

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Alabama Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Alabama Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Alabama Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Alabama United Healthcare Insurance Company, Inc.</b>											
High Self	KK1	245.00	257.80	193.35	64.45	3.20	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	686.98	644.49	483.37	161.12	-37.36	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	478.48	554.26	415.70	138.56	18.94	1036.71	1200.90	900.68	300.22	41.04
<b>Alabama United Healthcare Insurance Company, Inc. (HDHP)</b>											
HDHP Self	LS1	234.69	212.83	159.62	53.21	-5.46	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	658.05	532.06	399.05	133.01	-36.54	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	458.33	457.58	343.19	114.39	-0.19	993.05	991.42	743.57	247.85	-0.41
<b>Alaska Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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<b>Alaska Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>Alaska Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Arizona Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Arizona Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
<b>Arizona Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Arizona Aetna Open Access</b>												
High Self		WQ1	405.62	432.90	221.67	211.23	18.98	878.84	937.95	480.29	457.66	41.12
High Self & Family		WQ2	984.84	1051.08	505.22	545.86	49.52	2133.82	2277.34	1094.64	1182.70	107.30
High Self Plus One		WQ3	975.08	1040.67	475.79	564.88	50.82	2112.67	2254.79	1030.88	1223.91	110.12
<b>Arizona Health Net of Arizona, Inc.</b>												
Standard Self		A74	315.62	344.24	221.67	122.57	20.32	683.84	745.85	480.29	265.56	44.02
Standard Self & Family		A75	799.12	871.61	505.22	366.39	55.77	1731.43	1888.49	1094.64	793.85	120.84
Standard Self Plus One		A76	799.12	871.61	475.79	395.82	57.72	1731.43	1888.49	1030.88	857.61	125.06
<b>Arizona Humana Health Plan, Inc.</b>												
High Self		BF1	349.02	417.84	221.67	196.17	60.52	756.21	905.32	480.29	425.03	131.12
High Self & Family		BF2	785.30	940.14	505.22	434.92	138.12	1701.48	2036.97	1094.64	942.33	299.27
High Self Plus One		BF3	750.40	898.36	475.79	422.57	133.19	1625.87	1946.45	1030.88	915.57	288.58
Standard Self		BF4	304.14	318.70	221.67	97.03	6.26	658.97	690.52	480.29	210.23	13.56
Standard Self & Family		BF5	684.31	717.08	505.22	211.86	16.05	1482.67	1553.67	1094.64	459.03	34.78
Standard Self Plus One		BF6	653.89	685.20	475.79	209.41	16.54	1416.76	1484.60	1030.88	453.72	35.84
<b>Arizona Humana Health Plan, Inc.</b>												
High Self		C71	310.24	340.72	221.67	119.05	22.18	672.19	738.23	480.29	257.94	48.05
High Self & Family		C72	698.05	766.64	505.22	261.42	51.87	1512.44	1661.05	1094.64	566.41	112.39
High Self Plus One		C73	667.02	732.56	475.79	256.77	50.77	1445.21	1587.21	1030.88	556.33	110.00
Standard Self		C74	289.46	300.40	221.67	78.73	2.64	627.16	650.87	480.29	170.58	5.72
Standard Self & Family		C75	651.30	675.91	505.22	170.69	7.87	1411.15	1464.47	1094.64	369.83	17.04
Standard Self Plus One		C76	622.35	645.87	475.79	170.08	8.75	1348.43	1399.39	1030.88	368.51	18.96
<b>Arizona United Healthcare Insurance Company, Inc.</b>												
High Self		KT1	244.98	257.12	192.84	64.28	3.04	530.79	557.09	417.82	139.27	6.57
High Self & Family		KT2	686.93	642.80	482.10	160.70	-37.73	1488.35	1392.73	1044.55	348.18	-81.75
High Self Plus One		KT3	478.45	552.80	414.60	138.20	18.59	1036.64	1197.73	898.30	299.43	40.27

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Plan	Option	Enrollment Code										
<b>Arizona United Healthcare Insurance Company, Inc. (HDHP)</b>												
HDHP Self		LU1	236.75	227.24	170.43	56.81	-2.38	512.96	492.35	369.26	123.09	-5.15
HDHP Self & Family		LU2	663.82	568.10	426.08	142.02	-33.30	1438.28	1230.88	923.16	307.72	-72.14
HDHP Self Plus One		LU3	462.35	488.57	366.43	122.14	6.55	1001.76	1058.57	793.93	264.64	14.20
<b>Arkansas Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Arkansas Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self		F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family		F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One		F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self		F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family		F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One		F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Arkansas Aetna HealthFund HDHP</b>												
HDHP Self		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Arkansas QualChoice</b>												
High Self		DH1	312.81	329.12	221.67	107.45	8.01	677.76	713.09	480.29	232.80	17.34
High Self & Family		DH2	815.90	858.44	505.22	353.22	25.82	1767.78	1859.95	1094.64	765.31	55.95
High Self Plus One		DH3	607.64	639.32	475.79	163.53	11.62	1316.55	1385.19	1030.88	354.31	25.17
Standard Self		DH4	243.98	256.70	192.53	64.17	3.18	528.62	556.18	417.14	139.04	6.89
Standard Self & Family		DH5	636.37	669.54	502.16	167.38	8.29	1378.80	1450.67	1088.00	362.67	17.97
Standard Self Plus One		DH6	473.93	498.64	373.98	124.66	6.18	1026.85	1080.39	810.29	270.10	13.39

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Plan	Option	Enrollment Code										
<b>Arkansas United Healthcare Insurance Company, Inc.</b>												
High Self		KK1	245.00	257.80	193.35	64.45	3.20	530.83	558.57	418.93	139.64	6.93
High Self & Family		KK2	686.98	644.49	483.37	161.12	-37.36	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One		KK3	478.48	554.26	415.70	138.56	18.94	1036.71	1200.90	900.68	300.22	41.04
<b>Arkansas United Healthcare Insurance Company, Inc. (HDHP)</b>												
HDHP Self		LS1	234.69	212.83	159.62	53.21	-5.46	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family		LS2	658.05	532.06	399.05	133.01	-36.54	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One		LS3	458.33	457.58	343.19	114.39	-0.19	993.05	991.42	743.57	247.85	-0.41
<b>California Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>California Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self		JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family		JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One		JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self		JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family		JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One		JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>California Aetna HealthFund HDHP</b>												
HDHP Self		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>California Aetna Open Access</b>												
High Self		2X1	288.61	313.47	221.67	91.80	16.56	625.32	679.19	480.29	198.90	35.88
High Self & Family		2X2	677.55	735.90	505.22	230.68	41.63	1468.03	1594.45	1094.64	499.81	90.20
High Self Plus One		2X3	664.27	721.48	475.79	245.69	42.44	1439.25	1563.21	1030.88	532.33	91.96

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<b>California Anthem Blue Cross Select HMO</b>											
High Self	B31	337.07	348.90	221.67	127.23	3.53	730.32	755.95	480.29	275.66	7.64
High Self & Family	B32	715.63	755.36	505.22	250.14	23.01	1550.53	1636.61	1094.64	541.97	49.86
High Self Plus One	B33	674.21	708.26	475.79	232.47	19.28	1460.79	1534.56	1030.88	503.68	41.77
<b>California Blue Shield of CA Access+HMO</b>											
High Self	SI1	331.36	342.54	221.67	120.87	2.88	717.95	742.17	480.29	261.88	6.23
High Self & Family	SI2	745.57	787.86	505.22	282.64	25.57	1615.40	1707.03	1094.64	612.39	55.41
High Self Plus One	SI3	729.00	753.60	475.79	277.81	9.83	1579.50	1632.80	1030.88	601.92	21.30
<b>California Health Net of California</b>											
High Self	LB1	600.60	626.64	221.67	404.97	17.74	1301.30	1357.72	480.29	877.43	38.43
High Self & Family	LB2	1441.45	1503.92	505.22	998.70	45.75	3123.14	3258.49	1094.64	2163.85	99.13
High Self Plus One	LB3	1321.33	1378.60	475.79	902.81	42.50	2862.88	2986.97	1030.88	1956.09	92.09
Standard Self	LB4	570.43	595.12	221.67	373.45	16.39	1235.93	1289.43	480.29	809.14	35.51
Standard Self & Family	LB5	1369.04	1428.28	505.22	923.06	42.52	2966.25	3094.61	1094.64	1999.97	92.14
Standard Self Plus One	LB6	1254.95	1309.27	475.79	833.48	39.55	2719.06	2836.75	1030.88	1805.87	85.69
<b>California Health Net of California</b>											
High Self	LP1	350.22	380.01	221.67	158.34	21.49	758.81	823.36	480.29	343.07	46.56
High Self & Family	LP2	840.52	912.01	505.22	406.79	54.77	1821.13	1976.02	1094.64	881.38	118.67
High Self Plus One	LP3	770.47	836.00	475.79	360.21	50.76	1669.35	1811.33	1030.88	780.45	109.98
Standard Self	LP4	332.20	361.71	221.67	140.04	21.21	719.77	783.71	480.29	303.42	45.95
Standard Self & Family	LP5	797.30	868.11	505.22	362.89	54.09	1727.48	1880.91	1094.64	786.27	117.21
Standard Self Plus One	LP6	730.85	795.77	475.79	319.98	50.15	1583.51	1724.17	1030.88	693.29	108.66
<b>California Health Net of California</b>											
Basic Self	P61	132.81	141.38	106.04	35.34	2.14	287.76	306.32	229.74	76.58	4.64
Basic Self & Family	P62	318.73	339.31	254.48	84.83	5.15	690.58	735.17	551.38	183.79	11.15
Basic Self Plus One	P63	292.17	311.03	233.27	77.76	4.72	633.04	673.90	505.43	168.47	10.21

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<b>California Kaiser Foundation Health Plan</b>											
High Self	591	377.23	396.45	221.67	174.78	10.92	817.33	858.98	480.29	378.69	23.66
High Self & Family	592	900.50	946.36	505.22	441.14	29.14	1951.08	2050.45	1094.64	955.81	63.15
High Self Plus One	593	900.50	946.36	475.79	470.57	31.09	1951.08	2050.45	1030.88	1019.57	67.37
Standard Self	594	315.31	331.77	221.67	110.10	8.16	683.17	718.84	480.29	238.55	17.68
Standard Self & Family	595	737.83	776.36	505.22	271.14	21.81	1598.63	1682.11	1094.64	587.47	47.26
Standard Self Plus One	596	737.83	776.36	475.79	300.57	23.76	1598.63	1682.11	1030.88	651.23	51.48
<b>California Kaiser Foundation Health Plan</b>											
High Self	621	275.88	291.35	218.51	72.84	3.87	597.74	631.26	473.45	157.81	8.38
High Self & Family	622	637.61	673.38	505.04	168.34	8.94	1381.49	1458.99	1094.24	364.75	19.38
High Self Plus One	623	637.61	673.38	475.79	197.59	21.00	1381.49	1458.99	1030.88	428.11	45.50
Standard Self	624	178.91	187.37	140.53	46.84	2.11	387.64	405.97	304.48	101.49	4.58
Standard Self & Family	625	413.50	433.04	324.78	108.26	4.89	895.92	938.25	703.69	234.56	10.58
Standard Self Plus One	626	413.50	433.04	324.78	108.26	4.89	895.92	938.25	703.69	234.56	10.58
<b>California Kaiser Foundation Health Plan</b>											
Basic Self	KC1	281.33	295.73	221.67	74.06	3.73	609.55	640.75	480.29	160.46	8.07
Basic Self & Family	KC2	658.31	692.01	505.22	186.79	16.98	1426.34	1499.36	1094.64	404.72	36.80
Basic Self Plus One	KC3	658.31	692.01	475.79	216.22	18.93	1426.34	1499.36	1030.88	468.48	41.02
<b>California Kaiser Foundation Health Plan Fresno</b>											
High Self	NZ1	279.39	312.07	221.67	90.40	20.55	605.35	676.15	480.29	195.86	44.52
High Self & Family	NZ2	645.73	721.26	505.22	216.04	54.61	1399.08	1562.73	1094.64	468.09	118.32
High Self Plus One	NZ3	645.73	721.26	475.79	245.47	60.76	1399.08	1562.73	1030.88	531.85	131.65
Standard Self	NZ4	181.26	216.84	162.63	54.21	8.90	392.73	469.82	352.37	117.45	19.27
Standard Self & Family	NZ5	418.94	501.14	375.86	125.28	20.55	907.70	1085.80	814.35	271.45	44.53
Standard Self Plus One	NZ6	418.94	501.14	375.86	125.28	20.55	907.70	1085.80	814.35	271.45	44.53

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>California UnitedHealthcare of California</b>											
High Self	CY1	286.34	303.72	221.67	82.05	9.08	620.40	658.06	480.29	177.77	19.67
High Self & Family	CY2	802.88	851.59	505.22	346.37	31.99	1739.57	1845.11	1094.64	750.47	69.32
High Self Plus One	CY3	559.21	593.14	444.86	148.28	8.48	1211.62	1285.14	963.86	321.28	18.38
Standard Self	CY4	257.47	282.96	212.22	70.74	6.37	557.85	613.08	459.81	153.27	13.81
Standard Self & Family	CY5	721.97	793.44	505.22	288.22	54.75	1564.27	1719.12	1094.64	624.48	118.63
Standard Self Plus One	CY6	502.85	552.64	414.48	138.16	12.45	1089.51	1197.39	898.04	299.35	26.97
<b>Colorado Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Colorado Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
<b>Colorado Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Colorado Humana Health Plan, Inc.</b>											
High Self	NR1	247.70	247.10	185.33	61.77	-0.15	536.68	535.38	401.54	133.84	-0.33
High Self & Family	NR2	557.32	555.97	416.98	138.99	-0.34	1207.53	1204.60	903.45	301.15	-0.73
High Self Plus One	NR3	532.54	531.26	398.45	132.81	-0.32	1153.84	1151.06	863.30	287.76	-0.70
Standard Self	NR4	227.47	226.92	170.19	56.73	-0.14	492.85	491.66	368.75	122.91	-0.30
Standard Self & Family	NR5	511.80	510.58	382.94	127.64	-0.31	1108.90	1106.26	829.70	276.56	-0.66
Standard Self Plus One	NR6	489.06	487.88	365.91	121.97	-0.29	1059.63	1057.07	792.80	264.27	-0.64
<b>Colorado Humana Health Plan, Inc.</b>											
High Self	NT1	263.00	262.36	196.77	65.59	-0.16	569.83	568.45	426.34	142.11	-0.35
High Self & Family	NT2	591.74	590.32	442.74	147.58	-0.35	1282.10	1279.03	959.27	319.76	-0.76
High Self Plus One	NT3	565.45	564.09	423.07	141.02	-0.34	1225.14	1222.20	916.65	305.55	-0.73
Standard Self	NT4	238.80	238.23	178.67	59.56	-0.14	517.40	516.17	387.13	129.04	-0.31
Standard Self & Family	NT5	537.32	536.03	402.02	134.01	-0.32	1164.19	1161.40	871.05	290.35	-0.70
Standard Self Plus One	NT6	513.44	512.20	384.15	128.05	-0.31	1112.45	1109.77	832.33	277.44	-0.67
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>											
High Self	651	318.22	317.47	221.67	95.80	-9.05	689.48	687.85	480.29	207.56	-19.62
High Self & Family	652	719.18	717.51	505.22	212.29	-18.39	1558.22	1554.61	1094.64	459.97	-39.83
High Self Plus One	653	719.18	717.51	475.79	241.72	-16.44	1558.22	1554.61	1030.88	523.73	-35.61
Standard Self	654	214.90	218.31	163.73	54.58	0.86	465.62	473.01	354.76	118.25	1.85
Standard Self & Family	655	485.66	493.38	370.04	123.34	1.93	1052.26	1068.99	801.74	267.25	4.19
Standard Self Plus One	656	485.66	493.38	370.04	123.34	1.93	1052.26	1068.99	801.74	267.25	4.19
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>											
Basic Self	N41	162.00	169.45	127.09	42.36	1.86	351.00	367.14	275.36	91.78	4.03
Basic Self & Family	N42	366.12	382.95	287.21	95.74	4.21	793.26	829.73	622.30	207.43	9.12
Basic Self Plus One	N43	366.12	382.95	287.21	95.74	4.21	793.26	829.73	622.30	207.43	9.12

