

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Alabama Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Alabama Aetna HealthFund CDHP and Value Plan								
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
Alabama Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Alabama United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	KK1	New Plan	541.45	New Plan	New Plan	530.83	New Plan
	High Self & Family	KK2	New Plan	1518.23	New Plan	New Plan	1488.46	New Plan
	High Self Plus One	KK3	New Plan	1057.44	New Plan	New Plan	1036.71	New Plan
Alabama United Healthcare Insurance Company, Inc. (HDHP Choice Plus)								
	HDHP Self	LS1	New Plan	518.67	New Plan	New Plan	508.50	New Plan
	HDHP Self & Family	LS2	New Plan	1454.30	New Plan	New Plan	1425.78	New Plan
	HDHP Self Plus One	LS3	New Plan	1012.91	New Plan	New Plan	993.05	New Plan
Alaska Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2015 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Alaska Aetna HealthFund CDHP and Value Plan

CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-

Alaska Aetna HealthFund HDHP

HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-

Arizona Aetna Direct

CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

Arizona Aetna HealthFund CDHP and Value Plan

CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-

Arizona Aetna HealthFund HDHP

HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-

Arizona Aetna Open Access

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self	WQ1	831.56	896.42	64.86	815.25	878.84	63.59
	High Self & Family	WQ2	2010.84	2176.50	165.66	1971.41	2133.82	162.41
	High Self Plus One	WQ3	-	2154.92	-	-	2112.67	-
Arizona Health Net of Arizona, Inc.								
	High Self	A71	732.69	802.34	69.65	718.32	786.61	68.29
	High Self & Family	A72	1855.19	2031.61	176.42	1818.81	1991.77	172.96
	High Self Plus One	A73	-	2031.61	-	-	1991.77	-
	Standard Self	A74	668.70	697.52	28.82	655.59	683.84	28.25
	Standard Self & Family	A75	1693.21	1766.06	72.85	1660.01	1731.43	71.42
	Standard Self Plus One	A76	-	1766.06	-	-	1731.43	-
Arizona Humana Health Plan, Inc.								
	High Self	BF1	608.52	771.33	162.81	596.59	756.21	159.62
	High Self & Family	BF2	1353.94	1735.51	381.57	1327.39	1701.48	374.09
	High Self Plus One	BF3	-	1658.39	-	-	1625.87	-
	Standard Self	BF4	578.10	672.15	94.05	566.76	658.97	92.21
	Standard Self & Family	BF5	1286.26	1512.32	226.06	1261.04	1482.67	221.63
	Standard Self Plus One	BF6	-	1445.10	-	-	1416.76	-
Arizona Humana Health Plan, Inc.								
	High Self	C71	608.52	685.63	77.11	596.59	672.19	75.60
	High Self & Family	C72	1353.94	1542.69	188.75	1327.39	1512.44	185.05
	High Self Plus One	C73	-	1474.11	-	-	1445.21	-
	Standard Self	C74	578.10	639.70	61.60	566.76	627.16	60.40
	Standard Self & Family	C75	1286.26	1439.37	153.11	1261.04	1411.15	150.11
	Standard Self Plus One	C76	-	1375.40	-	-	1348.43	-
Arizona United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	KT1	New Plan	541.41	New Plan	New Plan	530.79	New Plan
	High Self & Family	KT2	New Plan	1518.12	New Plan	New Plan	1488.35	New Plan

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
High Self Plus One KT3		New Plan	1057.37	New Plan	New Plan	1036.64	New Plan
Arizona United Healthcare Insurance Company, Inc. (HDHP Choice Plus)							
HDHP Self LU1		New Plan	523.22	New Plan	New Plan	512.96	New Plan
HDHP Self & Family LU2		New Plan	1467.05	New Plan	New Plan	1438.28	New Plan
HDHP Self Plus One LU3		New Plan	1021.80	New Plan	New Plan	1001.76	New Plan
Arkansas Aetna Direct							
CDHP Self N61		464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family N62		1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One N63		-	1058.77	-	-	1038.01	-
Arkansas Aetna HealthFund CDHP and Value Plan							
CDHP Self F51		601.15	660.52	59.37	589.36	647.57	58.21
CDHP Self & Family F52		1365.12	1506.05	140.93	1338.35	1476.52	138.17
CDHP Self Plus One F53		-	1491.13	-	-	1461.89	-
Basic Self F54		538.13	553.91	15.78	527.58	543.05	15.47
Basic Self & Family F55		1222.04	1268.39	46.35	1198.08	1243.52	45.44
Basic Self Plus One F56		-	1243.52	-	-	1219.14	-
Arkansas Aetna HealthFund HDHP							
HDHP Self 224		501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family 225		1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One 226		-	1147.74	-	-	1125.24	-
Arkansas QualChoice							
High Self DH1		601.10	691.32	90.22	589.31	677.76	88.45
High Self & Family DH2		1407.66	1803.14	395.48	1380.06	1767.78	387.72
High Self Plus One DH3		-	1342.88	-	-	1316.55	-
Standard Self DH4		511.57	539.19	27.62	501.54	528.62	27.08
Standard Self & Family DH5		1198.00	1406.38	208.38	1174.51	1378.80	204.29
Standard Self Plus One DH6		-	1047.39	-	-	1026.85	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2015 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Arkansas United Healthcare Insurance Company, Inc. (Choice HMO)

High Self	KK1	New Plan	541.45	New Plan	New Plan	530.83	New Plan
High Self & Family	KK2	New Plan	1518.23	New Plan	New Plan	1488.46	New Plan
High Self Plus One	KK3	New Plan	1057.44	New Plan	New Plan	1036.71	New Plan

Arkansas United Healthcare Insurance Company, Inc. (HDHP Choice Plus)

HDHP Self	LS1	New Plan	518.67	New Plan	New Plan	508.50	New Plan
HDHP Self & Family	LS2	New Plan	1454.30	New Plan	New Plan	1425.78	New Plan
HDHP Self Plus One	LS3	New Plan	1012.91	New Plan	New Plan	993.05	New Plan

California Aetna Direct

CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

California Aetna HealthFund CDHP and Value Plan

CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-

California Aetna HealthFund HDHP

HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-

California Aetna Open Access

High Self	2X1	616.93	637.83	20.90	604.83	625.32	20.49
High Self & Family	2X2	1439.02	1497.39	58.37	1410.80	1468.03	57.23
High Self Plus One	2X3	-	1468.04	-	-	1439.25	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
California Anthem Blue Cross Select HMO								
	High Self	B31	713.30	744.93	31.63	699.31	730.32	31.01
	High Self & Family	B32	1533.59	1581.54	47.95	1503.52	1550.53	47.01
	High Self Plus One	B33	-	1490.01	-	-	1460.79	-
California Blue Shield of CA Access+HMO								
	High Self	SI1	683.44	732.31	48.87	670.04	717.95	47.91
	High Self & Family	SI2	1537.78	1647.71	109.93	1507.63	1615.40	107.77
	High Self Plus One	SI3	-	1611.09	-	-	1579.50	-
California Health Net of California								
	High Self	LB1	1292.85	1327.33	34.48	1267.50	1301.30	33.80
	High Self & Family	LB2	2989.16	3185.60	196.44	2930.55	3123.14	192.59
	High Self Plus One	LB3	-	2920.14	-	-	2862.88	-
	Standard Self	LB4	1231.28	1260.65	29.37	1207.14	1235.93	28.79
	Standard Self & Family	LB5	2846.79	3025.58	178.79	2790.97	2966.25	175.28
	Standard Self Plus One	LB6	-	2773.44	-	-	2719.06	-
California Health Net of California								
	High Self	LP1	760.73	773.99	13.26	745.81	758.81	13.00
	High Self & Family	LP2	1758.90	1857.55	98.65	1724.41	1821.13	96.72
	High Self Plus One	LP3	-	1702.74	-	-	1669.35	-
	Standard Self	LP4	723.51	734.17	10.66	709.32	719.77	10.45
	Standard Self & Family	LP5	1672.84	1762.03	89.19	1640.04	1727.48	87.44
	Standard Self Plus One	LP6	-	1615.18	-	-	1583.51	-
California Health Net of California								
	Basic Self	P61	New Plan	293.52	New Plan	New Plan	287.76	New Plan
	Basic Self & Family	P62	New Plan	704.39	New Plan	New Plan	690.58	New Plan
	Basic Self Plus One	P63	New Plan	645.70	New Plan	New Plan	633.04	New Plan
California Kaiser Foundation Health Plan								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self	591	795.18	833.68	38.50	779.59	817.33	37.74
	High Self & Family	592	1898.15	1990.10	91.95	1860.93	1951.08	90.15
	High Self Plus One	593	-	1990.10	-	-	1951.08	-
	Standard Self	594	666.94	696.83	29.89	653.86	683.17	29.31
	Standard Self & Family	595	1560.61	1630.60	69.99	1530.01	1598.63	68.62
	Standard Self Plus One	596	-	1630.60	-	-	1598.63	-
California Kaiser Foundation Health Plan								
	High Self	621	588.70	609.69	20.99	577.16	597.74	20.58
	High Self & Family	622	1360.59	1409.12	48.53	1333.91	1381.49	47.58
	High Self Plus One	623	-	1409.12	-	-	1381.49	-
	Standard Self	624	381.91	395.39	13.48	374.42	387.64	13.22
	Standard Self & Family	625	882.66	913.84	31.18	865.35	895.92	30.57
	Standard Self Plus One	626	-	913.84	-	-	895.92	-
California Kaiser Foundation Health Plan								
	Basic Self	KC1	621.25	621.74	0.49	609.07	609.55	0.48
	Basic Self & Family	KC2	1453.73	1454.87	1.14	1425.23	1426.34	1.11
	Basic Self Plus One	KC3	-	1454.87	-	-	1426.34	-
California Kaiser Foundation Health Plan								
	High Self	NZ1	588.70	617.46	28.76	577.16	605.35	28.19
	High Self & Family	NZ2	1360.59	1427.06	66.47	1333.91	1399.08	65.17
	High Self Plus One	NZ3	-	1427.06	-	-	1399.08	-
	Standard Self	NZ4	381.91	400.58	18.67	374.42	392.73	18.31
	Standard Self & Family	NZ5	882.66	925.85	43.19	865.35	907.70	42.35
	Standard Self Plus One	NZ6	-	925.85	-	-	907.70	-
California UnitedHealthcare of California								
	High Self	CY1	656.92	632.81	-24.11	644.04	620.40	-23.64
	High Self & Family	CY2	1501.10	1774.36	273.26	1471.67	1739.57	267.90

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self Plus One	CY3	-	1235.85	-	-	1211.62	-
	Standard Self	CY4	555.71	569.01	13.30	544.81	557.85	13.04
	Standard Self & Family	CY5	1273.30	1595.56	322.26	1248.33	1564.27	315.94
	Standard Self Plus One	CY6	-	1111.30	-	-	1089.51	-
Colorado Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Colorado Aetna HealthFund CDHP and Value Plan								
	CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
	CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
	CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
	Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
	Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
	Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-
Colorado Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Colorado Humana Health Plan, Inc.								
	High Self	NR1	462.49	547.41	84.92	453.42	536.68	83.26
	High Self & Family	NR2	1029.02	1231.68	202.66	1008.84	1207.53	198.69
	High Self Plus One	NR3	-	1176.92	-	-	1153.84	-
	Standard Self	NR4	416.23	502.71	86.48	408.07	492.85	84.78
	Standard Self & Family	NR5	926.12	1131.08	204.96	907.96	1108.90	200.94
	Standard Self Plus One	NR6	-	1080.82	-	-	1059.63	-
Colorado Humana Health Plan, Inc.								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
High Self		NT1	486.82	581.23	94.41	477.27	569.83	92.56
High Self & Family		NT2	1083.19	1307.74	224.55	1061.95	1282.10	220.15
High Self Plus One		NT3	-	1249.64	-	-	1225.14	-
Standard Self		NT4	438.15	527.75	89.60	429.56	517.40	87.84
Standard Self & Family		NT5	974.88	1187.47	212.59	955.76	1164.19	208.43
Standard Self Plus One		NT6	-	1134.70	-	-	1112.45	-
Colorado Kaiser Foundation Health Plan of Colorado								
High Self		651	698.18	703.27	5.09	684.49	689.48	4.99
High Self & Family		652	1577.90	1589.38	11.48	1546.96	1558.22	11.26
High Self Plus One		653	-	1589.38	-	-	1558.22	-
Standard Self		654	444.52	474.93	30.41	435.80	465.62	29.82
Standard Self & Family		655	1004.62	1073.31	68.69	984.92	1052.26	67.34
Standard Self Plus One		656	-	1073.31	-	-	1052.26	-
Colorado Kaiser Foundation Health Plan of Colorado								
Basic Self		N41	317.54	358.02	40.48	311.31	351.00	39.69
Basic Self & Family		N42	717.61	809.13	91.52	703.54	793.26	89.72
Basic Self Plus One		N43	-	809.13	-	-	793.26	-
Colorado United Healthcare Insurance Company, Inc. (Choice HMO)								
High Self		KT1	New Plan	541.41	New Plan	New Plan	530.79	New Plan
High Self & Family		KT2	New Plan	1518.12	New Plan	New Plan	1488.35	New Plan
High Self Plus One		KT3	New Plan	1057.37	New Plan	New Plan	1036.64	New Plan
Colorado United Healthcare Insurance Company, Inc. (HDHP Choice Plus)								
HDHP Self		LU1	New Plan	523.22	New Plan	New Plan	512.96	New Plan
HDHP Self & Family		LU2	New Plan	1467.05	New Plan	New Plan	1438.28	New Plan
HDHP Self Plus One		LU3	New Plan	1021.80	New Plan	New Plan	1001.76	New Plan
Connecticut Aetna Direct								
CDHP Self		N61	464.21	482.78	18.57	455.11	473.31	18.20

