1749.04	1827.95	1058.42	769.53	-7.61

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	MF6	-	1714.33	998.88	715.45	-
New York MVP Health Care						
High Self	MX1	659.34	720.87	462.30	258.57	36.92
High Self & Family	MX2	1649.40	1767.31	1058.42	708.89	31.39
High Self Plus One	MX3	-	1656.68	998.88	657.80	-
Standard Self	MX4	621.49	684.86	462.30	222.56	38.76
Standard Self & Family	MX5	1558.92	1679.47	1058.42	621.05	34.03
Standard Self Plus One	MX6	-	1582.36	998.88	583.48	-
North Carolina Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
North Carolina Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
North Carolina Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
North Dakota Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
North Dakota Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
North Dakota Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
North Dakota HealthPartners High and Standard Option						
High Self	V31	660.05	683.80	462.30	221.50	-0.86
High Self & Family	V32	1518.14	1665.71	1058.42	607.29	61.05
High Self Plus One	V33	-	1511.19	998.88	512.31	-
Standard Self	V34	366.58	388.33	291.25	97.08	5.44
Standard Self & Family	V35	843.14	945.99	709.49	236.50	25.72
Standard Self Plus One	V36	-	858.22	643.67	214.55	-
North Dakota Sanford Health Plan						
High Self	C91	713.85	864.76	462.30	402.46	126.30
High Self & Family	C92	1641.88	2421.34	1058.42	1362.92	692.94
High Self Plus One	C93	-	1556.58	998.88	557.70	-
Standard Self	C94	635.07	803.75	462.30	341.45	144.07
Standard Self & Family	C95	1578.92	2250.47	1058.42	1192.05	585.03
Standard Self Plus One	C96	-	1446.73	998.88	447.85	-
Ohio Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Ohio Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-
Ohio Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Ohio AultCare HMO						
High Self	3A1	596.48	688.33	462.30	226.03	67.24
High Self & Family	3A2	1464.34	2202.59	1058.42	1144.17	651.73
High Self Plus One	3A3	-	1307.80	980.85	326.95	-
HDHP Self	3A4	356.11	315.23	236.42	78.81	-10.22
HDHP Self & Family	3A5	718.97	1008.63	756.47	252.16	72.42
HDHP Self Plus One	3A6	-	598.89	449.17	149.72	-
Ohio HealthSpan Integrated Care						
High Self	641	737.82	788.75	462.30	326.45	26.32
High Self & Family	642	1696.98	1893.00	1058.42	834.58	109.50
High Self Plus One	643	-	1735.26	998.88	736.38	-
Standard Self	644	541.28	576.20	432.15	144.05	8.73
Standard Self & Family	645	1244.90	1382.90	1037.18	345.72	34.50
Standard Self Plus One	646	-	1267.63	950.72	316.91	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Ohio Humana Health Plan of Ohio

High Self	A61	596.59	756.21	462.30	293.91	135.01
High Self & Family	A62	1327.39	1701.48	1058.42	643.06	287.57
High Self Plus One	A63	-	1625.87	998.88	626.99	-
Standard Self	A64	566.76	638.58	462.30	176.28	34.59
Standard Self & Family	A65	1261.04	1436.80	1058.42	378.38	63.12
Standard Self Plus One	A66	-	1372.93	998.88	374.05	-

Ohio Paramount Health Care

High Self	N81	New Plan	579.48	434.61	144.87	New Plan
High Self & Family	N82	New Plan	1524.01	1058.42	465.59	New Plan
High Self Plus One	N83	New Plan	1158.95	869.21	289.74	New Plan

Oklahoma Aetna Direct

CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-

Oklahoma Aetna HealthFund CDHP and Value Plan

CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-

Oklahoma Aetna HealthFund HDHP

HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-

Oklahoma Globalhealth, Inc.