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Colorado United Healthcare Insurance Company, Inc.</b>												
High Self		KT1	244.98	257.12	192.84	64.28	3.04	530.79	557.09	417.82	139.27	6.57
High Self & Family		KT2	686.93	642.80	482.10	160.70	-37.73	1488.35	1392.73	1044.55	348.18	-81.75
High Self Plus One		KT3	478.45	552.80	414.60	138.20	18.59	1036.64	1197.73	898.30	299.43	40.27
<b>Colorado United Healthcare Insurance Company, Inc. (HDHP)</b>												
HDHP Self		LU1	236.75	227.24	170.43	56.81	-2.38	512.96	492.35	369.26	123.09	-5.15
HDHP Self & Family		LU2	663.82	568.10	426.08	142.02	-33.30	1438.28	1230.88	923.16	307.72	-72.14
HDHP Self Plus One		LU3	462.35	488.57	366.43	122.14	6.55	1001.76	1058.57	793.93	264.64	14.20
<b>Connecticut Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Connecticut Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self		EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family		EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One		EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self		EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family		EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One		EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>Connecticut Aetna HealthFund HDHP</b>												
HDHP Self		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Delaware Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Delaware Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>Delaware Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Delaware Aetna Open Access</b>											
High Self	P31	631.25	655.24	221.67	433.57	15.69	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	1530.47	1588.64	505.22	1083.42	41.45	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	1515.32	1572.91	475.79	1097.12	42.82	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	508.42	549.01	221.67	327.34	32.29	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	1180.07	1274.25	505.22	769.03	77.46	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	1168.39	1261.63	475.79	785.84	78.47	2531.51	2733.53	1030.88	1702.65	170.02
<b>District of Columbia Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2017 Biweekly premium rates						2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>District of Columbia Aetna HealthFund CDHP and Value Plan</b>														
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41			
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05			
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70			
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08			
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33			
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15			
<b>District of Columbia Aetna HealthFund HDHP</b>														
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62			
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01			
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64			
<b>District of Columbia Aetna Open Access</b>														
High Self	JN1	442.85	469.08	221.67	247.41	17.93	959.51	1016.34	480.29	536.05	38.84			
High Self & Family	JN2	995.60	1054.58	505.22	549.36	42.26	2157.13	2284.92	1094.64	1190.28	91.57			
High Self Plus One	JN3	985.75	1044.14	475.79	568.35	43.62	2135.79	2262.30	1030.88	1231.42	94.51			
Basic Self	JN4	275.96	294.16	220.62	73.54	4.55	597.91	637.35	478.01	159.34	9.86			
Basic Self & Family	JN5	621.16	664.55	498.41	166.14	10.85	1345.85	1439.86	1079.90	359.96	23.50			
Basic Self Plus One	JN6	608.98	634.15	475.61	158.54	6.30	1319.46	1373.99	1030.49	343.50	13.64			
<b>District of Columbia CareFirst BlueChoice</b>														
High Self	2G1	321.77	358.77	221.67	137.10	28.70	697.17	777.34	480.29	297.05	62.18			
High Self & Family	2G2	764.50	852.43	505.22	347.21	71.21	1656.42	1846.93	1094.64	752.29	154.29			
High Self Plus One	2G3	643.53	717.54	475.79	241.75	59.24	1394.32	1554.67	1030.88	523.79	128.35			
Standard Self	2G4	287.63	304.89	221.67	83.22	8.96	623.20	660.60	480.29	180.31	19.41			
Standard Self & Family	2G5	683.40	724.41	505.22	219.19	24.29	1480.70	1569.56	1094.64	474.92	52.64			
Standard Self Plus One	2G6	575.27	609.78	457.34	152.44	8.62	1246.42	1321.19	990.89	330.30	18.70			

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>District of Columbia CareFirst BlueChoice</b>												
		B61	273.21	281.41	211.06	70.35	2.05	591.96	609.72	457.29	152.43	4.44
		B62	649.15	668.62	501.47	167.15	4.86	1406.49	1448.68	1086.51	362.17	10.55
		B63	546.43	562.82	422.12	140.70	4.09	1183.93	1219.44	914.58	304.86	8.88
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>												
		E31	285.48	296.17	221.67	74.50	2.39	618.54	641.70	480.29	161.41	5.17
		E32	668.01	693.06	505.22	187.84	8.33	1447.36	1501.63	1094.64	406.99	18.05
		E33	645.17	669.36	475.79	193.57	9.42	1397.87	1450.28	1030.88	419.40	20.41
		E34	214.96	223.40	167.55	55.85	2.11	465.75	484.03	363.02	121.01	4.57
		E35	503.01	522.75	392.06	130.69	4.94	1089.86	1132.63	849.47	283.16	10.70
		E36	485.80	504.87	378.65	126.22	4.77	1052.57	1093.89	820.42	273.47	10.33
<b>District of Columbia M.D. IPA</b>												
		JP1	295.87	318.80	221.67	97.13	14.63	641.05	690.73	480.29	210.44	31.69
		JP2	829.62	893.91	505.22	388.69	47.57	1797.51	1936.81	1094.64	842.17	103.08
		JP3	577.83	622.62	466.97	155.65	11.19	1251.97	1349.01	1011.76	337.25	24.26
<b>District of Columbia United Healthcare Insurance Company, Inc.</b>												
		LR1	245.13	279.74	209.81	69.93	8.65	531.12	606.10	454.58	151.52	18.74
		LR2	687.35	699.35	505.22	194.13	-4.72	1489.26	1515.26	1094.64	420.62	-10.22
		LR3	478.74	573.47	430.10	143.37	23.69	1037.27	1242.52	931.89	310.63	51.31
<b>District of Columbia UnitedHealthcare Insurance Company</b>												
		L91	212.71	199.88	149.91	49.97	-3.21	460.87	433.07	324.80	108.27	-6.95
		L92	596.45	560.47	420.35	140.12	-8.99	1292.31	1214.35	910.76	303.59	-19.49
		L93	415.43	390.36	292.77	97.59	-6.27	900.10	845.78	634.34	211.44	-13.58
<b>Florida Aetna Direct</b>												
		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Florida Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41	
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05	
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70	
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08	
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33	
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15	
<b>Florida Aetna HealthFund HDHP</b>												
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64	
<b>Florida AvMed Health Plans</b>												
High Self	ML1	347.11	382.55	221.67	160.88	27.14	752.07	828.86	480.29	348.57	58.80	
High Self & Family	ML2	899.12	990.95	505.22	485.73	75.11	1948.09	2147.06	1094.64	1052.42	162.75	
High Self Plus One	ML3	694.22	765.13	475.79	289.34	56.14	1504.14	1657.78	1030.88	626.90	121.64	
Standard Self	ML4	272.83	298.92	221.67	77.25	9.04	591.13	647.66	480.29	167.37	19.59	
Standard Self & Family	ML5	706.74	774.28	505.22	269.06	50.82	1531.27	1677.61	1094.64	582.97	110.12	
Standard Self Plus One	ML6	545.69	597.83	448.37	149.46	13.04	1182.33	1295.30	971.48	323.82	28.24	
<b>Florida Capital Health Plan</b>												
High Self	EA1	254.52	292.18	219.14	73.04	9.41	551.46	633.06	474.80	158.26	20.40	
High Self & Family	EA2	687.19	788.88	505.22	283.66	84.97	1488.91	1709.24	1094.64	614.60	184.11	
High Self Plus One	EA3	509.03	584.34	438.26	146.08	18.82	1102.90	1266.07	949.55	316.52	40.80	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Florida Humana CoverageFirst and Value Plan</b>											
CDHP Self	MJ1	305.78	322.48	221.67	100.81	8.40	662.52	698.71	480.29	218.42	18.20
CDHP Self & Family	MJ2	688.02	725.60	505.22	220.38	20.86	1490.71	1572.13	1094.64	477.49	45.20
CDHP Self Plus One	MJ3	657.45	693.35	475.79	217.56	21.13	1424.48	1502.26	1030.88	471.38	45.78
Value Self	MJ4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	MJ5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	MJ6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60
<b>Florida Humana CoverageFirst and Value Plan</b>											
CDHP Self	QP1	266.44	258.39	193.79	64.60	-2.01	577.29	559.85	419.89	139.96	-4.36
CDHP Self & Family	QP2	599.47	582.31	436.73	145.58	-4.29	1298.85	1261.67	946.25	315.42	-9.29
CDHP Self Plus One	QP3	572.83	556.43	417.32	139.11	-4.10	1241.13	1205.60	904.20	301.40	-8.88
Value Self	QP4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	QP5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	QP6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	E21	277.58	337.82	221.67	116.15	46.76	601.42	731.94	480.29	251.65	101.30
High Self & Family	E22	624.54	760.12	505.22	254.90	98.77	1353.17	1646.93	1094.64	552.29	214.00
High Self Plus One	E23	596.78	726.33	475.79	250.54	101.35	1293.02	1573.72	1030.88	542.84	219.59
Standard Self	E24	262.86	262.23	196.67	65.56	-0.15	569.53	568.17	426.13	142.04	-0.34
Standard Self & Family	E25	591.43	590.01	442.51	147.50	-0.36	1281.43	1278.36	958.77	319.59	-0.77
Standard Self Plus One	E26	565.15	563.78	422.84	140.94	-0.35	1224.49	1221.52	916.14	305.38	-0.74

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	EE1	389.81	400.61	221.67	178.94	2.50	844.59	867.99	480.29	387.70	5.41
High Self & Family	EE2	877.08	901.38	505.22	396.16	7.58	1900.34	1952.99	1094.64	858.35	16.43
High Self Plus One	EE3	838.10	861.32	475.79	385.53	8.45	1815.88	1866.19	1030.88	835.31	18.31
Standard Self	EE4	313.98	344.58	221.67	122.91	22.30	680.29	746.59	480.29	266.30	48.31
Standard Self & Family	EE5	706.44	775.31	505.22	270.09	52.15	1530.62	1679.84	1094.64	585.20	113.00
Standard Self Plus One	EE6	675.04	740.85	475.79	265.06	51.04	1462.59	1605.18	1030.88	574.30	110.59
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	EX1	299.88	311.14	221.67	89.47	2.96	649.74	674.14	480.29	193.85	6.41
High Self & Family	EX2	674.74	700.04	505.22	194.82	8.58	1461.94	1516.75	1094.64	422.11	18.59
High Self Plus One	EX3	644.75	668.93	475.79	193.14	9.41	1396.96	1449.35	1030.88	418.47	20.39
Standard Self	EX4	273.72	273.06	204.80	68.26	-0.17	593.06	591.63	443.72	147.91	-0.35
Standard Self & Family	EX5	615.87	614.39	460.79	153.60	-0.37	1334.39	1331.18	998.39	332.79	-0.81
Standard Self Plus One	EX6	588.49	587.09	440.32	146.77	-0.35	1275.06	1272.03	954.02	318.01	-0.75
<b>Florida Humana Medical Plan, Inc.</b>											
High Self	LL1	606.75	622.23	221.67	400.56	7.18	1314.63	1348.17	480.29	867.88	15.55
High Self & Family	LL2	1365.20	1400.03	505.22	894.81	18.11	2957.93	3033.40	1094.64	1938.76	39.25
High Self Plus One	LL3	1304.51	1337.79	475.79	862.00	18.51	2826.44	2898.55	1030.88	1867.67	40.11
Standard Self	LL4	319.76	362.32	221.67	140.65	34.26	692.81	785.03	480.29	304.74	74.23
Standard Self & Family	LL5	719.45	815.19	505.22	309.97	79.02	1558.81	1766.25	1094.64	671.61	171.22
Standard Self Plus One	LL6	687.49	778.96	475.79	303.17	76.70	1489.56	1687.75	1030.88	656.87	166.19
<b>Florida UnitedHealthcare Insurance Company</b>											
Basic Self	LV1	242.80	266.26	199.70	66.56	5.86	526.07	576.90	432.68	144.22	12.70
Basic Self & Family	LV2	680.83	746.62	505.22	241.40	49.07	1475.13	1617.68	1094.64	523.04	106.33
Basic Self Plus One	LV3	474.20	520.02	390.02	130.00	11.45	1027.43	1126.71	845.03	281.68	24.82



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Georgia Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Georgia Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Georgia Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Georgia Aetna Open Access</b>											
High Self	2U1	505.45	525.94	221.67	304.27	12.19	1095.14	1139.54	480.29	659.25	26.41
High Self & Family	2U2	1164.27	1211.46	505.22	706.24	30.47	2522.59	2624.83	1094.64	1530.19	66.02
High Self Plus One	2U3	1152.74	1199.47	475.79	723.68	31.96	2497.60	2598.85	1030.88	1567.97	69.25
<b>Georgia Humana CoverageFirst and Value Plan</b>											
CDHP Self	AD1	283.43	282.74	212.06	70.68	-0.18	614.10	612.60	459.45	153.15	-0.37
CDHP Self & Family	AD2	637.72	636.17	477.13	159.04	-0.39	1381.73	1378.37	1033.78	344.59	-0.84
CDHP Self Plus One	AD3	609.37	607.91	455.93	151.98	-0.36	1320.30	1317.14	987.86	329.28	-0.79
Value Self	AD4	215.28	240.53	180.40	60.13	6.31	466.44	521.15	390.86	130.29	13.68
Value Self & Family	AD5	484.37	541.20	405.90	135.30	14.21	1049.47	1172.60	879.45	293.15	30.78
Value Self Plus One	AD6	462.84	517.14	387.86	129.28	13.57	1002.82	1120.47	840.35	280.12	29.42

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Georgia Humana CoverageFirst and Value Plan</b>											
CDHP Self	LM1	272.15	271.49	203.62	67.87	-0.17	589.66	588.23	441.17	147.06	-0.35
CDHP Self & Family	LM2	612.33	610.85	458.14	152.71	-0.37	1326.72	1323.51	992.63	330.88	-0.80
CDHP Self Plus One	LM3	585.11	583.71	437.78	145.93	-0.35	1267.74	1264.71	948.53	316.18	-0.75
Value Self	LM4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	LM5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	LM6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60
<b>Georgia Humana Employers Health of Georgia, Inc.</b>											
High Self	CB1	314.30	351.16	221.67	129.49	28.56	680.98	760.85	480.29	280.56	61.88
High Self & Family	CB2	707.17	790.10	505.22	284.88	66.21	1532.20	1711.88	1094.64	617.24	143.46
High Self Plus One	CB3	675.74	754.97	475.79	279.18	64.46	1464.10	1635.77	1030.88	604.89	139.67
Standard Self	CB4	298.36	312.80	221.67	91.13	6.14	646.45	677.73	480.29	197.44	13.29
Standard Self & Family	CB5	671.31	703.79	505.22	198.57	15.76	1454.51	1524.88	1094.64	430.24	34.15
Standard Self Plus One	CB6	641.47	672.52	475.79	196.73	16.28	1389.85	1457.13	1030.88	426.25	35.28
<b>Georgia Humana Employers Health of Georgia, Inc.</b>											
High Self	DG1	374.12	488.98	221.67	267.31	106.56	810.59	1059.46	480.29	579.17	230.88
High Self & Family	DG2	841.78	1100.20	505.22	594.98	241.70	1823.86	2383.77	1094.64	1289.13	523.69
High Self Plus One	DG3	804.35	1051.30	475.79	575.51	232.18	1742.76	2277.82	1030.88	1246.94	503.06
Standard Self	DG4	312.03	353.19	221.67	131.52	32.86	676.07	765.25	480.29	284.96	71.19
Standard Self & Family	DG5	702.07	794.67	505.22	289.45	75.88	1521.15	1721.79	1094.64	627.15	164.42
Standard Self Plus One	DG6	670.87	759.36	475.79	283.57	73.72	1453.55	1645.28	1030.88	614.40	159.73