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option	Enrollment Code					
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Connecticut Aetna HealthFund CDHP and Value Plan							
CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
Connecticut Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Delaware Aetna Direct							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Delaware Aetna HealthFund CDHP and Value Plan							
CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
Delaware Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Delaware Aetna Open Access								
	High Self	P31	1232.50	1395.06	162.56	1208.33	1367.71	159.38
	High Self & Family	P32	2973.82	3382.34	408.52	2915.51	3316.02	400.51
	High Self Plus One	P33	-	3348.85	-	-	3283.19	-
	Basic Self	P34	1067.65	1123.61	55.96	1046.72	1101.58	54.86
	Basic Self & Family	P35	2465.34	2607.96	142.62	2417.00	2556.82	139.82
	Basic Self Plus One	P36	-	2582.14	-	-	2531.51	-
District of Columbia Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
District of Columbia Aetna HealthFund CDHP and Value Plan								
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
District of Columbia Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
District of Columbia Aetna Open Access								
	High Self	JN1	943.18	978.70	35.52	924.69	959.51	34.82
	High Self & Family	JN2	2112.70	2200.27	87.57	2071.27	2157.13	85.86
	High Self Plus One	JN3	-	2178.51	-	-	2135.79	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option	Enrollment Code					
Basic Self	JN4	587.59	609.87	22.28	576.07	597.91	21.84
Basic Self & Family	JN5	1313.89	1372.77	58.88	1288.13	1345.85	57.72
Basic Self Plus One	JN6	-	1345.85	-	-	1319.46	-
District of Columbia CareFirst BlueChoice							
High Self	2G1	683.76	711.11	27.35	670.35	697.17	26.82
High Self & Family	2G2	1538.18	1689.55	151.37	1508.02	1656.42	148.40
High Self Plus One	2G3	-	1422.21	-	-	1394.32	-
Standard Self	2G4	611.22	635.66	24.44	599.24	623.20	23.96
Standard Self & Family	2G5	1375.02	1510.31	135.29	1348.06	1480.70	132.64
Standard Self Plus One	2G6	-	1271.35	-	-	1246.42	-
District of Columbia CareFirst BlueChoice							
HDHP Self	B61	591.95	603.80	11.85	580.34	591.96	11.62
HDHP Self & Family	B62	1320.39	1434.62	114.23	1294.50	1406.49	111.99
HDHP Self Plus One	B63	-	1207.61	-	-	1183.93	-
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States							
High Self	E31	618.67	630.91	12.24	606.54	618.54	12.00
High Self & Family	E32	1422.95	1476.31	53.36	1395.05	1447.36	52.31
High Self Plus One	E33	-	1425.83	-	-	1397.87	-
Standard Self	E34	401.19	475.07	73.88	393.32	465.75	72.43
Standard Self & Family	E35	922.67	1111.66	188.99	904.58	1089.86	185.28
Standard Self Plus One	E36	-	1073.62	-	-	1052.57	-
District of Columbia M.D. IPA							
High Self	JP1	695.16	653.87	-41.29	681.53	641.05	-40.48
High Self & Family	JP2	1602.91	1833.46	230.55	1571.48	1797.51	226.03
High Self Plus One	JP3	-	1277.01	-	-	1251.97	-
District of Columbia United Healthcare Insurance Company, Inc. (Choice HMO)							
High Self	LR1	New Plan	541.74	New Plan	New Plan	531.12	New Plan

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self & Family	LR2	New Plan	1519.05	New Plan	New Plan	1489.26	New Plan
	High Self Plus One	LR3	New Plan	1058.02	New Plan	New Plan	1037.27	New Plan
District of Columbia UnitedHealthcare Insurance Company								
	Basic Self	L91	539.95	470.09	-69.86	529.36	460.87	-68.49
	Basic Self & Family	L92	1201.38	1318.16	116.78	1177.82	1292.31	114.49
	Basic Self Plus One	L93	-	918.10	-	-	900.10	-
Florida Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Florida Aetna HealthFund CDHP and Value Plan								
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
Florida Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Florida AvMed Health Plans								
	High Self	ML1	662.96	767.11	104.15	649.96	752.07	102.11
	High Self & Family	ML2	1591.18	1987.05	395.87	1559.98	1948.09	388.11
	High Self Plus One	ML3	-	1534.22	-	-	1504.14	-
	Standard Self	ML4	534.53	602.95	68.42	524.05	591.13	67.08
	Standard Self & Family	ML5	1283.02	1561.90	278.88	1257.86	1531.27	273.41

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option - Enrollment Code						
	Standard Self Plus One ML6	-	1205.98	-	-	1182.33	-
Florida Capital Health Plan							
	High Self EA1	524.43	562.49	38.06	514.15	551.46	37.31
	High Self & Family EA2	1389.76	1518.69	128.93	1362.51	1488.91	126.40
	High Self Plus One EA3	-	1124.96	-	-	1102.90	-
Florida Humana CoverageFirst and Value Plan							
	CDHP Self MJ1	601.28	675.77	74.49	589.49	662.52	73.03
	CDHP Self & Family MJ2	1337.87	1520.52	182.65	1311.64	1490.71	179.07
	CDHP Self Plus One MJ3	-	1452.97	-	-	1424.48	-
	Basic Self MJ4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family MJ5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One MJ6	-	1022.88	-	-	1002.82	-
Florida Humana CoverageFirst and Value Plan							
	CDHP Self QP1	515.40	588.84	73.44	505.29	577.29	72.00
	CDHP Self & Family QP2	1146.75	1324.83	178.08	1124.26	1298.85	174.59
	CDHP Self Plus One QP3	-	1265.95	-	-	1241.13	-
	Basic Self QP4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family QP5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One QP6	-	1022.88	-	-	1002.82	-
Florida Humana Medical Plan, Inc.							
	High Self E21	540.90	613.45	72.55	530.29	601.42	71.13
	High Self & Family E22	1203.52	1380.23	176.71	1179.92	1353.17	173.25
	High Self Plus One E23	-	1318.88	-	-	1293.02	-
	Standard Self E24	486.82	580.92	94.10	477.27	569.53	92.26
	Standard Self & Family E25	1083.17	1307.06	223.89	1061.93	1281.43	219.50
	Standard Self Plus One E26	-	1248.98	-	-	1224.49	-
Florida Humana Medical Plan, Inc.							

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self	EE1	710.96	861.48	150.52	697.02	844.59	147.57
	High Self & Family	EE2	1581.88	1938.35	356.47	1550.86	1900.34	349.48
	High Self Plus One	EE3	-	1852.20	-	-	1815.88	-
	Standard Self	EE4	608.46	693.90	85.44	596.53	680.29	83.76
	Standard Self & Family	EE5	1353.83	1561.23	207.40	1327.28	1530.62	203.34
	Standard Self Plus One	EE6	-	1491.84	-	-	1462.59	-
Florida Humana Medical Plan, Inc.								
	High Self	EX1	574.71	662.73	88.02	563.44	649.74	86.30
	High Self & Family	EX2	1278.73	1491.18	212.45	1253.66	1461.94	208.28
	High Self Plus One	EX3	-	1424.90	-	-	1396.96	-
	Standard Self	EX4	517.25	604.92	87.67	507.11	593.06	85.95
	Standard Self & Family	EX5	1150.88	1361.08	210.20	1128.31	1334.39	206.08
	Standard Self Plus One	EX6	-	1300.56	-	-	1275.06	-
Florida Humana Medical Plan, Inc.								
	High Self	LL1	1043.39	1340.92	297.53	1022.93	1314.63	291.70
	High Self & Family	LL2	2321.52	3017.09	695.57	2276.00	2957.93	681.93
	High Self Plus One	LL3	-	2882.97	-	-	2826.44	-
	Standard Self	LL4	608.52	706.67	98.15	596.59	692.81	96.22
	Standard Self & Family	LL5	1353.96	1589.99	236.03	1327.41	1558.81	231.40
	Standard Self Plus One	LL6	-	1519.35	-	-	1489.56	-
Florida UnitedHealthcare Insurance Company								
	Basic Self	LV1	563.15	536.59	-26.56	552.11	526.07	-26.04
	Basic Self & Family	LV2	1253.03	1504.63	251.60	1228.46	1475.13	246.67
	Basic Self Plus One	LV3	-	1047.98	-	-	1027.43	-
Georgia Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Georgia Aetna HealthFund CDHP and Value Plan								
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
Georgia Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Georgia Aetna Open Access								
	High Self	2U1	986.19	1117.04	130.85	966.85	1095.14	128.29
	High Self & Family	2U2	2262.99	2573.04	310.05	2218.62	2522.59	303.97
	High Self Plus One	2U3	-	2547.55	-	-	2497.60	-
Georgia Humana CoverageFirst and Value Plan								
	CDHP Self	AD1	572.68	626.38	53.70	561.45	614.10	52.65
	CDHP Self & Family	AD2	1274.15	1409.36	135.21	1249.17	1381.73	132.56
	CDHP Self Plus One	AD3	-	1346.71	-	-	1320.30	-
	Basic Self	AD4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	AD5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	AD6	-	1022.88	-	-	1002.82	-
Georgia Humana CoverageFirst and Value Plan								
	CDHP Self	LM1	572.68	601.45	28.77	561.45	589.66	28.21
	CDHP Self & Family	LM2	1274.15	1353.25	79.10	1249.17	1326.72	77.55
	CDHP Self Plus One	LM3	-	1293.09	-	-	1267.74	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Basic Self		LM4	439.51	475.77	36.26	430.89	466.44	35.55
Basic Self & Family		LM5	977.90	1070.46	92.56	958.73	1049.47	90.74
Basic Self Plus One		LM6	-	1022.88	-	-	1002.82	-
Georgia Humana Employers Health of Georgia, Inc.								
High Self		CB1	608.52	694.60	86.08	596.59	680.98	84.39
High Self & Family		CB2	1353.94	1562.84	208.90	1327.39	1532.20	204.81
High Self Plus One		CB3	-	1493.38	-	-	1464.10	-
Standard Self		CB4	578.10	659.38	81.28	566.76	646.45	79.69
Standard Self & Family		CB5	1286.26	1483.60	197.34	1261.04	1454.51	193.47
Standard Self Plus One		CB6	-	1417.65	-	-	1389.85	-
Georgia Humana Employers Health of Georgia, Inc.								
High Self		DG1	658.60	826.80	168.20	645.69	810.59	164.90
High Self & Family		DG2	1465.38	1860.34	394.96	1436.65	1823.86	387.21
High Self Plus One		DG3	-	1777.62	-	-	1742.76	-
Standard Self		DG4	608.52	689.59	81.07	596.59	676.07	79.48
Standard Self & Family		DG5	1353.96	1551.57	197.61	1327.41	1521.15	193.74
Standard Self Plus One		DG6	-	1482.62	-	-	1453.55	-
Georgia Humana Employers Health of Georgia, Inc.								
High Self		DN1	608.52	687.38	78.86	596.59	673.90	77.31
High Self & Family		DN2	1353.94	1546.65	192.71	1327.39	1516.32	188.93
High Self Plus One		DN3	-	1477.90	-	-	1448.92	-
Standard Self		DN4	578.10	658.13	80.03	566.76	645.23	78.47
Standard Self & Family		DN5	1286.26	1480.82	194.56	1261.04	1451.78	190.74
Standard Self Plus One		DN6	-	1415.00	-	-	1387.25	-
Georgia Kaiser Foundation Health Plan of Georgia								
High Self		F81	600.37	634.60	34.23	588.60	622.16	33.56
High Self & Family		F82	1371.88	1450.13	78.25	1344.98	1421.70	76.72