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self	IM1	545.61	598.72	449.04	149.68	13.28
High Self & Family	IM2	1314.91	1496.82	1058.42	438.40	95.39
High Self Plus One	IM3	-	1197.45	898.09	299.36	-
Oregon Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Oregon Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Oregon Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Oregon Kaiser Foundation Health Plan of Northwest						
High Self	571	624.72	647.70	462.30	185.40	-1.63
High Self & Family	572	1411.11	1462.96	1058.42	404.54	-34.67
High Self Plus One	573	-	1462.96	998.88	464.08	-
Standard Self	574	527.52	565.98	424.49	141.49	9.61
Standard Self & Family	575	1235.28	1300.22	975.17	325.05	16.23
Standard Self Plus One	576	-	1300.22	975.17	325.05	-
Pennsylvania Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Pennsylvania Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Pennsylvania Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Pennsylvania Aetna Open Access						
High Self	P31	1208.33	1367.71	462.30	905.41	134.77
High Self & Family	P32	2915.51	3316.02	1058.42	2257.60	313.99
High Self Plus One	P33	-	3283.19	998.88	2284.31	-
Basic Self	P34	1046.72	1101.58	462.30	639.28	30.25
Basic Self & Family	P35	2417.00	2556.82	1058.42	1498.40	53.30
Basic Self Plus One	P36	-	2531.51	998.88	1532.63	-
Pennsylvania Aetna Open Access						
High Self	YE1	694.05	709.84	462.30	247.54	-8.82
High Self & Family	YE2	1736.02	1782.41	1058.42	723.99	-40.13
High Self Plus One	YE3	-	1764.79	998.88	765.91	-
Pennsylvania Geisinger Health Plan						
Standard Self	GG4	632.86	648.38	462.30	186.08	-9.09
Standard Self & Family	GG5	1455.59	1491.30	1058.42	432.88	-50.81

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	GG6	-	1491.30	998.88	492.42	-
Pennsylvania Keystone Health Plan West						
High Self	NP1	444.02	546.50	409.88	136.62	25.62
High Self & Family	NP2	1039.00	1239.70	929.78	309.92	50.17
High Self Plus One	NP3	-	1028.47	771.35	257.12	-
Pennsylvania UPMC Health Plan						
High Self	8W1	662.29	772.09	462.30	309.79	85.19
High Self & Family	8W2	1523.19	1814.35	1058.42	755.93	204.64
High Self Plus One	8W3	-	1737.19	998.88	738.31	-
HDHP Self	8W4	497.36	513.00	384.75	128.25	3.91
HDHP Self & Family	8W5	1122.64	1182.59	886.94	295.65	14.99
HDHP Self Plus One	8W6	-	1137.22	852.92	284.30	-
Pennsylvania UPMC Health Plan						
Standard Self	UW4	543.79	579.58	434.69	144.89	8.94
Standard Self & Family	UW5	1250.77	1361.92	1021.44	340.48	27.79
Standard Self Plus One	UW6	-	1304.01	978.01	326.00	-
Puerto Rico Humana Health Plans of Puerto Rico, Inc.						
High Self	ZJ1	329.31	350.63	262.97	87.66	5.33
High Self & Family	ZJ2	732.70	788.97	591.73	197.24	14.07
High Self Plus One	ZJ3	-	753.89	565.42	188.47	-
Puerto Rico Triple-S Salud, Inc.						
High Self	891	389.98	389.98	292.49	97.49	0.00
High Self & Family	892	893.06	893.06	669.80	223.26	0.00
High Self Plus One	893	-	875.64	656.73	218.91	-
Rhode Island Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Monthly premium rates				
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
Rhode Island Aetna HealthFund CDHP and Value Plan						
CDHP Self EP1	643.39	765.14	462.30	302.84	97.14	
CDHP Self & Family EP2	1461.16	1744.97	1058.42	686.55	197.29	
CDHP Self Plus One EP3	-	1727.68	998.88	728.80	-	
Basic Self EP4	512.83	526.50	394.88	131.62	3.41	
Basic Self & Family EP5	1164.63	1205.69	904.27	301.42	10.26	
Basic Self Plus One EP6	-	1182.03	886.52	295.51	-	
Rhode Island Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	
South Carolina Aetna Direct						
CDHP Self N61	455.11	473.31	354.98	118.33	4.55	
CDHP Self & Family N62	1027.91	1193.68	895.26	298.42	41.44	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
South Carolina Aetna HealthFund CDHP and Value Plan						
CDHP Self JS1	737.77	874.36	462.30	412.06	111.98	
CDHP Self & Family JS2	1675.42	1993.12	1058.42	934.70	231.18	
CDHP Self Plus One JS3	-	1973.38	998.88	974.50	-	
Basic Self JS4	604.70	652.84	462.30	190.54	23.53	
Basic Self & Family JS5	1373.19	1490.36	1058.42	431.94	30.65	
Basic Self Plus One JS6	-	1475.59	998.88	476.71	-	
South Carolina Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
South Dakota Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
South Dakota Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52	1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53	-	1574.50	998.88	575.62	-
Basic Self	G54	518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55	1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56	-	1200.98	900.74	300.24	-
South Dakota Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
South Dakota HealthPartners High and Standard Option						
High Self	V31	660.05	683.80	462.30	221.50	-0.86
High Self & Family	V32	1518.14	1665.71	1058.42	607.29	61.05
High Self Plus One	V33	-	1511.19	998.88	512.31	-
Standard Self	V34	366.58	388.33	291.25	97.08	5.44
Standard Self & Family	V35	843.14	945.99	709.49	236.50	25.72
Standard Self Plus One	V36	-	858.22	643.67	214.55	-
South Dakota Sanford Health Plan						
High Self	AU1	737.08	730.32	462.30	268.02	-31.37
High Self & Family	AU2	1695.94	2044.90	1058.42	986.48	262.44
High Self Plus One	AU3	-	1314.58	985.94	328.64	-
Standard Self	AU4	707.31	708.02	462.30	245.72	-23.90

