

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|--|--------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | | Change in enrollee payment | Total Former Spouse Premium |

Alabama Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Alabama Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |

Alabama Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Alabama United Healthcare Insurance Company, Inc.

| | | | | | | | |
|--------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | KK1 | 541.45 | 569.74 | 28.29 | 530.83 | 558.57 | 27.74 |
| High Self & Family | KK2 | 1518.23 | 1424.33 | -93.90 | 1488.46 | 1396.40 | -92.06 |
| High Self Plus One | KK3 | 1057.44 | 1224.92 | 167.48 | 1036.71 | 1200.90 | 164.19 |

Alabama United Healthcare Insurance Company, Inc. (HDHP)

| | | | | | | | |
|--------------------|-----|---------|---------|---------|---------|---------|---------|
| HDHP Self | LS1 | 518.67 | 470.35 | -48.32 | 508.50 | 461.13 | -47.37 |
| HDHP Self & Family | LS2 | 1454.30 | 1175.86 | -278.44 | 1425.78 | 1152.80 | -272.98 |
| HDHP Self Plus One | LS3 | 1012.91 | 1011.25 | -1.66 | 993.05 | 991.42 | -1.63 |

Alaska Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Alaska Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| Alaska Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Arizona Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Arizona Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| Arizona Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Arizona Aetna Open Access | | | | | | | |
| High Self | WQ1 | 896.42 | 956.71 | 60.29 | 878.84 | 937.95 | 59.11 |
| High Self & Family | WQ2 | 2176.50 | 2322.89 | 146.39 | 2133.82 | 2277.34 | 143.52 |
| High Self Plus One | WQ3 | 2154.92 | 2299.89 | 144.97 | 2112.67 | 2254.79 | 142.12 |
| Arizona Health Net of Arizona, Inc. | | | | | | | |
| Standard Self | A74 | 697.52 | 760.77 | 63.25 | 683.84 | 745.85 | 62.01 |
| Standard Self & Family | A75 | 1766.06 | 1926.26 | 160.20 | 1731.43 | 1888.49 | 157.06 |
| Standard Self Plus One | A76 | 1766.06 | 1926.26 | 160.20 | 1731.43 | 1888.49 | 157.06 |
| Arizona Humana Health Plan, Inc. | | | | | | | |
| High Self | BF1 | 771.33 | 923.43 | 152.10 | 756.21 | 905.32 | 149.11 |
| High Self & Family | BF2 | 1735.51 | 2077.71 | 342.20 | 1701.48 | 2036.97 | 335.49 |
| High Self Plus One | BF3 | 1658.39 | 1985.38 | 326.99 | 1625.87 | 1946.45 | 320.58 |
| Standard Self | BF4 | 672.15 | 704.33 | 32.18 | 658.97 | 690.52 | 31.55 |
| Standard Self & Family | BF5 | 1512.32 | 1584.74 | 72.42 | 1482.67 | 1553.67 | 71.00 |
| Standard Self Plus One | BF6 | 1445.10 | 1514.29 | 69.19 | 1416.76 | 1484.60 | 67.84 |
| Arizona Humana Health Plan, Inc. | | | | | | | |
| High Self | C71 | 685.63 | 752.99 | 67.36 | 672.19 | 738.23 | 66.04 |
| High Self & Family | C72 | 1542.69 | 1694.27 | 151.58 | 1512.44 | 1661.05 | 148.61 |
| High Self Plus One | C73 | 1474.11 | 1618.95 | 144.84 | 1445.21 | 1587.21 | 142.00 |
| Standard Self | C74 | 639.70 | 663.89 | 24.19 | 627.16 | 650.87 | 23.71 |
| Standard Self & Family | C75 | 1439.37 | 1493.76 | 54.39 | 1411.15 | 1464.47 | 53.32 |
| Standard Self Plus One | C76 | 1375.40 | 1427.38 | 51.98 | 1348.43 | 1399.39 | 50.96 |
| Arizona United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | KT1 | 541.41 | 568.23 | 26.82 | 530.79 | 557.09 | 26.30 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self & Family | KT2 | 1518.12 | 1420.58 | -97.54 | 1488.35 | 1392.73 | -95.62 |
| High Self Plus One | KT3 | 1057.37 | 1221.68 | 164.31 | 1036.64 | 1197.73 | 161.09 |
| Arizona United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | |
| HDHP Self | LU1 | 523.22 | 502.20 | -21.02 | 512.96 | 492.35 | -20.61 |
| HDHP Self & Family | LU2 | 1467.05 | 1255.50 | -211.55 | 1438.28 | 1230.88 | -207.40 |
| HDHP Self Plus One | LU3 | 1021.80 | 1079.74 | 57.94 | 1001.76 | 1058.57 | 56.81 |
| Arkansas Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Arkansas Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |
| Arkansas Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Arkansas QualChoice | | | | | | | |
| High Self | DH1 | 691.32 | 727.35 | 36.03 | 677.76 | 713.09 | 35.33 |
| High Self & Family | DH2 | 1803.14 | 1897.15 | 94.01 | 1767.78 | 1859.95 | 92.17 |
| High Self Plus One | DH3 | 1342.88 | 1412.89 | 70.01 | 1316.55 | 1385.19 | 68.64 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Standard Self | DH4 | 539.19 | 567.30 | 28.11 | 528.62 | 556.18 | 27.56 |
| Standard Self & Family | DH5 | 1406.38 | 1479.68 | 73.30 | 1378.80 | 1450.67 | 71.87 |
| Standard Self Plus One | DH6 | 1047.39 | 1102.00 | 54.61 | 1026.85 | 1080.39 | 53.54 |
| Arkansas United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | KK1 | 541.45 | 569.74 | 28.29 | 530.83 | 558.57 | 27.74 |
| High Self & Family | KK2 | 1518.23 | 1424.33 | -93.90 | 1488.46 | 1396.40 | -92.06 |
| High Self Plus One | KK3 | 1057.44 | 1224.92 | 167.48 | 1036.71 | 1200.90 | 164.19 |
| Arkansas United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | |
| HDHP Self | LS1 | 518.67 | 470.35 | -48.32 | 508.50 | 461.13 | -47.37 |
| HDHP Self & Family | LS2 | 1454.30 | 1175.86 | -278.44 | 1425.78 | 1152.80 | -272.98 |
| HDHP Self Plus One | LS3 | 1012.91 | 1011.25 | -1.66 | 993.05 | 991.42 | -1.63 |
| California Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| California Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| California Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| California Aetna Open Access | | | | | | | |
| High Self | 2X1 | 637.83 | 692.77 | 54.94 | 625.32 | 679.19 | 53.87 |
| High Self & Family | 2X2 | 1497.39 | 1626.34 | 128.95 | 1468.03 | 1594.45 | 126.42 |
| High Self Plus One | 2X3 | 1468.04 | 1594.47 | 126.43 | 1439.25 | 1563.21 | 123.96 |
| California Anthem Blue Cross Select HMO | | | | | | | |
| High Self | B31 | 744.93 | 771.07 | 26.14 | 730.32 | 755.95 | 25.63 |
| High Self & Family | B32 | 1581.54 | 1669.34 | 87.80 | 1550.53 | 1636.61 | 86.08 |
| High Self Plus One | B33 | 1490.01 | 1565.25 | 75.24 | 1460.79 | 1534.56 | 73.77 |
| California Blue Shield of CA Access+HMO | | | | | | | |
| High Self | SI1 | 732.31 | 757.01 | 24.70 | 717.95 | 742.17 | 24.22 |
| High Self & Family | SI2 | 1647.71 | 1741.17 | 93.46 | 1615.40 | 1707.03 | 91.63 |
| High Self Plus One | SI3 | 1611.09 | 1665.46 | 54.37 | 1579.50 | 1632.80 | 53.30 |
| California Health Net of California | | | | | | | |
| High Self | LB1 | 1327.33 | 1384.87 | 57.54 | 1301.30 | 1357.72 | 56.42 |
| High Self & Family | LB2 | 3185.60 | 3323.66 | 138.06 | 3123.14 | 3258.49 | 135.35 |
| High Self Plus One | LB3 | 2920.14 | 3046.71 | 126.57 | 2862.88 | 2986.97 | 124.09 |
| Standard Self | LB4 | 1260.65 | 1315.22 | 54.57 | 1235.93 | 1289.43 | 53.50 |
| Standard Self & Family | LB5 | 3025.58 | 3156.50 | 130.92 | 2966.25 | 3094.61 | 128.36 |
| Standard Self Plus One | LB6 | 2773.44 | 2893.49 | 120.05 | 2719.06 | 2836.75 | 117.69 |
| California Health Net of California | | | | | | | |
| High Self | LP1 | 773.99 | 839.83 | 65.84 | 758.81 | 823.36 | 64.55 |
| High Self & Family | LP2 | 1857.55 | 2015.54 | 157.99 | 1821.13 | 1976.02 | 154.89 |
| High Self Plus One | LP3 | 1702.74 | 1847.56 | 144.82 | 1669.35 | 1811.33 | 141.98 |
| Standard Self | LP4 | 734.17 | 799.38 | 65.21 | 719.77 | 783.71 | 63.94 |
| Standard Self & Family | LP5 | 1762.03 | 1918.53 | 156.50 | 1727.48 | 1880.91 | 153.43 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Standard Self Plus One LP6 | | 1615.18 | 1758.65 | 143.47 | 1583.51 | 1724.17 | 140.66 |
| California Health Net of California | | | | | | | |
| Basic Self P61 | | 293.52 | 312.45 | 18.93 | 287.76 | 306.32 | 18.56 |
| Basic Self & Family P62 | | 704.39 | 749.87 | 45.48 | 690.58 | 735.17 | 44.59 |
| Basic Self Plus One P63 | | 645.70 | 687.38 | 41.68 | 633.04 | 673.90 | 40.86 |
| California Kaiser Foundation Health Plan | | | | | | | |
| High Self 591 | | 833.68 | 876.16 | 42.48 | 817.33 | 858.98 | 41.65 |
| High Self & Family 592 | | 1990.10 | 2091.46 | 101.36 | 1951.08 | 2050.45 | 99.37 |
| High Self Plus One 593 | | 1990.10 | 2091.46 | 101.36 | 1951.08 | 2050.45 | 99.37 |
| Standard Self 594 | | 696.83 | 733.22 | 36.39 | 683.17 | 718.84 | 35.67 |
| Standard Self & Family 595 | | 1630.60 | 1715.75 | 85.15 | 1598.63 | 1682.11 | 83.48 |
| Standard Self Plus One 596 | | 1630.60 | 1715.75 | 85.15 | 1598.63 | 1682.11 | 83.48 |
| California Kaiser Foundation Health Plan | | | | | | | |
| High Self 621 | | 609.69 | 643.89 | 34.20 | 597.74 | 631.26 | 33.52 |
| High Self & Family 622 | | 1409.12 | 1488.17 | 79.05 | 1381.49 | 1458.99 | 77.50 |
| High Self Plus One 623 | | 1409.12 | 1488.17 | 79.05 | 1381.49 | 1458.99 | 77.50 |
| Standard Self 624 | | 395.39 | 414.09 | 18.70 | 387.64 | 405.97 | 18.33 |
| Standard Self & Family 625 | | 913.84 | 957.02 | 43.18 | 895.92 | 938.25 | 42.33 |
| Standard Self Plus One 626 | | 913.84 | 957.02 | 43.18 | 895.92 | 938.25 | 42.33 |
| California Kaiser Foundation Health Plan | | | | | | | |
| Basic Self KC1 | | 621.74 | 653.57 | 31.83 | 609.55 | 640.75 | 31.20 |
| Basic Self & Family KC2 | | 1454.87 | 1529.35 | 74.48 | 1426.34 | 1499.36 | 73.02 |
| Basic Self Plus One KC3 | | 1454.87 | 1529.35 | 74.48 | 1426.34 | 1499.36 | 73.02 |
| California Kaiser Foundation Health Plan Fresno | | | | | | | |
| High Self NZ1 | | 617.46 | 689.67 | 72.21 | 605.35 | 676.15 | 70.80 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option | Enrollment Code | | | | | |
| High Self & Family | NZ2 | 1427.06 | 1593.98 | 166.92 | 1399.08 | 1562.73 | 163.65 |
| High Self Plus One | NZ3 | 1427.06 | 1593.98 | 166.92 | 1399.08 | 1562.73 | 163.65 |
| Standard Self | NZ4 | 400.58 | 479.22 | 78.64 | 392.73 | 469.82 | 77.09 |
| Standard Self & Family | NZ5 | 925.85 | 1107.52 | 181.67 | 907.70 | 1085.80 | 178.10 |
| Standard Self Plus One | NZ6 | 925.85 | 1107.52 | 181.67 | 907.70 | 1085.80 | 178.10 |
| California UnitedHealthcare of California | | | | | | | |
| High Self | CY1 | 632.81 | 671.22 | 38.41 | 620.40 | 658.06 | 37.66 |
| High Self & Family | CY2 | 1774.36 | 1882.01 | 107.65 | 1739.57 | 1845.11 | 105.54 |
| High Self Plus One | CY3 | 1235.85 | 1310.84 | 74.99 | 1211.62 | 1285.14 | 73.52 |
| Standard Self | CY4 | 569.01 | 625.34 | 56.33 | 557.85 | 613.08 | 55.23 |
| Standard Self & Family | CY5 | 1595.56 | 1753.50 | 157.94 | 1564.27 | 1719.12 | 154.85 |
| Standard Self Plus One | CY6 | 1111.30 | 1221.34 | 110.04 | 1089.51 | 1197.39 | 107.88 |
| Colorado Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Colorado Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |