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self Plus One	F83	-	1408.90	-	-	1381.27	-
	Standard Self	F84	443.53	474.53	31.00	434.83	465.23	30.40
	Standard Self & Family	F85	1013.46	1091.37	77.91	993.59	1069.97	76.38
	Standard Self Plus One	F86	-	1058.17	-	-	1037.42	-
Georgia UnitedHealthcare Insurance Company								
	Basic Self	LV1	563.15	536.59	-26.56	552.11	526.07	-26.04
	Basic Self & Family	LV2	1253.03	1504.63	251.60	1228.46	1475.13	246.67
	Basic Self Plus One	LV3	-	1047.98	-	-	1027.43	-
Guam Calvos Selectcare								
	High Self	B41	431.02	395.13	-35.89	422.57	387.38	-35.19
	High Self & Family	B42	1175.90	1056.38	-119.52	1152.84	1035.67	-117.17
	High Self Plus One	B43	-	771.05	-	-	755.93	-
	Standard Self	B44	372.89	363.61	-9.28	365.58	356.48	-9.10
	Standard Self & Family	B45	1016.60	972.16	-44.44	996.67	953.10	-43.57
	Standard Self Plus One	B46	-	709.56	-	-	695.65	-
Guam TakeCare								
	High Self	JK1	454.67	537.03	82.36	445.75	526.50	80.75
	High Self & Family	JK2	1194.77	1611.07	416.30	1171.34	1579.48	408.14
	High Self Plus One	JK3	-	1074.04	-	-	1052.98	-
	Standard Self	JK4	379.94	369.56	-10.38	372.49	362.31	-10.18
	Standard Self & Family	JK5	1003.36	1105.03	101.67	983.69	1083.36	99.67
	Standard Self Plus One	JK6	-	735.44	-	-	721.02	-
Guam TakeCare								
	HDHP Self	KX1	196.78	168.80	-27.98	192.92	165.49	-27.43
	HDHP Self & Family	KX2	516.12	494.90	-21.22	506.00	485.20	-20.80
	HDHP Self Plus One	KX3	-	352.45	-	-	345.54	-
Hawaii Aetna Direct								

Temporary Continuation of Coverage and Former Spouse Premiums							
Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Hawaii Aetna HealthFund CDHP and Value Plan							
CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-
Hawaii Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Hawaii HMSA							
High Self	871	508.30	573.25	64.95	498.33	562.01	63.68
High Self & Family	872	1131.44	1288.65	157.21	1109.25	1263.38	154.13
High Self Plus One	873	-	1255.99	-	-	1231.36	-
Hawaii Kaiser Foundation Health Plan of Hawaii							
High Self	631	538.89	583.33	44.44	528.32	571.89	43.57
High Self & Family	632	1201.69	1300.85	99.16	1178.13	1275.34	97.21
High Self Plus One	633	-	1300.85	-	-	1275.34	-
Standard Self	634	371.90	400.45	28.55	364.61	392.60	27.99
Standard Self & Family	635	829.32	893.02	63.70	813.06	875.51	62.45
Standard Self Plus One	636	-	893.02	-	-	875.51	-
Idaho Aetna Direct							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans								
	High Self	9K1	662.30	695.69	33.39	649.31	682.05	32.74
	High Self & Family	9K2	1457.12	1538.47	81.35	1428.55	1508.30	79.75
	High Self Plus One	9K3	-	1523.25	-	-	1493.38	-
	HDHP Self	9K4	372.91	376.32	3.41	365.60	368.94	3.34
	HDHP Self & Family	9K5	772.57	786.49	13.92	757.42	771.07	13.65
	HDHP Self Plus One	9K6	-	771.07	-	-	755.95	-
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans								
	Standard Self	DK4	498.20	508.26	10.06	488.43	498.29	9.86
	Standard Self & Family	DK5	1096.01	1122.35	26.34	1074.52	1100.34	25.82
	Standard Self Plus One	DK6	-	1111.26	-	-	1089.47	-
Idaho Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Idaho Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Idaho Group Health Cooperative								
	High Self	541	716.97	722.96	5.99	702.91	708.78	5.87
	High Self & Family	542	1541.48	1951.96	410.48	1511.25	1913.69	402.44

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self Plus One	543	-	1445.89	-	-	1417.54	-
	Standard Self	544	492.17	517.29	25.12	482.52	507.15	24.63
	Standard Self & Family	545	1111.10	1396.75	285.65	1089.31	1369.36	280.05
	Standard Self Plus One	546	-	1034.62	-	-	1014.33	-
Idaho Group Health Cooperative								
	HDHP Self	PT1	New Plan	483.33	New Plan	New Plan	473.85	New Plan
	HDHP Self & Family	PT2	New Plan	1305.01	New Plan	New Plan	1279.42	New Plan
	HDHP Self Plus One	PT3	New Plan	966.65	New Plan	New Plan	947.70	New Plan
Idaho SelectHealth								
	High Self	SF1	649.52	701.53	52.01	636.78	687.77	50.99
	High Self & Family	SF2	1448.92	1564.81	115.89	1420.51	1534.13	113.62
	High Self Plus One	SF3	-	1564.81	-	-	1534.13	-
	Standard Self	SF4	507.37	522.58	15.21	497.42	512.33	14.91
	Standard Self & Family	SF5	1131.83	1160.42	28.59	1109.64	1137.67	28.03
	Standard Self Plus One	SF6	-	1160.42	-	-	1137.67	-
Illinois Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Illinois Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Illinois Aetna HealthFund HDHP								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Illinois Blue Cross and Blue Shield of Illinois								
	High Self	A21	784.71	745.23	-39.48	769.32	730.62	-38.70
	High Self & Family	A22	1781.37	1847.61	66.24	1746.44	1811.38	64.94
	High Self Plus One	A23	-	1610.85	-	-	1579.26	-
Illinois Blue Preferred Plus POS								
	High Self	9G1	886.64	689.48	-197.16	869.25	675.96	-193.29
	High Self & Family	9G2	1773.28	1469.87	-303.41	1738.51	1441.05	-297.46
	High Self Plus One	9G3	-	1378.98	-	-	1351.94	-
Illinois Health Alliance HMO								
	High Self	FX1	755.46	776.71	21.25	740.65	761.48	20.83
	High Self & Family	FX2	1761.02	2197.87	436.85	1726.49	2154.77	428.28
	High Self Plus One	FX3	-	1631.07	-	-	1599.09	-
Illinois Health Alliance HMO								
	Standard Self	K84	641.96	637.41	-4.55	629.37	624.91	-4.46
	Standard Self & Family	K85	1496.43	1768.79	272.36	1467.09	1734.11	267.02
	Standard Self Plus One	K86	-	1338.58	-	-	1312.33	-
Illinois Humana CoverageFirst and Value Plan								
	CDHP Self	GB1	572.68	645.25	72.57	561.45	632.60	71.15
	CDHP Self & Family	GB2	1274.15	1451.80	177.65	1249.17	1423.33	174.16
	CDHP Self Plus One	GB3	-	1387.26	-	-	1360.06	-
	Basic Self	GB4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	GB5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	GB6	-	1022.88	-	-	1002.82	-
Illinois Humana CoverageFirst and Value Plan								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self	MW1	572.68	682.43	109.75	561.45	669.05	107.60
	CDHP Self & Family	MW2	1274.15	1535.45	261.30	1249.17	1505.34	256.17
	CDHP Self Plus One	MW3	-	1467.20	-	-	1438.43	-
	Basic Self	MW4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	MW5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	MW6	-	1022.88	-	-	1002.82	-
Illinois Humana Health Plan, Inc.								
	High Self	751	994.28	1224.79	230.51	974.78	1200.77	225.99
	High Self & Family	752	2212.30	2755.79	543.49	2168.92	2701.75	532.83
	High Self Plus One	753	-	2633.28	-	-	2581.65	-
	Standard Self	754	608.52	762.16	153.64	596.59	747.22	150.63
	Standard Self & Family	755	1353.96	1714.88	360.92	1327.41	1681.25	353.84
	Standard Self Plus One	756	-	1638.67	-	-	1606.54	-
Illinois Humana Health Plan, Inc.								
	High Self	9F1	1197.11	1520.52	323.41	1173.64	1490.71	317.07
	High Self & Family	9F2	2663.58	3421.21	757.63	2611.35	3354.13	742.78
	High Self Plus One	9F3	-	3269.14	-	-	3205.04	-
Illinois Humana Health Plan, Inc.								
	Standard Self	AB4	621.32	799.67	178.35	609.14	783.99	174.85
	Standard Self & Family	AB5	1382.47	1799.27	416.80	1355.36	1763.99	408.63
	Standard Self Plus One	AB6	-	1719.27	-	-	1685.56	-
Illinois Union Health Service								
	High Self	761	568.99	609.79	40.80	557.83	597.83	40.00
	High Self & Family	762	1321.40	1515.53	194.13	1295.49	1485.81	190.32
	High Self Plus One	763	-	1333.69	-	-	1307.54	-
Illinois UnitedHealthcare Insurance Company								
	Basic Self	L91	539.95	470.09	-69.86	529.36	460.87	-68.49

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Basic Self & Family	L92	1201.38	1318.16	116.78	1177.82	1292.31	114.49
	Basic Self Plus One	L93	-	918.10	-	-	900.10	-
Illinois UnitedHealthcare Plan of the River Valley Inc.								
	High Self	YH1	595.28	636.86	41.58	583.61	624.37	40.76
	High Self & Family	YH2	1406.31	1785.77	379.46	1378.74	1750.75	372.01
	High Self Plus One	YH3	-	1243.81	-	-	1219.42	-
Indiana Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Indiana Aetna HealthFund CDHP and Value Plan								
	CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
	CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
	CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
	Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
	Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
	Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-
Indiana Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Indiana Health Alliance HMO								
	High Self	FX1	755.46	776.71	21.25	740.65	761.48	20.83
	High Self & Family	FX2	1761.02	2197.87	436.85	1726.49	2154.77	428.28
	High Self Plus One	FX3	-	1631.07	-	-	1599.09	-
Indiana Health Alliance HMO								
	Standard Self	K84	641.96	637.41	-4.55	629.37	624.91	-4.46