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self & Family	AU5	1626.86	1982.44	1058.42	924.02	269.06
Standard Self Plus One	AU6	-	1274.41	955.81	318.60	-
Tennessee Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Tennessee Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
Tennessee Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Tennessee Aetna Open Access						
High Self	UB1	743.80	831.00	462.30	368.70	62.59
High Self & Family	UB2	1896.55	2129.49	1058.42	1071.07	146.42
High Self Plus One	UB3	-	2108.41	998.88	1109.53	-
Tennessee Humana Health Plan, Inc.						
High Self	GJ1	563.44	642.37	462.30	180.07	39.21
High Self & Family	GJ2	1253.66	1445.36	1058.42	386.94	73.53
High Self Plus One	GJ3	-	1381.14	998.88	382.26	-
Standard Self	GJ4	507.11	586.06	439.55	146.51	19.73
Standard Self & Family	GJ5	1128.31	1318.66	989.00	329.66	47.58

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	GJ6	-	1260.05	945.04	315.01	-
Tennessee United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	KK1	New Plan	530.83	398.12	132.71	New Plan
High Self & Family	KK2	New Plan	1488.46	1058.42	430.04	New Plan
High Self Plus One	KK3	New Plan	1036.71	777.53	259.18	New Plan
Tennessee United Healthcare Insurance Company, Inc. (HDHP Choice Plus)						
HDHP Self	LS1	New Plan	508.50	381.38	127.12	New Plan
HDHP Self & Family	LS2	New Plan	1425.78	1058.42	367.36	New Plan
HDHP Self Plus One	LS3	New Plan	993.05	744.79	248.26	New Plan
Texas Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Texas Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-
Texas Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Texas Aetna Whole Health						
Basic Self	ES1	528.08	552.24	414.18	138.06	6.04
Basic Self & Family	ES2	1392.04	1462.09	1058.42	403.67	-16.47