Colorado Aetna HealthFund HDHP

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Colorado Humana Health Plan, Inc. | | | | | | | |
| High Self | NR1 | 547.41 | 546.09 | -1.32 | 536.68 | 535.38 | -1.30 |
| High Self & Family | NR2 | 1231.68 | 1228.69 | -2.99 | 1207.53 | 1204.60 | -2.93 |
| High Self Plus One | NR3 | 1176.92 | 1174.08 | -2.84 | 1153.84 | 1151.06 | -2.78 |
| Standard Self | NR4 | 502.71 | 501.49 | -1.22 | 492.85 | 491.66 | -1.19 |
| Standard Self & Family | NR5 | 1131.08 | 1128.39 | -2.69 | 1108.90 | 1106.26 | -2.64 |
| Standard Self Plus One | NR6 | 1080.82 | 1078.21 | -2.61 | 1059.63 | 1057.07 | -2.56 |
| Colorado Humana Health Plan, Inc. | | | | | | | |
| High Self | NT1 | 581.23 | 579.82 | -1.41 | 569.83 | 568.45 | -1.38 |
| High Self & Family | NT2 | 1307.74 | 1304.61 | -3.13 | 1282.10 | 1279.03 | -3.07 |
| High Self Plus One | NT3 | 1249.64 | 1246.64 | -3.00 | 1225.14 | 1222.20 | -2.94 |
| Standard Self | NT4 | 527.75 | 526.49 | -1.26 | 517.40 | 516.17 | -1.23 |
| Standard Self & Family | NT5 | 1187.47 | 1184.63 | -2.84 | 1164.19 | 1161.40 | -2.79 |
| Standard Self Plus One | NT6 | 1134.70 | 1131.97 | -2.73 | 1112.45 | 1109.77 | -2.68 |
| Colorado Kaiser Foundation Health Plan of Colorado | | | | | | | |
| High Self | 651 | 703.27 | 701.61 | -1.66 | 689.48 | 687.85 | -1.63 |
| High Self & Family | 652 | 1589.38 | 1585.70 | -3.68 | 1558.22 | 1554.61 | -3.61 |
| High Self Plus One | 653 | 1589.38 | 1585.70 | -3.68 | 1558.22 | 1554.61 | -3.61 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option | Enrollment Code | | | | | |
| Standard Self | 654 | 474.93 | 482.47 | 7.54 | 465.62 | 473.01 | 7.39 |
| Standard Self & Family | 655 | 1073.31 | 1090.37 | 17.06 | 1052.26 | 1068.99 | 16.73 |
| Standard Self Plus One | 656 | 1073.31 | 1090.37 | 17.06 | 1052.26 | 1068.99 | 16.73 |
| Colorado Kaiser Foundation Health Plan of Colorado | | | | | | | |
| Basic Self | N41 | 358.02 | 374.48 | 16.46 | 351.00 | 367.14 | 16.14 |
| Basic Self & Family | N42 | 809.13 | 846.32 | 37.19 | 793.26 | 829.73 | 36.47 |
| Basic Self Plus One | N43 | 809.13 | 846.32 | 37.19 | 793.26 | 829.73 | 36.47 |
| Colorado United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | KT1 | 541.41 | 568.23 | 26.82 | 530.79 | 557.09 | 26.30 |
| High Self & Family | KT2 | 1518.12 | 1420.58 | -97.54 | 1488.35 | 1392.73 | -95.62 |
| High Self Plus One | KT3 | 1057.37 | 1221.68 | 164.31 | 1036.64 | 1197.73 | 161.09 |
| Colorado United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | |
| HDHP Self | LU1 | 523.22 | 502.20 | -21.02 | 512.96 | 492.35 | -20.61 |
| HDHP Self & Family | LU2 | 1467.05 | 1255.50 | -211.55 | 1438.28 | 1230.88 | -207.40 |
| HDHP Self Plus One | LU3 | 1021.80 | 1079.74 | 57.94 | 1001.76 | 1058.57 | 56.81 |
| Connecticut Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Connecticut Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| CDHP Self & Family | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| CDHP Self Plus One | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| Value Self | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Value Self & Family | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| | Value Self Plus One | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| Connecticut Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Delaware Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Delaware Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| | CDHP Self & Family | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| | CDHP Self Plus One | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| | Value Self | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| | Value Self & Family | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| | Value Self Plus One | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| Delaware Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Delaware Aetna Open Access | | | | | | | | |
| | High Self | P31 | 1395.06 | 1448.08 | 53.02 | 1367.71 | 1419.69 | 51.98 |
| | High Self & Family | P32 | 3382.34 | 3510.89 | 128.55 | 3316.02 | 3442.05 | 126.03 |
| | High Self Plus One | P33 | 3348.85 | 3476.13 | 127.28 | 3283.19 | 3407.97 | 124.78 |
| | Basic Self | P34 | 1123.61 | 1213.31 | 89.70 | 1101.58 | 1189.52 | 87.94 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option | Enrollment Code | | | | | |
| Basic Self & Family | P35 | 2607.96 | 2816.10 | 208.14 | 2556.82 | 2760.88 | 204.06 |
| Basic Self Plus One | P36 | 2582.14 | 2788.20 | 206.06 | 2531.51 | 2733.53 | 202.02 |
| District of Columbia Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| District of Columbia Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |
| District of Columbia Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| District of Columbia Aetna Open Access | | | | | | | |
| High Self | JN1 | 978.70 | 1036.67 | 57.97 | 959.51 | 1016.34 | 56.83 |
| High Self & Family | JN2 | 2200.27 | 2330.62 | 130.35 | 2157.13 | 2284.92 | 127.79 |
| High Self Plus One | JN3 | 2178.51 | 2307.55 | 129.04 | 2135.79 | 2262.30 | 126.51 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Basic Self | JN4 | 609.87 | 650.10 | 40.23 | 597.91 | 637.35 | 39.44 |
| Basic Self & Family | JN5 | 1372.77 | 1468.66 | 95.89 | 1345.85 | 1439.86 | 94.01 |
| Basic Self Plus One | JN6 | 1345.85 | 1401.47 | 55.62 | 1319.46 | 1373.99 | 54.53 |
| District of Columbia CareFirst BlueChoice | | | | | | | |
| High Self | 2G1 | 711.11 | 792.89 | 81.78 | 697.17 | 777.34 | 80.17 |
| High Self & Family | 2G2 | 1689.55 | 1883.87 | 194.32 | 1656.42 | 1846.93 | 190.51 |
| High Self Plus One | 2G3 | 1422.21 | 1585.76 | 163.55 | 1394.32 | 1554.67 | 160.35 |
| Standard Self | 2G4 | 635.66 | 673.81 | 38.15 | 623.20 | 660.60 | 37.40 |
| Standard Self & Family | 2G5 | 1510.31 | 1600.95 | 90.64 | 1480.70 | 1569.56 | 88.86 |
| Standard Self Plus One | 2G6 | 1271.35 | 1347.61 | 76.26 | 1246.42 | 1321.19 | 74.77 |
| District of Columbia CareFirst BlueChoice | | | | | | | |
| HDHP Self | B61 | 603.80 | 621.91 | 18.11 | 591.96 | 609.72 | 17.76 |
| HDHP Self & Family | B62 | 1434.62 | 1477.65 | 43.03 | 1406.49 | 1448.68 | 42.19 |
| HDHP Self Plus One | B63 | 1207.61 | 1243.83 | 36.22 | 1183.93 | 1219.44 | 35.51 |
| District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States | | | | | | | |
| High Self | E31 | 630.91 | 654.53 | 23.62 | 618.54 | 641.70 | 23.16 |
| High Self & Family | E32 | 1476.31 | 1531.66 | 55.35 | 1447.36 | 1501.63 | 54.27 |
| High Self Plus One | E33 | 1425.83 | 1479.29 | 53.46 | 1397.87 | 1450.28 | 52.41 |
| Standard Self | E34 | 475.07 | 493.71 | 18.64 | 465.75 | 484.03 | 18.28 |
| Standard Self & Family | E35 | 1111.66 | 1155.28 | 43.62 | 1089.86 | 1132.63 | 42.77 |
| Standard Self Plus One | E36 | 1073.62 | 1115.77 | 42.15 | 1052.57 | 1093.89 | 41.32 |
| District of Columbia M.D. IPA | | | | | | | |
| High Self | JP1 | 653.87 | 704.54 | 50.67 | 641.05 | 690.73 | 49.68 |
| High Self & Family | JP2 | 1833.46 | 1975.55 | 142.09 | 1797.51 | 1936.81 | 139.30 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option | Enrollment Code | | | | | |
| High Self Plus One | JP3 | 1277.01 | 1375.99 | 98.98 | 1251.97 | 1349.01 | 97.04 |
| District of Columbia United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | LR1 | 541.74 | 618.22 | 76.48 | 531.12 | 606.10 | 74.98 |
| High Self & Family | LR2 | 1519.05 | 1545.57 | 26.52 | 1489.26 | 1515.26 | 26.00 |
| High Self Plus One | LR3 | 1058.02 | 1267.37 | 209.35 | 1037.27 | 1242.52 | 205.25 |
| District of Columbia UnitedHealthcare Insurance Company | | | | | | | |
| Basic Self | L91 | 470.09 | 441.73 | -28.36 | 460.87 | 433.07 | -27.80 |
| Basic Self & Family | L92 | 1318.16 | 1238.64 | -79.52 | 1292.31 | 1214.35 | -77.96 |
| Basic Self Plus One | L93 | 918.10 | 862.70 | -55.40 | 900.10 | 845.78 | -54.32 |
| Florida Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Florida Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |
| Florida Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Florida AvMed Health Plans | | | | | | | |
| High Self | ML1 | 767.11 | 845.44 | 78.33 | 752.07 | 828.86 | 76.79 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self & Family | ML2 | 1987.05 | 2190.00 | 202.95 | 1948.09 | 2147.06 | 198.97 |
| High Self Plus One | ML3 | 1534.22 | 1690.94 | 156.72 | 1504.14 | 1657.78 | 153.64 |
| Standard Self | ML4 | 602.95 | 660.61 | 57.66 | 591.13 | 647.66 | 56.53 |
| Standard Self & Family | ML5 | 1561.90 | 1711.16 | 149.26 | 1531.27 | 1677.61 | 146.34 |
| Standard Self Plus One | ML6 | 1205.98 | 1321.21 | 115.23 | 1182.33 | 1295.30 | 112.97 |
| Florida Capital Health Plan | | | | | | | |
| High Self | EA1 | 562.49 | 645.72 | 83.23 | 551.46 | 633.06 | 81.60 |
| High Self & Family | EA2 | 1518.69 | 1743.42 | 224.73 | 1488.91 | 1709.24 | 220.33 |
| High Self Plus One | EA3 | 1124.96 | 1291.39 | 166.43 | 1102.90 | 1266.07 | 163.17 |
| Florida Humana CoverageFirst and Value Plan | | | | | | | |
| CDHP Self | MJ1 | 675.77 | 712.68 | 36.91 | 662.52 | 698.71 | 36.19 |
| CDHP Self & Family | MJ2 | 1520.52 | 1603.57 | 83.05 | 1490.71 | 1572.13 | 81.42 |
| CDHP Self Plus One | MJ3 | 1452.97 | 1532.31 | 79.34 | 1424.48 | 1502.26 | 77.78 |
| Value Self | MJ4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| Value Self & Family | MJ5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| Value Self Plus One | MJ6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Florida Humana CoverageFirst and Value Plan | | | | | | | |
| CDHP Self | QP1 | 588.84 | 571.05 | -17.79 | 577.29 | 559.85 | -17.44 |
| CDHP Self & Family | QP2 | 1324.83 | 1286.90 | -37.93 | 1298.85 | 1261.67 | -37.18 |
| CDHP Self Plus One | QP3 | 1265.95 | 1229.71 | -36.24 | 1241.13 | 1205.60 | -35.53 |
| Value Self | QP4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Value Self & Family | QP5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| Value Self Plus One | QP6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Florida Humana Medical Plan, Inc. | | | | | | | |
| High Self | E21 | 613.45 | 746.58 | 133.13 | 601.42 | 731.94 | 130.52 |
| High Self & Family | E22 | 1380.23 | 1679.87 | 299.64 | 1353.17 | 1646.93 | 293.76 |
| High Self Plus One | E23 | 1318.88 | 1605.19 | 286.31 | 1293.02 | 1573.72 | 280.70 |
| Standard Self | E24 | 580.92 | 579.53 | -1.39 | 569.53 | 568.17 | -1.36 |