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option - Enrollment Code						
	Standard Self & Family K85	1496.43	1768.79	272.36	1467.09	1734.11	267.02
	Standard Self Plus One K86	-	1338.58	-	-	1312.33	-
Indiana Humana CoverageFirst and Value Plan							
	CDHP Self MW1	572.68	682.43	109.75	561.45	669.05	107.60
	CDHP Self & Family MW2	1274.15	1535.45	261.30	1249.17	1505.34	256.17
	CDHP Self Plus One MW3	-	1467.20	-	-	1438.43	-
	Basic Self MW4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family MW5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One MW6	-	1022.88	-	-	1002.82	-
Indiana Humana Health Plan of Ohio							
	High Self A61	608.52	771.33	162.81	596.59	756.21	159.62
	High Self & Family A62	1353.94	1735.51	381.57	1327.39	1701.48	374.09
	High Self Plus One A63	-	1658.39	-	-	1625.87	-
	Standard Self A64	578.10	651.35	73.25	566.76	638.58	71.82
	Standard Self & Family A65	1286.26	1465.54	179.28	1261.04	1436.80	175.76
	Standard Self Plus One A66	-	1400.39	-	-	1372.93	-
Indiana Humana Health Plan, Inc.							
	High Self 751	994.28	1224.79	230.51	974.78	1200.77	225.99
	High Self & Family 752	2212.30	2755.79	543.49	2168.92	2701.75	532.83
	High Self Plus One 753	-	2633.28	-	-	2581.65	-
	Standard Self 754	608.52	762.16	153.64	596.59	747.22	150.63
	Standard Self & Family 755	1353.96	1714.88	360.92	1327.41	1681.25	353.84
	Standard Self Plus One 756	-	1638.67	-	-	1606.54	-
Indiana Humana Health Plan, Inc.							
	High Self MH1	608.52	703.93	95.41	596.59	690.13	93.54
	High Self & Family MH2	1353.94	1583.85	229.91	1327.39	1552.79	225.40
	High Self Plus One MH3	-	1513.48	-	-	1483.80	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self	MH4	578.10	639.70	61.60	566.76	627.16	60.40
	Standard Self & Family	MH5	1286.26	1439.37	153.11	1261.04	1411.15	150.11
	Standard Self Plus One	MH6	-	1375.40	-	-	1348.43	-
Iowa Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Iowa Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Iowa Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Iowa Health Alliance HMO								
	High Self	FX1	755.46	776.71	21.25	740.65	761.48	20.83
	High Self & Family	FX2	1761.02	2197.87	436.85	1726.49	2154.77	428.28
	High Self Plus One	FX3	-	1631.07	-	-	1599.09	-
Iowa Health Alliance HMO								
	Standard Self	K84	641.96	637.41	-4.55	629.37	624.91	-4.46
	Standard Self & Family	K85	1496.43	1768.79	272.36	1467.09	1734.11	267.02
	Standard Self Plus One	K86	-	1338.58	-	-	1312.33	-
Iowa HealthPartners High and Standard Option								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self	V31	673.25	697.48	24.23	660.05	683.80	23.75
	High Self & Family	V32	1548.50	1699.02	150.52	1518.14	1665.71	147.57
	High Self Plus One	V33	-	1541.41	-	-	1511.19	-
	Standard Self	V34	373.91	396.10	22.19	366.58	388.33	21.75
	Standard Self & Family	V35	860.00	964.91	104.91	843.14	945.99	102.85
	Standard Self Plus One	V36	-	875.38	-	-	858.22	-
Iowa Sanford Health Plan								
	High Self	AU1	751.82	744.93	-6.89	737.08	730.32	-6.76
	High Self & Family	AU2	1729.86	2085.80	355.94	1695.94	2044.90	348.96
	High Self Plus One	AU3	-	1340.87	-	-	1314.58	-
	Standard Self	AU4	721.46	722.18	0.72	707.31	708.02	0.71
	Standard Self & Family	AU5	1659.40	2022.09	362.69	1626.86	1982.44	355.58
	Standard Self Plus One	AU6	-	1299.90	-	-	1274.41	-
Iowa United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	LJ1	New Plan	541.96	New Plan	New Plan	531.33	New Plan
	High Self & Family	LJ2	New Plan	1519.67	New Plan	New Plan	1489.87	New Plan
	High Self Plus One	LJ3	New Plan	1058.45	New Plan	New Plan	1037.70	New Plan
Iowa United Healthcare Insurance Company, Inc. (HDHP Choice Plus)								
	HDHP Self	N71	New Plan	522.95	New Plan	New Plan	512.70	New Plan
	HDHP Self & Family	N72	New Plan	1466.38	New Plan	New Plan	1437.63	New Plan
	HDHP Self Plus One	N73	New Plan	1021.33	New Plan	New Plan	1001.30	New Plan
Iowa UnitedHealthcare Plan of the River Valley Inc.								
	High Self	YH1	595.28	636.86	41.58	583.61	624.37	40.76
	High Self & Family	YH2	1406.31	1785.77	379.46	1378.74	1750.75	372.01
	High Self Plus One	YH3	-	1243.81	-	-	1219.42	-
Kansas Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Kansas Aetna HealthFund CDHP and Value Plan								
	CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
	CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
	CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
	Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
	Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
	Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-
Kansas Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Kansas Aetna Open Access								
	High Self	HA1	540.21	639.22	99.01	529.62	626.69	97.07
	High Self & Family	HA2	1269.55	1510.01	240.46	1244.66	1480.40	235.74
	High Self Plus One	HA3	-	1495.07	-	-	1465.75	-
	Standard Self	HA4	577.98	621.67	43.69	566.65	609.48	42.83
	Standard Self & Family	HA5	1358.26	1467.44	109.18	1331.63	1438.67	107.04
	Standard Self Plus One	HA6	-	1452.92	-	-	1424.43	-
Kansas Humana CoverageFirst and Value Plan								
	CDHP Self	PH1	515.40	620.57	105.17	505.29	608.40	103.11
	CDHP Self & Family	PH2	1146.75	1396.32	249.57	1124.26	1368.94	244.68
	CDHP Self Plus One	PH3	-	1334.26	-	-	1308.10	-
	Basic Self	PH4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	PH5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	PH6	-	1022.88	-	-	1002.82	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Kansas Humana Health Plan, Inc.								
	High Self	MS1	1297.34	1492.17	194.83	1271.90	1462.91	191.01
	High Self & Family	MS2	2886.55	3357.37	470.82	2829.95	3291.54	461.59
	High Self Plus One	MS3	-	3208.12	-	-	3145.22	-
	Standard Self	MS4	608.52	744.02	135.50	596.59	729.43	132.84
	Standard Self & Family	MS5	1353.96	1674.01	320.05	1327.41	1641.19	313.78
	Standard Self Plus One	MS6	-	1599.63	-	-	1568.26	-
Kentucky Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Kentucky Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Kentucky Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Kentucky Humana CoverageFirst and Value Plan								
	CDHP Self	6N1	515.40	564.99	49.59	505.29	553.91	48.62
	CDHP Self & Family	6N2	1146.75	1271.22	124.47	1124.26	1246.29	122.03
	CDHP Self Plus One	6N3	-	1214.73	-	-	1190.91	-
Kentucky Humana Health Plan of Ohio								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self	A61	608.52	771.33	162.81	596.59	756.21	159.62
	High Self & Family	A62	1353.94	1735.51	381.57	1327.39	1701.48	374.09
	High Self Plus One	A63	-	1658.39	-	-	1625.87	-
	Standard Self	A64	578.10	651.35	73.25	566.76	638.58	71.82
	Standard Self & Family	A65	1286.26	1465.54	179.28	1261.04	1436.80	175.76
	Standard Self Plus One	A66	-	1400.39	-	-	1372.93	-
Kentucky Humana Health Plan, Inc.								
	High Self	MH1	608.52	703.93	95.41	596.59	690.13	93.54
	High Self & Family	MH2	1353.94	1583.85	229.91	1327.39	1552.79	225.40
	High Self Plus One	MH3	-	1513.48	-	-	1483.80	-
	Standard Self	MH4	578.10	639.70	61.60	566.76	627.16	60.40
	Standard Self & Family	MH5	1286.26	1439.37	153.11	1261.04	1411.15	150.11
	Standard Self Plus One	MH6	-	1375.40	-	-	1348.43	-
Kentucky Humana Health Plan, Inc.								
	High Self	MI1	608.52	696.19	87.67	596.59	682.54	85.95
	High Self & Family	MI2	1353.96	1566.42	212.46	1327.41	1535.71	208.30
	High Self Plus One	MI3	-	1496.81	-	-	1467.46	-
	Standard Self	MI4	578.10	661.14	83.04	566.76	648.18	81.42
	Standard Self & Family	MI5	1286.26	1487.58	201.32	1261.04	1458.41	197.37
	Standard Self Plus One	MI6	-	1421.45	-	-	1393.58	-
Kentucky United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	LJ1	New Plan	541.96	New Plan	New Plan	531.33	New Plan
	High Self & Family	LJ2	New Plan	1519.67	New Plan	New Plan	1489.87	New Plan
	High Self Plus One	LJ3	New Plan	1058.45	New Plan	New Plan	1037.70	New Plan
Kentucky United Healthcare Insurance Company, Inc. (HDHP Choice Plus)								
	HDHP Self	N71	New Plan	522.95	New Plan	New Plan	512.70	New Plan
	HDHP Self & Family	N72	New Plan	1466.38	New Plan	New Plan	1437.63	New Plan

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	HDHP Self Plus One	N73	New Plan	1021.33	New Plan	New Plan	1001.30	New Plan
Louisiana	Aetna Direct							
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Louisiana	Aetna HealthFund CDHP and Value Plan							
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
Louisiana	Aetna HealthFund HDHP							
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Louisiana	Humana Health Benefit Plan of Louisiana, Inc.							
	High Self	AE1	608.52	694.10	85.58	596.59	680.49	83.90
	High Self & Family	AE2	1353.96	1561.72	207.76	1327.41	1531.10	203.69
	High Self Plus One	AE3	-	1492.30	-	-	1463.04	-
	Standard Self	AE4	547.66	658.72	111.06	536.92	645.80	108.88
	Standard Self & Family	AE5	1218.57	1483.17	264.60	1194.68	1454.09	259.41
	Standard Self Plus One	AE6	-	1417.27	-	-	1389.48	-
Louisiana	Humana Health Benefit Plan of Louisiana, Inc.							
	High Self	BC1	574.71	655.78	81.07	563.44	642.92	79.48
	High Self & Family	BC2	1278.73	1475.48	196.75	1253.66	1446.55	192.89
	High Self Plus One	BC3	-	1409.92	-	-	1382.27	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self	BC4	517.25	584.70	67.45	507.11	573.24	66.13
	Standard Self & Family	BC5	1150.88	1315.57	164.69	1128.31	1289.77	161.46
	Standard Self Plus One	BC6	-	1257.09	-	-	1232.44	-
Louisiana United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	KK1	New Plan	541.45	New Plan	New Plan	530.83	New Plan
	High Self & Family	KK2	New Plan	1518.23	New Plan	New Plan	1488.46	New Plan
	High Self Plus One	KK3	New Plan	1057.44	New Plan	New Plan	1036.71	New Plan
Louisiana United Healthcare Insurance Company, Inc. (HDHP Choice Plus)								
	HDHP Self	LS1	New Plan	518.67	New Plan	New Plan	508.50	New Plan
	HDHP Self & Family	LS2	New Plan	1454.30	New Plan	New Plan	1425.78	New Plan
	HDHP Self Plus One	LS3	New Plan	1012.91	New Plan	New Plan	993.05	New Plan
Maine Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Maine Aetna HealthFund CDHP and Value Plan								
	CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
	CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
	CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
	Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
	Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
	Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
Maine Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Maryland Aetna Direct								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Maryland Aetna HealthFund CDHP and Value Plan							
CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
Maryland Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Maryland Aetna Open Access							
High Self	JN1	943.18	978.70	35.52	924.69	959.51	34.82
High Self & Family	JN2	2112.70	2200.27	87.57	2071.27	2157.13	85.86
High Self Plus One	JN3	-	2178.51	-	-	2135.79	-
Basic Self	JN4	587.59	609.87	22.28	576.07	597.91	21.84
Basic Self & Family	JN5	1313.89	1372.77	58.88	1288.13	1345.85	57.72
Basic Self Plus One	JN6	-	1345.85	-	-	1319.46	-
Maryland CareFirst BlueChoice							
High Self	2G1	683.76	711.11	27.35	670.35	697.17	26.82
High Self & Family	2G2	1538.18	1689.55	151.37	1508.02	1656.42	148.40
High Self Plus One	2G3	-	1422.21	-	-	1394.32	-
Standard Self	2G4	611.22	635.66	24.44	599.24	623.20	23.96
Standard Self & Family	2G5	1375.02	1510.31	135.29	1348.06	1480.70	132.64