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	High Self	DN1	311.03	322.70	221.67	101.03	3.37	673.90	699.18	480.29	218.89	7.29
	High Self & Family	DN2	699.84	726.08	505.22	220.86	9.52	1516.32	1573.17	1094.64	478.53	20.63
	High Self Plus One	DN3	668.73	693.80	475.79	218.01	10.30	1448.92	1503.23	1030.88	472.35	22.31
	Standard Self	DN4	297.80	308.96	221.67	87.29	2.86	645.23	669.41	480.29	189.12	6.19
	Standard Self & Family	DN5	670.05	695.17	505.22	189.95	8.40	1451.78	1506.20	1094.64	411.56	18.20
	Standard Self Plus One	DN6	640.27	664.28	475.79	188.49	9.24	1387.25	1439.27	1030.88	408.39	20.02
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>												
	High Self	F81	287.15	299.74	221.67	78.07	4.29	622.16	649.44	480.29	169.15	9.29
	High Self & Family	F82	656.17	684.89	505.22	179.67	12.00	1421.70	1483.93	1094.64	389.29	26.01
	High Self Plus One	F83	637.51	665.41	475.79	189.62	13.13	1381.27	1441.72	1030.88	410.84	28.45
	Standard Self	F84	214.72	224.36	168.27	56.09	2.41	465.23	486.11	364.58	121.53	5.22
	Standard Self & Family	F85	493.83	516.02	387.02	129.00	5.54	1069.97	1118.04	838.53	279.51	12.02
	Standard Self Plus One	F86	478.81	500.31	375.23	125.08	5.38	1037.42	1084.01	813.01	271.00	11.65
<b>Georgia UnitedHealthcare Insurance Company</b>												
	Basic Self	LV1	242.80	266.26	199.70	66.56	5.86	526.07	576.90	432.68	144.22	12.70
	Basic Self & Family	LV2	680.83	746.62	505.22	241.40	49.07	1475.13	1617.68	1094.64	523.04	106.33
	Basic Self Plus One	LV3	474.20	520.02	390.02	130.00	11.45	1027.43	1126.71	845.03	281.68	24.82
<b>Guam Calvos Selectcare</b>												
	High Self	B41	178.79	196.66	147.50	49.16	4.46	387.38	426.10	319.58	106.52	9.68
	High Self & Family	B42	478.00	525.80	394.35	131.45	11.95	1035.67	1139.23	854.42	284.81	25.89
	High Self Plus One	B43	348.89	383.78	287.84	95.94	8.72	755.93	831.52	623.64	207.88	18.90
	Standard Self	B44	164.53	180.98	135.74	45.24	4.11	356.48	392.12	294.09	98.03	8.91
	Standard Self & Family	B45	439.89	483.88	362.91	120.97	11.00	953.10	1048.41	786.31	262.10	23.83
	Standard Self Plus One	B46	321.07	353.17	264.88	88.29	8.02	695.65	765.20	573.90	191.30	17.39

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Guam TakeCare</b>												
High Self	JK1	243.00	275.43	206.57	68.86	8.11	526.50	596.77	447.58	149.19	17.57	
High Self & Family	JK2	728.99	656.99	492.74	164.25	-76.24	1579.48	1423.48	1067.61	355.87	-165.19	
High Self Plus One	JK3	485.99	544.17	408.13	136.04	14.54	1052.98	1179.04	884.28	294.76	31.52	
Standard Self	JK4	167.22	174.69	131.02	43.67	1.87	362.31	378.50	283.88	94.62	4.04	
Standard Self & Family	JK5	500.01	494.70	371.03	123.67	-1.33	1083.36	1071.85	803.89	267.96	-2.88	
Standard Self Plus One	JK6	332.78	344.28	258.21	86.07	2.88	721.02	745.94	559.46	186.48	6.23	
<b>Guam TakeCare</b>												
HDHP Self	KX1	76.38	59.61	44.71	14.90	-4.19	165.49	129.16	96.87	32.29	-9.08	
HDHP Self & Family	KX2	223.94	176.04	132.03	44.01	-11.97	485.20	381.42	286.07	95.35	-25.95	
HDHP Self Plus One	KX3	159.48	140.96	105.72	35.24	-4.63	345.54	305.41	229.06	76.35	-10.03	
<b>Hawaii Aetna Direct</b>												
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79	
<b>Hawaii Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self	JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14	
CDHP Self & Family	JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52	
CDHP Self Plus One	JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70	
Value Self	JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70	
Value Self & Family	JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11	
Value Self Plus One	JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30	
<b>Hawaii Aetna HealthFund HDHP</b>												
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64	

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
		Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Hawaii HMSA</b>											
High Self	871	259.39	280.13	210.10	70.03	5.18	562.01	606.95	455.21	151.74	11.24
High Self & Family	872	583.10	629.74	472.31	157.43	11.66	1263.38	1364.44	1023.33	341.11	25.27
High Self Plus One	873	568.32	613.79	460.34	153.45	11.37	1231.36	1329.88	997.41	332.47	24.63
<b>Hawaii Kaiser Foundation Health Plan of Hawaii</b>											
High Self	631	263.95	296.64	221.67	74.97	8.98	571.89	642.72	480.29	162.43	19.46
High Self & Family	632	588.62	661.51	496.13	165.38	18.23	1275.34	1433.27	1074.95	358.32	39.49
High Self Plus One	633	588.62	661.51	475.79	185.72	38.57	1275.34	1433.27	1030.88	402.39	83.56
Standard Self	634	181.20	203.37	152.53	50.84	5.54	392.60	440.64	330.48	110.16	12.01
Standard Self & Family	635	404.08	453.51	340.13	113.38	12.36	875.51	982.61	736.96	245.65	26.77
Standard Self Plus One	636	404.08	453.51	340.13	113.38	12.36	875.51	982.61	736.96	245.65	26.77
<b>Idaho Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Idaho Aetna Health of Utah, Inc. dba Altius Health Plans</b>											
High Self	9K1	314.79	344.47	221.67	122.80	21.38	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	696.14	761.77	505.22	256.55	48.91	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	689.25	754.23	475.79	278.44	50.21	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	170.28	173.69	130.27	43.42	0.85	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	355.88	363.00	272.25	90.75	1.78	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	348.90	355.89	266.92	88.97	1.75	755.95	771.10	578.33	192.77	3.78
<b>Idaho Aetna Health of Utah, Inc. dba Altius Health Plans</b>											
Standard Self	DK4	229.98	242.10	181.58	60.52	3.03	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	507.85	534.63	400.97	133.66	6.70	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	502.83	529.33	397.00	132.33	6.62	1089.47	1146.88	860.16	286.72	14.35

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2017 Biweekly premium rates						2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Idaho Aetna HealthFund CDHP and Value Plan</b>														
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74			
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15			
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69			
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37			
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32			
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08			
<b>Idaho Aetna HealthFund HDHP</b>														
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62			
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01			
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64			
<b>Idaho Group Health Cooperative</b>														
High Self	541	327.13	349.46	221.67	127.79	14.03	708.78	757.16	480.29	276.87	30.39			
High Self & Family	542	883.24	908.59	505.22	403.37	8.63	1913.69	1968.61	1094.64	873.97	18.70			
High Self Plus One	543	654.25	716.38	475.79	240.59	47.36	1417.54	1552.16	1030.88	521.28	102.62			
Standard Self	544	234.07	262.54	196.91	65.63	7.11	507.15	568.84	426.63	142.21	15.42			
Standard Self & Family	545	632.01	682.59	505.22	177.37	19.37	1369.36	1478.95	1094.64	384.31	41.97			
Standard Self Plus One	546	468.15	538.20	403.65	134.55	17.51	1014.33	1166.10	874.58	291.52	37.94			
<b>Idaho Group Health Cooperative</b>														
HDHP Self	PT1	218.70	233.54	175.16	58.38	3.71	473.85	506.00	379.50	126.50	8.04			
HDHP Self & Family	PT2	590.50	607.22	455.42	151.80	4.18	1279.42	1315.64	986.73	328.91	9.06			
HDHP Self Plus One	PT3	437.40	478.77	359.08	119.69	10.34	947.70	1037.34	778.01	259.33	22.41			

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates					
		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
Plan - Option - Enrollment Code												
<b>Idaho SelectHealth</b>												
High Self	SF1	317.43	342.83	221.67	121.16	17.10	687.77	742.80	480.29	262.51	37.04	
High Self & Family	SF2	708.06	764.71	505.22	259.49	39.93	1534.13	1656.87	1094.64	562.23	86.52	
High Self Plus One	SF3	708.06	764.71	475.79	288.92	41.88	1534.13	1656.87	1030.88	625.99	90.74	
Standard Self	SF4	236.46	248.28	186.21	62.07	2.96	512.33	537.94	403.46	134.48	6.40	
Standard Self & Family	SF5	525.08	551.32	413.49	137.83	6.56	1137.67	1194.53	895.90	298.63	14.21	
Standard Self Plus One	SF6	525.08	551.32	413.49	137.83	6.56	1137.67	1194.53	895.90	298.63	14.21	
<b>Illinois Aetna Direct</b>												
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79	
<b>Illinois Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74	
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15	
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69	
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37	
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32	
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08	
<b>Illinois Aetna HealthFund HDHP</b>												
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64	
<b>Illinois Blue Cross and Blue Shield of Illinois</b>												
High Self	A21	337.21	349.50	221.67	127.83	3.99	730.62	757.25	480.29	276.96	8.64	
High Self & Family	A22	836.02	861.87	505.22	356.65	9.13	1811.38	1867.39	1094.64	772.75	19.79	
High Self Plus One	A23	728.89	751.42	475.79	275.63	7.76	1579.26	1628.08	1030.88	597.20	16.82	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Illinois Blue Preferred Plus POS</b>												
High Self	9G1	311.98	322.38	221.67	100.71	2.10	675.96	698.49	480.29	218.20	4.54	
High Self & Family	9G2	665.10	697.96	505.22	192.74	16.14	1441.05	1512.25	1094.64	417.61	34.98	
High Self Plus One	9G3	623.97	651.22	475.79	175.43	12.48	1351.94	1410.98	1030.88	380.10	27.04	
Standard Self	9G4	<b>New Plan</b>	239.60	179.70	59.90	<b>New Plan</b>	<b>New Plan</b>	519.13	389.35	129.78	<b>New Plan</b>	
Standard Self & Family	9G5	<b>New Plan</b>	678.07	505.22	172.85	<b>New Plan</b>	<b>New Plan</b>	1469.15	1094.64	374.51	<b>New Plan</b>	
Standard Self Plus One	9G6	<b>New Plan</b>	622.96	467.22	155.74	<b>New Plan</b>	<b>New Plan</b>	1349.75	1012.31	337.44	<b>New Plan</b>	
<b>Illinois Health Alliance HMO</b>												
Standard Self	K84	288.42	279.77	209.83	69.94	-5.11	624.91	606.17	454.63	151.54	-11.07	
Standard Self & Family	K85	800.36	776.35	505.22	271.13	-40.73	1734.11	1682.09	1094.64	587.45	-88.24	
Standard Self Plus One	K86	605.69	587.52	440.64	146.88	-4.54	1312.33	1272.96	954.72	318.24	-9.84	
<b>Illinois Humana CoverageFirst and Value Plan</b>												
CDHP Self	GB1	291.97	332.04	221.67	110.37	31.77	632.60	719.42	480.29	239.13	68.83	
CDHP Self & Family	GB2	656.92	747.09	505.22	241.87	73.45	1423.33	1618.70	1094.64	524.06	159.15	
CDHP Self Plus One	GB3	627.72	713.89	475.79	238.10	71.40	1360.06	1546.76	1030.88	515.88	154.70	
Value Self	GB4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28	
Value Self & Family	GB5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64	
Value Self Plus One	GB6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60	
<b>Illinois Humana CoverageFirst and Value Plan</b>												
CDHP Self	MW1	308.79	322.26	221.67	100.59	5.17	669.05	698.23	480.29	217.94	11.19	
CDHP Self & Family	MW2	694.77	725.09	505.22	219.87	13.60	1505.34	1571.03	1094.64	476.39	29.47	
CDHP Self Plus One	MW3	663.89	692.86	475.79	217.07	14.20	1438.43	1501.20	1030.88	470.32	30.77	
Value Self	MW4	215.28	225.49	169.12	56.37	2.55	466.44	488.56	366.42	122.14	5.53	
Value Self & Family	MW5	484.37	507.36	380.52	126.84	5.75	1049.47	1099.28	824.46	274.82	12.45	
Value Self Plus One	MW6	462.84	484.82	363.62	121.20	5.49	1002.82	1050.44	787.83	262.61	11.91	



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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates					
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Illinois Humana Health Plan, Inc.</b>												
High Self	751	554.20	580.53	221.67	358.86	18.03	1200.77	1257.82	480.29	777.53	39.06	
High Self & Family	752	1246.96	1306.18	505.22	800.96	42.50	2701.75	2830.06	1094.64	1735.42	92.09	
High Self Plus One	753	1191.53	1248.12	475.79	772.33	41.82	2581.65	2704.26	1030.88	1673.38	90.61	
Standard Self	754	344.87	406.01	221.67	184.34	52.84	747.22	879.69	480.29	399.40	114.48	
Standard Self & Family	755	775.96	913.52	505.22	408.30	120.84	1681.25	1979.29	1094.64	884.65	261.82	
Standard Self Plus One	756	741.48	872.91	475.79	397.12	116.66	1606.54	1891.31	1030.88	860.43	252.77	
<b>Illinois Humana Health Plan, Inc.</b>												
High Self	9F1	688.02	710.58	221.67	488.91	14.26	1490.71	1539.59	480.29	1059.30	30.89	
High Self & Family	9F2	1548.06	1598.81	505.22	1093.59	34.03	3354.13	3464.09	1094.64	2369.45	73.74	
High Self Plus One	9F3	1479.25	1527.75	475.79	1051.96	33.73	3205.04	3310.13	1030.88	2279.25	73.09	
<b>Illinois Humana Health Plan, Inc.</b>												
Standard Self	AB4	361.84	436.19	221.67	214.52	66.05	783.99	945.08	480.29	464.79	143.10	
Standard Self & Family	AB5	814.15	981.40	505.22	476.18	150.53	1763.99	2126.37	1094.64	1031.73	326.16	
Standard Self Plus One	AB6	777.95	937.79	475.79	462.00	145.07	1685.56	2031.88	1030.88	1001.00	314.32	
<b>Illinois MercyCare HMO</b>												
High Self	EY1	305.61	335.85	221.67	114.18	21.94	662.16	727.68	480.29	247.39	47.53	
High Self & Family	EY2	916.84	873.23	505.22	368.01	-60.33	1986.49	1892.00	1094.64	797.36	-130.71	
High Self Plus One	EY3	611.23	722.08	475.79	246.29	93.48	1324.33	1564.51	1030.88	533.63	202.55	
<b>Illinois Union Health Service</b>												
High Self	761	275.92	288.86	216.65	72.21	3.23	597.83	625.86	469.40	156.46	7.00	
High Self & Family	762	685.76	717.84	505.22	212.62	15.36	1485.81	1555.32	1094.64	460.68	33.29	
High Self Plus One	763	603.48	631.70	473.78	157.92	7.05	1307.54	1368.68	1026.51	342.17	15.29	
<b>Illinois UnitedHealthcare Insurance Company</b>												
Basic Self	L91	212.71	199.88	149.91	49.97	-3.21	460.87	433.07	324.80	108.27	-6.95	
Basic Self & Family	L92	596.45	560.47	420.35	140.12	-8.99	1292.31	1214.35	910.76	303.59	-19.49	
Basic Self Plus One	L93	415.43	390.36	292.77	97.59	-6.27	900.10	845.78	634.34	211.44	-13.58	