| Standard Self & Family | E25 | 1307.06 | 1303.93 | -3.13 | 1281.43 | 1278.36 | -3.07 |
| Standard Self Plus One | E26 | 1248.98 | 1245.95 | -3.03 | 1224.49 | 1221.52 | -2.97 |
| | | | | | | | |
| Florida Humana Medical Plan, Inc. | | | | | | | |
| High Self | EE1 | 861.48 | 885.35 | 23.87 | 844.59 | 867.99 | 23.40 |
| High Self & Family | EE2 | 1938.35 | 1992.05 | 53.70 | 1900.34 | 1952.99 | 52.65 |
| High Self Plus One | EE3 | 1852.20 | 1903.51 | 51.31 | 1815.88 | 1866.19 | 50.31 |
| Standard Self | EE4 | 693.90 | 761.52 | 67.62 | 680.29 | 746.59 | 66.30 |
| Standard Self & Family | EE5 | 1561.23 | 1713.44 | 152.21 | 1530.62 | 1679.84 | 149.22 |
| Standard Self Plus One | EE6 | 1491.84 | 1637.28 | 145.44 | 1462.59 | 1605.18 | 142.59 |
| | | | | | | | |
| Florida Humana Medical Plan, Inc. | | | | | | | |
| High Self | EX1 | 662.73 | 687.62 | 24.89 | 649.74 | 674.14 | 24.40 |
| High Self & Family | EX2 | 1491.18 | 1547.09 | 55.91 | 1461.94 | 1516.75 | 54.81 |
| High Self Plus One | EX3 | 1424.90 | 1478.34 | 53.44 | 1396.96 | 1449.35 | 52.39 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | | |
|---|--------|------------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|---------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | | |
| Plan | Option | Enrollment Code | | | | | | | |
| | | Standard Self | EX4 | 604.92 | 603.46 | -1.46 | 593.06 | 591.63 | -1.43 |
| | | Standard Self & Family | EX5 | 1361.08 | 1357.80 | -3.28 | 1334.39 | 1331.18 | -3.21 |
| | | Standard Self Plus One | EX6 | 1300.56 | 1297.47 | -3.09 | 1275.06 | 1272.03 | -3.03 |
| Florida Humana Medical Plan, Inc. | | | | | | | | | |
| | | High Self | LL1 | 1340.92 | 1375.13 | 34.21 | 1314.63 | 1348.17 | 33.54 |
| | | High Self & Family | LL2 | 3017.09 | 3094.07 | 76.98 | 2957.93 | 3033.40 | 75.47 |
| | | High Self Plus One | LL3 | 2882.97 | 2956.52 | 73.55 | 2826.44 | 2898.55 | 72.11 |
| | | Standard Self | LL4 | 706.67 | 800.73 | 94.06 | 692.81 | 785.03 | 92.22 |
| | | Standard Self & Family | LL5 | 1589.99 | 1801.58 | 211.59 | 1558.81 | 1766.25 | 207.44 |
| | | Standard Self Plus One | LL6 | 1519.35 | 1721.51 | 202.16 | 1489.56 | 1687.75 | 198.19 |
| Florida UnitedHealthcare Insurance Company | | | | | | | | | |
| | | Basic Self | LV1 | 536.59 | 588.44 | 51.85 | 526.07 | 576.90 | 50.83 |
| | | Basic Self & Family | LV2 | 1504.63 | 1650.03 | 145.40 | 1475.13 | 1617.68 | 142.55 |
| | | Basic Self Plus One | LV3 | 1047.98 | 1149.24 | 101.26 | 1027.43 | 1126.71 | 99.28 |
| Georgia Aetna Direct | | | | | | | | | |
| | | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Georgia Aetna HealthFund CDHP and Value Plan | | | | | | | | | |
| | | CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| | | CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| | | CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| | | Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| | | Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |
| Georgia Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Georgia Aetna Open Access | | | | | | | |
| High Self | 2U1 | 1117.04 | 1162.33 | 45.29 | 1095.14 | 1139.54 | 44.40 |
| High Self & Family | 2U2 | 2573.04 | 2677.33 | 104.29 | 2522.59 | 2624.83 | 102.24 |
| High Self Plus One | 2U3 | 2547.55 | 2650.83 | 103.28 | 2497.60 | 2598.85 | 101.25 |
| Georgia Humana CoverageFirst and Value Plan | | | | | | | |
| CDHP Self | AD1 | 626.38 | 624.85 | -1.53 | 614.10 | 612.60 | -1.50 |
| CDHP Self & Family | AD2 | 1409.36 | 1405.94 | -3.42 | 1381.73 | 1378.37 | -3.36 |
| CDHP Self Plus One | AD3 | 1346.71 | 1343.48 | -3.23 | 1320.30 | 1317.14 | -3.16 |
| Value Self | AD4 | 475.77 | 531.57 | 55.80 | 466.44 | 521.15 | 54.71 |
| Value Self & Family | AD5 | 1070.46 | 1196.05 | 125.59 | 1049.47 | 1172.60 | 123.13 |
| Value Self Plus One | AD6 | 1022.88 | 1142.88 | 120.00 | 1002.82 | 1120.47 | 117.65 |
| Georgia Humana CoverageFirst and Value Plan | | | | | | | |
| CDHP Self | LM1 | 601.45 | 599.99 | -1.46 | 589.66 | 588.23 | -1.43 |
| CDHP Self & Family | LM2 | 1353.25 | 1349.98 | -3.27 | 1326.72 | 1323.51 | -3.21 |
| CDHP Self Plus One | LM3 | 1293.09 | 1290.00 | -3.09 | 1267.74 | 1264.71 | -3.03 |
| Value Self | LM4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| Value Self & Family | LM5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| Value Self Plus One | LM6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Georgia Humana Employers Health of Georgia, Inc. | | | | | | | |
| High Self | CB1 | 694.60 | 776.07 | 81.47 | 680.98 | 760.85 | 79.87 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| High Self & Family | | CB2 | 1562.84 | 1746.12 | 183.28 | 1532.20 | 1711.88 | 179.68 |
| High Self Plus One | | CB3 | 1493.38 | 1668.49 | 175.11 | 1464.10 | 1635.77 | 171.67 |
| Standard Self | | CB4 | 659.38 | 691.28 | 31.90 | 646.45 | 677.73 | 31.28 |
| Standard Self & Family | | CB5 | 1483.60 | 1555.38 | 71.78 | 1454.51 | 1524.88 | 70.37 |
| Standard Self Plus One | | CB6 | 1417.65 | 1486.27 | 68.62 | 1389.85 | 1457.13 | 67.28 |
| Georgia Humana Employers Health of Georgia, Inc. | | | | | | | | |
| High Self | | DG1 | 826.80 | 1080.65 | 253.85 | 810.59 | 1059.46 | 248.87 |
| High Self & Family | | DG2 | 1860.34 | 2431.45 | 571.11 | 1823.86 | 2383.77 | 559.91 |
| High Self Plus One | | DG3 | 1777.62 | 2323.38 | 545.76 | 1742.76 | 2277.82 | 535.06 |
| Standard Self | | DG4 | 689.59 | 780.56 | 90.97 | 676.07 | 765.25 | 89.18 |
| Standard Self & Family | | DG5 | 1551.57 | 1756.23 | 204.66 | 1521.15 | 1721.79 | 200.64 |
| Standard Self Plus One | | DG6 | 1482.62 | 1678.19 | 195.57 | 1453.55 | 1645.28 | 191.73 |
| Georgia Humana Employers Health of Georgia, Inc. | | | | | | | | |
| High Self | | DN1 | 687.38 | 713.16 | 25.78 | 673.90 | 699.18 | 25.28 |
| High Self & Family | | DN2 | 1546.65 | 1604.63 | 57.98 | 1516.32 | 1573.17 | 56.85 |
| High Self Plus One | | DN3 | 1477.90 | 1533.29 | 55.39 | 1448.92 | 1503.23 | 54.31 |
| Standard Self | | DN4 | 658.13 | 682.80 | 24.67 | 645.23 | 669.41 | 24.18 |
| Standard Self & Family | | DN5 | 1480.82 | 1536.32 | 55.50 | 1451.78 | 1506.20 | 54.42 |
| Standard Self Plus One | | DN6 | 1415.00 | 1468.06 | 53.06 | 1387.25 | 1439.27 | 52.02 |
| Georgia Kaiser Foundation Health Plan of Georgia | | | | | | | | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option | Enrollment Code | | | | | |
| High Self | F81 | 634.60 | 662.43 | 27.83 | 622.16 | 649.44 | 27.28 |
| High Self & Family | F82 | 1450.13 | 1513.61 | 63.48 | 1421.70 | 1483.93 | 62.23 |
| High Self Plus One | F83 | 1408.90 | 1470.55 | 61.65 | 1381.27 | 1441.72 | 60.45 |
| Standard Self | F84 | 474.53 | 495.83 | 21.30 | 465.23 | 486.11 | 20.88 |
| Standard Self & Family | F85 | 1091.37 | 1140.40 | 49.03 | 1069.97 | 1118.04 | 48.07 |
| Standard Self Plus One | F86 | 1058.17 | 1105.69 | 47.52 | 1037.42 | 1084.01 | 46.59 |
| Georgia UnitedHealthcare Insurance Company | | | | | | | |
| Basic Self | LV1 | 536.59 | 588.44 | 51.85 | 526.07 | 576.90 | 50.83 |
| Basic Self & Family | LV2 | 1504.63 | 1650.03 | 145.40 | 1475.13 | 1617.68 | 142.55 |
| Basic Self Plus One | LV3 | 1047.98 | 1149.24 | 101.26 | 1027.43 | 1126.71 | 99.28 |
| Guam Calvos Selectcare | | | | | | | |
| High Self | B41 | 395.13 | 434.62 | 39.49 | 387.38 | 426.10 | 38.72 |
| High Self & Family | B42 | 1056.38 | 1162.01 | 105.63 | 1035.67 | 1139.23 | 103.56 |
| High Self Plus One | B43 | 771.05 | 848.15 | 77.10 | 755.93 | 831.52 | 75.59 |
| Standard Self | B44 | 363.61 | 399.96 | 36.35 | 356.48 | 392.12 | 35.64 |
| Standard Self & Family | B45 | 972.16 | 1069.38 | 97.22 | 953.10 | 1048.41 | 95.31 |
| Standard Self Plus One | B46 | 709.56 | 780.50 | 70.94 | 695.65 | 765.20 | 69.55 |
| Guam TakeCare | | | | | | | |
| High Self | JK1 | 537.03 | 608.71 | 71.68 | 526.50 | 596.77 | 70.27 |
| High Self & Family | JK2 | 1611.07 | 1451.95 | -159.12 | 1579.48 | 1423.48 | -156.00 |
| High Self Plus One | JK3 | 1074.04 | 1202.62 | 128.58 | 1052.98 | 1179.04 | 126.06 |
| Standard Self | JK4 | 369.56 | 386.07 | 16.51 | 362.31 | 378.50 | 16.19 |
| Standard Self & Family | JK5 | 1105.03 | 1093.29 | -11.74 | 1083.36 | 1071.85 | -11.51 |
| Standard Self Plus One | JK6 | 735.44 | 760.86 | 25.42 | 721.02 | 745.94 | 24.92 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|---------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| Guam TakeCare | | | | | | | | |
| | HDHP Self | KX1 | 168.80 | 131.74 | -37.06 | 165.49 | 129.16 | -36.33 |
| | HDHP Self & Family | KX2 | 494.90 | 389.05 | -105.85 | 485.20 | 381.42 | -103.78 |
| | HDHP Self Plus One | KX3 | 352.45 | 311.52 | -40.93 | 345.54 | 305.41 | -40.13 |
| Hawaii Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Hawaii Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| | CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| | CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| | Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| | Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| | Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| Hawaii Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Hawaii HMSA | | | | | | | | |
| | High Self | 871 | 573.25 | 619.09 | 45.84 | 562.01 | 606.95 | 44.94 |
| | High Self & Family | 872 | 1288.65 | 1391.73 | 103.08 | 1263.38 | 1364.44 | 101.06 |
| | High Self Plus One | 873 | 1255.99 | 1356.48 | 100.49 | 1231.36 | 1329.88 | 98.52 |
| Hawaii Kaiser Foundation Health Plan of Hawaii | | | | | | | | |
| | High Self | 631 | 583.33 | 655.57 | 72.24 | 571.89 | 642.72 | 70.83 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| High Self & Family | | 632 | 1300.85 | 1461.94 | 161.09 | 1275.34 | 1433.27 | 157.93 |
| High Self Plus One | | 633 | 1300.85 | 1461.94 | 161.09 | 1275.34 | 1433.27 | 157.93 |
| Standard Self | | 634 | 400.45 | 449.45 | 49.00 | 392.60 | 440.64 | 48.04 |
| Standard Self & Family | | 635 | 893.02 | 1002.26 | 109.24 | 875.51 | 982.61 | 107.10 |
| Standard Self Plus One | | 636 | 893.02 | 1002.26 | 109.24 | 875.51 | 982.61 | 107.10 |
| Idaho Aetna Direct | | | | | | | | |
| CDHP Self | | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Idaho Aetna Health of Utah, Inc. dba Altius Health Plans | | | | | | | | |
| High Self | | 9K1 | 695.69 | 761.28 | 65.59 | 682.05 | 746.35 | 64.30 |
| High Self & Family | | 9K2 | 1538.47 | 1683.51 | 145.04 | 1508.30 | 1650.50 | 142.20 |