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option - Enrollment Code							
	Standard Self Plus One	2G6	-	1271.35	-	-	1246.42	-
Maryland CareFirst BlueChoice								
	HDHP Self	B61	591.95	603.80	11.85	580.34	591.96	11.62
	HDHP Self & Family	B62	1320.39	1434.62	114.23	1294.50	1406.49	111.99
	HDHP Self Plus One	B63	-	1207.61	-	-	1183.93	-
Maryland Kaiser Foundation Health Plan Mid-Atlantic States								
	High Self	E31	618.67	630.91	12.24	606.54	618.54	12.00
	High Self & Family	E32	1422.95	1476.31	53.36	1395.05	1447.36	52.31
	High Self Plus One	E33	-	1425.83	-	-	1397.87	-
	Standard Self	E34	401.19	475.07	73.88	393.32	465.75	72.43
	Standard Self & Family	E35	922.67	1111.66	188.99	904.58	1089.86	185.28
	Standard Self Plus One	E36	-	1073.62	-	-	1052.57	-
Maryland M.D. IPA								
	High Self	JP1	695.16	653.87	-41.29	681.53	641.05	-40.48
	High Self & Family	JP2	1602.91	1833.46	230.55	1571.48	1797.51	226.03
	High Self Plus One	JP3	-	1277.01	-	-	1251.97	-
Maryland United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	LR1	New Plan	541.74	New Plan	New Plan	531.12	New Plan
	High Self & Family	LR2	New Plan	1519.05	New Plan	New Plan	1489.26	New Plan
	High Self Plus One	LR3	New Plan	1058.02	New Plan	New Plan	1037.27	New Plan
Maryland UnitedHealthcare Insurance Company								
	Basic Self	L91	539.95	470.09	-69.86	529.36	460.87	-68.49
	Basic Self & Family	L92	1201.38	1318.16	116.78	1177.82	1292.31	114.49
	Basic Self Plus One	L93	-	918.10	-	-	900.10	-
Massachusetts Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
CDHP Self Plus One		N63	-	1058.77	-	-	1038.01	-
Massachusetts Aetna HealthFund CDHP and Value Plan								
CDHP Self		EP1	656.26	780.44	124.18	643.39	765.14	121.75
CDHP Self & Family		EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
CDHP Self Plus One		EP3	-	1762.23	-	-	1727.68	-
Basic Self		EP4	523.09	537.03	13.94	512.83	526.50	13.67
Basic Self & Family		EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
Basic Self Plus One		EP6	-	1205.67	-	-	1182.03	-
Massachusetts Aetna HealthFund HDHP								
HDHP Self		224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family		225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One		226	-	1147.74	-	-	1125.24	-
Michigan Aetna Direct								
CDHP Self		N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family		N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One		N63	-	1058.77	-	-	1038.01	-
Michigan Aetna HealthFund CDHP and Value Plan								
CDHP Self		G51	639.73	711.13	71.40	627.19	697.19	70.00
CDHP Self & Family		G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
CDHP Self Plus One		G53	-	1605.99	-	-	1574.50	-
Basic Self		G54	528.41	545.54	17.13	518.05	534.84	16.79
Basic Self & Family		G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
Basic Self Plus One		G56	-	1225.00	-	-	1200.98	-
Michigan Aetna HealthFund HDHP								
HDHP Self		224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family		225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One		226	-	1147.74	-	-	1125.24	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Michigan Bluecare Network of MI								
	High Self	K51	699.90	722.80	22.90	686.18	708.63	22.45
	High Self & Family	K52	1595.71	1765.04	169.33	1564.42	1730.43	166.01
	High Self Plus One	K53	-	1662.76	-	-	1630.16	-
Michigan Bluecare Network of MI								
	High Self	LX1	619.33	630.29	10.96	607.19	617.93	10.74
	High Self & Family	LX2	1485.99	1539.31	53.32	1456.85	1509.13	52.28
	High Self Plus One	LX3	-	1449.87	-	-	1421.44	-
Michigan Grand Valley Health Plan								
	High Self	RL1	685.61	619.53	-66.08	672.17	607.38	-64.79
	High Self & Family	RL2	1604.31	1455.91	-148.40	1572.85	1427.36	-145.49
	High Self Plus One	RL3	-	1374.57	-	-	1347.62	-
	Standard Self	RL4	641.03	587.70	-53.33	628.46	576.18	-52.28
	Standard Self & Family	RL5	1499.93	1381.12	-118.81	1470.52	1354.04	-116.48
	Standard Self Plus One	RL6	-	1292.94	-	-	1267.59	-
Michigan Health Alliance Plan								
	High Self	521	692.66	703.97	11.31	679.08	690.17	11.09
	High Self & Family	522	1627.78	1672.16	44.38	1595.86	1639.37	43.51
	High Self Plus One	523	-	1636.72	-	-	1604.63	-
Michigan Health Alliance Plan								
	Standard Self	GY4	589.03	589.21	0.18	577.48	577.66	0.18
	Standard Self & Family	GY5	1384.23	1399.40	15.17	1357.09	1371.96	14.87
	Standard Self Plus One	GY6	-	1369.96	-	-	1343.10	-
Michigan HealthPlus of MI								
	High Self	X51	654.08	670.96	16.88	641.25	657.80	16.55
	High Self & Family	X52	1569.41	1811.54	242.13	1538.64	1776.02	237.38
	High Self Plus One	X53	-	1509.61	-	-	1480.01	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Michigan Priority Health								
	High Self	LE1	696.28	651.35	-44.93	682.63	638.58	-44.05
	High Self & Family	LE2	1671.07	1628.37	-42.70	1638.30	1596.44	-41.86
	High Self Plus One	LE3	-	1432.95	-	-	1404.85	-
	Standard Self	LE4	592.23	510.07	-82.16	580.62	500.07	-80.55
	Standard Self & Family	LE5	1421.34	1275.17	-146.17	1393.47	1250.17	-143.30
	Standard Self Plus One	LE6	-	1122.15	-	-	1100.15	-
Minnesota Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Minnesota Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Minnesota Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Minnesota HealthPartners High and Standard Option								
	High Self	V31	673.25	697.48	24.23	660.05	683.80	23.75
	High Self & Family	V32	1548.50	1699.02	150.52	1518.14	1665.71	147.57
	High Self Plus One	V33	-	1541.41	-	-	1511.19	-
	Standard Self	V34	373.91	396.10	22.19	366.58	388.33	21.75

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option - Enrollment Code						
	Standard Self & Family V35	860.00	964.91	104.91	843.14	945.99	102.85
	Standard Self Plus One V36	-	875.38	-	-	858.22	-
Mississippi Aetna Direct							
	CDHP Self N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One N63	-	1058.77	-	-	1038.01	-
Mississippi Aetna HealthFund CDHP and Value Plan							
	CDHP Self H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One H43	-	1559.60	-	-	1529.02	-
	Basic Self H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One H46	-	1231.83	-	-	1207.68	-
Mississippi Aetna HealthFund HDHP							
	HDHP Self 224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family 225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One 226	-	1147.74	-	-	1125.24	-
Mississippi United Healthcare Insurance Company, Inc. (Choice HMO)							
	High Self KK1	New Plan	541.45	New Plan	New Plan	530.83	New Plan
	High Self & Family KK2	New Plan	1518.23	New Plan	New Plan	1488.46	New Plan
	High Self Plus One KK3	New Plan	1057.44	New Plan	New Plan	1036.71	New Plan
Mississippi United Healthcare Insurance Company, Inc. (HDHP Choice Plus)							
	HDHP Self LS1	New Plan	518.67	New Plan	New Plan	508.50	New Plan
	HDHP Self & Family LS2	New Plan	1454.30	New Plan	New Plan	1425.78	New Plan
	HDHP Self Plus One LS3	New Plan	1012.91	New Plan	New Plan	993.05	New Plan
Missouri Aetna Direct							
	CDHP Self N61	464.21	482.78	18.57	455.11	473.31	18.20

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Missouri Aetna HealthFund CDHP and Value Plan								
	CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
	CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
	CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
	Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
	Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
	Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-
Missouri Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Missouri Aetna Open Access								
	High Self	HA1	540.21	639.22	99.01	529.62	626.69	97.07
	High Self & Family	HA2	1269.55	1510.01	240.46	1244.66	1480.40	235.74
	High Self Plus One	HA3	-	1495.07	-	-	1465.75	-
	Standard Self	HA4	577.98	621.67	43.69	566.65	609.48	42.83
	Standard Self & Family	HA5	1358.26	1467.44	109.18	1331.63	1438.67	107.04
	Standard Self Plus One	HA6	-	1452.92	-	-	1424.43	-
Missouri Blue Preferred Plus POS								
	High Self	9G1	886.64	689.48	-197.16	869.25	675.96	-193.29
	High Self & Family	9G2	1773.28	1469.87	-303.41	1738.51	1441.05	-297.46
	High Self Plus One	9G3	-	1378.98	-	-	1351.94	-
Missouri Humana CoverageFirst and Value Plan								
	CDHP Self	PH1	515.40	620.57	105.17	505.29	608.40	103.11
	CDHP Self & Family	PH2	1146.75	1396.32	249.57	1124.26	1368.94	244.68

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self Plus One	PH3	-	1334.26	-	-	1308.10	-
	Basic Self	PH4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	PH5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	PH6	-	1022.88	-	-	1002.82	-
Missouri Humana Health Plan, Inc.								
	High Self	MS1	1297.34	1492.17	194.83	1271.90	1462.91	191.01
	High Self & Family	MS2	2886.55	3357.37	470.82	2829.95	3291.54	461.59
	High Self Plus One	MS3	-	3208.12	-	-	3145.22	-
	Standard Self	MS4	608.52	744.02	135.50	596.59	729.43	132.84
	Standard Self & Family	MS5	1353.96	1674.01	320.05	1327.41	1641.19	313.78
	Standard Self Plus One	MS6	-	1599.63	-	-	1568.26	-
Montana Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Montana Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Montana Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Nebraska Aetna Direct								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Nebraska Aetna HealthFund CDHP and Value Plan							
CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Nebraska Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Nevada Aetna Direct							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Nevada Aetna HealthFund CDHP and Value Plan							
CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-
Nevada Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Nevada Health Plan of Nevada								
	High Self	NM1	457.51	516.10	58.59	448.54	505.98	57.44
	High Self & Family	NM2	1078.85	1223.19	144.34	1057.70	1199.21	141.51
	High Self Plus One	NM3	-	980.62	-	-	961.39	-
New Hampshire Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
New Hampshire Aetna HealthFund CDHP and Value Plan								
	CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
	CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
	CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
	Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
	Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
	Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
New Hampshire Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
New Jersey Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
New Jersey Aetna HealthFund CDHP and Value Plan								
	CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option	Enrollment Code					
CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
New Jersey Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
New Jersey Aetna Open Access							
High Self	JR1	1181.86	1399.31	217.45	1158.69	1371.87	213.18
High Self & Family	JR2	2718.64	3232.33	513.69	2665.33	3168.95	503.62
High Self Plus One	JR3	-	3200.32	-	-	3137.57	-
Basic Self	JR4	871.89	1109.58	237.69	854.79	1087.82	233.03
Basic Self & Family	JR5	2012.64	2571.47	558.83	1973.18	2521.05	547.87
Basic Self Plus One	JR6	-	2546.01	-	-	2496.09	-
New Jersey Aetna Open Access							
High Self	P31	1232.50	1395.06	162.56	1208.33	1367.71	159.38
High Self & Family	P32	2973.82	3382.34	408.52	2915.51	3316.02	400.51
High Self Plus One	P33	-	3348.85	-	-	3283.19	-
Basic Self	P34	1067.65	1123.61	55.96	1046.72	1101.58	54.86
Basic Self & Family	P35	2465.34	2607.96	142.62	2417.00	2556.82	139.82
Basic Self Plus One	P36	-	2582.14	-	-	2531.51	-
New Jersey GHI Health Plan							
High Self	801	793.95	870.33	76.38	778.38	853.26	74.88
High Self & Family	802	1985.04	2571.15	586.11	1946.12	2520.74	574.62
High Self Plus One	803	-	1667.56	-	-	1634.86	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self	804	596.90	671.51	74.61	585.20	658.34	73.14
	Standard Self & Family	805	1355.42	1818.42	463.00	1328.84	1782.76	453.92
	Standard Self Plus One	806	-	1104.73	-	-	1083.07	-
New Mexico Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
New Mexico Aetna HealthFund CDHP and Value Plan								
	CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
	CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
	CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
	Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
	Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
	Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-
New Mexico Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
New Mexico New Mexico BlueHMO Preferred								
	High Self	Q11	612.97	715.29	102.32	600.95	701.26	100.31
	High Self & Family	Q12	1440.51	1763.87	323.36	1412.26	1729.28	317.02
	High Self Plus One	Q13	-	1537.83	-	-	1507.68	-
New Mexico Presbyterian Health Plan								
	High Self	P21	700.62	693.41	-7.21	686.88	679.81	-7.07
	High Self & Family	P22	1591.16	1629.52	38.36	1559.96	1597.57	37.61
	High Self Plus One	P23	-	1574.05	-	-	1543.19	-
New Mexico Presbyterian Health Plan								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self	PS4	New Plan	588.55	New Plan	New Plan	577.01	New Plan
	Standard Self & Family	PS5	New Plan	1383.06	New Plan	New Plan	1355.94	New Plan
	Standard Self Plus One	PS6	New Plan	1335.99	New Plan	New Plan	1309.79	New Plan
New York	Aetna Direct							
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
New York	Aetna HealthFund CDHP and Value Plan							
	CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
	CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
	CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
	Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
	Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
	Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
New York	Aetna HealthFund HDHP							
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
New York	Aetna Open Access							
	High Self	JC1	922.12	1061.29	139.17	904.04	1040.48	136.44
	High Self & Family	JC2	2269.89	2622.50	352.61	2225.38	2571.08	345.70
	High Self Plus One	JC3	-	2596.53	-	-	2545.62	-
	Basic Self	JC4	714.75	765.33	50.58	700.74	750.32	49.58
	Basic Self & Family	JC5	1736.75	1866.76	130.01	1702.70	1830.16	127.46
	Basic Self Plus One	JC6	-	1848.29	-	-	1812.05	-
New York	CDPHP Universal Benefits, Inc.							
	High Self	SG1	702.21	764.48	62.27	688.44	749.49	61.05