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>												
High Self		YH1	288.17	296.58	221.67	74.91	0.11	624.37	642.59	480.29	162.30	0.23
High Self & Family		YH2	808.04	831.59	505.22	326.37	6.83	1750.75	1801.78	1094.64	707.14	14.81
High Self Plus One		YH3	562.81	579.22	434.42	144.80	4.10	1219.42	1254.98	941.24	313.74	8.89
<b>Indiana Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Indiana Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self		JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family		JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One		JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self		JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family		JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One		JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>Indiana Aetna HealthFund HDHP</b>												
HDHP Self		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Indiana Health Alliance HMO</b>												
Standard Self		K84	288.42	279.77	209.83	69.94	-5.11	624.91	606.17	454.63	151.54	-11.07
Standard Self & Family		K85	800.36	776.35	505.22	271.13	-40.73	1734.11	1682.09	1094.64	587.45	-88.24
Standard Self Plus One		K86	605.69	587.52	440.64	146.88	-4.54	1312.33	1272.96	954.72	318.24	-9.84

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Indiana Humana CoverageFirst and Value Plan</b>												
CDHP Self		MW1	308.79	322.26	221.67	100.59	5.17	669.05	698.23	480.29	217.94	11.19
CDHP Self & Family		MW2	694.77	725.09	505.22	219.87	13.60	1505.34	1571.03	1094.64	476.39	29.47
CDHP Self Plus One		MW3	663.89	692.86	475.79	217.07	14.20	1438.43	1501.20	1030.88	470.32	30.77
Value Self		MW4	215.28	225.49	169.12	56.37	2.55	466.44	488.56	366.42	122.14	5.53
Value Self & Family		MW5	484.37	507.36	380.52	126.84	5.75	1049.47	1099.28	824.46	274.82	12.45
Value Self Plus One		MW6	462.84	484.82	363.62	121.20	5.49	1002.82	1050.44	787.83	262.61	11.91
<b>Indiana Humana Health Plan of Ohio</b>												
High Self		A61	349.02	454.72	221.67	233.05	97.40	756.21	985.23	480.29	504.94	211.03
High Self & Family		A62	785.30	1023.12	505.22	517.90	221.10	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One		A63	750.40	977.65	475.79	501.86	212.48	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self		A64	294.73	358.48	221.67	136.81	55.45	638.58	776.71	480.29	296.42	120.14
Standard Self & Family		A65	663.14	806.56	505.22	301.34	126.70	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One		A66	633.66	770.71	475.79	294.92	122.28	1372.93	1669.87	1030.88	638.99	264.94
<b>Indiana Humana Health Plan, Inc.</b>												
High Self		751	554.20	580.53	221.67	358.86	18.03	1200.77	1257.82	480.29	777.53	39.06
High Self & Family		752	1246.96	1306.18	505.22	800.96	42.50	2701.75	2830.06	1094.64	1735.42	92.09
High Self Plus One		753	1191.53	1248.12	475.79	772.33	41.82	2581.65	2704.26	1030.88	1673.38	90.61
Standard Self		754	344.87	406.01	221.67	184.34	52.84	747.22	879.69	480.29	399.40	114.48
Standard Self & Family		755	775.96	913.52	505.22	408.30	120.84	1681.25	1979.29	1094.64	884.65	261.82
Standard Self Plus One		756	741.48	872.91	475.79	397.12	116.66	1606.54	1891.31	1030.88	860.43	252.77

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Indiana Humana Health Plan, Inc.</b>											
High Self	MH1	318.52	330.34	221.67	108.67	3.52	690.13	715.74	480.29	235.45	7.62
High Self & Family	MH2	716.67	743.27	505.22	238.05	9.88	1552.79	1610.42	1094.64	515.78	21.41
High Self Plus One	MH3	684.83	710.24	475.79	234.45	10.64	1483.80	1538.85	1030.88	507.97	23.05
Standard Self	MH4	289.46	301.59	221.67	79.92	3.83	627.16	653.45	480.29	173.16	8.30
Standard Self & Family	MH5	651.30	678.58	505.22	173.36	10.54	1411.15	1470.26	1094.64	375.62	22.83
Standard Self Plus One	MH6	622.35	648.42	475.79	172.63	11.30	1348.43	1404.91	1030.88	374.03	24.48
<b>Iowa Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Iowa Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Iowa Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Iowa Health Alliance HMO</b>											
Standard Self	K84	288.42	279.77	209.83	69.94	-5.11	624.91	606.17	454.63	151.54	-11.07
Standard Self & Family	K85	800.36	776.35	505.22	271.13	-40.73	1734.11	1682.09	1094.64	587.45	-88.24
Standard Self Plus One	K86	605.69	587.52	440.64	146.88	-4.54	1312.33	1272.96	954.72	318.24	-9.84

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Iowa HealthPartners High and Standard Option</b>											
High Self	V31	315.60	329.41	221.67	107.74	5.51	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	768.79	802.44	505.22	297.22	16.93	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	697.47	727.99	475.79	252.20	15.75	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	179.23	196.66	147.50	49.16	4.35	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	436.61	479.08	359.31	119.77	10.62	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	396.10	434.64	325.98	108.66	9.64	858.22	941.72	706.29	235.43	20.88
<b>Iowa United Healthcare Insurance Company, Inc.</b>											
High Self	LJ1	245.23	256.93	192.70	64.23	2.92	531.33	556.68	417.51	139.17	6.34
High Self & Family	LJ2	687.63	642.34	481.76	160.58	-38.55	1489.87	1391.74	1043.81	347.93	-83.52
High Self Plus One	LJ3	478.94	552.41	414.31	138.10	18.37	1037.70	1196.89	897.67	299.22	39.80
<b>Iowa United Healthcare Insurance Company, Inc. (HDHP)</b>											
HDHP Self	N71	236.63	244.51	183.38	61.13	1.97	512.70	529.77	397.33	132.44	4.27
HDHP Self & Family	N72	663.52	611.29	458.47	152.82	-22.20	1437.63	1324.46	993.35	331.11	-48.10
HDHP Self Plus One	N73	462.14	525.71	394.28	131.43	15.90	1001.30	1139.04	854.28	284.76	34.44
<b>Iowa UnitedHealthcare Plan of the River Valley Inc.</b>											
High Self	YH1	288.17	296.58	221.67	74.91	0.11	624.37	642.59	480.29	162.30	0.23
High Self & Family	YH2	808.04	831.59	505.22	326.37	6.83	1750.75	1801.78	1094.64	707.14	14.81
High Self Plus One	YH3	562.81	579.22	434.42	144.80	4.10	1219.42	1254.98	941.24	313.74	8.89
<b>Kansas Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2017 Biweekly premium rates						2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Kansas Aetna HealthFund CDHP and Value Plan</b>														
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30			
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39			
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19			
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00			
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00			
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00			
<b>Kansas Aetna HealthFund HDHP</b>														
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62			
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01			
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64			
<b>Kansas Aetna Open Access</b>														
High Self	HA1	289.24	324.69	221.67	103.02	27.15	626.69	703.50	480.29	223.21	58.82			
High Self & Family	HA2	683.26	766.98	505.22	261.76	67.00	1480.40	1661.79	1094.64	567.15	145.17			
High Self Plus One	HA3	676.50	759.40	475.79	283.61	68.13	1465.75	1645.37	1030.88	614.49	147.62			
Standard Self	HA4	281.30	279.33	209.50	69.83	-0.49	609.48	605.22	453.92	151.30	-1.07			
Standard Self & Family	HA5	664.00	659.35	494.51	164.84	-10.66	1438.67	1428.59	1071.44	357.15	-23.10			
Standard Self Plus One	HA6	657.43	652.83	475.79	177.04	-19.37	1424.43	1414.47	1030.88	383.59	-41.96			
<b>Kansas Humana CoverageFirst and Value Plan</b>														
CDHP Self	PH1	280.80	279.85	209.89	69.96	-0.24	608.40	606.34	454.76	151.58	-0.52			
CDHP Self & Family	PH2	631.82	629.68	472.26	157.42	-0.53	1368.94	1364.31	1023.23	341.08	-1.15			
CDHP Self Plus One	PH3	603.74	601.69	451.27	150.42	-0.51	1308.10	1303.66	977.75	325.91	-1.11			
Value Self	PH4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28			
Value Self & Family	PH5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64			
Value Self Plus One	PH6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60			

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Kansas Humana Health Plan, Inc.</b>											
High Self	MS1	675.19	741.03	221.67	519.36	57.54	1462.91	1605.57	480.29	1125.28	124.67
High Self & Family	MS2	1519.17	1667.32	505.22	1162.10	131.43	3291.54	3612.53	1094.64	2517.89	284.77
High Self Plus One	MS3	1451.64	1593.21	475.79	1117.42	126.80	3145.22	3451.96	1030.88	2421.08	274.74
Standard Self	MS4	336.66	383.06	221.67	161.39	38.10	729.43	829.96	480.29	349.67	82.54
Standard Self & Family	MS5	757.47	861.90	505.22	356.68	87.71	1641.19	1867.45	1094.64	772.81	190.04
Standard Self Plus One	MS6	723.81	823.60	475.79	347.81	85.02	1568.26	1784.47	1030.88	753.59	184.21
<b>Kentucky Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Kentucky Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Kentucky Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Kentucky Humana CoverageFirst and Value Plan</b>											
CDHP Self	6N1	255.65	259.64	194.73	64.91	1.00	553.91	562.55	421.91	140.64	2.16
CDHP Self & Family	6N2	575.21	584.17	438.13	146.04	2.24	1246.29	1265.70	949.28	316.42	4.85
CDHP Self Plus One	6N3	549.65	558.20	418.65	139.55	2.14	1190.91	1209.43	907.07	302.36	4.63

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Kentucky Humana Health Plan of Ohio</b>												
High Self		A61	349.02	454.72	221.67	233.05	97.40	756.21	985.23	480.29	504.94	211.03
High Self & Family		A62	785.30	1023.12	505.22	517.90	221.10	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One		A63	750.40	977.65	475.79	501.86	212.48	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self		A64	294.73	358.48	221.67	136.81	55.45	638.58	776.71	480.29	296.42	120.14
Standard Self & Family		A65	663.14	806.56	505.22	301.34	126.70	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One		A66	633.66	770.71	475.79	294.92	122.28	1372.93	1669.87	1030.88	638.99	264.94
<b>Kentucky Humana Health Plan, Inc.</b>												
High Self		MH1	318.52	330.34	221.67	108.67	3.52	690.13	715.74	480.29	235.45	7.62
High Self & Family		MH2	716.67	743.27	505.22	238.05	9.88	1552.79	1610.42	1094.64	515.78	21.41
High Self Plus One		MH3	684.83	710.24	475.79	234.45	10.64	1483.80	1538.85	1030.88	507.97	23.05
Standard Self		MH4	289.46	301.59	221.67	79.92	3.83	627.16	653.45	480.29	173.16	8.30
Standard Self & Family		MH5	651.30	678.58	505.22	173.36	10.54	1411.15	1470.26	1094.64	375.62	22.83
Standard Self Plus One		MH6	622.35	648.42	475.79	172.63	11.30	1348.43	1404.91	1030.88	374.03	24.48
<b>Kentucky Humana Health Plan, Inc.</b>												
High Self		MI1	315.02	376.40	221.67	154.73	53.08	682.54	815.53	480.29	335.24	115.00
High Self & Family		MI2	708.79	846.88	505.22	341.66	121.37	1535.71	1834.91	1094.64	740.27	262.98
High Self Plus One		MI3	677.29	809.24	475.79	333.45	117.18	1467.46	1753.35	1030.88	722.47	253.89
Standard Self		MI4	299.16	338.89	221.67	117.22	31.43	648.18	734.26	480.29	253.97	68.09
Standard Self & Family		MI5	673.11	762.50	505.22	257.28	72.67	1458.41	1652.08	1094.64	557.44	157.45
Standard Self Plus One		MI6	643.19	728.61	475.79	252.82	70.65	1393.58	1578.66	1030.88	547.78	153.08
<b>Kentucky United Healthcare Insurance Company, Inc.</b>												
High Self		LJ1	245.23	256.93	192.70	64.23	2.92	531.33	556.68	417.51	139.17	6.34
High Self & Family		LJ2	687.63	642.34	481.76	160.58	-38.55	1489.87	1391.74	1043.81	347.93	-83.52
High Self Plus One		LJ3	478.94	552.41	414.31	138.10	18.37	1037.70	1196.89	897.67	299.22	39.80



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Kentucky United Healthcare Insurance Company, Inc. (HDHP)</b>											
HDHP Self	N71	236.63	244.51	183.38	61.13	1.97	512.70	529.77	397.33	132.44	4.27
HDHP Self & Family	N72	663.52	611.29	458.47	152.82	-22.20	1437.63	1324.46	993.35	331.11	-48.10
HDHP Self Plus One	N73	462.14	525.71	394.28	131.43	15.90	1001.30	1139.04	854.28	284.76	34.44
<b>Louisiana Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Louisiana Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Louisiana Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>											
High Self	AE1	314.07	350.92	221.67	129.25	28.55	680.49	760.33	480.29	280.04	61.85
High Self & Family	AE2	706.66	789.56	505.22	284.34	66.18	1531.10	1710.71	1094.64	616.07	143.39
High Self Plus One	AE3	675.25	754.46	475.79	278.67	64.44	1463.04	1634.66	1030.88	603.78	139.62
Standard Self	AE4	298.06	309.46	221.67	87.79	3.10	645.80	670.50	480.29	190.21	6.71
Standard Self & Family	AE5	671.12	696.29	505.22	191.07	8.45	1454.09	1508.63	1094.64	413.99	18.32
Standard Self Plus One	AE6	641.30	665.35	475.79	189.56	9.28	1389.48	1441.59	1030.88	410.71	20.11

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>											
High Self	BC1	296.73	307.86	221.67	86.19	2.83	642.92	667.03	480.29	186.74	6.12
High Self & Family	BC2	667.64	692.68	505.22	187.46	8.32	1446.55	1500.81	1094.64	406.17	18.04
High Self Plus One	BC3	637.97	661.90	475.79	186.11	9.16	1382.27	1434.12	1030.88	403.24	19.85
Standard Self	BC4	264.57	263.93	197.95	65.98	-0.16	573.24	571.85	428.89	142.96	-0.35
Standard Self & Family	BC5	595.28	593.85	445.39	148.46	-0.36	1289.77	1286.68	965.01	321.67	-0.77
Standard Self Plus One	BC6	568.82	567.46	425.60	141.86	-0.34	1232.44	1229.50	922.13	307.37	-0.74
<b>Louisiana United Healthcare Insurance Company, Inc.</b>											
High Self	KK1	245.00	257.80	193.35	64.45	3.20	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	686.98	644.49	483.37	161.12	-37.36	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	478.48	554.26	415.70	138.56	18.94	1036.71	1200.90	900.68	300.22	41.04
<b>Louisiana United Healthcare Insurance Company, Inc. (HDHP)</b>											
HDHP Self	LS1	234.69	212.83	159.62	53.21	-5.46	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	658.05	532.06	399.05	133.01	-36.54	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	458.33	457.58	343.19	114.39	-0.19	993.05	991.42	743.57	247.85	-0.41
<b>Maine Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Maine Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Maine Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Maryland Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Maryland Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Maryland Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Maryland Aetna Open Access</b>											
High Self	JN1	442.85	469.08	221.67	247.41	17.93	959.51	1016.34	480.29	536.05	38.84
High Self & Family	JN2	995.60	1054.58	505.22	549.36	42.26	2157.13	2284.92	1094.64	1190.28	91.57
High Self Plus One	JN3	985.75	1044.14	475.79	568.35	43.62	2135.79	2262.30	1030.88	1231.42	94.51
Basic Self	JN4	275.96	294.16	220.62	73.54	4.55	597.91	637.35	478.01	159.34	9.86
Basic Self & Family	JN5	621.16	664.55	498.41	166.14	10.85	1345.85	1439.86	1079.90	359.96	23.50
Basic Self Plus One	JN6	608.98	634.15	475.61	158.54	6.30	1319.46	1373.99	1030.49	343.50	13.64