| High Self Plus One | | 9K3 | 1523.25 | 1666.85 | 143.60 | 1493.38 | 1634.17 | 140.79 |
| HDHP Self | | 9K4 | 376.32 | 383.86 | 7.54 | 368.94 | 376.33 | 7.39 |
| HDHP Self & Family | | 9K5 | 786.49 | 802.23 | 15.74 | 771.07 | 786.50 | 15.43 |
| HDHP Self Plus One | | 9K6 | 771.07 | 786.52 | 15.45 | 755.95 | 771.10 | 15.15 |
| Idaho Aetna Health of Utah, Inc. dba Altius Health Plans | | | | | | | | |
| Standard Self | | DK4 | 508.26 | 535.04 | 26.78 | 498.29 | 524.55 | 26.26 |
| Standard Self & Family | | DK5 | 1122.35 | 1181.54 | 59.19 | 1100.34 | 1158.37 | 58.03 |
| Standard Self Plus One | | DK6 | 1111.26 | 1169.82 | 58.56 | 1089.47 | 1146.88 | 57.41 |
| Idaho Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| CDHP Self & Family | | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| | Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Idaho Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Idaho Group Health Cooperative | | | | | | | | |
| | High Self | 541 | 722.96 | 772.30 | 49.34 | 708.78 | 757.16 | 48.38 |
| | High Self & Family | 542 | 1951.96 | 2007.98 | 56.02 | 1913.69 | 1968.61 | 54.92 |
| | High Self Plus One | 543 | 1445.89 | 1583.20 | 137.31 | 1417.54 | 1552.16 | 134.62 |
| | Standard Self | 544 | 517.29 | 580.22 | 62.93 | 507.15 | 568.84 | 61.69 |
| | Standard Self & Family | 545 | 1396.75 | 1508.53 | 111.78 | 1369.36 | 1478.95 | 109.59 |
| | Standard Self Plus One | 546 | 1034.62 | 1189.42 | 154.80 | 1014.33 | 1166.10 | 151.77 |
| Idaho Group Health Cooperative | | | | | | | | |
| | HDHP Self | PT1 | 483.33 | 516.12 | 32.79 | 473.85 | 506.00 | 32.15 |
| | HDHP Self & Family | PT2 | 1305.01 | 1341.95 | 36.94 | 1279.42 | 1315.64 | 36.22 |
| | HDHP Self Plus One | PT3 | 966.65 | 1058.09 | 91.44 | 947.70 | 1037.34 | 89.64 |
| Idaho SelectHealth | | | | | | | | |
| | High Self | SF1 | 701.53 | 757.66 | 56.13 | 687.77 | 742.80 | 55.03 |
| | High Self & Family | SF2 | 1564.81 | 1690.01 | 125.20 | 1534.13 | 1656.87 | 122.74 |
| | High Self Plus One | SF3 | 1564.81 | 1690.01 | 125.20 | 1534.13 | 1656.87 | 122.74 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Standard Self | SF4 | 522.58 | 548.70 | 26.12 | 512.33 | 537.94 | 25.61 |
| | Standard Self & Family | SF5 | 1160.42 | 1218.42 | 58.00 | 1137.67 | 1194.53 | 56.86 |
| | Standard Self Plus One | SF6 | 1160.42 | 1218.42 | 58.00 | 1137.67 | 1194.53 | 56.86 |
| Illinois Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Illinois Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| | CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| | CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| | Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| | Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| | Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Illinois Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Illinois Blue Cross and Blue Shield of Illinois | | | | | | | | |
| | High Self | A21 | 745.23 | 772.40 | 27.17 | 730.62 | 757.25 | 26.63 |
| | High Self & Family | A22 | 1847.61 | 1904.74 | 57.13 | 1811.38 | 1867.39 | 56.01 |
| | High Self Plus One | A23 | 1610.85 | 1660.64 | 49.79 | 1579.26 | 1628.08 | 48.82 |
| Illinois Blue Preferred Plus POS | | | | | | | | |
| | High Self | 9G1 | 689.48 | 712.46 | 22.98 | 675.96 | 698.49 | 22.53 |
| | High Self & Family | 9G2 | 1469.87 | 1542.50 | 72.63 | 1441.05 | 1512.25 | 71.20 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|-----------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | High Self Plus One | 9G3 | 1378.98 | 1439.20 | 60.22 | 1351.94 | 1410.98 | 59.04 |
| | Standard Self | 9G4 | New Plan | 529.51 | New Plan | New Plan | 519.13 | New Plan |
| | Standard Self & Family | 9G5 | New Plan | 1498.53 | New Plan | New Plan | 1469.15 | New Plan |
| | Standard Self Plus One | 9G6 | New Plan | 1376.75 | New Plan | New Plan | 1349.75 | New Plan |
| Illinois Health Alliance HMO | | | | | | | | |
| | Standard Self | K84 | 637.41 | 618.29 | -19.12 | 624.91 | 606.17 | -18.74 |
| | Standard Self & Family | K85 | 1768.79 | 1715.73 | -53.06 | 1734.11 | 1682.09 | -52.02 |
| | Standard Self Plus One | K86 | 1338.58 | 1298.42 | -40.16 | 1312.33 | 1272.96 | -39.37 |
| Illinois Humana CoverageFirst and Value Plan | | | | | | | | |
| | CDHP Self | GB1 | 645.25 | 733.81 | 88.56 | 632.60 | 719.42 | 86.82 |
| | CDHP Self & Family | GB2 | 1451.80 | 1651.07 | 199.27 | 1423.33 | 1618.70 | 195.37 |
| | CDHP Self Plus One | GB3 | 1387.26 | 1577.70 | 190.44 | 1360.06 | 1546.76 | 186.70 |
| | Value Self | GB4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| | Value Self & Family | GB5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| | Value Self Plus One | GB6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Illinois Humana CoverageFirst and Value Plan | | | | | | | | |
| | CDHP Self | MW1 | 682.43 | 712.19 | 29.76 | 669.05 | 698.23 | 29.18 |
| | CDHP Self & Family | MW2 | 1535.45 | 1602.45 | 67.00 | 1505.34 | 1571.03 | 65.69 |
| | CDHP Self Plus One | MW3 | 1467.20 | 1531.22 | 64.02 | 1438.43 | 1501.20 | 62.77 |
| | Value Self | MW4 | 475.77 | 498.33 | 22.56 | 466.44 | 488.56 | 22.12 |
| | Value Self & Family | MW5 | 1070.46 | 1121.27 | 50.81 | 1049.47 | 1099.28 | 49.81 |
| | Value Self Plus One | MW6 | 1022.88 | 1071.45 | 48.57 | 1002.82 | 1050.44 | 47.62 |
| Illinois Humana Health Plan, Inc. | | | | | | | | |
| | High Self | 751 | 1224.79 | 1282.98 | 58.19 | 1200.77 | 1257.82 | 57.05 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self & Family | 752 | 2755.79 | 2886.66 | 130.87 | 2701.75 | 2830.06 | 128.31 |
| High Self Plus One | 753 | 2633.28 | 2758.35 | 125.07 | 2581.65 | 2704.26 | 122.61 |
| Standard Self | 754 | 762.16 | 897.28 | 135.12 | 747.22 | 879.69 | 132.47 |
| Standard Self & Family | 755 | 1714.88 | 2018.88 | 304.00 | 1681.25 | 1979.29 | 298.04 |
| Standard Self Plus One | 756 | 1638.67 | 1929.14 | 290.47 | 1606.54 | 1891.31 | 284.77 |
| Illinois Humana Health Plan, Inc. | | | | | | | |
| High Self | 9F1 | 1520.52 | 1570.38 | 49.86 | 1490.71 | 1539.59 | 48.88 |
| High Self & Family | 9F2 | 3421.21 | 3533.37 | 112.16 | 3354.13 | 3464.09 | 109.96 |
| High Self Plus One | 9F3 | 3269.14 | 3376.33 | 107.19 | 3205.04 | 3310.13 | 105.09 |
| Illinois Humana Health Plan, Inc. | | | | | | | |
| Standard Self | AB4 | 799.67 | 963.98 | 164.31 | 783.99 | 945.08 | 161.09 |
| Standard Self & Family | AB5 | 1799.27 | 2168.90 | 369.63 | 1763.99 | 2126.37 | 362.38 |
| Standard Self Plus One | AB6 | 1719.27 | 2072.52 | 353.25 | 1685.56 | 2031.88 | 346.32 |
| Illinois MercyCare HMO | | | | | | | |
| High Self | EY1 | 675.40 | 742.23 | 66.83 | 662.16 | 727.68 | 65.52 |
| High Self & Family | EY2 | 2026.22 | 1929.84 | -96.38 | 1986.49 | 1892.00 | -94.49 |
| High Self Plus One | EY3 | 1350.82 | 1595.80 | 244.98 | 1324.33 | 1564.51 | 240.18 |
| Illinois Union Health Service | | | | | | | |
| High Self | 761 | 609.79 | 638.38 | 28.59 | 597.83 | 625.86 | 28.03 |
| High Self & Family | 762 | 1515.53 | 1586.43 | 70.90 | 1485.81 | 1555.32 | 69.51 |
| High Self Plus One | 763 | 1333.69 | 1396.05 | 62.36 | 1307.54 | 1368.68 | 61.14 |
| Illinois UnitedHealthcare Insurance Company | | | | | | | |
| Basic Self | L91 | 470.09 | 441.73 | -28.36 | 460.87 | 433.07 | -27.80 |
| Basic Self & Family | L92 | 1318.16 | 1238.64 | -79.52 | 1292.31 | 1214.35 | -77.96 |
| Basic Self Plus One | L93 | 918.10 | 862.70 | -55.40 | 900.10 | 845.78 | -54.32 |
| Illinois UnitedHealthcare Plan of the River Valley Inc. | | | | | | | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| High Self | | YH1 | 636.86 | 655.44 | 18.58 | 624.37 | 642.59 | 18.22 |
| High Self & Family | | YH2 | 1785.77 | 1837.82 | 52.05 | 1750.75 | 1801.78 | 51.03 |
| High Self Plus One | | YH3 | 1243.81 | 1280.08 | 36.27 | 1219.42 | 1254.98 | 35.56 |
| Indiana Aetna Direct | | | | | | | | |
| CDHP Self | | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Indiana Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| Value Self Plus One | | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| Indiana Aetna HealthFund HDHP | | | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Indiana Health Alliance HMO | | | | | | | | |
| Standard Self | | K84 | 637.41 | 618.29 | -19.12 | 624.91 | 606.17 | -18.74 |
| Standard Self & Family | | K85 | 1768.79 | 1715.73 | -53.06 | 1734.11 | 1682.09 | -52.02 |
| Standard Self Plus One | | K86 | 1338.58 | 1298.42 | -40.16 | 1312.33 | 1272.96 | -39.37 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| Indiana Humana CoverageFirst and Value Plan | | | | | | | | |
| CDHP Self | | MW1 | 682.43 | 712.19 | 29.76 | 669.05 | 698.23 | 29.18 |
| CDHP Self & Family | | MW2 | 1535.45 | 1602.45 | 67.00 | 1505.34 | 1571.03 | 65.69 |
| CDHP Self Plus One | | MW3 | 1467.20 | 1531.22 | 64.02 | 1438.43 | 1501.20 | 62.77 |
| Value Self | | MW4 | 475.77 | 498.33 | 22.56 | 466.44 | 488.56 | 22.12 |
| Value Self & Family | | MW5 | 1070.46 | 1121.27 | 50.81 | 1049.47 | 1099.28 | 49.81 |
| Value Self Plus One | | MW6 | 1022.88 | 1071.45 | 48.57 | 1002.82 | 1050.44 | 47.62 |
| Indiana Humana Health Plan of Ohio | | | | | | | | |
| High Self | | A61 | 771.33 | 1004.93 | 233.60 | 756.21 | 985.23 | 229.02 |
| High Self & Family | | A62 | 1735.51 | 2261.10 | 525.59 | 1701.48 | 2216.76 | 515.28 |
| High Self Plus One | | A63 | 1658.39 | 2160.60 | 502.21 | 1625.87 | 2118.24 | 492.37 |
| Standard Self | | A64 | 651.35 | 792.24 | 140.89 | 638.58 | 776.71 | 138.13 |
| Standard Self & Family | | A65 | 1465.54 | 1782.50 | 316.96 | 1436.80 | 1747.55 | 310.75 |
| Standard Self Plus One | | A66 | 1400.39 | 1703.27 | 302.88 | 1372.93 | 1669.87 | 296.94 |
| Indiana Humana Health Plan, Inc. | | | | | | | | |
| High Self | | 751 | 1224.79 | 1282.98 | 58.19 | 1200.77 | 1257.82 | 57.05 |
| High Self & Family | | 752 | 2755.79 | 2886.66 | 130.87 | 2701.75 | 2830.06 | 128.31 |
| High Self Plus One | | 753 | 2633.28 | 2758.35 | 125.07 | 2581.65 | 2704.26 | 122.61 |
| Standard Self | | 754 | 762.16 | 897.28 | 135.12 | 747.22 | 879.69 | 132.47 |
| Standard Self & Family | | 755 | 1714.88 | 2018.88 | 304.00 | 1681.25 | 1979.29 | 298.04 |
| Standard Self Plus One | | 756 | 1638.67 | 1929.14 | 290.47 | 1606.54 | 1891.31 | 284.77 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|--|--------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | | Change in enrollee payment | Total Former Spouse Premium |