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self & Family	SG2	1778.41	2293.43	515.02	1743.54	2248.46	504.92
	High Self Plus One	SG3	-	1528.99	-	-	1499.01	-
	Standard Self	SG4	535.42	540.44	5.02	524.92	529.84	4.92
	Standard Self & Family	SG5	1294.08	1621.19	327.11	1268.71	1589.40	320.69
	Standard Self Plus One	SG6	-	1080.82	-	-	1059.63	-
New York GHI Health Plan								
	High Self	801	793.95	870.33	76.38	778.38	853.26	74.88
	High Self & Family	802	1985.04	2571.15	586.11	1946.12	2520.74	574.62
	High Self Plus One	803	-	1667.56	-	-	1634.86	-
	Standard Self	804	596.90	671.51	74.61	585.20	658.34	73.14
	Standard Self & Family	805	1355.42	1818.42	463.00	1328.84	1782.76	453.92
	Standard Self Plus One	806	-	1104.73	-	-	1083.07	-
New York HIP Health of Greater New York								
	High Self	511	651.24	669.80	18.56	638.47	656.67	18.20
	High Self & Family	512	1725.83	1921.11	195.28	1691.99	1883.44	191.45
	High Self Plus One	513	-	1188.89	-	-	1165.58	-
New York Independent Health Assoc								
	High Self	QA1	657.90	632.48	-25.42	645.00	620.08	-24.92
	High Self & Family	QA2	1578.91	1707.66	128.75	1547.95	1674.18	126.23
	High Self Plus One	QA3	-	1612.79	-	-	1581.17	-
	HDHP Self	QA4	470.58	457.94	-12.64	461.35	448.96	-12.39
	HDHP Self & Family	QA5	1131.72	1213.71	81.99	1109.53	1189.91	80.38
	HDHP Self Plus One	QA6	-	1121.68	-	-	1099.69	-
New York Independent Health Association								
	Standard Self	C54	647.77	605.87	-41.90	635.07	593.99	-41.08
	Standard Self & Family	C55	1554.67	1635.89	81.22	1524.19	1603.81	79.62
	Standard Self Plus One	C56	-	1545.01	-	-	1514.72	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
New York MVP Health Care								
	High Self	GA1	662.69	692.51	29.82	649.70	678.93	29.23
	High Self & Family	GA2	1660.24	1699.16	38.92	1627.69	1665.84	38.15
	High Self Plus One	GA3	-	1594.16	-	-	1562.90	-
	Standard Self	GA4	616.17	632.04	15.87	604.09	619.65	15.56
	Standard Self & Family	GA5	1548.11	1545.66	-2.45	1517.75	1515.35	-2.40
	Standard Self Plus One	GA6	-	1461.94	-	-	1433.27	-
New York MVP Health Care								
	High Self	GV1	611.33	648.39	37.06	599.34	635.68	36.34
	High Self & Family	GV2	1529.81	1590.18	60.37	1499.81	1559.00	59.19
	High Self Plus One	GV3	-	1491.39	-	-	1462.15	-
	Standard Self	GV4	547.71	573.67	25.96	536.97	562.42	25.45
	Standard Self & Family	GV5	1370.55	1406.85	36.30	1343.68	1379.26	35.58
	Standard Self Plus One	GV6	-	1319.44	-	-	1293.57	-
New York MVP Health Care								
	High Self	M91	657.32	688.42	31.10	644.43	674.92	30.49
	High Self & Family	M92	1647.40	1689.36	41.96	1615.10	1656.24	41.14
	High Self Plus One	M93	-	1588.66	-	-	1557.51	-
	Standard Self	M94	617.59	654.45	36.86	605.48	641.62	36.14
	Standard Self & Family	M95	1542.63	1607.24	64.61	1512.38	1575.73	63.35
	Standard Self Plus One	M96	-	1508.86	-	-	1479.27	-
New York MVP Health Care								
	High Self	MF1	748.81	787.91	39.10	734.13	772.46	38.33
	High Self & Family	MF2	1873.86	1932.29	58.43	1837.12	1894.40	57.28
	High Self Plus One	MF3	-	1812.22	-	-	1776.69	-
	Standard Self	MF4	712.93	760.29	47.36	698.95	745.38	46.43
	Standard Self & Family	MF5	1784.02	1864.51	80.49	1749.04	1827.95	78.91

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self Plus One	MF6	-	1748.62	-	-	1714.33	-
New York MVP Health Care								
	High Self	MX1	672.53	735.29	62.76	659.34	720.87	61.53
	High Self & Family	MX2	1682.39	1802.66	120.27	1649.40	1767.31	117.91
	High Self Plus One	MX3	-	1689.81	-	-	1656.68	-
	Standard Self	MX4	633.92	698.56	64.64	621.49	684.86	63.37
	Standard Self & Family	MX5	1590.10	1713.06	122.96	1558.92	1679.47	120.55
	Standard Self Plus One	MX6	-	1614.01	-	-	1582.36	-
North Carolina Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
North Carolina Aetna HealthFund CDHP and Value Plan								
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
North Carolina Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
North Dakota Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
North Dakota Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
North Dakota Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
North Dakota HealthPartners High and Standard Option								
	High Self	V31	673.25	697.48	24.23	660.05	683.80	23.75
	High Self & Family	V32	1548.50	1699.02	150.52	1518.14	1665.71	147.57
	High Self Plus One	V33	-	1541.41	-	-	1511.19	-
	Standard Self	V34	373.91	396.10	22.19	366.58	388.33	21.75
	Standard Self & Family	V35	860.00	964.91	104.91	843.14	945.99	102.85
	Standard Self Plus One	V36	-	875.38	-	-	858.22	-
North Dakota Sanford Health Plan								
	High Self	C91	728.13	882.06	153.93	713.85	864.76	150.91
	High Self & Family	C92	1674.72	2469.77	795.05	1641.88	2421.34	779.46
	High Self Plus One	C93	-	1587.71	-	-	1556.58	-
	Standard Self	C94	647.77	819.83	172.06	635.07	803.75	168.68
	Standard Self & Family	C95	1610.50	2295.48	684.98	1578.92	2250.47	671.55
	Standard Self Plus One	C96	-	1475.66	-	-	1446.73	-
Ohio Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option	Enrollment Code					
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Ohio Aetna HealthFund CDHP and Value Plan							
CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-
Ohio Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Ohio AultCare HMO							
High Self	3A1	608.41	702.10	93.69	596.48	688.33	91.85
High Self & Family	3A2	1493.63	2246.64	753.01	1464.34	2202.59	738.25
High Self Plus One	3A3	-	1333.96	-	-	1307.80	-
HDHP Self	3A4	363.23	321.53	-41.70	356.11	315.23	-40.88
HDHP Self & Family	3A5	733.35	1028.80	295.45	718.97	1008.63	289.66
HDHP Self Plus One	3A6	-	610.87	-	-	598.89	-
Ohio HealthSpan Integrated Care							
High Self	641	752.58	804.53	51.95	737.82	788.75	50.93
High Self & Family	642	1730.92	1930.86	199.94	1696.98	1893.00	196.02
High Self Plus One	643	-	1769.97	-	-	1735.26	-
Standard Self	644	552.11	587.72	35.61	541.28	576.20	34.92
Standard Self & Family	645	1269.80	1410.56	140.76	1244.90	1382.90	138.00
Standard Self Plus One	646	-	1292.98	-	-	1267.63	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2015 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Ohio Humana Health Plan of Ohio

High Self	A61	608.52	771.33	162.81	596.59	756.21	159.62
High Self & Family	A62	1353.94	1735.51	381.57	1327.39	1701.48	374.09
High Self Plus One	A63	-	1658.39	-	-	1625.87	-
Standard Self	A64	578.10	651.35	73.25	566.76	638.58	71.82
Standard Self & Family	A65	1286.26	1465.54	179.28	1261.04	1436.80	175.76
Standard Self Plus One	A66	-	1400.39	-	-	1372.93	-

Ohio Paramount Health Care

High Self	N81	New Plan	591.07	New Plan	New Plan	579.48	New Plan
High Self & Family	N82	New Plan	1554.49	New Plan	New Plan	1524.01	New Plan
High Self Plus One	N83	New Plan	1182.13	New Plan	New Plan	1158.95	New Plan

Oklahoma Aetna Direct

CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

Oklahoma Aetna HealthFund CDHP and Value Plan

CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-

Oklahoma Aetna HealthFund HDHP

HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-

Oklahoma Globalhealth, Inc.

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option	Enrollment Code					
High Self	IM1	556.52	610.69	54.17	545.61	598.72	53.11
High Self & Family	IM2	1341.21	1526.76	185.55	1314.91	1496.82	181.91
High Self Plus One	IM3	-	1221.40	-	-	1197.45	-
Oregon Aetna Direct							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Oregon Aetna HealthFund CDHP and Value Plan							
CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Oregon Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Oregon Kaiser Foundation Health Plan of Northwest							
High Self	571	637.21	660.65	23.44	624.72	647.70	22.98
High Self & Family	572	1439.33	1492.22	52.89	1411.11	1462.96	51.85
High Self Plus One	573	-	1492.22	-	-	1462.96	-
Standard Self	574	538.07	577.30	39.23	527.52	565.98	38.46
Standard Self & Family	575	1259.99	1326.22	66.23	1235.28	1300.22	64.94
Standard Self Plus One	576	-	1326.22	-	-	1300.22	-
Pennsylvania Aetna Direct							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums				
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment			
Plan	Option	Enrollment Code								
			CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
			CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Pennsylvania Aetna HealthFund CDHP and Value Plan										
			CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
			CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
			CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
			Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
			Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
			Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Pennsylvania Aetna HealthFund HDHP										
			HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
			HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
			HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Pennsylvania Aetna Open Access										
			High Self	P31	1232.50	1395.06	162.56	1208.33	1367.71	159.38
			High Self & Family	P32	2973.82	3382.34	408.52	2915.51	3316.02	400.51
			High Self Plus One	P33	-	3348.85	-	-	3283.19	-
			Basic Self	P34	1067.65	1123.61	55.96	1046.72	1101.58	54.86
			Basic Self & Family	P35	2465.34	2607.96	142.62	2417.00	2556.82	139.82
			Basic Self Plus One	P36	-	2582.14	-	-	2531.51	-
Pennsylvania Aetna Open Access										
			High Self	YE1	707.93	724.04	16.11	694.05	709.84	15.79
			High Self & Family	YE2	1770.74	1818.06	47.32	1736.02	1782.41	46.39
			High Self Plus One	YE3	-	1800.09	-	-	1764.79	-
Pennsylvania Geisinger Health Plan										
			Standard Self	GG4	645.52	661.35	15.83	632.86	648.38	15.52
			Standard Self & Family	GG5	1484.70	1521.13	36.43	1455.59	1491.30	35.71

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option - Enrollment Code						
	Standard Self Plus One GG6	-	1521.13	-	-	1491.30	-
Pennsylvania Keystone Health Plan West							
	High Self NP1	452.90	557.43	104.53	444.02	546.50	102.48
	High Self & Family NP2	1059.78	1264.49	204.71	1039.00	1239.70	200.70
	High Self Plus One NP3	-	1049.04	-	-	1028.47	-
Pennsylvania UPMC Health Plan							
	High Self 8W1	675.54	787.53	111.99	662.29	772.09	109.80
	High Self & Family 8W2	1553.65	1850.64	296.99	1523.19	1814.35	291.16
	High Self Plus One 8W3	-	1771.93	-	-	1737.19	-
	HDHP Self 8W4	507.31	523.26	15.95	497.36	513.00	15.64
	HDHP Self & Family 8W5	1145.09	1206.24	61.15	1122.64	1182.59	59.95
	HDHP Self Plus One 8W6	-	1159.96	-	-	1137.22	-
Pennsylvania UPMC Health Plan							
	Standard Self UW4	554.67	591.17	36.50	543.79	579.58	35.79
	Standard Self & Family UW5	1275.79	1389.16	113.37	1250.77	1361.92	111.15
	Standard Self Plus One UW6	-	1330.09	-	-	1304.01	-
Puerto Rico Humana Health Plans of Puerto Rico, Inc.							
	High Self ZJ1	335.90	357.64	21.74	329.31	350.63	21.32
	High Self & Family ZJ2	747.35	804.75	57.40	732.70	788.97	56.27
	High Self Plus One ZJ3	-	768.97	-	-	753.89	-
Puerto Rico Triple-S Salud, Inc.							
	High Self 891	397.78	397.78	0.00	389.98	389.98	0.00
	High Self & Family 892	910.92	910.92	0.00	893.06	893.06	0.00
	High Self Plus One 893	-	893.15	-	-	875.64	-
Rhode Island Aetna Direct							
	CDHP Self N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option	Enrollment Code					
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Rhode Island Aetna HealthFund CDHP and Value Plan							
CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67
Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
Rhode Island Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
South Carolina Aetna Direct							
CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
South Carolina Aetna HealthFund CDHP and Value Plan							
CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-
South Carolina Aetna HealthFund HDHP							
HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
South Dakota Aetna Direct								
CDHP Self		N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family		N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One		N63	-	1058.77	-	-	1038.01	-
South Dakota Aetna HealthFund CDHP and Value Plan								
CDHP Self		G51	639.73	711.13	71.40	627.19	697.19	70.00
CDHP Self & Family		G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
CDHP Self Plus One		G53	-	1605.99	-	-	1574.50	-
Basic Self		G54	528.41	545.54	17.13	518.05	534.84	16.79
Basic Self & Family		G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
Basic Self Plus One		G56	-	1225.00	-	-	1200.98	-
South Dakota Aetna HealthFund HDHP								
HDHP Self		224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family		225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One		226	-	1147.74	-	-	1125.24	-
South Dakota HealthPartners High and Standard Option								
High Self		V31	673.25	697.48	24.23	660.05	683.80	23.75
High Self & Family		V32	1548.50	1699.02	150.52	1518.14	1665.71	147.57
High Self Plus One		V33	-	1541.41	-	-	1511.19	-
Standard Self		V34	373.91	396.10	22.19	366.58	388.33	21.75
Standard Self & Family		V35	860.00	964.91	104.91	843.14	945.99	102.85
Standard Self Plus One		V36	-	875.38	-	-	858.22	-
South Dakota Sanford Health Plan								
High Self		AU1	751.82	744.93	-6.89	737.08	730.32	-6.76
High Self & Family		AU2	1729.86	2085.80	355.94	1695.94	2044.90	348.96
High Self Plus One		AU3	-	1340.87	-	-	1314.58	-
Standard Self		AU4	721.46	722.18	0.72	707.31	708.02	0.71