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self Plus One	ES3	-	1447.64	998.88	448.76	-
Texas Firstcare						
High Self	CK1	519.24	557.05	417.79	139.26	9.45
High Self & Family	CK2	1194.22	1281.15	960.86	320.29	21.74
High Self Plus One	CK3	-	1058.40	793.80	264.60	-
Texas Humana CoverageFirst and Value Plan						
CDHP Self	TP1	567.34	640.99	462.30	178.69	36.86
CDHP Self & Family	TP2	1262.34	1442.22	1058.42	383.80	68.22
CDHP Self Plus One	TP3	-	1378.11	998.88	379.23	-
Basic Self	TP4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	TP5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	TP6	-	1002.82	752.12	250.70	-
Texas Humana CoverageFirst and Value Plan						
CDHP Self	TU1	561.17	628.53	462.30	166.23	25.94
CDHP Self & Family	TU2	1248.59	1414.16	1058.42	355.74	43.59
CDHP Self Plus One	TU3	-	1351.33	998.88	352.45	-
Basic Self	TU4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	TU5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	TU6	-	1002.82	752.12	250.70	-
Texas Humana CoverageFirst and Value Plan						
CDHP Self	TV1	589.70	650.72	462.30	188.42	36.41
CDHP Self & Family	TV2	1312.11	1464.10	1058.42	405.68	65.47
CDHP Self Plus One	TV3	-	1399.02	998.88	400.14	-
Basic Self	TV4	430.89	466.44	349.83	116.61	8.89
Basic Self & Family	TV5	958.73	1049.47	787.10	262.37	22.69
Basic Self Plus One	TV6	-	1002.82	752.12	250.70	-
Texas Humana Health Plan of Texas						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self	EW1	563.44	649.35	462.30	187.05	46.19
High Self & Family	EW2	1253.66	1460.98	1058.42	402.56	89.15
High Self Plus One	EW3	-	1396.07	998.88	397.19	-
Standard Self	EW4	507.11	592.30	444.23	148.07	21.29
Standard Self & Family	EW5	1128.31	1332.70	999.53	333.17	51.09
Standard Self Plus One	EW6	-	1273.46	955.10	318.36	-
Texas Humana Health Plan of Texas						
High Self	UC1	596.59	681.44	462.30	219.14	60.24
High Self & Family	UC2	1327.41	1533.22	1058.42	474.80	119.29
High Self Plus One	UC3	-	1465.06	998.88	466.18	-
Standard Self	UC4	566.76	644.02	462.30	181.72	40.03
Standard Self & Family	UC5	1261.04	1449.05	1058.42	390.63	75.37
Standard Self Plus One	UC6	-	1384.65	998.88	385.77	-
Texas Humana Health Plan of Texas						
High Self	UR1	1044.68	1307.74	462.30	845.44	238.45
High Self & Family	UR2	2324.40	2942.40	1058.42	1883.98	531.48
High Self Plus One	UR3	-	2811.62	998.88	1812.74	-
Standard Self	UR4	596.59	679.99	462.30	217.69	58.79
Standard Self & Family	UR5	1327.41	1529.97	1058.42	471.55	116.04
Standard Self Plus One	UR6	-	1461.96	998.88	463.08	-
Texas Humana Health Plan of Texas						
High Self	UU1	770.19	1088.79	462.30	626.49	293.99
High Self & Family	UU2	1713.66	2449.76	1058.42	1391.34	649.58
High Self Plus One	UU3	-	2340.87	998.88	1341.99	-
Standard Self	UU4	596.59	759.55	462.30	297.25	138.35
Standard Self & Family	UU5	1327.41	1709.05	1058.42	650.63	295.12
Standard Self Plus One	UU6	-	1633.08	998.88	634.20	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Texas Scott & White Health Plan						
Standard Self	A84	564.55	589.36	442.02	147.34	6.20
Standard Self & Family	A85	1296.25	1382.72	1037.04	345.68	21.33
Standard Self Plus One	A86	-	1235.80	926.85	308.95	-
Texas UnitedHealthcare Benefits of Texas, Inc.						
High Self	GF1	791.98	858.59	462.30	396.29	42.00
High Self & Family	GF2	1824.10	2407.47	1058.42	1349.05	496.85
High Self Plus One	GF3	-	1676.81	998.88	677.93	-
Texas UnitedHealthcare Insurance Company						
Basic Self	L91	529.36	460.87	345.65	115.22	-17.12
Basic Self & Family	L92	1177.82	1292.31	969.23	323.08	28.63
Basic Self Plus One	L93	-	900.10	675.08	225.02	-
Utah Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Utah Aetna Health of Utah, Inc. dba Altius Health Plans						
High Self	9K1	649.31	682.05	462.30	219.75	8.13
High Self & Family	9K2	1428.55	1508.30	1058.42	449.88	-6.77
High Self Plus One	9K3	-	1493.38	998.88	494.50	-
HDHP Self	9K4	365.60	368.94	276.71	92.23	0.83
HDHP Self & Family	9K5	757.42	771.07	578.30	192.77	3.42
HDHP Self Plus One	9K6	-	755.95	566.96	188.99	-
Utah Aetna Health of Utah, Inc. dba Altius Health Plans						
Standard Self	DK4	488.43	498.29	373.72	124.57	2.46
Standard Self & Family	DK5	1074.52	1100.34	825.26	275.08	6.45
Standard Self Plus One	DK6	-	1089.47	817.10	272.37	-