Indiana Humana Health Plan, Inc.

| | | | | | | | |
|------------------------|-----|---------|---------|-------|---------|---------|-------|
| High Self | MH1 | 703.93 | 730.05 | 26.12 | 690.13 | 715.74 | 25.61 |
| High Self & Family | MH2 | 1583.85 | 1642.63 | 58.78 | 1552.79 | 1610.42 | 57.63 |
| High Self Plus One | MH3 | 1513.48 | 1569.63 | 56.15 | 1483.80 | 1538.85 | 55.05 |
| Standard Self | MH4 | 639.70 | 666.52 | 26.82 | 627.16 | 653.45 | 26.29 |
| Standard Self & Family | MH5 | 1439.37 | 1499.67 | 60.30 | 1411.15 | 1470.26 | 59.11 |
| Standard Self Plus One | MH6 | 1375.40 | 1433.01 | 57.61 | 1348.43 | 1404.91 | 56.48 |

Iowa Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Iowa Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |

Iowa Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Iowa Health Alliance HMO

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| Standard Self | K84 | 637.41 | 618.29 | -19.12 | 624.91 | 606.17 | -18.74 |
| Standard Self & Family | K85 | 1768.79 | 1715.73 | -53.06 | 1734.11 | 1682.09 | -52.02 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Standard Self Plus One | K86 | 1338.58 | 1298.42 | -40.16 | 1312.33 | 1272.96 | -39.37 |
| Iowa HealthPartners High and Standard Option | | | | | | | |
| High Self | V31 | 697.48 | 727.99 | 30.51 | 683.80 | 713.72 | 29.92 |
| High Self & Family | V32 | 1699.02 | 1773.39 | 74.37 | 1665.71 | 1738.62 | 72.91 |
| High Self Plus One | V33 | 1541.41 | 1608.86 | 67.45 | 1511.19 | 1577.31 | 66.12 |
| Standard Self | V34 | 396.10 | 434.62 | 38.52 | 388.33 | 426.10 | 37.77 |
| Standard Self & Family | V35 | 964.91 | 1058.77 | 93.86 | 945.99 | 1038.01 | 92.02 |
| Standard Self Plus One | V36 | 875.38 | 960.55 | 85.17 | 858.22 | 941.72 | 83.50 |
| Iowa United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | LJ1 | 541.96 | 567.81 | 25.85 | 531.33 | 556.68 | 25.35 |
| High Self & Family | LJ2 | 1519.67 | 1419.57 | -100.10 | 1489.87 | 1391.74 | -98.13 |
| High Self Plus One | LJ3 | 1058.45 | 1220.83 | 162.38 | 1037.70 | 1196.89 | 159.19 |
| Iowa United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | |
| HDHP Self | N71 | 522.95 | 540.37 | 17.42 | 512.70 | 529.77 | 17.07 |
| HDHP Self & Family | N72 | 1466.38 | 1350.95 | -115.43 | 1437.63 | 1324.46 | -113.17 |
| HDHP Self Plus One | N73 | 1021.33 | 1161.82 | 140.49 | 1001.30 | 1139.04 | 137.74 |
| Iowa UnitedHealthcare Plan of the River Valley Inc. | | | | | | | |
| High Self | YH1 | 636.86 | 655.44 | 18.58 | 624.37 | 642.59 | 18.22 |
| High Self & Family | YH2 | 1785.77 | 1837.82 | 52.05 | 1750.75 | 1801.78 | 51.03 |
| High Self Plus One | YH3 | 1243.81 | 1280.08 | 36.27 | 1219.42 | 1254.98 | 35.56 |
| Kansas Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | |

Kansas Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|------|---------|---------|------|
| CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |

Kansas Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Kansas Aetna Open Access

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | HA1 | 639.22 | 717.57 | 78.35 | 626.69 | 703.50 | 76.81 |
| High Self & Family | HA2 | 1510.01 | 1695.03 | 185.02 | 1480.40 | 1661.79 | 181.39 |
| High Self Plus One | HA3 | 1495.07 | 1678.28 | 183.21 | 1465.75 | 1645.37 | 179.62 |
| Standard Self | HA4 | 621.67 | 617.32 | -4.35 | 609.48 | 605.22 | -4.26 |
| Standard Self & Family | HA5 | 1467.44 | 1457.16 | -10.28 | 1438.67 | 1428.59 | -10.08 |
| Standard Self Plus One | HA6 | 1452.92 | 1442.76 | -10.16 | 1424.43 | 1414.47 | -9.96 |

Kansas Humana CoverageFirst and Value Plan

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | PH1 | 620.57 | 618.47 | -2.10 | 608.40 | 606.34 | -2.06 |
| CDHP Self & Family | PH2 | 1396.32 | 1391.60 | -4.72 | 1368.94 | 1364.31 | -4.63 |
| CDHP Self Plus One | PH3 | 1334.26 | 1329.73 | -4.53 | 1308.10 | 1303.66 | -4.44 |
| Value Self | PH4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|---------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | | |
| Value Self & Family | PH5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 | |
| Value Self Plus One | PH6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 | |
| Kansas Humana Health Plan, Inc. | | | | | | | | |
| High Self | MS1 | 1492.17 | 1637.68 | 145.51 | 1462.91 | 1605.57 | 142.66 | |
| High Self & Family | MS2 | 3357.37 | 3684.78 | 327.41 | 3291.54 | 3612.53 | 320.99 | |
| High Self Plus One | MS3 | 3208.12 | 3521.00 | 312.88 | 3145.22 | 3451.96 | 306.74 | |
| Standard Self | MS4 | 744.02 | 846.56 | 102.54 | 729.43 | 829.96 | 100.53 | |
| Standard Self & Family | MS5 | 1674.01 | 1904.80 | 230.79 | 1641.19 | 1867.45 | 226.26 | |
| Standard Self Plus One | MS6 | 1599.63 | 1820.16 | 220.53 | 1568.26 | 1784.47 | 216.21 | |
| Kentucky Aetna Direct | | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 | |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 | |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 | |
| Kentucky Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 | |
| CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 | |
| CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 | |
| Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 | |
| Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 | |
| Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 | |
| Kentucky Aetna HealthFund HDHP | | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 | |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 | |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| Kentucky Humana CoverageFirst and Value Plan | | | | | | | | |
| CDHP Self | | 6N1 | 564.99 | 573.80 | 8.81 | 553.91 | 562.55 | 8.64 |
| CDHP Self & Family | | 6N2 | 1271.22 | 1291.01 | 19.79 | 1246.29 | 1265.70 | 19.41 |
| CDHP Self Plus One | | 6N3 | 1214.73 | 1233.62 | 18.89 | 1190.91 | 1209.43 | 18.52 |
| Kentucky Humana Health Plan of Ohio | | | | | | | | |
| High Self | | A61 | 771.33 | 1004.93 | 233.60 | 756.21 | 985.23 | 229.02 |
| High Self & Family | | A62 | 1735.51 | 2261.10 | 525.59 | 1701.48 | 2216.76 | 515.28 |
| High Self Plus One | | A63 | 1658.39 | 2160.60 | 502.21 | 1625.87 | 2118.24 | 492.37 |
| Standard Self | | A64 | 651.35 | 792.24 | 140.89 | 638.58 | 776.71 | 138.13 |
| Standard Self & Family | | A65 | 1465.54 | 1782.50 | 316.96 | 1436.80 | 1747.55 | 310.75 |
| Standard Self Plus One | | A66 | 1400.39 | 1703.27 | 302.88 | 1372.93 | 1669.87 | 296.94 |
| Kentucky Humana Health Plan, Inc. | | | | | | | | |
| High Self | | MH1 | 703.93 | 730.05 | 26.12 | 690.13 | 715.74 | 25.61 |
| High Self & Family | | MH2 | 1583.85 | 1642.63 | 58.78 | 1552.79 | 1610.42 | 57.63 |
| High Self Plus One | | MH3 | 1513.48 | 1569.63 | 56.15 | 1483.80 | 1538.85 | 55.05 |
| Standard Self | | MH4 | 639.70 | 666.52 | 26.82 | 627.16 | 653.45 | 26.29 |
| Standard Self & Family | | MH5 | 1439.37 | 1499.67 | 60.30 | 1411.15 | 1470.26 | 59.11 |
| Standard Self Plus One | | MH6 | 1375.40 | 1433.01 | 57.61 | 1348.43 | 1404.91 | 56.48 |
| Kentucky Humana Health Plan, Inc. | | | | | | | | |
| High Self | | MI1 | 696.19 | 831.84 | 135.65 | 682.54 | 815.53 | 132.99 |
| High Self & Family | | MI2 | 1566.42 | 1871.61 | 305.19 | 1535.71 | 1834.91 | 299.20 |
| High Self Plus One | | MI3 | 1496.81 | 1788.42 | 291.61 | 1467.46 | 1753.35 | 285.89 |
| Standard Self | | MI4 | 661.14 | 748.95 | 87.81 | 648.18 | 734.26 | 86.08 |
| Standard Self & Family | | MI5 | 1487.58 | 1685.12 | 197.54 | 1458.41 | 1652.08 | 193.67 |
| Standard Self Plus One | | MI6 | 1421.45 | 1610.23 | 188.78 | 1393.58 | 1578.66 | 185.08 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |

Kentucky United Healthcare Insurance Company, Inc.

| | | | | | | | |
|--------------------|-----|---------|---------|---------|---------|---------|--------|
| High Self | LJ1 | 541.96 | 567.81 | 25.85 | 531.33 | 556.68 | 25.35 |
| High Self & Family | LJ2 | 1519.67 | 1419.57 | -100.10 | 1489.87 | 1391.74 | -98.13 |
| High Self Plus One | LJ3 | 1058.45 | 1220.83 | 162.38 | 1037.70 | 1196.89 | 159.19 |

Kentucky United Healthcare Insurance Company, Inc. (HDHP)

| | | | | | | | |
|--------------------|-----|---------|---------|---------|---------|---------|---------|
| HDHP Self | N71 | 522.95 | 540.37 | 17.42 | 512.70 | 529.77 | 17.07 |
| HDHP Self & Family | N72 | 1466.38 | 1350.95 | -115.43 | 1437.63 | 1324.46 | -113.17 |
| HDHP Self Plus One | N73 | 1021.33 | 1161.82 | 140.49 | 1001.30 | 1139.04 | 137.74 |

Louisiana Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Louisiana Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |

Louisiana Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Louisiana Humana Health Benefit Plan of Louisiana, Inc.