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan	Option - Enrollment Code						
	Standard Self & Family AU5	1659.40	2022.09	362.69	1626.86	1982.44	355.58
	Standard Self Plus One AU6	-	1299.90	-	-	1274.41	-
Tennessee Aetna Direct							
	CDHP Self N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One N63	-	1058.77	-	-	1038.01	-
Tennessee Aetna HealthFund CDHP and Value Plan							
	CDHP Self F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One F53	-	1491.13	-	-	1461.89	-
	Basic Self F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One F56	-	1243.52	-	-	1219.14	-
Tennessee Aetna HealthFund HDHP							
	HDHP Self 224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family 225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One 226	-	1147.74	-	-	1125.24	-
Tennessee Aetna Open Access							
	High Self UB1	758.68	847.62	88.94	743.80	831.00	87.20
	High Self & Family UB2	1934.48	2172.08	237.60	1896.55	2129.49	232.94
	High Self Plus One UB3	-	2150.58	-	-	2108.41	-
Tennessee Humana Health Plan, Inc.							
	High Self GJ1	574.71	655.22	80.51	563.44	642.37	78.93
	High Self & Family GJ2	1278.73	1474.27	195.54	1253.66	1445.36	191.70
	High Self Plus One GJ3	-	1408.76	-	-	1381.14	-
	Standard Self GJ4	517.25	597.78	80.53	507.11	586.06	78.95
	Standard Self & Family GJ5	1150.88	1345.03	194.15	1128.31	1318.66	190.35

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self Plus One	GJ6	-	1285.25	-	-	1260.05	-
Tennessee United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	KK1	New Plan	541.45	New Plan	New Plan	530.83	New Plan
	High Self & Family	KK2	New Plan	1518.23	New Plan	New Plan	1488.46	New Plan
	High Self Plus One	KK3	New Plan	1057.44	New Plan	New Plan	1036.71	New Plan
Tennessee United Healthcare Insurance Company, Inc. (HDHP Choice Plus)								
	HDHP Self	LS1	New Plan	518.67	New Plan	New Plan	508.50	New Plan
	HDHP Self & Family	LS2	New Plan	1454.30	New Plan	New Plan	1425.78	New Plan
	HDHP Self Plus One	LS3	New Plan	1012.91	New Plan	New Plan	993.05	New Plan
Texas Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Texas Aetna HealthFund CDHP and Value Plan								
	CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
	CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
	CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
	Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
	Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
	Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-
Texas Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Texas Aetna Whole Health								
	Basic Self	ES1	538.64	563.28	24.64	528.08	552.24	24.16
	Basic Self & Family	ES2	1419.88	1491.33	71.45	1392.04	1462.09	70.05

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Basic Self Plus One	ES3	-	1476.59	-	-	1447.64	-
Texas Firstcare								
	High Self	CK1	529.62	568.19	38.57	519.24	557.05	37.81
	High Self & Family	CK2	1218.10	1306.77	88.67	1194.22	1281.15	86.93
	High Self Plus One	CK3	-	1079.57	-	-	1058.40	-
Texas Humana CoverageFirst and Value Plan								
	CDHP Self	TP1	578.69	653.81	75.12	567.34	640.99	73.65
	CDHP Self & Family	TP2	1287.59	1471.06	183.47	1262.34	1442.22	179.88
	CDHP Self Plus One	TP3	-	1405.67	-	-	1378.11	-
	Basic Self	TP4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	TP5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	TP6	-	1022.88	-	-	1002.82	-
Texas Humana CoverageFirst and Value Plan								
	CDHP Self	TU1	572.39	641.10	68.71	561.17	628.53	67.36
	CDHP Self & Family	TU2	1273.56	1442.44	168.88	1248.59	1414.16	165.57
	CDHP Self Plus One	TU3	-	1378.36	-	-	1351.33	-
	Basic Self	TU4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	TU5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	TU6	-	1022.88	-	-	1002.82	-
Texas Humana CoverageFirst and Value Plan								
	CDHP Self	TV1	601.49	663.73	62.24	589.70	650.72	61.02
	CDHP Self & Family	TV2	1338.35	1493.38	155.03	1312.11	1464.10	151.99
	CDHP Self Plus One	TV3	-	1427.00	-	-	1399.02	-
	Basic Self	TV4	439.51	475.77	36.26	430.89	466.44	35.55
	Basic Self & Family	TV5	977.90	1070.46	92.56	958.73	1049.47	90.74
	Basic Self Plus One	TV6	-	1022.88	-	-	1002.82	-
Texas Humana Health Plan of Texas								

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self	EW1	574.71	662.34	87.63	563.44	649.35	85.91
	High Self & Family	EW2	1278.73	1490.20	211.47	1253.66	1460.98	207.32
	High Self Plus One	EW3	-	1423.99	-	-	1396.07	-
	Standard Self	EW4	517.25	604.15	86.90	507.11	592.30	85.19
	Standard Self & Family	EW5	1150.88	1359.35	208.47	1128.31	1332.70	204.39
	Standard Self Plus One	EW6	-	1298.93	-	-	1273.46	-
Texas Humana Health Plan of Texas								
	High Self	UC1	608.52	695.07	86.55	596.59	681.44	84.85
	High Self & Family	UC2	1353.96	1563.88	209.92	1327.41	1533.22	205.81
	High Self Plus One	UC3	-	1494.36	-	-	1465.06	-
	Standard Self	UC4	578.10	656.90	78.80	566.76	644.02	77.26
	Standard Self & Family	UC5	1286.26	1478.03	191.77	1261.04	1449.05	188.01
	Standard Self Plus One	UC6	-	1412.34	-	-	1384.65	-
Texas Humana Health Plan of Texas								
	High Self	UR1	1065.57	1333.89	268.32	1044.68	1307.74	263.06
	High Self & Family	UR2	2370.89	3001.25	630.36	2324.40	2942.40	618.00
	High Self Plus One	UR3	-	2867.85	-	-	2811.62	-
	Standard Self	UR4	608.52	693.59	85.07	596.59	679.99	83.40
	Standard Self & Family	UR5	1353.96	1560.57	206.61	1327.41	1529.97	202.56
	Standard Self Plus One	UR6	-	1491.20	-	-	1461.96	-
Texas Humana Health Plan of Texas								
	High Self	UU1	785.59	1110.57	324.98	770.19	1088.79	318.60
	High Self & Family	UU2	1747.93	2498.76	750.83	1713.66	2449.76	736.10
	High Self Plus One	UU3	-	2387.69	-	-	2340.87	-
	Standard Self	UU4	608.52	774.74	166.22	596.59	759.55	162.96
	Standard Self & Family	UU5	1353.96	1743.23	389.27	1327.41	1709.05	381.64
	Standard Self Plus One	UU6	-	1665.74	-	-	1633.08	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Texas Scott & White Health Plan								
	Standard Self	A84	575.84	601.15	25.31	564.55	589.36	24.81
	Standard Self & Family	A85	1322.18	1410.37	88.19	1296.25	1382.72	86.47
	Standard Self Plus One	A86	-	1260.52	-	-	1235.80	-
Texas UnitedHealthcare Benefits of Texas, Inc.								
	High Self	GF1	807.82	875.76	67.94	791.98	858.59	66.61
	High Self & Family	GF2	1860.58	2455.62	595.04	1824.10	2407.47	583.37
	High Self Plus One	GF3	-	1710.35	-	-	1676.81	-
Texas UnitedHealthcare Insurance Company								
	Basic Self	L91	539.95	470.09	-69.86	529.36	460.87	-68.49
	Basic Self & Family	L92	1201.38	1318.16	116.78	1177.82	1292.31	114.49
	Basic Self Plus One	L93	-	918.10	-	-	900.10	-
Utah Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Utah Aetna Health of Utah, Inc. dba Altius Health Plans								
	High Self	9K1	662.30	695.69	33.39	649.31	682.05	32.74
	High Self & Family	9K2	1457.12	1538.47	81.35	1428.55	1508.30	79.75
	High Self Plus One	9K3	-	1523.25	-	-	1493.38	-
	HDHP Self	9K4	372.91	376.32	3.41	365.60	368.94	3.34
	HDHP Self & Family	9K5	772.57	786.49	13.92	757.42	771.07	13.65
	HDHP Self Plus One	9K6	-	771.07	-	-	755.95	-
Utah Aetna Health of Utah, Inc. dba Altius Health Plans								
	Standard Self	DK4	498.20	508.26	10.06	488.43	498.29	9.86
	Standard Self & Family	DK5	1096.01	1122.35	26.34	1074.52	1100.34	25.82
	Standard Self Plus One	DK6	-	1111.26	-	-	1089.47	-

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2015 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

Utah Aetna HealthFund CDHP and Value Plan

CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-

Utah Aetna HealthFund HDHP

HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-

Utah SelectHealth

High Self	SF1	649.52	701.53	52.01	636.78	687.77	50.99
High Self & Family	SF2	1448.92	1564.81	115.89	1420.51	1534.13	113.62
High Self Plus One	SF3	-	1564.81	-	-	1534.13	-
Standard Self	SF4	507.37	522.58	15.21	497.42	512.33	14.91
Standard Self & Family	SF5	1131.83	1160.42	28.59	1109.64	1137.67	28.03
Standard Self Plus One	SF6	-	1160.42	-	-	1137.67	-

Vermont Aetna Direct

CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

Vermont Aetna HealthFund CDHP and Value Plan

CDHP Self	EP1	656.26	780.44	124.18	643.39	765.14	121.75
CDHP Self & Family	EP2	1490.38	1779.87	289.49	1461.16	1744.97	283.81
CDHP Self Plus One	EP3	-	1762.23	-	-	1727.68	-
Basic Self	EP4	523.09	537.03	13.94	512.83	526.50	13.67

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Basic Self & Family	EP5	1187.92	1229.80	41.88	1164.63	1205.69	41.06
	Basic Self Plus One	EP6	-	1205.67	-	-	1182.03	-
Vermont Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Virgin Islands Triple-S Salud, Inc.								
	High Self	851	503.55	503.55	0.00	493.68	493.68	0.00
	High Self & Family	852	1153.18	1153.18	0.00	1130.57	1130.57	0.00
	High Self Plus One	853	-	1130.68	-	-	1108.51	-
Virginia Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Virginia Aetna HealthFund CDHP and Value Plan								
	CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
	CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
	CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
	Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
Virginia Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Virginia Aetna Open Access								
	High Self	JN1	943.18	978.70	35.52	924.69	959.51	34.82