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Maryland CareFirst BlueChoice</b>											
High Self	2G1	321.77	358.77	221.67	137.10	28.70	697.17	777.34	480.29	297.05	62.18
High Self & Family	2G2	764.50	852.43	505.22	347.21	71.21	1656.42	1846.93	1094.64	752.29	154.29
High Self Plus One	2G3	643.53	717.54	475.79	241.75	59.24	1394.32	1554.67	1030.88	523.79	128.35
Standard Self	2G4	287.63	304.89	221.67	83.22	8.96	623.20	660.60	480.29	180.31	19.41
Standard Self & Family	2G5	683.40	724.41	505.22	219.19	24.29	1480.70	1569.56	1094.64	474.92	52.64
Standard Self Plus One	2G6	575.27	609.78	457.34	152.44	8.62	1246.42	1321.19	990.89	330.30	18.70
<b>Maryland CareFirst BlueChoice</b>											
HDHP Self	B61	273.21	281.41	211.06	70.35	2.05	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	649.15	668.62	501.47	167.15	4.86	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	546.43	562.82	422.12	140.70	4.09	1183.93	1219.44	914.58	304.86	8.88
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>											
High Self	E31	285.48	296.17	221.67	74.50	2.39	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	668.01	693.06	505.22	187.84	8.33	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	645.17	669.36	475.79	193.57	9.42	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	214.96	223.40	167.55	55.85	2.11	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	503.01	522.75	392.06	130.69	4.94	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	485.80	504.87	378.65	126.22	4.77	1052.57	1093.89	820.42	273.47	10.33
<b>Maryland M.D. IPA</b>											
High Self	JP1	295.87	318.80	221.67	97.13	14.63	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	829.62	893.91	505.22	388.69	47.57	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	577.83	622.62	466.97	155.65	11.19	1251.97	1349.01	1011.76	337.25	24.26
<b>Maryland United Healthcare Insurance Company, Inc.</b>											
High Self	LR1	245.13	279.74	209.81	69.93	8.65	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	687.35	699.35	505.22	194.13	-4.72	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	478.74	573.47	430.10	143.37	23.69	1037.27	1242.52	931.89	310.63	51.31

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan	Option	Enrollment Code									
<b>Maryland UnitedHealthcare Insurance Company</b>											
Basic Self	L91	212.71	199.88	149.91	49.97	-3.21	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	596.45	560.47	420.35	140.12	-8.99	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	415.43	390.36	292.77	97.59	-6.27	900.10	845.78	634.34	211.44	-13.58
<b>Massachusetts Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Massachusetts Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>Massachusetts Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Michigan Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Michigan Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
<b>Michigan Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Michigan Bluecare Network of MI</b>											
High Self	K51	327.06	390.42	221.67	168.75	55.06	708.63	845.91	480.29	365.62	119.29
High Self & Family	K52	798.66	952.59	505.22	447.37	137.21	1730.43	2063.95	1094.64	969.31	297.30
High Self Plus One	K53	752.38	897.96	475.79	422.17	130.81	1630.16	1945.58	1030.88	914.70	283.42
<b>Michigan Bluecare Network of MI</b>											
High Self	LX1	285.20	308.30	221.67	86.63	14.80	617.93	667.98	480.29	187.69	32.06
High Self & Family	LX2	696.52	752.26	505.22	247.04	39.02	1509.13	1629.90	1094.64	535.26	84.55
High Self Plus One	LX3	656.05	709.09	475.79	233.30	38.27	1421.44	1536.36	1030.88	505.48	82.92
<b>Michigan Health Alliance Plan</b>											
High Self	521	318.54	331.75	221.67	110.08	4.91	690.17	718.79	480.29	238.50	10.63
High Self & Family	522	756.63	809.46	505.22	304.24	36.11	1639.37	1753.83	1094.64	659.19	78.24
High Self Plus One	523	740.60	763.03	475.79	287.24	7.66	1604.63	1653.23	1030.88	622.35	16.60
<b>Michigan Health Alliance Plan</b>											
Standard Self	GY4	266.61	279.80	209.85	69.95	3.30	577.66	606.23	454.67	151.56	7.15
Standard Self & Family	GY5	633.21	682.72	505.22	177.50	19.20	1371.96	1479.23	1094.64	384.59	41.60
Standard Self Plus One	GY6	619.89	643.54	475.79	167.75	8.88	1343.10	1394.34	1030.88	363.46	19.24

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Michigan Priority Health</b>											
High Self	LE1	294.73	314.98	221.67	93.31	11.95	638.58	682.46	480.29	202.17	25.89
High Self & Family	LE2	736.82	740.21	505.22	234.99	-13.33	1596.44	1603.79	1094.64	509.15	-28.87
High Self Plus One	LE3	648.39	692.96	475.79	217.17	29.80	1404.85	1501.41	1030.88	470.53	64.56
Standard Self	LE4	230.80	252.32	189.24	63.08	5.38	500.07	546.69	410.02	136.67	11.65
Standard Self & Family	LE5	577.00	592.97	444.73	148.24	3.99	1250.17	1284.77	963.58	321.19	8.65
Standard Self Plus One	LE6	507.76	555.11	416.33	138.78	11.84	1100.15	1202.74	902.06	300.68	25.64
<b>Minnesota Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Minnesota Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Minnesota Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
		Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Minnesota HealthPartners High and Standard Option</b>											
High Self	V31	315.60	329.41	221.67	107.74	5.51	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	768.79	802.44	505.22	297.22	16.93	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	697.47	727.99	475.79	252.20	15.75	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	179.23	196.66	147.50	49.16	4.35	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	436.61	479.08	359.31	119.77	10.62	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	396.10	434.64	325.98	108.66	9.64	858.22	941.72	706.29	235.43	20.88
<b>Mississippi Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Mississippi Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Mississippi Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Mississippi United Healthcare Insurance Company, Inc.</b>											
High Self	KK1	245.00	257.80	193.35	64.45	3.20	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	686.98	644.49	483.37	161.12	-37.36	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	478.48	554.26	415.70	138.56	18.94	1036.71	1200.90	900.68	300.22	41.04



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2017 Biweekly premium rates						2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
<b>Mississippi United Healthcare Insurance Company, Inc. (HDHP)</b>												
HDHP Self	LS1	234.69	212.83	159.62	53.21	-5.46	508.50	461.13	345.85	115.28	-11.84	
HDHP Self & Family	LS2	658.05	532.06	399.05	133.01	-36.54	1425.78	1152.80	864.60	288.20	-79.16	
HDHP Self Plus One	LS3	458.33	457.58	343.19	114.39	-0.19	993.05	991.42	743.57	247.85	-0.41	
<b>Missouri Aetna Direct</b>												
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79	
<b>Missouri Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30	
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39	
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19	
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00	
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00	
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00	
<b>Missouri Aetna HealthFund HDHP</b>												
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64	
<b>Missouri Aetna Open Access</b>												
High Self	HA1	289.24	324.69	221.67	103.02	27.15	626.69	703.50	480.29	223.21	58.82	
High Self & Family	HA2	683.26	766.98	505.22	261.76	67.00	1480.40	1661.79	1094.64	567.15	145.17	
High Self Plus One	HA3	676.50	759.40	475.79	283.61	68.13	1465.75	1645.37	1030.88	614.49	147.62	
Standard Self	HA4	281.30	279.33	209.50	69.83	-0.49	609.48	605.22	453.92	151.30	-1.07	
Standard Self & Family	HA5	664.00	659.35	494.51	164.84	-10.66	1438.67	1428.59	1071.44	357.15	-23.10	
Standard Self Plus One	HA6	657.43	652.83	475.79	177.04	-19.37	1424.43	1414.47	1030.88	383.59	-41.96	

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Missouri Blue Preferred Plus POS</b>												
High Self		9G1	311.98	322.38	221.67	100.71	2.10	675.96	698.49	480.29	218.20	4.54
High Self & Family		9G2	665.10	697.96	505.22	192.74	16.14	1441.05	1512.25	1094.64	417.61	34.98
High Self Plus One		9G3	623.97	651.22	475.79	175.43	12.48	1351.94	1410.98	1030.88	380.10	27.04
Standard Self		9G4	<b>New Plan</b>	239.60	179.70	59.90	<b>New Plan</b>	<b>New Plan</b>	519.13	389.35	129.78	<b>New Plan</b>
Standard Self & Family		9G5	<b>New Plan</b>	678.07	505.22	172.85	<b>New Plan</b>	<b>New Plan</b>	1469.15	1094.64	374.51	<b>New Plan</b>
Standard Self Plus One		9G6	<b>New Plan</b>	622.96	467.22	155.74	<b>New Plan</b>	<b>New Plan</b>	1349.75	1012.31	337.44	<b>New Plan</b>
<b>Missouri Humana CoverageFirst and Value Plan</b>												
CDHP Self		PH1	280.80	279.85	209.89	69.96	-0.24	608.40	606.34	454.76	151.58	-0.52
CDHP Self & Family		PH2	631.82	629.68	472.26	157.42	-0.53	1368.94	1364.31	1023.23	341.08	-1.15
CDHP Self Plus One		PH3	603.74	601.69	451.27	150.42	-0.51	1308.10	1303.66	977.75	325.91	-1.11
Value Self		PH4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family		PH5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One		PH6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60
<b>Missouri Humana Health Plan, Inc.</b>												
High Self		MS1	675.19	741.03	221.67	519.36	57.54	1462.91	1605.57	480.29	1125.28	124.67
High Self & Family		MS2	1519.17	1667.32	505.22	1162.10	131.43	3291.54	3612.53	1094.64	2517.89	284.77
High Self Plus One		MS3	1451.64	1593.21	475.79	1117.42	126.80	3145.22	3451.96	1030.88	2421.08	274.74
Standard Self		MS4	336.66	383.06	221.67	161.39	38.10	729.43	829.96	480.29	349.67	82.54
Standard Self & Family		MS5	757.47	861.90	505.22	356.68	87.71	1641.19	1867.45	1094.64	772.81	190.04
Standard Self Plus One		MS6	723.81	823.60	475.79	347.81	85.02	1568.26	1784.47	1030.88	753.59	184.21
<b>Montana Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Montana Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Montana Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Nebraska Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Nebraska Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Nebraska Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Nevada Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Nevada Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
<b>Nevada Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Nevada Health Plan of Nevada</b>											
High Self	NM1	233.53	246.70	185.03	61.67	3.29	505.98	534.52	400.89	133.63	7.14
High Self & Family	NM2	553.48	584.66	438.50	146.16	7.79	1199.21	1266.76	950.07	316.69	16.89
High Self Plus One	NM3	443.72	468.71	351.53	117.18	6.25	961.39	1015.54	761.66	253.88	13.53
<b>New Hampshire Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>New Hampshire Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>New Hampshire Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>New Jersey Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>New Jersey Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>New Jersey Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment		
<b>New Jersey Aetna Open Access</b>												
High Self	JR1	633.17	636.14	221.67	414.47	-5.33	1371.87	1378.30	480.29	898.01	-11.56	
High Self & Family	JR2	1462.59	1469.44	505.22	964.22	-9.87	3168.95	3183.79	1094.64	2089.15	-21.38	
High Self Plus One	JR3	1448.11	1454.89	475.79	979.10	-7.99	3137.57	3152.26	1030.88	2121.38	-17.31	
Basic Self	JR4	502.07	489.08	221.67	267.41	-21.29	1087.82	1059.67	480.29	579.38	-46.14	
Basic Self & Family	JR5	1163.56	1133.48	505.22	628.26	-46.80	2521.05	2455.87	1094.64	1361.23	-101.40	
Basic Self Plus One	JR6	1152.04	1122.25	475.79	646.46	-44.56	2496.09	2431.54	1030.88	1400.66	-96.55	
<b>New Jersey Aetna Open Access</b>												
High Self	P31	631.25	655.24	221.67	433.57	15.69	1367.71	1419.69	480.29	939.40	33.99	
High Self & Family	P32	1530.47	1588.64	505.22	1083.42	41.45	3316.02	3442.05	1094.64	2347.41	89.81	
High Self Plus One	P33	1515.32	1572.91	475.79	1097.12	42.82	3283.19	3407.97	1030.88	2377.09	92.78	
Basic Self	P34	508.42	549.01	221.67	327.34	32.29	1101.58	1189.52	480.29	709.23	69.95	
Basic Self & Family	P35	1180.07	1274.25	505.22	769.03	77.46	2556.82	2760.88	1094.64	1666.24	167.84	
Basic Self Plus One	P36	1168.39	1261.63	475.79	785.84	78.47	2531.51	2733.53	1030.88	1702.65	170.02	
<b>New Jersey GHI Health Plan</b>												
High Self	801	393.81	441.06	221.67	219.39	38.95	853.26	955.63	480.29	475.34	84.38	
High Self & Family	802	1163.42	1196.52	505.22	691.30	16.38	2520.74	2592.46	1094.64	1497.82	35.50	
High Self Plus One	803	754.55	1074.06	475.79	598.27	304.74	1634.86	2327.13	1030.88	1296.25	660.27	
Standard Self	804	303.85	328.15	221.67	106.48	16.00	658.34	710.99	480.29	230.70	34.66	
Standard Self & Family	805	822.81	782.70	505.22	277.48	-56.83	1782.76	1695.85	1094.64	601.21	-123.13	
Standard Self Plus One	806	499.88	750.09	475.79	274.30	149.33	1083.07	1625.20	1030.88	594.32	323.55	
<b>New Mexico Aetna Direct</b>												
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2017 Biweekly premium rates						2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>New Mexico Aetna HealthFund CDHP and Value Plan</b>														
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30			
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39			
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19			
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00			
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00			
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00			
<b>New Mexico Aetna HealthFund HDHP</b>														
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62			
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01			
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64			
<b>New Mexico New Mexico BlueHMO Preferred</b>														
High Self	Q11	323.66	334.71	221.67	113.04	2.75	701.26	725.21	480.29	244.92	5.96			
High Self & Family	Q12	798.13	825.40	505.22	320.18	10.55	1729.28	1788.37	1094.64	693.73	22.87			
High Self Plus One	Q13	695.85	719.63	475.79	243.84	9.01	1507.68	1559.20	1030.88	528.32	19.52			
Standard Self	Q14	<b>New Plan</b>	296.49	221.67	74.82	<b>New Plan</b>	<b>New Plan</b>	642.40	480.29	162.11	<b>New Plan</b>			
Standard Self & Family	Q15	<b>New Plan</b>	731.14	505.22	225.92	<b>New Plan</b>	<b>New Plan</b>	1584.14	1094.64	489.50	<b>New Plan</b>			
Standard Self Plus One	Q16	<b>New Plan</b>	637.46	475.79	161.67	<b>New Plan</b>	<b>New Plan</b>	1381.16	1030.88	350.28	<b>New Plan</b>			
<b>New Mexico Presbyterian Health Plan</b>														
High Self	P21	313.76	312.72	221.67	91.05	-9.34	679.81	677.56	480.29	197.27	-20.24			
High Self & Family	P22	737.34	734.91	505.22	229.69	-19.15	1597.57	1592.31	1094.64	497.67	-41.48			
High Self Plus One	P23	712.24	709.89	475.79	234.10	-17.12	1543.19	1538.10	1030.88	507.22	-37.09			
<b>New Mexico Presbyterian Health Plan</b>														
Standard Self	PS4	266.31	261.73	196.30	65.43	-1.15	577.01	567.08	425.31	141.77	-2.48			
Standard Self & Family	PS5	625.82	615.08	461.31	153.77	-2.68	1355.94	1332.67	999.50	333.17	-5.81			
Standard Self Plus One	PS6	604.52	594.14	445.61	148.53	-2.60	1309.79	1287.30	965.48	321.82	-5.63			