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Utah Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	627.19	697.19	462.30	234.89	45.39
CDHP Self & Family	G52	1424.28	1590.25	1058.42	531.83	79.45
CDHP Self Plus One	G53	-	1574.50	998.88	575.62	-
Basic Self	G54	518.05	534.84	401.13	133.71	4.20
Basic Self & Family	G55	1176.41	1225.01	918.76	306.25	12.15
Basic Self Plus One	G56	-	1200.98	900.74	300.24	-
Utah Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Utah SelectHealth						
High Self	SF1	636.78	687.77	462.30	225.47	26.38
High Self & Family	SF2	1420.51	1534.13	1058.42	475.71	27.10
High Self Plus One	SF3	-	1534.13	998.88	535.25	-
Standard Self	SF4	497.42	512.33	384.25	128.08	3.73
Standard Self & Family	SF5	1109.64	1137.67	853.25	284.42	7.01
Standard Self Plus One	SF6	-	1137.67	853.25	284.42	-
Vermont Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Vermont Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	643.39	765.14	462.30	302.84	97.14
CDHP Self & Family	EP2	1461.16	1744.97	1058.42	686.55	197.29
CDHP Self Plus One	EP3	-	1727.68	998.88	728.80	-
Basic Self	EP4	512.83	526.50	394.88	131.62	3.41

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self & Family	EP5	1164.63	1205.69	904.27	301.42	10.26
Basic Self Plus One	EP6	-	1182.03	886.52	295.51	-
Vermont Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Virgin Islands Triple-S Salud, Inc.						
High Self	851	493.68	493.68	370.26	123.42	0.00
High Self & Family	852	1130.57	1130.57	847.93	282.64	0.00
High Self Plus One	853	-	1108.51	831.38	277.13	-
Virginia Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Virginia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
Virginia Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Virginia Aetna Open Access						
High Self	JN1	924.69	959.51	462.30	497.21	10.21

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self & Family	JN2	2071.27	2157.13	1058.42	1098.71	-0.66
High Self Plus One	JN3	-	2135.79	998.88	1136.91	-
Basic Self	JN4	576.07	597.91	448.43	149.48	5.46
Basic Self & Family	JN5	1288.13	1345.85	1009.39	336.46	14.43
Basic Self Plus One	JN6	-	1319.46	989.60	329.86	-
Virginia Aetna Whole Health						
Basic Self	D91	500.09	524.77	393.58	131.19	6.17
Basic Self & Family	D92	1392.04	1472.81	1058.42	414.39	-5.75
Basic Self Plus One	D93	-	1458.25	998.88	459.37	-
Virginia Aetna Whole Health						
Basic Self	J91	464.75	557.70	418.28	139.42	23.23
Basic Self & Family	J92	1209.85	1458.30	1058.42	399.88	97.42
Basic Self Plus One	J93	-	1443.85	998.88	444.97	-
Virginia CareFirst BlueChoice						
High Self	2G1	670.35	697.17	462.30	234.87	2.21
High Self & Family	2G2	1508.02	1656.42	1058.42	598.00	61.88
High Self Plus One	2G3	-	1394.32	998.88	395.44	-
Standard Self	2G4	599.24	623.20	462.30	160.90	-0.65
Standard Self & Family	2G5	1348.06	1480.70	1058.42	422.28	46.12
Standard Self Plus One	2G6	-	1246.42	934.82	311.60	-
Virginia CareFirst BlueChoice						
HDHP Self	B61	580.34	591.96	443.97	147.99	2.91
HDHP Self & Family	B62	1294.50	1406.49	1054.87	351.62	28.00
HDHP Self Plus One	B63	-	1183.93	887.95	295.98	-
Virginia Innovation Health Plan						
High Self	LQ1	522.02	548.10	411.08	137.02	6.52
High Self & Family	LQ2	1223.00	1289.86	967.40	322.46	16.71