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self & Family	JN2	2112.70	2200.27	87.57	2071.27	2157.13	85.86
	High Self Plus One	JN3	-	2178.51	-	-	2135.79	-
	Basic Self	JN4	587.59	609.87	22.28	576.07	597.91	21.84
	Basic Self & Family	JN5	1313.89	1372.77	58.88	1288.13	1345.85	57.72
	Basic Self Plus One	JN6	-	1345.85	-	-	1319.46	-
Virginia Aetna Whole Health								
	Basic Self	D91	510.09	535.27	25.18	500.09	524.77	24.68
	Basic Self & Family	D92	1419.88	1502.27	82.39	1392.04	1472.81	80.77
	Basic Self Plus One	D93	-	1487.42	-	-	1458.25	-
Virginia Aetna Whole Health								
	Basic Self	J91	474.05	568.85	94.80	464.75	557.70	92.95
	Basic Self & Family	J92	1234.05	1487.47	253.42	1209.85	1458.30	248.45
	Basic Self Plus One	J93	-	1472.73	-	-	1443.85	-
Virginia CareFirst BlueChoice								
	High Self	2G1	683.76	711.11	27.35	670.35	697.17	26.82
	High Self & Family	2G2	1538.18	1689.55	151.37	1508.02	1656.42	148.40
	High Self Plus One	2G3	-	1422.21	-	-	1394.32	-
	Standard Self	2G4	611.22	635.66	24.44	599.24	623.20	23.96
	Standard Self & Family	2G5	1375.02	1510.31	135.29	1348.06	1480.70	132.64
	Standard Self Plus One	2G6	-	1271.35	-	-	1246.42	-
Virginia CareFirst BlueChoice								
	HDHP Self	B61	591.95	603.80	11.85	580.34	591.96	11.62
	HDHP Self & Family	B62	1320.39	1434.62	114.23	1294.50	1406.49	111.99
	HDHP Self Plus One	B63	-	1207.61	-	-	1183.93	-
Virginia Innovation Health Plan								
	High Self	LQ1	532.46	559.06	26.60	522.02	548.10	26.08
	High Self & Family	LQ2	1247.46	1315.66	68.20	1223.00	1289.86	66.86

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self Plus One	LQ3	-	1302.62	-	-	1277.08	-
Virginia Kaiser Foundation Health Plan Mid-Atlantic States								
	High Self	E31	618.67	630.91	12.24	606.54	618.54	12.00
	High Self & Family	E32	1422.95	1476.31	53.36	1395.05	1447.36	52.31
	High Self Plus One	E33	-	1425.83	-	-	1397.87	-
	Standard Self	E34	401.19	475.07	73.88	393.32	465.75	72.43
	Standard Self & Family	E35	922.67	1111.66	188.99	904.58	1089.86	185.28
	Standard Self Plus One	E36	-	1073.62	-	-	1052.57	-
Virginia M.D. IPA								
	High Self	JP1	695.16	653.87	-41.29	681.53	641.05	-40.48
	High Self & Family	JP2	1602.91	1833.46	230.55	1571.48	1797.51	226.03
	High Self Plus One	JP3	-	1277.01	-	-	1251.97	-
Virginia Optima Health Plan								
	High Self	PG1	New Plan	532.28	New Plan	New Plan	521.84	New Plan
	High Self & Family	PG2	New Plan	1391.35	New Plan	New Plan	1364.07	New Plan
	High Self Plus One	PG3	New Plan	1321.78	New Plan	New Plan	1295.86	New Plan
Virginia United Healthcare Insurance Company, Inc. (Choice HMO)								
	High Self	LR1	New Plan	541.74	New Plan	New Plan	531.12	New Plan
	High Self & Family	LR2	New Plan	1519.05	New Plan	New Plan	1489.26	New Plan
	High Self Plus One	LR3	New Plan	1058.02	New Plan	New Plan	1037.27	New Plan
Virginia UnitedHealthcare Insurance Company								
	Basic Self	L91	539.95	470.09	-69.86	529.36	460.87	-68.49
	Basic Self & Family	L92	1201.38	1318.16	116.78	1177.82	1292.31	114.49
	Basic Self Plus One	L93	-	918.10	-	-	900.10	-
Washington Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Washington Aetna HealthFund CDHP and Value Plan								
	CDHP Self	G51	639.73	711.13	71.40	627.19	697.19	70.00
	CDHP Self & Family	G52	1452.77	1622.06	169.29	1424.28	1590.25	165.97
	CDHP Self Plus One	G53	-	1605.99	-	-	1574.50	-
	Basic Self	G54	528.41	545.54	17.13	518.05	534.84	16.79
	Basic Self & Family	G55	1199.94	1249.51	49.57	1176.41	1225.01	48.60
	Basic Self Plus One	G56	-	1225.00	-	-	1200.98	-
Washington Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Washington Aetna Open Access								
	High Self	C31	616.32	674.10	57.78	604.24	660.88	56.64
	High Self & Family	C32	1682.45	1848.42	165.97	1649.46	1812.18	162.72
	High Self Plus One	C33	-	1830.12	-	-	1794.24	-
Washington Group Health Cooperative								
	High Self	541	716.97	722.96	5.99	702.91	708.78	5.87
	High Self & Family	542	1541.48	1951.96	410.48	1511.25	1913.69	402.44
	High Self Plus One	543	-	1445.89	-	-	1417.54	-
	Standard Self	544	492.17	517.29	25.12	482.52	507.15	24.63
	Standard Self & Family	545	1111.10	1396.75	285.65	1089.31	1369.36	280.05
	Standard Self Plus One	546	-	1034.62	-	-	1014.33	-
Washington Group Health Cooperative								
	HDHP Self	PT1	New Plan	483.33	New Plan	New Plan	473.85	New Plan
	HDHP Self & Family	PT2	New Plan	1305.01	New Plan	New Plan	1279.42	New Plan
	HDHP Self Plus One	PT3	New Plan	966.65	New Plan	New Plan	947.70	New Plan

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)	2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Washington Kaiser Foundation Health Plan of Northwest

High Self	571	637.21	660.65	23.44	624.72	647.70	22.98
High Self & Family	572	1439.33	1492.22	52.89	1411.11	1462.96	51.85
High Self Plus One	573	-	1492.22	-	-	1462.96	-
Standard Self	574	538.07	577.30	39.23	527.52	565.98	38.46
Standard Self & Family	575	1259.99	1326.22	66.23	1235.28	1300.22	64.94
Standard Self Plus One	576	-	1326.22	-	-	1300.22	-

Washington KPS Health Plans

Standard Self	L11	593.16	630.58	37.42	581.53	618.22	36.69
Standard Self & Family	L12	1280.37	1513.40	233.03	1255.26	1483.73	228.47
Standard Self Plus One	L13	-	1324.26	-	-	1298.29	-
HDHP Self	L14	477.40	496.83	19.43	468.04	487.09	19.05
HDHP Self & Family	L15	1043.26	1164.21	120.95	1022.80	1141.38	118.58
HDHP Self Plus One	L16	-	1036.31	-	-	1015.99	-

Washington KPS Health Plans

High Self	VT1	734.78	874.04	139.26	720.37	856.90	136.53
High Self & Family	VT2	1605.56	2097.67	492.11	1574.08	2056.54	482.46
High Self Plus One	VT3	-	1835.45	-	-	1799.46	-

West Virginia Aetna Direct

CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-

West Virginia Aetna HealthFund CDHP and Value Plan

CDHP Self	F51	601.15	660.52	59.37	589.36	647.57	58.21
CDHP Self & Family	F52	1365.12	1506.05	140.93	1338.35	1476.52	138.17
CDHP Self Plus One	F53	-	1491.13	-	-	1461.89	-
Basic Self	F54	538.13	553.91	15.78	527.58	543.05	15.47

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Basic Self & Family	F55	1222.04	1268.39	46.35	1198.08	1243.52	45.44
	Basic Self Plus One	F56	-	1243.52	-	-	1219.14	-
West Virginia Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Wisconsin Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Wisconsin Aetna HealthFund CDHP and Value Plan								
	CDHP Self	JS1	752.53	891.85	139.32	737.77	874.36	136.59
	CDHP Self & Family	JS2	1708.93	2032.98	324.05	1675.42	1993.12	317.70
	CDHP Self Plus One	JS3	-	2012.85	-	-	1973.38	-
	Basic Self	JS4	616.79	665.90	49.11	604.70	652.84	48.14
	Basic Self & Family	JS5	1400.65	1520.17	119.52	1373.19	1490.36	117.17
	Basic Self Plus One	JS6	-	1505.10	-	-	1475.59	-
Wisconsin Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-
Wisconsin Aetna Whole Health								
	Basic Self	F71	445.44	467.72	22.28	436.71	458.55	21.84
	Basic Self & Family	F72	1227.46	1294.20	66.74	1203.39	1268.82	65.43
	Basic Self Plus One	F73	-	1281.41	-	-	1256.28	-
Wisconsin Dean Health Plan								
	High Self	WD1	791.64	859.29	67.65	776.12	842.44	66.32

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	High Self & Family	WD2	1979.08	1976.42	-2.66	1940.27	1937.67	-2.60
	High Self Plus One	WD3	-	1804.57	-	-	1769.19	-
	Standard Self	WD4	531.42	597.36	65.94	521.00	585.65	64.65
	Standard Self & Family	WD5	1328.54	1433.65	105.11	1302.49	1405.54	103.05
	Standard Self Plus One	WD6	-	1314.18	-	-	1288.41	-
Wisconsin Group Health Cooperative								
	High Self	WJ1	609.41	653.89	44.48	597.46	641.07	43.61
	High Self & Family	WJ2	1523.88	1948.63	424.75	1494.00	1910.42	416.42
	High Self Plus One	WJ3	-	1294.73	-	-	1269.34	-
Wisconsin HealthPartners High and Standard Option								
	High Self	V31	673.25	697.48	24.23	660.05	683.80	23.75
	High Self & Family	V32	1548.50	1699.02	150.52	1518.14	1665.71	147.57
	High Self Plus One	V33	-	1541.41	-	-	1511.19	-
	Standard Self	V34	373.91	396.10	22.19	366.58	388.33	21.75
	Standard Self & Family	V35	860.00	964.91	104.91	843.14	945.99	102.85
	Standard Self Plus One	V36	-	875.38	-	-	858.22	-
Wisconsin MercyCare HMO								
	High Self	EY1	662.36	675.40	13.04	649.37	662.16	12.79
	High Self & Family	EY2	1656.64	2026.22	369.58	1624.16	1986.49	362.33
	High Self Plus One	EY3	-	1350.82	-	-	1324.33	-
Wisconsin Physicians Plus								
	High Self	LW1	662.51	670.07	7.56	649.52	656.93	7.41
	High Self & Family	LW2	1688.11	1707.40	19.29	1655.01	1673.92	18.91
	High Self Plus One	LW3	-	1602.49	-	-	1571.07	-
	Standard Self	LW4	New Plan	593.72	New Plan	New Plan	582.08	New Plan
	Standard Self & Family	LW5	New Plan	1512.85	New Plan	New Plan	1483.19	New Plan
	Standard Self Plus One	LW6	New Plan	1419.88	New Plan	New Plan	1392.04	New Plan

Temporary Continuation of Coverage and Former Spouse Premiums

Health Management Organizations (HMO)		2015 TCC Premium	2016 Temporary Continuation of Coverage		2015 Former Spouse Premium	2016 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
Wyoming Aetna Direct								
	CDHP Self	N61	464.21	482.78	18.57	455.11	473.31	18.20
	CDHP Self & Family	N62	1048.47	1217.55	169.08	1027.91	1193.68	165.77
	CDHP Self Plus One	N63	-	1058.77	-	-	1038.01	-
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans								
	High Self	9K1	662.30	695.69	33.39	649.31	682.05	32.74
	High Self & Family	9K2	1457.12	1538.47	81.35	1428.55	1508.30	79.75
	High Self Plus One	9K3	-	1523.25	-	-	1493.38	-
	HDHP Self	9K4	372.91	376.32	3.41	365.60	368.94	3.34
	HDHP Self & Family	9K5	772.57	786.49	13.92	757.42	771.07	13.65
	HDHP Self Plus One	9K6	-	771.07	-	-	755.95	-
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans								
	Standard Self	DK4	498.20	508.26	10.06	488.43	498.29	9.86
	Standard Self & Family	DK5	1096.01	1122.35	26.34	1074.52	1100.34	25.82
	Standard Self Plus One	DK6	-	1111.26	-	-	1089.47	-
Wyoming Aetna HealthFund CDHP and Value Plan								
	CDHP Self	H41	612.06	691.02	78.96	600.06	677.47	77.41
	CDHP Self & Family	H42	1389.95	1575.20	185.25	1362.70	1544.31	181.61
	CDHP Self Plus One	H43	-	1559.60	-	-	1529.02	-
	Basic Self	H44	539.51	547.46	7.95	528.93	536.73	7.80
	Basic Self & Family	H45	1225.20	1256.48	31.28	1201.18	1231.84	30.66
	Basic Self Plus One	H46	-	1231.83	-	-	1207.68	-
Wyoming Aetna HealthFund HDHP								
	HDHP Self	224	501.36	530.74	29.38	491.53	520.33	28.80
	HDHP Self & Family	225	1098.00	1170.71	72.71	1076.47	1147.75	71.28
	HDHP Self Plus One	226	-	1147.74	-	-	1125.24	-