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>New York Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>New York Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>New York Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>New York Aetna Open Access</b>											
High Self	JC1	480.22	483.32	221.67	261.65	-5.20	1040.48	1047.19	480.29	566.90	-11.28
High Self & Family	JC2	1186.65	1194.29	505.22	689.07	-9.08	2571.08	2587.63	1094.64	1492.99	-19.67
High Self Plus One	JC3	1174.90	1182.48	475.79	706.69	-7.19	2545.62	2562.04	1030.88	1531.16	-15.58
Basic Self	JC4	346.30	371.30	221.67	149.63	16.70	750.32	804.48	480.29	324.19	36.17
Basic Self & Family	JC5	844.69	905.66	505.22	400.44	44.25	1830.16	1962.26	1094.64	867.62	95.88
Basic Self Plus One	JC6	836.33	896.71	475.79	420.92	45.61	1812.05	1942.87	1030.88	911.99	98.82



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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code											
<b>New York CDPHP Universal Benefits, Inc.</b>											
High Self	SG1	345.92	345.92	221.67	124.25	-8.30	749.49	749.49	480.29	269.20	-17.99
High Self & Family	SG2	1037.75	1037.75	505.22	532.53	-16.72	2248.46	2248.46	1094.64	1153.82	-36.22
High Self Plus One	SG3	691.85	691.85	475.79	216.06	-14.77	1499.01	1499.01	1030.88	468.13	-32.00
Standard Self	SG4	244.54	244.54	183.41	61.13	0.00	529.84	529.84	397.38	132.46	0.00
Standard Self & Family	SG5	733.57	733.57	505.22	228.35	-16.72	1589.40	1589.40	1094.64	494.76	-36.22
Standard Self Plus One	SG6	489.06	489.06	366.80	122.26	0.00	1059.63	1059.63	794.72	264.91	0.00
<b>New York GHI Health Plan</b>											
High Self	801	393.81	441.06	221.67	219.39	38.95	853.26	955.63	480.29	475.34	84.38
High Self & Family	802	1163.42	1196.52	505.22	691.30	16.38	2520.74	2592.46	1094.64	1497.82	35.50
High Self Plus One	803	754.55	1074.06	475.79	598.27	304.74	1634.86	2327.13	1030.88	1296.25	660.27
Standard Self	804	303.85	328.15	221.67	106.48	16.00	658.34	710.99	480.29	230.70	34.66
Standard Self & Family	805	822.81	782.70	505.22	277.48	-56.83	1782.76	1695.85	1094.64	601.21	-123.13
Standard Self Plus One	806	499.88	750.09	475.79	274.30	149.33	1083.07	1625.20	1030.88	594.32	323.55
<b>New York HIP Health of Greater New York</b>											
High Self	511	303.08	333.14	221.67	111.47	21.76	656.67	721.80	480.29	241.51	47.14
High Self & Family	512	869.28	972.45	505.22	467.23	86.45	1883.44	2106.98	1094.64	1012.34	187.32
High Self Plus One	513	537.96	656.91	475.79	181.12	46.63	1165.58	1423.31	1030.88	392.43	101.04
<b>New York Independent Health Assoc</b>											
High Self	QA1	286.19	318.10	221.67	96.43	23.61	620.08	689.22	480.29	208.93	51.15
High Self & Family	QA2	772.70	858.88	505.22	353.66	69.46	1674.18	1860.91	1094.64	766.27	150.51
High Self Plus One	QA3	729.77	811.17	475.79	335.38	66.63	1581.17	1757.54	1030.88	726.66	144.37
HDHP Self	QA4	207.21	207.56	155.67	51.89	0.09	448.96	449.71	337.28	112.43	0.19
HDHP Self & Family	QA5	549.19	550.14	412.61	137.53	0.23	1189.91	1191.97	893.98	297.99	0.51
HDHP Self Plus One	QA6	507.55	508.45	381.34	127.11	0.22	1099.69	1101.64	826.23	275.41	0.49

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>New York Independent Health Association</b>												
Standard Self		C54	274.15	302.28	221.67	80.61	12.07	593.99	654.94	480.29	174.65	26.15
Standard Self & Family		C55	740.22	816.15	505.22	310.93	59.21	1603.81	1768.33	1094.64	673.69	128.30
Standard Self Plus One		C56	699.10	770.81	475.79	295.02	56.94	1514.72	1670.09	1030.88	639.21	123.37
<b>New York MVP Health Care</b>												
High Self		GA1	313.35	349.54	221.67	127.87	27.89	678.93	757.34	480.29	277.05	60.42
High Self & Family		GA2	768.85	856.39	505.22	351.17	70.82	1665.84	1855.51	1094.64	760.87	153.45
High Self Plus One		GA3	721.34	803.95	475.79	328.16	67.84	1562.90	1741.89	1030.88	711.01	146.99
Standard Self		GA4	285.99	321.11	221.67	99.44	26.82	619.65	695.74	480.29	215.45	58.10
Standard Self & Family		GA5	699.39	786.71	505.22	281.49	70.60	1515.35	1704.54	1094.64	609.90	152.97
Standard Self Plus One		GA6	661.51	738.55	475.79	262.76	62.27	1433.27	1600.19	1030.88	569.31	134.92
<b>New York MVP Health Care</b>												
High Self		GV1	293.39	315.64	221.67	93.97	13.95	635.68	683.89	480.29	203.60	30.22
High Self & Family		GV2	719.54	773.30	505.22	268.08	37.04	1559.00	1675.48	1094.64	580.84	80.26
High Self Plus One		GV3	674.84	725.96	475.79	250.17	36.35	1462.15	1572.91	1030.88	542.03	78.76
Standard Self		GV4	259.58	281.73	211.30	70.43	5.54	562.42	610.42	457.82	152.60	12.00
Standard Self & Family		GV5	636.58	690.24	505.22	185.02	25.88	1379.26	1495.52	1094.64	400.88	56.07
Standard Self Plus One		GV6	597.03	647.98	475.79	172.19	22.93	1293.57	1403.96	1030.88	373.08	49.69
<b>New York MVP Health Care</b>												
High Self		M91	311.50	323.89	221.67	102.22	4.09	674.92	701.76	480.29	221.47	8.85
High Self & Family		M92	764.42	793.50	505.22	288.28	12.36	1656.24	1719.25	1094.64	624.61	26.79
High Self Plus One		M93	718.85	744.93	475.79	269.14	11.31	1557.51	1614.02	1030.88	583.14	24.51
Standard Self		M94	296.13	316.74	221.67	95.07	12.31	641.62	686.27	480.29	205.98	26.66
Standard Self & Family		M95	727.26	776.03	505.22	270.81	32.05	1575.73	1681.40	1094.64	586.76	69.45
Standard Self Plus One		M96	682.74	728.51	475.79	252.72	31.00	1479.27	1578.44	1030.88	547.56	67.17

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>New York MVP Health Care</b>											
High Self	MF1	356.52	433.33	221.67	211.66	68.51	772.46	938.88	480.29	458.59	148.43
High Self & Family	MF2	874.34	1061.63	505.22	556.41	170.57	1894.40	2300.20	1094.64	1205.56	369.58
High Self Plus One	MF3	820.01	996.63	475.79	520.84	161.85	1776.69	2159.37	1030.88	1128.49	350.68
Standard Self	MF4	344.02	404.20	221.67	182.53	51.88	745.38	875.77	480.29	395.48	112.40
Standard Self & Family	MF5	843.67	990.28	505.22	485.06	129.89	1827.95	2145.61	1094.64	1050.97	281.44
Standard Self Plus One	MF6	791.23	929.65	475.79	453.86	123.65	1714.33	2014.24	1030.88	983.36	267.91
<b>New York MVP Health Care</b>											
High Self	MX1	332.71	381.51	221.67	159.84	40.50	720.87	826.61	480.29	346.32	87.75
High Self & Family	MX2	815.68	934.73	505.22	429.51	102.33	1767.31	2025.25	1094.64	930.61	221.72
High Self Plus One	MX3	764.62	877.49	475.79	401.70	98.10	1656.68	1901.23	1030.88	870.35	212.55
Standard Self	MX4	316.09	370.80	221.67	149.13	46.41	684.86	803.40	480.29	323.11	100.55
Standard Self & Family	MX5	775.14	908.46	505.22	403.24	116.60	1679.47	1968.33	1094.64	873.69	252.64
Standard Self Plus One	MX6	730.32	852.84	475.79	377.05	107.75	1582.36	1847.82	1030.88	816.94	233.46
<b>North Carolina Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>North Carolina Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15

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

Health Management Organizations (HMO)		2017 Biweekly premium rates						2017 Monthly premium rates				
Plan - Option - Enrollment Code		2016 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		2016 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>North Carolina Aetna HealthFund HDHP</b>												
	HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
	HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
	HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>North Dakota Aetna Direct</b>												
	CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
	CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
	CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>North Dakota Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
	CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
	CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
	Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
	Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
	Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>North Dakota Aetna HealthFund HDHP</b>												
	HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
	HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
	HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>North Dakota HealthPartners High and Standard Option</b>												
	High Self	V31	315.60	329.41	221.67	107.74	5.51	683.80	713.72	480.29	233.43	11.93
	High Self & Family	V32	768.79	802.44	505.22	297.22	16.93	1665.71	1738.62	1094.64	643.98	36.69
	High Self Plus One	V33	697.47	727.99	475.79	252.20	15.75	1511.19	1577.31	1030.88	546.43	34.12
	Standard Self	V34	179.23	196.66	147.50	49.16	4.35	388.33	426.10	319.58	106.52	9.44
	Standard Self & Family	V35	436.61	479.08	359.31	119.77	10.62	945.99	1038.01	778.51	259.50	23.00
	Standard Self Plus One	V36	396.10	434.64	325.98	108.66	9.64	858.22	941.72	706.29	235.43	20.88

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Ohio Aetna Direct</b>												
		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Ohio Aetna HealthFund CDHP and Value Plan</b>												
		JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
		JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
		JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
		JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
		JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
		JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>Ohio Aetna HealthFund HDHP</b>												
		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Ohio AultCare HMO</b>												
		3A1	317.69	329.85	221.67	108.18	3.86	688.33	714.68	480.29	234.39	8.36
		3A2	1016.58	814.70	505.22	309.48	-218.60	2202.59	1765.18	1094.64	670.54	-473.63
		3A3	603.60	692.68	475.79	216.89	65.99	1307.80	1500.81	1030.88	469.93	142.98
		3A4	145.49	161.62	121.22	40.40	4.03	315.23	350.18	262.64	87.54	8.73
		3A5	465.52	517.15	387.86	129.29	12.91	1008.63	1120.49	840.37	280.12	27.96
		3A6	276.41	307.06	230.30	76.76	7.66	598.89	665.30	498.98	166.32	16.60

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
		Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Ohio HealthSpan Integrated Care</b>											
High Self	641	364.04	402.58	221.67	180.91	30.24	788.75	872.26	480.29	391.97	65.52
High Self & Family	642	873.69	966.20	505.22	460.98	75.79	1893.00	2093.43	1094.64	998.79	164.21
High Self Plus One	643	800.89	885.68	475.79	409.89	70.02	1735.26	1918.97	1030.88	888.09	151.71
Standard Self	644	265.94	337.46	221.67	115.79	49.31	576.20	731.16	480.29	250.87	106.82
Standard Self & Family	645	638.26	809.91	505.22	304.69	145.13	1382.90	1754.81	1094.64	660.17	314.45
Standard Self Plus One	646	585.06	742.42	475.79	266.63	120.37	1267.63	1608.58	1030.88	577.70	260.79
<b>Ohio Humana Health Plan of Ohio</b>											
High Self	A61	349.02	454.72	221.67	233.05	97.40	756.21	985.23	480.29	504.94	211.03
High Self & Family	A62	785.30	1023.12	505.22	517.90	221.10	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One	A63	750.40	977.65	475.79	501.86	212.48	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self	A64	294.73	358.48	221.67	136.81	55.45	638.58	776.71	480.29	296.42	120.14
Standard Self & Family	A65	663.14	806.56	505.22	301.34	126.70	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One	A66	633.66	770.71	475.79	294.92	122.28	1372.93	1669.87	1030.88	638.99	264.94
<b>Ohio Paramount Health Care</b>											
Standard Self	N81	267.45	287.20	215.40	71.80	4.94	579.48	622.27	466.70	155.57	10.70
Standard Self & Family	N82	703.39	755.32	505.22	250.10	35.21	1524.01	1636.53	1094.64	541.89	76.30
Standard Self Plus One	N83	534.90	574.39	430.79	143.60	9.88	1158.95	1244.51	933.38	311.13	21.39
<b>Oklahoma Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan	Option	Enrollment Code									
<b>Oklahoma Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>Oklahoma Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Oklahoma Globalhealth, Inc.</b>											
High Self	IM1	276.33	261.85	196.39	65.46	-3.62	598.72	567.34	425.51	141.83	-7.85
High Self & Family	IM2	690.84	654.64	490.98	163.66	-38.68	1496.82	1418.39	1063.79	354.60	-83.80
High Self Plus One	IM3	552.67	523.71	392.78	130.93	-7.24	1197.45	1134.71	851.03	283.68	-15.68
Standard Self	IM4	<b>New Plan</b>	242.42	181.82	60.60	<b>New Plan</b>	<b>New Plan</b>	525.24	393.93	131.31	<b>New Plan</b>
Standard Self & Family	IM5	<b>New Plan</b>	606.07	454.55	151.52	<b>New Plan</b>	<b>New Plan</b>	1313.15	984.86	328.29	<b>New Plan</b>
Standard Self Plus One	IM6	<b>New Plan</b>	484.86	363.65	121.21	<b>New Plan</b>	<b>New Plan</b>	1050.53	787.90	262.63	<b>New Plan</b>
<b>Oregon Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Oregon Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Oregon Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>											
High Self	571	298.94	317.04	221.67	95.37	9.80	647.70	686.92	480.29	206.63	21.23
High Self & Family	572	675.21	716.12	505.22	210.90	24.19	1462.96	1551.59	1094.64	456.95	52.41
High Self Plus One	573	675.21	716.12	475.79	240.33	26.14	1462.96	1551.59	1030.88	520.71	56.63
Standard Self	574	261.22	274.08	205.56	68.52	3.22	565.98	593.84	445.38	148.46	6.97
Standard Self & Family	575	600.10	629.64	472.23	157.41	7.39	1300.22	1364.22	1023.17	341.05	16.00
Standard Self Plus One	576	600.10	629.64	472.23	157.41	7.39	1300.22	1364.22	1023.17	341.05	16.00
<b>Pennsylvania Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2017 Biweekly premium rates						2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Pennsylvania Aetna HealthFund CDHP and Value Plan</b>														
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74			
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15			
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69			
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37			
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32			
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08			
<b>Pennsylvania Aetna HealthFund HDHP</b>														
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62			
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01			
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64			
<b>Pennsylvania Aetna Open Access</b>														
High Self	P31	631.25	655.24	221.67	433.57	15.69	1367.71	1419.69	480.29	939.40	33.99			
High Self & Family	P32	1530.47	1588.64	505.22	1083.42	41.45	3316.02	3442.05	1094.64	2347.41	89.81			
High Self Plus One	P33	1515.32	1572.91	475.79	1097.12	42.82	3283.19	3407.97	1030.88	2377.09	92.78			
Basic Self	P34	508.42	549.01	221.67	327.34	32.29	1101.58	1189.52	480.29	709.23	69.95			
Basic Self & Family	P35	1180.07	1274.25	505.22	769.03	77.46	2556.82	2760.88	1094.64	1666.24	167.84			
Basic Self Plus One	P36	1168.39	1261.63	475.79	785.84	78.47	2531.51	2733.53	1030.88	1702.65	170.02			
<b>Pennsylvania Aetna Open Access</b>														
High Self	YE1	327.62	373.97	221.67	152.30	38.05	709.84	810.27	480.29	329.98	82.44			
High Self & Family	YE2	822.65	939.06	505.22	433.84	99.69	1782.41	2034.63	1094.64	939.99	216.00			
High Self Plus One	YE3	814.52	929.75	475.79	453.96	100.46	1764.79	2014.46	1030.88	983.58	217.67			
<b>Pennsylvania Geisinger Health Plan</b>														
Standard Self	GG4	299.25	306.72	221.67	85.05	-0.83	648.38	664.56	480.29	184.27	-1.81			
Standard Self & Family	GG5	688.29	702.24	505.22	197.02	-2.77	1491.30	1521.52	1094.64	426.88	-6.00			
Standard Self Plus One	GG6	688.29	662.73	475.79	186.94	-40.33	1491.30	1435.92	1030.88	405.04	-87.38			