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self Plus One	LQ3	-	1277.08	957.81	319.27	-
Virginia Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	606.54	618.54	462.30	156.24	-12.61
High Self & Family	E32	1395.05	1447.36	1058.42	388.94	-34.21
High Self Plus One	E33	-	1397.87	998.88	398.99	-
Standard Self	E34	393.32	465.75	349.31	116.44	18.11
Standard Self & Family	E35	904.58	1089.86	817.40	272.46	46.32
Standard Self Plus One	E36	-	1052.57	789.43	263.14	-
Virginia M.D. IPA						
High Self	JP1	681.53	641.05	462.30	178.75	-65.09
High Self & Family	JP2	1571.48	1797.51	1058.42	739.09	139.51
High Self Plus One	JP3	-	1251.97	938.98	312.99	-
Virginia Optima Health Plan						
High Self	PG1	New Plan	521.84	391.38	130.46	New Plan
High Self & Family	PG2	New Plan	1364.07	1023.05	341.02	New Plan
High Self Plus One	PG3	New Plan	1295.86	971.90	323.96	New Plan
Virginia United Healthcare Insurance Company, Inc. (Choice HMO)						
High Self	LR1	New Plan	531.12	398.34	132.78	New Plan
High Self & Family	LR2	New Plan	1489.26	1058.42	430.84	New Plan
High Self Plus One	LR3	New Plan	1037.27	777.95	259.32	New Plan
Virginia UnitedHealthcare Insurance Company						
Basic Self	L91	529.36	460.87	345.65	115.22	-17.12
Basic Self & Family	L92	1177.82	1292.31	969.23	323.08	28.63
Basic Self Plus One	L93	-	900.10	675.08	225.02	-
Washington Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Monthly premium rates				
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self Plus One N63	-	1038.01	778.51	259.50	-	
Washington Aetna HealthFund CDHP and Value Plan						
CDHP Self G51	627.19	697.19	462.30	234.89	45.39	
CDHP Self & Family G52	1424.28	1590.25	1058.42	531.83	79.45	
CDHP Self Plus One G53	-	1574.50	998.88	575.62	-	
Basic Self G54	518.05	534.84	401.13	133.71	4.20	
Basic Self & Family G55	1176.41	1225.01	918.76	306.25	12.15	
Basic Self Plus One G56	-	1200.98	900.74	300.24	-	
Washington Aetna HealthFund HDHP						
HDHP Self 224	491.53	520.33	390.25	130.08	7.20	
HDHP Self & Family 225	1076.47	1147.75	860.81	286.94	17.82	
HDHP Self Plus One 226	-	1125.24	843.93	281.31	-	
Washington Aetna Open Access						
High Self C31	604.24	660.88	462.30	198.58	32.03	
High Self & Family C32	1649.46	1812.18	1058.42	753.76	76.20	
High Self Plus One C33	-	1794.24	998.88	795.36	-	
Washington Group Health Cooperative						
High Self 541	702.91	708.78	462.30	246.48	-18.74	
High Self & Family 542	1511.25	1913.69	1058.42	855.27	315.92	
High Self Plus One 543	-	1417.54	998.88	418.66	-	
Standard Self 544	482.52	507.15	380.36	126.79	6.16	
Standard Self & Family 545	1089.31	1369.36	1027.02	342.34	70.01	
Standard Self Plus One 546	-	1014.33	760.75	253.58	-	
Washington Group Health Cooperative						
HDHP Self PT1	New Plan	473.85	355.39	118.46	New Plan	
HDHP Self & Family PT2	New Plan	1279.42	959.57	319.85	New Plan	
HDHP Self Plus One PT3	New Plan	947.70	710.78	236.92	New Plan	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Washington Kaiser Foundation Health Plan of Northwest						
High Self	571	624.72	647.70	462.30	185.40	-1.63
High Self & Family	572	1411.11	1462.96	1058.42	404.54	-34.67
High Self Plus One	573	-	1462.96	998.88	464.08	-
Standard Self	574	527.52	565.98	424.49	141.49	9.61
Standard Self & Family	575	1235.28	1300.22	975.17	325.05	16.23
Standard Self Plus One	576	-	1300.22	975.17	325.05	-
Washington KPS Health Plans						
Standard Self	L11	581.53	618.22	462.30	155.92	10.54
Standard Self & Family	L12	1255.26	1483.73	1058.42	425.31	111.50
Standard Self Plus One	L13	-	1298.29	973.72	324.57	-
HDHP Self	L14	468.04	487.09	365.32	121.77	4.76
HDHP Self & Family	L15	1022.80	1141.38	856.04	285.34	29.64
HDHP Self Plus One	L16	-	1015.99	761.99	254.00	-
Washington KPS Health Plans						
High Self	VT1	720.37	856.90	462.30	394.60	111.92
High Self & Family	VT2	1574.08	2056.54	1058.42	998.12	395.94
High Self Plus One	VT3	-	1799.46	998.88	800.58	-
West Virginia Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
West Virginia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	1461.89	998.88	463.01	-
Basic Self	F54	527.58	543.05	407.29	135.76	3.87