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self | AE1 | 694.10 | 775.54 | 81.44 | 680.49 | 760.33 | 79.84 |
| High Self & Family | AE2 | 1561.72 | 1744.92 | 183.20 | 1531.10 | 1710.71 | 179.61 |
| High Self Plus One | AE3 | 1492.30 | 1667.35 | 175.05 | 1463.04 | 1634.66 | 171.62 |
| Standard Self | AE4 | 658.72 | 683.91 | 25.19 | 645.80 | 670.50 | 24.70 |
| Standard Self & Family | AE5 | 1483.17 | 1538.80 | 55.63 | 1454.09 | 1508.63 | 54.54 |
| Standard Self Plus One | AE6 | 1417.27 | 1470.42 | 53.15 | 1389.48 | 1441.59 | 52.11 |
| Louisiana Humana Health Benefit Plan of Louisiana, Inc. | | | | | | | |
| High Self | BC1 | 655.78 | 680.37 | 24.59 | 642.92 | 667.03 | 24.11 |
| High Self & Family | BC2 | 1475.48 | 1530.83 | 55.35 | 1446.55 | 1500.81 | 54.26 |
| High Self Plus One | BC3 | 1409.92 | 1462.80 | 52.88 | 1382.27 | 1434.12 | 51.85 |
| Standard Self | BC4 | 584.70 | 583.29 | -1.41 | 573.24 | 571.85 | -1.39 |
| Standard Self & Family | BC5 | 1315.57 | 1312.41 | -3.16 | 1289.77 | 1286.68 | -3.09 |
| Standard Self Plus One | BC6 | 1257.09 | 1254.09 | -3.00 | 1232.44 | 1229.50 | -2.94 |
| Louisiana United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | KK1 | 541.45 | 569.74 | 28.29 | 530.83 | 558.57 | 27.74 |
| High Self & Family | KK2 | 1518.23 | 1424.33 | -93.90 | 1488.46 | 1396.40 | -92.06 |
| High Self Plus One | KK3 | 1057.44 | 1224.92 | 167.48 | 1036.71 | 1200.90 | 164.19 |
| Louisiana United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | |
| HDHP Self | LS1 | 518.67 | 470.35 | -48.32 | 508.50 | 461.13 | -47.37 |
| HDHP Self & Family | LS2 | 1454.30 | 1175.86 | -278.44 | 1425.78 | 1152.80 | -272.98 |
| HDHP Self Plus One | LS3 | 1012.91 | 1011.25 | -1.66 | 993.05 | 991.42 | -1.63 |
| Maine Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |

Maine Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| CDHP Self & Family | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| CDHP Self Plus One | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| Value Self | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| Value Self & Family | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| Value Self Plus One | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |

Maine Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Maryland Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Maryland Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |

Maryland Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Maryland Aetna Open Access | | | | | | | |
| High Self | JN1 | 978.70 | 1036.67 | 57.97 | 959.51 | 1016.34 | 56.83 |
| High Self & Family | JN2 | 2200.27 | 2330.62 | 130.35 | 2157.13 | 2284.92 | 127.79 |
| High Self Plus One | JN3 | 2178.51 | 2307.55 | 129.04 | 2135.79 | 2262.30 | 126.51 |
| Basic Self | JN4 | 609.87 | 650.10 | 40.23 | 597.91 | 637.35 | 39.44 |
| Basic Self & Family | JN5 | 1372.77 | 1468.66 | 95.89 | 1345.85 | 1439.86 | 94.01 |
| Basic Self Plus One | JN6 | 1345.85 | 1401.47 | 55.62 | 1319.46 | 1373.99 | 54.53 |
| Maryland CareFirst BlueChoice | | | | | | | |
| High Self | 2G1 | 711.11 | 792.89 | 81.78 | 697.17 | 777.34 | 80.17 |
| High Self & Family | 2G2 | 1689.55 | 1883.87 | 194.32 | 1656.42 | 1846.93 | 190.51 |
| High Self Plus One | 2G3 | 1422.21 | 1585.76 | 163.55 | 1394.32 | 1554.67 | 160.35 |
| Standard Self | 2G4 | 635.66 | 673.81 | 38.15 | 623.20 | 660.60 | 37.40 |
| Standard Self & Family | 2G5 | 1510.31 | 1600.95 | 90.64 | 1480.70 | 1569.56 | 88.86 |
| Standard Self Plus One | 2G6 | 1271.35 | 1347.61 | 76.26 | 1246.42 | 1321.19 | 74.77 |
| Maryland CareFirst BlueChoice | | | | | | | |
| HDHP Self | B61 | 603.80 | 621.91 | 18.11 | 591.96 | 609.72 | 17.76 |
| HDHP Self & Family | B62 | 1434.62 | 1477.65 | 43.03 | 1406.49 | 1448.68 | 42.19 |
| HDHP Self Plus One | B63 | 1207.61 | 1243.83 | 36.22 | 1183.93 | 1219.44 | 35.51 |
| Maryland Kaiser Foundation Health Plan Mid-Atlantic States | | | | | | | |
| High Self | E31 | 630.91 | 654.53 | 23.62 | 618.54 | 641.70 | 23.16 |
| High Self & Family | E32 | 1476.31 | 1531.66 | 55.35 | 1447.36 | 1501.63 | 54.27 |
| High Self Plus One | E33 | 1425.83 | 1479.29 | 53.46 | 1397.87 | 1450.28 | 52.41 |
| Standard Self | E34 | 475.07 | 493.71 | 18.64 | 465.75 | 484.03 | 18.28 |
| Standard Self & Family | E35 | 1111.66 | 1155.28 | 43.62 | 1089.86 | 1132.63 | 42.77 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|----------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option - Enrollment Code | | | | | | |
| | Standard Self Plus One E36 | 1073.62 | 1115.77 | 42.15 | 1052.57 | 1093.89 | 41.32 |
| Maryland M.D. IPA | | | | | | | |
| | High Self JP1 | 653.87 | 704.54 | 50.67 | 641.05 | 690.73 | 49.68 |
| | High Self & Family JP2 | 1833.46 | 1975.55 | 142.09 | 1797.51 | 1936.81 | 139.30 |
| | High Self Plus One JP3 | 1277.01 | 1375.99 | 98.98 | 1251.97 | 1349.01 | 97.04 |
| Maryland United Healthcare Insurance Company, Inc. | | | | | | | |
| | High Self LR1 | 541.74 | 618.22 | 76.48 | 531.12 | 606.10 | 74.98 |
| | High Self & Family LR2 | 1519.05 | 1545.57 | 26.52 | 1489.26 | 1515.26 | 26.00 |
| | High Self Plus One LR3 | 1058.02 | 1267.37 | 209.35 | 1037.27 | 1242.52 | 205.25 |
| Maryland UnitedHealthcare Insurance Company | | | | | | | |
| | Basic Self L91 | 470.09 | 441.73 | -28.36 | 460.87 | 433.07 | -27.80 |
| | Basic Self & Family L92 | 1318.16 | 1238.64 | -79.52 | 1292.31 | 1214.35 | -77.96 |
| | Basic Self Plus One L93 | 918.10 | 862.70 | -55.40 | 900.10 | 845.78 | -54.32 |
| Massachusetts Aetna Direct | | | | | | | |
| | CDHP Self N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Massachusetts Aetna HealthFund CDHP and Value Plan | | | | | | | |
| | CDHP Self EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| | CDHP Self & Family EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| | CDHP Self Plus One EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| | Value Self EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| | Value Self & Family EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| | Value Self Plus One EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| Massachusetts Aetna HealthFund HDHP | | | | | | | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Michigan Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Michigan Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| | CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| | CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| | Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| | Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| | Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| Michigan Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Michigan Bluecare Network of MI | | | | | | | | |
| | High Self | K51 | 722.80 | 862.83 | 140.03 | 708.63 | 845.91 | 137.28 |
| | High Self & Family | K52 | 1765.04 | 2105.23 | 340.19 | 1730.43 | 2063.95 | 333.52 |
| | High Self Plus One | K53 | 1662.76 | 1984.49 | 321.73 | 1630.16 | 1945.58 | 315.42 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| Michigan Bluecare Network of MI | | | | | | | | |
| | High Self | LX1 | 630.29 | 681.34 | 51.05 | 617.93 | 667.98 | 50.05 |
| | High Self & Family | LX2 | 1539.31 | 1662.50 | 123.19 | 1509.13 | 1629.90 | 120.77 |
| | High Self Plus One | LX3 | 1449.87 | 1567.09 | 117.22 | 1421.44 | 1536.36 | 114.92 |
| Michigan Health Alliance Plan | | | | | | | | |
| | High Self | 521 | 703.97 | 733.17 | 29.20 | 690.17 | 718.79 | 28.62 |
| | High Self & Family | 522 | 1672.16 | 1788.91 | 116.75 | 1639.37 | 1753.83 | 114.46 |
| | High Self Plus One | 523 | 1636.72 | 1686.29 | 49.57 | 1604.63 | 1653.23 | 48.60 |
| Michigan Health Alliance Plan | | | | | | | | |
| | Standard Self | GY4 | 589.21 | 618.35 | 29.14 | 577.66 | 606.23 | 28.57 |
| | Standard Self & Family | GY5 | 1399.40 | 1508.81 | 109.41 | 1371.96 | 1479.23 | 107.27 |
| | Standard Self Plus One | GY6 | 1369.96 | 1422.23 | 52.27 | 1343.10 | 1394.34 | 51.24 |
| Michigan Priority Health | | | | | | | | |
| | High Self | LE1 | 651.35 | 696.11 | 44.76 | 638.58 | 682.46 | 43.88 |
| | High Self & Family | LE2 | 1628.37 | 1635.87 | 7.50 | 1596.44 | 1603.79 | 7.35 |
| | High Self Plus One | LE3 | 1432.95 | 1531.44 | 98.49 | 1404.85 | 1501.41 | 96.56 |
| | Standard Self | LE4 | 510.07 | 557.62 | 47.55 | 500.07 | 546.69 | 46.62 |
| | Standard Self & Family | LE5 | 1275.17 | 1310.47 | 35.30 | 1250.17 | 1284.77 | 34.60 |
| | Standard Self Plus One | LE6 | 1122.15 | 1226.79 | 104.64 | 1100.15 | 1202.74 | 102.59 |
| Minnesota Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Minnesota Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| | CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Minnesota Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Minnesota HealthPartners High and Standard Option | | | | | | | |
| High Self | V31 | 697.48 | 727.99 | 30.51 | 683.80 | 713.72 | 29.92 |
| High Self & Family | V32 | 1699.02 | 1773.39 | 74.37 | 1665.71 | 1738.62 | 72.91 |
| High Self Plus One | V33 | 1541.41 | 1608.86 | 67.45 | 1511.19 | 1577.31 | 66.12 |
| Standard Self | V34 | 396.10 | 434.62 | 38.52 | 388.33 | 426.10 | 37.77 |
| Standard Self & Family | V35 | 964.91 | 1058.77 | 93.86 | 945.99 | 1038.01 | 92.02 |
| Standard Self Plus One | V36 | 875.38 | 960.55 | 85.17 | 858.22 | 941.72 | 83.50 |
| Mississippi Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Mississippi Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|---------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| CDHP Self & Family | | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Mississippi Aetna HealthFund HDHP | | | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Mississippi United Healthcare Insurance Company, Inc. | | | | | | | | |
| High Self | | KK1 | 541.45 | 569.74 | 28.29 | 530.83 | 558.57 | 27.74 |
| High Self & Family | | KK2 | 1518.23 | 1424.33 | -93.90 | 1488.46 | 1396.40 | -92.06 |
| High Self Plus One | | KK3 | 1057.44 | 1224.92 | 167.48 | 1036.71 | 1200.90 | 164.19 |
| Mississippi United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | | |
| HDHP Self | | LS1 | 518.67 | 470.35 | -48.32 | 508.50 | 461.13 | -47.37 |
| HDHP Self & Family | | LS2 | 1454.30 | 1175.86 | -278.44 | 1425.78 | 1152.80 | -272.98 |
| HDHP Self Plus One | | LS3 | 1012.91 | 1011.25 | -1.66 | 993.05 | 991.42 | -1.63 |
| Missouri Aetna Direct | | | | | | | | |
| CDHP Self | | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Missouri Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| CDHP Self & Family | | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|-----------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| | Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| | Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| Missouri Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Missouri Aetna Open Access | | | | | | | | |
| | High Self | HA1 | 639.22 | 717.57 | 78.35 | 626.69 | 703.50 | 76.81 |
| | High Self & Family | HA2 | 1510.01 | 1695.03 | 185.02 | 1480.40 | 1661.79 | 181.39 |
| | High Self Plus One | HA3 | 1495.07 | 1678.28 | 183.21 | 1465.75 | 1645.37 | 179.62 |
| | Standard Self | HA4 | 621.67 | 617.32 | -4.35 | 609.48 | 605.22 | -4.26 |
| | Standard Self & Family | HA5 | 1467.44 | 1457.16 | -10.28 | 1438.67 | 1428.59 | -10.08 |
| | Standard Self Plus One | HA6 | 1452.92 | 1442.76 | -10.16 | 1424.43 | 1414.47 | -9.96 |
| Missouri Blue Preferred Plus POS | | | | | | | | |
| | High Self | 9G1 | 689.48 | 712.46 | 22.98 | 675.96 | 698.49 | 22.53 |
| | High Self & Family | 9G2 | 1469.87 | 1542.50 | 72.63 | 1441.05 | 1512.25 | 71.20 |
| | High Self Plus One | 9G3 | 1378.98 | 1439.20 | 60.22 | 1351.94 | 1410.98 | 59.04 |
| | Standard Self | 9G4 | New Plan | 529.51 | New Plan | New Plan | 519.13 | New Plan |
| | Standard Self & Family | 9G5 | New Plan | 1498.53 | New Plan | New Plan | 1469.15 | New Plan |
| | Standard Self Plus One | 9G6 | New Plan | 1376.75 | New Plan | New Plan | 1349.75 | New Plan |
| Missouri Humana CoverageFirst and Value Plan | | | | | | | | |
| | CDHP Self | PH1 | 620.57 | 618.47 | -2.10 | 608.40 | 606.34 | -2.06 |
| | CDHP Self & Family | PH2 | 1396.32 | 1391.60 | -4.72 | 1368.94 | 1364.31 | -4.63 |
| | CDHP Self Plus One | PH3 | 1334.26 | 1329.73 | -4.53 | 1308.10 | 1303.66 | -4.44 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Value Self | PH4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| Value Self & Family | PH5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| Value Self Plus One | PH6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Missouri Humana Health Plan, Inc. | | | | | | | |
| High Self | MS1 | 1492.17 | 1637.68 | 145.51 | 1462.91 | 1605.57 | 142.66 |
| High Self & Family | MS2 | 3357.37 | 3684.78 | 327.41 | 3291.54 | 3612.53 | 320.99 |
| High Self Plus One | MS3 | 3208.12 | 3521.00 | 312.88 | 3145.22 | 3451.96 | 306.74 |
| Standard Self | MS4 | 744.02 | 846.56 | 102.54 | 729.43 | 829.96 | 100.53 |
| Standard Self & Family | MS5 | 1674.01 | 1904.80 | 230.79 | 1641.19 | 1867.45 | 226.26 |
| Standard Self Plus One | MS6 | 1599.63 | 1820.16 | 220.53 | 1568.26 | 1784.47 | 216.21 |
| Montana Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Montana Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Montana Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Nebraska Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Nebraska Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| | CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| | CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| | Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| | Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| | Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Nebraska Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Nevada Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Nevada Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| | CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| | CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| | Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| | Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| Nevada Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Nevada Health Plan of Nevada | | | | | | | | |
| | High Self | NM1 | 516.10 | 545.21 | 29.11 | 505.98 | 534.52 | 28.54 |
| | High Self & Family | NM2 | 1223.19 | 1292.10 | 68.91 | 1199.21 | 1266.76 | 67.55 |
| | High Self Plus One | NM3 | 980.62 | 1035.85 | 55.23 | 961.39 | 1015.54 | 54.15 |
| New Hampshire Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| New Hampshire Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| | CDHP Self & Family | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| | CDHP Self Plus One | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| | Value Self | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| | Value Self & Family | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| | Value Self Plus One | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| New Hampshire Aetna HealthFund HDHP | | | | | | | | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| New Jersey Aetna Direct | | | | | | | | |
| CDHP Self | | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| New Jersey Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| CDHP Self & Family | | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| CDHP Self Plus One | | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| Value Self | | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| Value Self & Family | | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| Value Self Plus One | | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| New Jersey Aetna HealthFund HDHP | | | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| New Jersey Aetna Open Access | | | | | | | | |
| High Self | | JR1 | 1399.31 | 1405.87 | 6.56 | 1371.87 | 1378.30 | 6.43 |
| High Self & Family | | JR2 | 3232.33 | 3247.47 | 15.14 | 3168.95 | 3183.79 | 14.84 |
| High Self Plus One | | JR3 | 3200.32 | 3215.31 | 14.99 | 3137.57 | 3152.26 | 14.69 |
| Basic Self | | JR4 | 1109.58 | 1080.86 | -28.72 | 1087.82 | 1059.67 | -28.15 |
| Basic Self & Family | | JR5 | 2571.47 | 2504.99 | -66.48 | 2521.05 | 2455.87 | -65.18 |
| Basic Self Plus One | | JR6 | 2546.01 | 2480.17 | -65.84 | 2496.09 | 2431.54 | -64.55 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |