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Pennsylvania Highmark Choice Company</b>												
High Self		NP1	252.23	285.79	214.34	71.45	8.39	546.50	619.21	464.41	154.80	18.18
High Self & Family		NP2	572.17	648.17	486.13	162.04	19.00	1239.70	1404.37	1053.28	351.09	41.17
High Self Plus One		NP3	474.68	537.86	403.40	134.46	15.79	1028.47	1165.36	874.02	291.34	34.22
<b>Pennsylvania UPMC Health Plan</b>												
High Self		8W1	356.35	355.26	221.67	133.59	-9.39	772.09	769.73	480.29	289.44	-20.35
High Self & Family		8W2	837.39	834.83	505.22	329.61	-19.28	1814.35	1808.80	1094.64	714.16	-41.77
High Self Plus One		8W3	801.78	799.33	475.79	323.54	-17.22	1737.19	1731.88	1030.88	701.00	-37.31
HDHP Self		8W4	236.77	236.29	177.22	59.07	-0.12	513.00	511.96	383.97	127.99	-0.26
HDHP Self & Family		8W5	545.81	541.25	405.94	135.31	-1.14	1182.59	1172.71	879.53	293.18	-2.47
HDHP Self Plus One		8W6	524.87	521.24	390.93	130.31	-0.91	1137.22	1129.35	847.01	282.34	-1.96
<b>Pennsylvania UPMC Health Plan</b>												
Standard Self		UW4	267.50	276.84	207.63	69.21	2.34	579.58	599.82	449.87	149.95	5.06
Standard Self & Family		UW5	628.58	650.55	487.91	162.64	5.50	1361.92	1409.53	1057.15	352.38	11.90
Standard Self Plus One		UW6	601.85	622.90	467.18	155.72	5.26	1304.01	1349.62	1012.22	337.40	11.40
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>												
High Self		ZJ1	161.83	168.31	126.23	42.08	1.62	350.63	364.67	273.50	91.17	3.51
High Self & Family		ZJ2	364.14	378.70	284.03	94.67	3.64	788.97	820.52	615.39	205.13	7.89
High Self Plus One		ZJ3	347.95	361.88	271.41	90.47	3.48	753.89	784.07	588.05	196.02	7.55
<b>Puerto Rico Triple-S Salud, Inc.</b>												
High Self		891	179.99	188.02	141.02	47.00	2.00	389.98	407.38	305.54	101.84	4.35
High Self & Family		892	412.18	430.56	322.92	107.64	4.60	893.06	932.88	699.66	233.22	9.96
High Self Plus One		893	404.14	422.17	316.63	105.54	4.51	875.64	914.70	686.03	228.67	9.76
<b>Rhode Island Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Rhode Island Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self		EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family		EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One		EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self		EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family		EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One		EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>Rhode Island Aetna HealthFund HDHP</b>												
HDHP Self		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>South Carolina Aetna Direct</b>												
CDHP Self		N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family		N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One		N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>South Carolina Aetna HealthFund CDHP and Value Plan</b>												
CDHP Self		JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family		JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One		JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self		JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family		JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One		JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>South Carolina Aetna HealthFund HDHP</b>												
HDHP Self		224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family		225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One		226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2017 Biweekly premium rates						2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Biweekly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2016 Total Monthly Premium			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>South Dakota Aetna Direct</b>														
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72			
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35			
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79			
<b>South Dakota Aetna HealthFund CDHP and Value Plan</b>														
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30			
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39			
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19			
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00			
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00			
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00			
<b>South Dakota Aetna HealthFund HDHP</b>														
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62			
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01			
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64			
<b>South Dakota HealthPartners High and Standard Option</b>														
High Self	V31	315.60	329.41	221.67	107.74	5.51	683.80	713.72	480.29	233.43	11.93			
High Self & Family	V32	768.79	802.44	505.22	297.22	16.93	1665.71	1738.62	1094.64	643.98	36.69			
High Self Plus One	V33	697.47	727.99	475.79	252.20	15.75	1511.19	1577.31	1030.88	546.43	34.12			
Standard Self	V34	179.23	196.66	147.50	49.16	4.35	388.33	426.10	319.58	106.52	9.44			
Standard Self & Family	V35	436.61	479.08	359.31	119.77	10.62	945.99	1038.01	778.51	259.50	23.00			
Standard Self Plus One	V36	396.10	434.64	325.98	108.66	9.64	858.22	941.72	706.29	235.43	20.88			
<b>Tennessee Aetna Direct</b>														
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72			
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35			
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79			

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Tennessee Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Tennessee Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Tennessee Aetna Open Access</b>											
High Self	UB1	383.54	398.06	221.67	176.39	6.22	831.00	862.46	480.29	382.17	13.47
High Self & Family	UB2	982.84	1020.04	505.22	514.82	20.48	2129.49	2210.09	1094.64	1115.45	44.38
High Self Plus One	UB3	973.11	1009.94	475.79	534.15	22.06	2108.41	2188.20	1030.88	1157.32	47.79
<b>Tennessee Humana Health Plan, Inc.</b>											
High Self	GJ1	296.48	334.13	221.67	112.46	29.35	642.37	723.95	480.29	243.66	63.59
High Self & Family	GJ2	667.09	751.82	505.22	246.60	68.01	1445.36	1628.94	1094.64	534.30	147.36
High Self Plus One	GJ3	637.45	718.40	475.79	242.61	66.18	1381.14	1556.53	1030.88	525.65	143.39
Standard Self	GJ4	270.49	331.09	221.67	109.42	41.80	586.06	717.36	480.29	237.07	90.56
Standard Self & Family	GJ5	608.61	744.95	505.22	239.73	87.58	1318.66	1614.06	1094.64	519.42	189.76
Standard Self Plus One	GJ6	581.56	711.85	475.79	236.06	90.67	1260.05	1542.34	1030.88	511.46	196.45
<b>Tennessee United Healthcare Insurance Company, Inc.</b>											
High Self	KK1	245.00	257.80	193.35	64.45	3.20	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	686.98	644.49	483.37	161.12	-37.36	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	478.48	554.26	415.70	138.56	18.94	1036.71	1200.90	900.68	300.22	41.04

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Tennessee United Healthcare Insurance Company, Inc. (HDHP)</b>											
HDHP Self	LS1	234.69	212.83	159.62	53.21	-5.46	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	658.05	532.06	399.05	133.01	-36.54	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	458.33	457.58	343.19	114.39	-0.19	993.05	991.42	743.57	247.85	-0.41
<b>Texas Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Texas Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>Texas Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Texas Aetna Whole Health</b>											
Basic Self	ES1	254.88	282.87	212.15	70.72	7.00	552.24	612.89	459.67	153.22	15.16
Basic Self & Family	ES2	674.81	748.89	505.22	243.67	57.36	1462.09	1622.60	1094.64	527.96	124.29
Basic Self Plus One	ES3	668.14	741.49	475.79	265.70	58.58	1447.64	1606.56	1030.88	575.68	126.92

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Texas Humana CoverageFirst and Value Plan</b>												
CDHP Self		TP1	295.84	302.46	221.67	80.79	-1.68	640.99	655.33	480.29	175.04	-3.65
CDHP Self & Family		TP2	665.64	680.54	505.22	175.32	-1.82	1442.22	1474.50	1094.64	379.86	-3.94
CDHP Self Plus One		TP3	636.05	650.29	475.79	174.50	-0.53	1378.11	1408.96	1030.88	378.08	-1.15
Value Self		TP4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family		TP5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One		TP6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60
<b>Texas Humana CoverageFirst and Value Plan</b>												
CDHP Self		TU1	290.09	294.28	220.71	73.57	-3.15	628.53	637.61	478.21	159.40	-6.83
CDHP Self & Family		TU2	652.69	662.14	496.61	165.53	1.34	1414.16	1434.64	1075.98	358.66	2.92
CDHP Self Plus One		TU3	623.69	632.70	474.53	158.17	-4.50	1351.33	1370.85	1028.14	342.71	-9.74
Value Self		TU4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family		TU5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One		TU6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60
<b>Texas Humana CoverageFirst and Value Plan</b>												
CDHP Self		TV1	300.33	301.20	221.67	79.53	-7.43	650.72	652.60	480.29	172.31	-16.11
CDHP Self & Family		TV2	675.74	677.71	505.22	172.49	-14.75	1464.10	1468.37	1094.64	373.73	-31.95
CDHP Self Plus One		TV3	645.70	647.59	475.79	171.80	-12.88	1399.02	1403.11	1030.88	372.23	-27.91
Value Self		TV4	215.28	214.76	161.07	53.69	-0.13	466.44	465.31	348.98	116.33	-0.28
Value Self & Family		TV5	484.37	483.20	362.40	120.80	-0.29	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One		TV6	462.84	461.73	346.30	115.43	-0.28	1002.82	1000.42	750.32	250.10	-0.60

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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Texas Humana Health Plan of Texas</b>												
High Self		EW1	299.70	358.77	221.67	137.10	50.77	649.35	777.34	480.29	297.05	110.00
High Self & Family		EW2	674.30	807.23	505.22	302.01	116.21	1460.98	1749.00	1094.64	654.36	251.80
High Self Plus One		EW3	644.34	771.35	475.79	295.56	112.24	1396.07	1671.26	1030.88	640.38	243.19
Standard Self		EW4	273.37	308.50	221.67	86.83	18.49	592.30	668.42	480.29	188.13	40.06
Standard Self & Family		EW5	615.09	694.12	505.22	188.90	35.13	1332.70	1503.93	1094.64	409.29	76.12
Standard Self Plus One		EW6	587.75	663.26	475.79	187.47	40.53	1273.46	1437.06	1030.88	406.18	87.82
<b>Texas Humana Health Plan of Texas</b>												
High Self		UC1	314.51	366.49	221.67	144.82	43.68	681.44	794.06	480.29	313.77	94.63
High Self & Family		UC2	707.64	824.60	505.22	319.38	100.24	1533.22	1786.63	1094.64	691.99	217.19
High Self Plus One		UC3	676.18	787.95	475.79	312.16	97.00	1465.06	1707.23	1030.88	676.35	210.17
Standard Self		UC4	297.24	296.50	221.67	74.83	-9.04	644.02	642.42	480.29	162.13	-19.59
Standard Self & Family		UC5	668.79	667.16	500.37	166.79	-13.50	1449.05	1445.51	1084.13	361.38	-29.25
Standard Self Plus One		UC6	639.07	637.50	475.79	161.71	-16.34	1384.65	1381.25	1030.88	350.37	-35.40
<b>Texas Humana Health Plan of Texas</b>												
High Self		UR1	603.57	614.26	221.67	392.59	2.39	1307.74	1330.90	480.29	850.61	5.17
High Self & Family		UR2	1358.03	1382.09	505.22	876.87	7.34	2942.40	2994.53	1094.64	1899.89	15.91
High Self Plus One		UR3	1297.67	1320.65	475.79	844.86	8.21	2811.62	2861.41	1030.88	1830.53	17.79
Standard Self		UR4	313.84	344.46	221.67	122.79	22.32	679.99	746.33	480.29	266.04	48.35
Standard Self & Family		UR5	706.14	775.04	505.22	269.82	52.18	1529.97	1679.25	1094.64	584.61	113.06
Standard Self Plus One		UR6	674.75	740.58	475.79	264.79	51.06	1461.96	1604.59	1030.88	573.71	110.63



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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Texas Humana Health Plan of Texas</b>											
High Self	UU1	502.52	540.81	221.67	319.14	29.99	1088.79	1171.76	480.29	691.47	64.98
High Self & Family	UU2	1130.66	1216.82	505.22	711.60	69.44	2449.76	2636.44	1094.64	1541.80	150.46
High Self Plus One	UU3	1080.40	1162.74	475.79	686.95	67.57	2340.87	2519.27	1030.88	1488.39	146.40
Standard Self	UU4	350.56	448.93	221.67	227.26	90.07	759.55	972.68	480.29	492.39	195.14
Standard Self & Family	UU5	788.79	1010.08	505.22	504.86	204.57	1709.05	2188.51	1094.64	1093.87	443.24
Standard Self Plus One	UU6	753.73	965.18	475.79	489.39	196.68	1633.08	2091.22	1030.88	1060.34	426.14
<b>Texas Scott and White Health Plan</b>											
Standard Self	A84	272.01	313.14	221.67	91.47	23.47	589.36	678.47	480.29	198.18	50.84
Standard Self & Family	A85	638.18	733.80	505.22	228.58	69.04	1382.72	1589.90	1094.64	495.26	149.58
Standard Self Plus One	A86	570.37	655.90	475.79	180.11	37.52	1235.80	1421.12	1030.88	390.24	81.29
<b>Texas Scott and White Health Plan</b>											
Standard Self	P84	<b>New Plan</b>	350.54	221.67	128.87	<b>New Plan</b>	<b>New Plan</b>	759.50	480.29	279.21	<b>New Plan</b>
Standard Self & Family	P85	<b>New Plan</b>	821.67	505.22	316.45	<b>New Plan</b>	<b>New Plan</b>	1780.29	1094.64	685.65	<b>New Plan</b>
Standard Self Plus One	P86	<b>New Plan</b>	734.43	475.79	258.64	<b>New Plan</b>	<b>New Plan</b>	1591.27	1030.88	560.39	<b>New Plan</b>
<b>Texas UnitedHealthcare Benefits of Texas, Inc.</b>											
High Self	GF1	396.27	436.49	221.67	214.82	31.92	858.59	945.73	480.29	465.44	69.15
High Self & Family	GF2	1111.14	1223.91	505.22	718.69	96.05	2407.47	2651.81	1094.64	1557.17	208.12
High Self Plus One	GF3	773.91	852.46	475.79	376.67	63.78	1676.81	1847.00	1030.88	816.12	138.19
<b>Texas UnitedHealthcare Insurance Company</b>											
Basic Self	L91	212.71	199.88	149.91	49.97	-3.21	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	596.45	560.47	420.35	140.12	-8.99	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	415.43	390.36	292.77	97.59	-6.27	900.10	845.78	634.34	211.44	-13.58
<b>Utah Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Utah Aetna Health of Utah, Inc. dba Altius Health Plans</b>											
High Self	9K1	314.79	344.47	221.67	122.80	21.38	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	696.14	761.77	505.22	256.55	48.91	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	689.25	754.23	475.79	278.44	50.21	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	170.28	173.69	130.27	43.42	0.85	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	355.88	363.00	272.25	90.75	1.78	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	348.90	355.89	266.92	88.97	1.75	755.95	771.10	578.33	192.77	3.78
<b>Utah Aetna Health of Utah, Inc. dba Altius Health Plans</b>											
Standard Self	DK4	229.98	242.10	181.58	60.52	3.03	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	507.85	534.63	400.97	133.66	6.70	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	502.83	529.33	397.00	132.33	6.62	1089.47	1146.88	860.16	286.72	14.35
<b>Utah Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
<b>Utah Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Utah SelectHealth</b>											
High Self	SF1	317.43	342.83	221.67	121.16	17.10	687.77	742.80	480.29	262.51	37.04
High Self & Family	SF2	708.06	764.71	505.22	259.49	39.93	1534.13	1656.87	1094.64	562.23	86.52
High Self Plus One	SF3	708.06	764.71	475.79	288.92	41.88	1534.13	1656.87	1030.88	625.99	90.74
Standard Self	SF4	236.46	248.28	186.21	62.07	2.96	512.33	537.94	403.46	134.48	6.40
Standard Self & Family	SF5	525.08	551.32	413.49	137.83	6.56	1137.67	1194.53	895.90	298.63	14.21
Standard Self Plus One	SF6	525.08	551.32	413.49	137.83	6.56	1137.67	1194.53	895.90	298.63	14.21
<b>Vermont Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Vermont Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	EP1	353.14	374.41	221.67	152.74	12.97	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	805.37	853.86	505.22	348.64	31.77	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	797.39	845.41	475.79	369.62	33.25	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	243.00	250.29	187.72	62.57	1.82	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	556.47	573.16	429.87	143.29	4.17	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	545.55	561.92	421.44	140.48	4.09	1182.03	1217.49	913.12	304.37	8.86
<b>Vermont Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Virgin Islands Triple-S Salud, Inc.</b>											
High Self	851	227.85	275.98	206.99	68.99	12.03	493.68	597.96	448.47	149.49	26.07
High Self & Family	852	521.80	632.00	474.00	158.00	27.55	1130.57	1369.33	1027.00	342.33	59.69
High Self Plus One	853	511.62	619.67	464.75	154.92	27.02	1108.51	1342.62	1006.97	335.65	58.52