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self & Family	F55	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	1219.14	914.36	304.78	-
West Virginia Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Wisconsin Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Wisconsin Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	737.77	874.36	462.30	412.06	111.98
CDHP Self & Family	JS2	1675.42	1993.12	1058.42	934.70	231.18
CDHP Self Plus One	JS3	-	1973.38	998.88	974.50	-
Basic Self	JS4	604.70	652.84	462.30	190.54	23.53
Basic Self & Family	JS5	1373.19	1490.36	1058.42	431.94	30.65
Basic Self Plus One	JS6	-	1475.59	998.88	476.71	-
Wisconsin Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-
Wisconsin Aetna Whole Health						
Basic Self	F71	436.71	458.55	343.91	114.64	5.46
Basic Self & Family	F72	1203.39	1268.82	951.62	317.20	16.35
Basic Self Plus One	F73	-	1256.28	942.21	314.07	-
Wisconsin Dean Health Plan						
High Self	WD1	776.12	842.44	462.30	380.14	41.71

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2015 Total Monthly Premium	2016 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self & Family	WD2	1940.27	1937.67	1058.42	879.25	-89.12
High Self Plus One	WD3	-	1769.19	998.88	770.31	-
Standard Self	WD4	521.00	585.65	439.24	146.41	16.16
Standard Self & Family	WD5	1302.49	1405.54	1054.16	351.38	20.79
Standard Self Plus One	WD6	-	1288.41	966.31	322.10	-
Wisconsin Group Health Cooperative						
High Self	WJ1	597.46	641.07	462.30	178.77	19.00
High Self & Family	WJ2	1494.00	1910.42	1058.42	852.00	329.90
High Self Plus One	WJ3	-	1269.34	952.01	317.33	-
Wisconsin HealthPartners High and Standard Option						
High Self	V31	660.05	683.80	462.30	221.50	-0.86
High Self & Family	V32	1518.14	1665.71	1058.42	607.29	61.05
High Self Plus One	V33	-	1511.19	998.88	512.31	-
Standard Self	V34	366.58	388.33	291.25	97.08	5.44
Standard Self & Family	V35	843.14	945.99	709.49	236.50	25.72
Standard Self Plus One	V36	-	858.22	643.67	214.55	-
Wisconsin MercyCare HMO						
High Self	EY1	649.37	662.16	462.30	199.86	-11.82
High Self & Family	EY2	1624.16	1986.49	1058.42	928.07	275.81
High Self Plus One	EY3	-	1324.33	993.25	331.08	-
Wisconsin Physicians Plus						
High Self	LW1	649.52	656.93	462.30	194.63	-17.20
High Self & Family	LW2	1655.01	1673.92	1058.42	615.50	-67.61
High Self Plus One	LW3	-	1571.07	998.88	572.19	-
Standard Self	LW4	New Plan	582.08	436.56	145.52	New Plan
Standard Self & Family	LW5	New Plan	1483.19	1058.42	424.77	New Plan
Standard Self Plus One	LW6	New Plan	1392.04	998.88	393.16	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2016 Monthly premium rates			
Plan - Option - Enrollment Code	2015 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Wyoming Aetna Direct						
CDHP Self	N61	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	1038.01	778.51	259.50	-
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans						
High Self	9K1	649.31	682.05	462.30	219.75	8.13
High Self & Family	9K2	1428.55	1508.30	1058.42	449.88	-6.77
High Self Plus One	9K3	-	1493.38	998.88	494.50	-
HDHP Self	9K4	365.60	368.94	276.71	92.23	0.83
HDHP Self & Family	9K5	757.42	771.07	578.30	192.77	3.42
HDHP Self Plus One	9K6	-	755.95	566.96	188.99	-
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans						
Standard Self	DK4	488.43	498.29	373.72	124.57	2.46
Standard Self & Family	DK5	1074.52	1100.34	825.26	275.08	6.45
Standard Self Plus One	DK6	-	1089.47	817.10	272.37	-
Wyoming Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	600.06	677.47	462.30	215.17	52.80
CDHP Self & Family	H42	1362.70	1544.31	1058.42	485.89	95.09
CDHP Self Plus One	H43	-	1529.02	998.88	530.14	-
Basic Self	H44	528.93	536.73	402.55	134.18	1.95
Basic Self & Family	H45	1201.18	1231.84	923.88	307.96	7.67
Basic Self Plus One	H46	-	1207.68	905.76	301.92	-
Wyoming Aetna HealthFund HDHP						
HDHP Self	224	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	1125.24	843.93	281.31	-