New Jersey Aetna Open Access

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | P31 | 1395.06 | 1448.08 | 53.02 | 1367.71 | 1419.69 | 51.98 |
| High Self & Family | P32 | 3382.34 | 3510.89 | 128.55 | 3316.02 | 3442.05 | 126.03 |
| High Self Plus One | P33 | 3348.85 | 3476.13 | 127.28 | 3283.19 | 3407.97 | 124.78 |
| Basic Self | P34 | 1123.61 | 1213.31 | 89.70 | 1101.58 | 1189.52 | 87.94 |
| Basic Self & Family | P35 | 2607.96 | 2816.10 | 208.14 | 2556.82 | 2760.88 | 204.06 |
| Basic Self Plus One | P36 | 2582.14 | 2788.20 | 206.06 | 2531.51 | 2733.53 | 202.02 |

New Jersey GHI Health Plan

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | 801 | 870.33 | 974.74 | 104.41 | 853.26 | 955.63 | 102.37 |
| High Self & Family | 802 | 2571.15 | 2644.31 | 73.16 | 2520.74 | 2592.46 | 71.72 |
| High Self Plus One | 803 | 1667.56 | 2373.67 | 706.11 | 1634.86 | 2327.13 | 692.27 |
| Standard Self | 804 | 671.51 | 725.21 | 53.70 | 658.34 | 710.99 | 52.65 |
| Standard Self & Family | 805 | 1818.42 | 1729.77 | -88.65 | 1782.76 | 1695.85 | -86.91 |
| Standard Self Plus One | 806 | 1104.73 | 1657.70 | 552.97 | 1083.07 | 1625.20 | 542.13 |