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
<b>Virginia Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Virginia Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>Virginia Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Virginia Aetna Open Access</b>											
High Self	JN1	442.85	469.08	221.67	247.41	17.93	959.51	1016.34	480.29	536.05	38.84
High Self & Family	JN2	995.60	1054.58	505.22	549.36	42.26	2157.13	2284.92	1094.64	1190.28	91.57
High Self Plus One	JN3	985.75	1044.14	475.79	568.35	43.62	2135.79	2262.30	1030.88	1231.42	94.51
Basic Self	JN4	275.96	294.16	220.62	73.54	4.55	597.91	637.35	478.01	159.34	9.86
Basic Self & Family	JN5	621.16	664.55	498.41	166.14	10.85	1345.85	1439.86	1079.90	359.96	23.50
Basic Self Plus One	JN6	608.98	634.15	475.61	158.54	6.30	1319.46	1373.99	1030.49	343.50	13.64
<b>Virginia Aetna Whole Health</b>											
Basic Self	J91	257.40	296.02	221.67	74.35	10.00	557.70	641.38	480.29	161.09	21.67
Basic Self & Family	J92	673.06	774.01	505.22	268.79	84.23	1458.30	1677.02	1094.64	582.38	182.50
Basic Self Plus One	J93	666.39	766.36	475.79	290.57	85.20	1443.85	1660.45	1030.88	629.57	184.60

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Virginia CareFirst BlueChoice</b>											
High Self	2G1	321.77	358.77	221.67	137.10	28.70	697.17	777.34	480.29	297.05	62.18
High Self & Family	2G2	764.50	852.43	505.22	347.21	71.21	1656.42	1846.93	1094.64	752.29	154.29
High Self Plus One	2G3	643.53	717.54	475.79	241.75	59.24	1394.32	1554.67	1030.88	523.79	128.35
Standard Self	2G4	287.63	304.89	221.67	83.22	8.96	623.20	660.60	480.29	180.31	19.41
Standard Self & Family	2G5	683.40	724.41	505.22	219.19	24.29	1480.70	1569.56	1094.64	474.92	52.64
Standard Self Plus One	2G6	575.27	609.78	457.34	152.44	8.62	1246.42	1321.19	990.89	330.30	18.70
<b>Virginia CareFirst BlueChoice</b>											
HDHP Self	B61	273.21	281.41	211.06	70.35	2.05	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	649.15	668.62	501.47	167.15	4.86	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	546.43	562.82	422.12	140.70	4.09	1183.93	1219.44	914.58	304.86	8.88
<b>Virginia Innovation Health Plan</b>											
High Self	LQ1	252.97	270.68	203.01	67.67	4.43	548.10	586.47	439.85	146.62	9.60
High Self & Family	LQ2	595.32	636.99	477.74	159.25	10.42	1289.86	1380.15	1035.11	345.04	22.58
High Self Plus One	LQ3	589.42	630.68	473.01	157.67	10.32	1277.08	1366.47	1024.85	341.62	22.35
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>											
High Self	E31	285.48	296.17	221.67	74.50	2.39	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	668.01	693.06	505.22	187.84	8.33	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	645.17	669.36	475.79	193.57	9.42	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	214.96	223.40	167.55	55.85	2.11	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	503.01	522.75	392.06	130.69	4.94	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	485.80	504.87	378.65	126.22	4.77	1052.57	1093.89	820.42	273.47	10.33
<b>Virginia M.D. IPA</b>											
High Self	JP1	295.87	318.80	221.67	97.13	14.63	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	829.62	893.91	505.22	388.69	47.57	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	577.83	622.62	466.97	155.65	11.19	1251.97	1349.01	1011.76	337.25	24.26

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Virginia Optima Health Plan</b>											
High Self	PG1	240.85	262.87	197.15	65.72	5.51	521.84	569.55	427.16	142.39	11.93
High Self & Family	PG2	629.57	647.91	485.93	161.98	4.59	1364.07	1403.81	1052.86	350.95	9.93
High Self Plus One	PG3	598.09	641.43	475.79	165.64	16.12	1295.86	1389.77	1030.88	358.89	34.93
<b>Virginia United Healthcare Insurance Company, Inc.</b>											
High Self	LR1	245.13	279.74	209.81	69.93	8.65	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	687.35	699.35	505.22	194.13	-4.72	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	478.74	573.47	430.10	143.37	23.69	1037.27	1242.52	931.89	310.63	51.31
<b>Virginia UnitedHealthcare Insurance Company</b>											
Basic Self	L91	212.71	199.88	149.91	49.97	-3.21	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	596.45	560.47	420.35	140.12	-8.99	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	415.43	390.36	292.77	97.59	-6.27	900.10	845.78	634.34	211.44	-13.58
<b>Washington Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>Washington Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
<b>Washington Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates					2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Washington Aetna Open Access</b>											
High Self	C31	305.02	395.91	221.67	174.24	82.59	660.88	857.81	480.29	377.52	178.94
High Self & Family	C32	836.39	1085.61	505.22	580.39	232.50	1812.18	2352.16	1094.64	1257.52	503.76
High Self Plus One	C33	828.11	1074.86	475.79	599.07	231.98	1794.24	2328.86	1030.88	1297.98	502.62
<b>Washington Group Health Cooperative</b>											
High Self	541	327.13	349.46	221.67	127.79	14.03	708.78	757.16	480.29	276.87	30.39
High Self & Family	542	883.24	908.59	505.22	403.37	8.63	1913.69	1968.61	1094.64	873.97	18.70
High Self Plus One	543	654.25	716.38	475.79	240.59	47.36	1417.54	1552.16	1030.88	521.28	102.62
Standard Self	544	234.07	262.54	196.91	65.63	7.11	507.15	568.84	426.63	142.21	15.42
Standard Self & Family	545	632.01	682.59	505.22	177.37	19.37	1369.36	1478.95	1094.64	384.31	41.97
Standard Self Plus One	546	468.15	538.20	403.65	134.55	17.51	1014.33	1166.10	874.58	291.52	37.94
<b>Washington Group Health Cooperative</b>											
HDHP Self	PT1	218.70	233.54	175.16	58.38	3.71	473.85	506.00	379.50	126.50	8.04
HDHP Self & Family	PT2	590.50	607.22	455.42	151.80	4.18	1279.42	1315.64	986.73	328.91	9.06
HDHP Self Plus One	PT3	437.40	478.77	359.08	119.69	10.34	947.70	1037.34	778.01	259.33	22.41
<b>Washington Group Health Options</b>											
Standard Self	L11	285.33	294.57	220.93	73.64	1.68	618.22	638.24	478.68	159.56	3.64
Standard Self & Family	L12	684.80	706.98	505.22	201.76	5.46	1483.73	1531.79	1094.64	437.15	11.84
Standard Self Plus One	L13	599.21	618.62	463.97	154.65	4.85	1298.29	1340.34	1005.26	335.08	10.51
HDHP Self	L14	224.81	236.65	177.49	59.16	2.96	487.09	512.74	384.56	128.18	6.41
HDHP Self & Family	L15	526.79	554.55	415.91	138.64	6.94	1141.38	1201.53	901.15	300.38	15.04
HDHP Self Plus One	L16	468.92	493.63	370.22	123.41	6.18	1015.99	1069.53	802.15	267.38	13.38
<b>Washington Group Health Options</b>											
High Self	VT1	395.49	425.15	221.67	203.48	21.36	856.90	921.16	480.29	440.87	46.27
High Self & Family	VT2	949.17	1020.35	505.22	515.13	54.46	2056.54	2210.76	1094.64	1116.12	118.00
High Self Plus One	VT3	830.52	892.80	475.79	417.01	47.51	1799.46	1934.40	1030.88	903.52	102.94

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Washington Kaiser Foundation Health Plan of Northwest</b>											
High Self	571	298.94	317.04	221.67	95.37	9.80	647.70	686.92	480.29	206.63	21.23
High Self & Family	572	675.21	716.12	505.22	210.90	24.19	1462.96	1551.59	1094.64	456.95	52.41
High Self Plus One	573	675.21	716.12	475.79	240.33	26.14	1462.96	1551.59	1030.88	520.71	56.63
Standard Self	574	261.22	274.08	205.56	68.52	3.22	565.98	593.84	445.38	148.46	6.97
Standard Self & Family	575	600.10	629.64	472.23	157.41	7.39	1300.22	1364.22	1023.17	341.05	16.00
Standard Self Plus One	576	600.10	629.64	472.23	157.41	7.39	1300.22	1364.22	1023.17	341.05	16.00
<b>West Virginia Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
<b>West Virginia Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	F51	298.88	330.91	221.67	109.24	23.73	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	681.47	754.52	505.22	249.30	56.33	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	674.72	747.04	475.79	271.25	57.55	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	250.64	258.16	193.62	64.54	1.88	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	573.93	591.16	443.37	147.79	4.31	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	562.68	579.56	434.67	144.89	4.22	1219.14	1255.71	941.78	313.93	9.15
<b>West Virginia Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Wisconsin Aetna Direct</b>											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79



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

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan	Option	Enrollment Code									
<b>Wisconsin Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
<b>Wisconsin Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
<b>Wisconsin Aetna Whole Health</b>											
Basic Self	F71	211.64	240.81	180.61	60.20	7.29	458.55	521.76	391.32	130.44	15.80
Basic Self & Family	F72	585.61	666.32	499.74	166.58	20.18	1268.82	1443.69	1082.77	360.92	43.72
Basic Self Plus One	F73	579.82	659.72	475.79	183.93	38.98	1256.28	1429.39	1030.88	398.51	84.44
<b>Wisconsin Dean Health Plan</b>											
High Self	WD1	388.82	418.74	221.67	197.07	21.62	842.44	907.27	480.29	426.98	46.84
High Self & Family	WD2	894.31	963.09	505.22	457.87	52.06	1937.67	2086.70	1094.64	992.06	112.81
High Self Plus One	WD3	816.55	879.34	475.79	403.55	48.02	1769.19	1905.24	1030.88	874.36	104.05
Standard Self	WD4	270.30	277.05	207.79	69.26	1.69	585.65	600.28	450.21	150.07	3.66
Standard Self & Family	WD5	648.71	664.92	498.69	166.23	4.05	1405.54	1440.66	1080.50	360.16	8.78
Standard Self Plus One	WD6	594.65	609.51	457.13	152.38	3.72	1288.41	1320.61	990.46	330.15	8.05
<b>Wisconsin Group Health Cooperative</b>											
High Self	WJ1	295.88	310.90	221.67	89.23	6.72	641.07	673.62	480.29	193.33	14.56
High Self & Family	WJ2	881.73	926.49	505.22	421.27	28.04	1910.42	2007.40	1094.64	912.76	60.76
High Self Plus One	WJ3	585.85	615.60	461.70	153.90	7.44	1269.34	1333.80	1000.35	333.45	16.12

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates					
		Plan - Option - Enrollment Code	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Wisconsin HealthPartners High and Standard Option</b>												
High Self	V31	315.60	329.41	221.67	107.74	5.51	683.80	713.72	480.29	233.43	11.93	
High Self & Family	V32	768.79	802.44	505.22	297.22	16.93	1665.71	1738.62	1094.64	643.98	36.69	
High Self Plus One	V33	697.47	727.99	475.79	252.20	15.75	1511.19	1577.31	1030.88	546.43	34.12	
Standard Self	V34	179.23	196.66	147.50	49.16	4.35	388.33	426.10	319.58	106.52	9.44	
Standard Self & Family	V35	436.61	479.08	359.31	119.77	10.62	945.99	1038.01	778.51	259.50	23.00	
Standard Self Plus One	V36	396.10	434.64	325.98	108.66	9.64	858.22	941.72	706.29	235.43	20.88	
<b>Wisconsin MercyCare HMO</b>												
High Self	EY1	305.61	335.85	221.67	114.18	21.94	662.16	727.68	480.29	247.39	47.53	
High Self & Family	EY2	916.84	873.23	505.22	368.01	-60.33	1986.49	1892.00	1094.64	797.36	-130.71	
High Self Plus One	EY3	611.23	722.08	475.79	246.29	93.48	1324.33	1564.51	1030.88	533.63	202.55	
<b>Wisconsin Physicians Plus</b>												
High Self	LW1	303.20	301.27	221.67	79.60	-10.23	656.93	652.75	480.29	172.46	-22.17	
High Self & Family	LW2	772.58	801.36	505.22	296.14	12.06	1673.92	1736.28	1094.64	641.64	26.14	
High Self Plus One	LW3	725.11	753.16	475.79	277.37	13.28	1571.07	1631.85	1030.88	600.97	28.78	
Standard Self	LW4	268.65	270.62	202.97	67.65	0.49	582.08	586.34	439.76	146.58	1.06	
Standard Self & Family	LW5	684.55	719.85	505.22	214.63	18.58	1483.19	1559.68	1094.64	465.04	40.27	
Standard Self Plus One	LW6	642.48	676.55	475.79	200.76	19.30	1392.04	1465.86	1030.88	434.98	41.82	
<b>Wyoming Aetna Direct</b>												
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79	

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

Health Management Organizations (HMO)	2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
<b>Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans</b>											
High Self	9K1	314.79	344.47	221.67	122.80	21.38	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	696.14	761.77	505.22	256.55	48.91	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	689.25	754.23	475.79	278.44	50.21	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	170.28	173.69	130.27	43.42	0.85	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	355.88	363.00	272.25	90.75	1.78	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	348.90	355.89	266.92	88.97	1.75	755.95	771.10	578.33	192.77	3.78
<b>Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans</b>											
Standard Self	DK4	229.98	242.10	181.58	60.52	3.03	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	507.85	534.63	400.97	133.66	6.70	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	502.83	529.33	397.00	132.33	6.62	1089.47	1146.88	860.16	286.72	14.35
<b>Wyoming Aetna HealthFund CDHP and Value Plan</b>											
CDHP Self	H41	312.68	347.17	221.67	125.50	26.19	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	286.17	61.91	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	307.77	63.09	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	247.72	257.63	193.22	64.41	2.48	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	568.54	591.28	443.46	147.82	5.69	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	557.39	579.69	434.77	144.92	5.57	1207.68	1256.00	942.00	314.00	12.08
<b>Wyoming Aetna HealthFund HDHP</b>											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64