New Mexico Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

New Mexico Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|------|---------|---------|------|
| CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| New Mexico Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| New Mexico New Mexico BlueHMO Preferred | | | | | | | |
| High Self | Q11 | 715.29 | 739.71 | 24.42 | 701.26 | 725.21 | 23.95 |
| High Self & Family | Q12 | 1763.87 | 1824.14 | 60.27 | 1729.28 | 1788.37 | 59.09 |
| High Self Plus One | Q13 | 1537.83 | 1590.38 | 52.55 | 1507.68 | 1559.20 | 51.52 |
| Standard Self | Q14 | New Plan | 655.25 | New Plan | New Plan | 642.40 | New Plan |
| Standard Self & Family | Q15 | New Plan | 1615.82 | New Plan | New Plan | 1584.14 | New Plan |
| Standard Self Plus One | Q16 | New Plan | 1408.78 | New Plan | New Plan | 1381.16 | New Plan |
| New Mexico Presbyterian Health Plan | | | | | | | |
| High Self | P21 | 693.41 | 691.11 | -2.30 | 679.81 | 677.56 | -2.25 |
| High Self & Family | P22 | 1629.52 | 1624.16 | -5.36 | 1597.57 | 1592.31 | -5.26 |
| High Self Plus One | P23 | 1574.05 | 1568.86 | -5.19 | 1543.19 | 1538.10 | -5.09 |
| New Mexico Presbyterian Health Plan | | | | | | | |
| Standard Self | PS4 | 588.55 | 578.42 | -10.13 | 577.01 | 567.08 | -9.93 |
| Standard Self & Family | PS5 | 1383.06 | 1359.32 | -23.74 | 1355.94 | 1332.67 | -23.27 |
| Standard Self Plus One | PS6 | 1335.99 | 1313.05 | -22.94 | 1309.79 | 1287.30 | -22.49 |
| New York Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| New York Aetna HealthFund CDHP and Value Plan | | | | | | | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan | Option - Enrollment Code | | | | | | |
| CDHP Self | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| CDHP Self & Family | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| CDHP Self Plus One | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| Value Self | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| Value Self & Family | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| Value Self Plus One | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| New York Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| New York Aetna Open Access | | | | | | | |
| High Self | JC1 | 1061.29 | 1068.13 | 6.84 | 1040.48 | 1047.19 | 6.71 |
| High Self & Family | JC2 | 2622.50 | 2639.38 | 16.88 | 2571.08 | 2587.63 | 16.55 |
| High Self Plus One | JC3 | 2596.53 | 2613.28 | 16.75 | 2545.62 | 2562.04 | 16.42 |
| Basic Self | JC4 | 765.33 | 820.57 | 55.24 | 750.32 | 804.48 | 54.16 |
| Basic Self & Family | JC5 | 1866.76 | 2001.51 | 134.75 | 1830.16 | 1962.26 | 132.10 |
| Basic Self Plus One | JC6 | 1848.29 | 1981.73 | 133.44 | 1812.05 | 1942.87 | 130.82 |
| New York CDPHP Universal Benefits, Inc. | | | | | | | |
| High Self | SG1 | 764.48 | 764.48 | 0.00 | 749.49 | 749.49 | 0.00 |
| High Self & Family | SG2 | 2293.43 | 2293.43 | 0.00 | 2248.46 | 2248.46 | 0.00 |
| High Self Plus One | SG3 | 1528.99 | 1528.99 | 0.00 | 1499.01 | 1499.01 | 0.00 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Standard Self | SG4 | 540.44 | 540.44 | 0.00 | 529.84 | 529.84 | 0.00 |
| Standard Self & Family | SG5 | 1621.19 | 1621.19 | 0.00 | 1589.40 | 1589.40 | 0.00 |
| Standard Self Plus One | SG6 | 1080.82 | 1080.82 | 0.00 | 1059.63 | 1059.63 | 0.00 |
| New York GHI Health Plan | | | | | | | |
| High Self | 801 | 870.33 | 974.74 | 104.41 | 853.26 | 955.63 | 102.37 |
| High Self & Family | 802 | 2571.15 | 2644.31 | 73.16 | 2520.74 | 2592.46 | 71.72 |
| High Self Plus One | 803 | 1667.56 | 2373.67 | 706.11 | 1634.86 | 2327.13 | 692.27 |
| Standard Self | 804 | 671.51 | 725.21 | 53.70 | 658.34 | 710.99 | 52.65 |
| Standard Self & Family | 805 | 1818.42 | 1729.77 | -88.65 | 1782.76 | 1695.85 | -86.91 |
| Standard Self Plus One | 806 | 1104.73 | 1657.70 | 552.97 | 1083.07 | 1625.20 | 542.13 |
| New York HIP Health of Greater New York | | | | | | | |
| High Self | 511 | 669.80 | 736.24 | 66.44 | 656.67 | 721.80 | 65.13 |
| High Self & Family | 512 | 1921.11 | 2149.12 | 228.01 | 1883.44 | 2106.98 | 223.54 |
| High Self Plus One | 513 | 1188.89 | 1451.78 | 262.89 | 1165.58 | 1423.31 | 257.73 |
| New York Independent Health Assoc | | | | | | | |
| High Self | QA1 | 632.48 | 703.00 | 70.52 | 620.08 | 689.22 | 69.14 |
| High Self & Family | QA2 | 1707.66 | 1898.13 | 190.47 | 1674.18 | 1860.91 | 186.73 |
| High Self Plus One | QA3 | 1612.79 | 1792.69 | 179.90 | 1581.17 | 1757.54 | 176.37 |
| HDHP Self | QA4 | 457.94 | 458.70 | 0.76 | 448.96 | 449.71 | 0.75 |
| HDHP Self & Family | QA5 | 1213.71 | 1215.81 | 2.10 | 1189.91 | 1191.97 | 2.06 |
| HDHP Self Plus One | QA6 | 1121.68 | 1123.67 | 1.99 | 1099.69 | 1101.64 | 1.95 |
| New York Independent Health Association | | | | | | | |
| Standard Self | C54 | 605.87 | 668.04 | 62.17 | 593.99 | 654.94 | 60.95 |
| Standard Self & Family | C55 | 1635.89 | 1803.70 | 167.81 | 1603.81 | 1768.33 | 164.52 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|------------------------|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| | Standard Self Plus One | C56 | 1545.01 | 1703.49 | 158.48 | 1514.72 | 1670.09 | 155.37 |
| New York MVP Health Care | | | | | | | | |
| | High Self | GA1 | 692.51 | 772.49 | 79.98 | 678.93 | 757.34 | 78.41 |
| | High Self & Family | GA2 | 1699.16 | 1892.62 | 193.46 | 1665.84 | 1855.51 | 189.67 |
| | High Self Plus One | GA3 | 1594.16 | 1776.73 | 182.57 | 1562.90 | 1741.89 | 178.99 |
| | Standard Self | GA4 | 632.04 | 709.65 | 77.61 | 619.65 | 695.74 | 76.09 |
| | Standard Self & Family | GA5 | 1545.66 | 1738.63 | 192.97 | 1515.35 | 1704.54 | 189.19 |
| | Standard Self Plus One | GA6 | 1461.94 | 1632.19 | 170.25 | 1433.27 | 1600.19 | 166.92 |
| New York MVP Health Care | | | | | | | | |
| | High Self | GV1 | 648.39 | 697.57 | 49.18 | 635.68 | 683.89 | 48.21 |
| | High Self & Family | GV2 | 1590.18 | 1708.99 | 118.81 | 1559.00 | 1675.48 | 116.48 |
| | High Self Plus One | GV3 | 1491.39 | 1604.37 | 112.98 | 1462.15 | 1572.91 | 110.76 |
| | Standard Self | GV4 | 573.67 | 622.63 | 48.96 | 562.42 | 610.42 | 48.00 |
| | Standard Self & Family | GV5 | 1406.85 | 1525.43 | 118.58 | 1379.26 | 1495.52 | 116.26 |
| | Standard Self Plus One | GV6 | 1319.44 | 1432.04 | 112.60 | 1293.57 | 1403.96 | 110.39 |
| New York MVP Health Care | | | | | | | | |
| | High Self | M91 | 688.42 | 715.80 | 27.38 | 674.92 | 701.76 | 26.84 |
| | High Self & Family | M92 | 1689.36 | 1753.64 | 64.28 | 1656.24 | 1719.25 | 63.01 |
| | High Self Plus One | M93 | 1588.66 | 1646.30 | 57.64 | 1557.51 | 1614.02 | 56.51 |
| | Standard Self | M94 | 654.45 | 700.00 | 45.55 | 641.62 | 686.27 | 44.65 |
| | Standard Self & Family | M95 | 1607.24 | 1715.03 | 107.79 | 1575.73 | 1681.40 | 105.67 |
| | Standard Self Plus One | M96 | 1508.86 | 1610.01 | 101.15 | 1479.27 | 1578.44 | 99.17 |
| New York MVP Health Care | | | | | | | | |
| | High Self | MF1 | 787.91 | 957.66 | 169.75 | 772.46 | 938.88 | 166.42 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self & Family | MF2 | 1932.29 | 2346.20 | 413.91 | 1894.40 | 2300.20 | 405.80 |
| High Self Plus One | MF3 | 1812.22 | 2202.56 | 390.34 | 1776.69 | 2159.37 | 382.68 |
| Standard Self | MF4 | 760.29 | 893.29 | 133.00 | 745.38 | 875.77 | 130.39 |
| Standard Self & Family | MF5 | 1864.51 | 2188.52 | 324.01 | 1827.95 | 2145.61 | 317.66 |
| Standard Self Plus One | MF6 | 1748.62 | 2054.52 | 305.90 | 1714.33 | 2014.24 | 299.91 |
| New York MVP Health Care | | | | | | | |
| High Self | MX1 | 735.29 | 843.14 | 107.85 | 720.87 | 826.61 | 105.74 |
| High Self & Family | MX2 | 1802.66 | 2065.76 | 263.10 | 1767.31 | 2025.25 | 257.94 |
| High Self Plus One | MX3 | 1689.81 | 1939.25 | 249.44 | 1656.68 | 1901.23 | 244.55 |
| Standard Self | MX4 | 698.56 | 819.47 | 120.91 | 684.86 | 803.40 | 118.54 |
| Standard Self & Family | MX5 | 1713.06 | 2007.70 | 294.64 | 1679.47 | 1968.33 | 288.86 |
| Standard Self Plus One | MX6 | 1614.01 | 1884.78 | 270.77 | 1582.36 | 1847.82 | 265.46 |
| North Carolina Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| North Carolina Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |

North Carolina Aetna HealthFund HDHP

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| North Dakota Aetna Direct | | | | | | | | |
| CDHP Self | | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| North Dakota Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| CDHP Self & Family | | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| North Dakota Aetna HealthFund HDHP | | | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| North Dakota HealthPartners High and Standard Option | | | | | | | | |
| High Self | | V31 | 697.48 | 727.99 | 30.51 | 683.80 | 713.72 | 29.92 |
| High Self & Family | | V32 | 1699.02 | 1773.39 | 74.37 | 1665.71 | 1738.62 | 72.91 |
| High Self Plus One | | V33 | 1541.41 | 1608.86 | 67.45 | 1511.19 | 1577.31 | 66.12 |
| Standard Self | | V34 | 396.10 | 434.62 | 38.52 | 388.33 | 426.10 | 37.77 |
| Standard Self & Family | | V35 | 964.91 | 1058.77 | 93.86 | 945.99 | 1038.01 | 92.02 |
| Standard Self Plus One | | V36 | 875.38 | 960.55 | 85.17 | 858.22 | 941.72 | 83.50 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |

Ohio Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Ohio Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |

Ohio Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Ohio AultCare HMO

| | | | | | | | |
|--------------------|-----|---------|---------|---------|---------|---------|---------|
| High Self | 3A1 | 702.10 | 728.97 | 26.87 | 688.33 | 714.68 | 26.35 |
| High Self & Family | 3A2 | 2246.64 | 1800.48 | -446.16 | 2202.59 | 1765.18 | -437.41 |
| High Self Plus One | 3A3 | 1333.96 | 1530.83 | 196.87 | 1307.80 | 1500.81 | 193.01 |
| HDHP Self | 3A4 | 321.53 | 357.18 | 35.65 | 315.23 | 350.18 | 34.95 |
| HDHP Self & Family | 3A5 | 1028.80 | 1142.90 | 114.10 | 1008.63 | 1120.49 | 111.86 |
| HDHP Self Plus One | 3A6 | 610.87 | 678.61 | 67.74 | 598.89 | 665.30 | 66.41 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|--|--------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | | Change in enrollee payment | Total Former Spouse Premium |

Ohio HealthSpan Integrated Care

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | 641 | 804.53 | 889.71 | 85.18 | 788.75 | 872.26 | 83.51 |
| High Self & Family | 642 | 1930.86 | 2135.30 | 204.44 | 1893.00 | 2093.43 | 200.43 |
| High Self Plus One | 643 | 1769.97 | 1957.35 | 187.38 | 1735.26 | 1918.97 | 183.71 |
| Standard Self | 644 | 587.72 | 745.78 | 158.06 | 576.20 | 731.16 | 154.96 |
| Standard Self & Family | 645 | 1410.56 | 1789.91 | 379.35 | 1382.90 | 1754.81 | 371.91 |
| Standard Self Plus One | 646 | 1292.98 | 1640.75 | 347.77 | 1267.63 | 1608.58 | 340.95 |

Ohio Humana Health Plan of Ohio

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | A61 | 771.33 | 1004.93 | 233.60 | 756.21 | 985.23 | 229.02 |
| High Self & Family | A62 | 1735.51 | 2261.10 | 525.59 | 1701.48 | 2216.76 | 515.28 |
| High Self Plus One | A63 | 1658.39 | 2160.60 | 502.21 | 1625.87 | 2118.24 | 492.37 |
| Standard Self | A64 | 651.35 | 792.24 | 140.89 | 638.58 | 776.71 | 138.13 |
| Standard Self & Family | A65 | 1465.54 | 1782.50 | 316.96 | 1436.80 | 1747.55 | 310.75 |
| Standard Self Plus One | A66 | 1400.39 | 1703.27 | 302.88 | 1372.93 | 1669.87 | 296.94 |

Ohio Paramount Health Care

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| Standard Self | N81 | 591.07 | 634.72 | 43.65 | 579.48 | 622.27 | 42.79 |
| Standard Self & Family | N82 | 1554.49 | 1669.26 | 114.77 | 1524.01 | 1636.53 | 112.52 |
| Standard Self Plus One | N83 | 1182.13 | 1269.40 | 87.27 | 1158.95 | 1244.51 | 85.56 |

Oklahoma Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|--|--------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | | Change in enrollee payment | Total Former Spouse Premium |

Oklahoma Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |

Oklahoma Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Oklahoma Globalhealth, Inc.

| | | | | | | | |
|------------------------|-----|-----------------|---------|-----------------|-----------------|---------|-----------------|
| High Self | IM1 | 610.69 | 578.69 | -32.00 | 598.72 | 567.34 | -31.38 |
| High Self & Family | IM2 | 1526.76 | 1446.76 | -80.00 | 1496.82 | 1418.39 | -78.43 |
| High Self Plus One | IM3 | 1221.40 | 1157.40 | -64.00 | 1197.45 | 1134.71 | -62.74 |
| Standard Self | IM4 | New Plan | 535.74 | New Plan | New Plan | 525.24 | New Plan |
| Standard Self & Family | IM5 | New Plan | 1339.41 | New Plan | New Plan | 1313.15 | New Plan |
| Standard Self Plus One | IM6 | New Plan | 1071.54 | New Plan | New Plan | 1050.53 | New Plan |

Oregon Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |

Oregon Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |

Oregon Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Oregon Kaiser Foundation Health Plan of Northwest

| | | | | | | | |
|------------------------|-----|---------|---------|-------|---------|---------|-------|
| High Self | 571 | 660.65 | 700.66 | 40.01 | 647.70 | 686.92 | 39.22 |
| High Self & Family | 572 | 1492.22 | 1582.62 | 90.40 | 1462.96 | 1551.59 | 88.63 |
| High Self Plus One | 573 | 1492.22 | 1582.62 | 90.40 | 1462.96 | 1551.59 | 88.63 |
| Standard Self | 574 | 577.30 | 605.72 | 28.42 | 565.98 | 593.84 | 27.86 |
| Standard Self & Family | 575 | 1326.22 | 1391.50 | 65.28 | 1300.22 | 1364.22 | 64.00 |
| Standard Self Plus One | 576 | 1326.22 | 1391.50 | 65.28 | 1300.22 | 1364.22 | 64.00 |

Pennsylvania Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| Plan - Option - Enrollment Code | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |

Pennsylvania Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |

Pennsylvania Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Pennsylvania Aetna Open Access

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | P31 | 1395.06 | 1448.08 | 53.02 | 1367.71 | 1419.69 | 51.98 |
| High Self & Family | P32 | 3382.34 | 3510.89 | 128.55 | 3316.02 | 3442.05 | 126.03 |
| High Self Plus One | P33 | 3348.85 | 3476.13 | 127.28 | 3283.19 | 3407.97 | 124.78 |
| Basic Self | P34 | 1123.61 | 1213.31 | 89.70 | 1101.58 | 1189.52 | 87.94 |
| Basic Self & Family | P35 | 2607.96 | 2816.10 | 208.14 | 2556.82 | 2760.88 | 204.06 |
| Basic Self Plus One | P36 | 2582.14 | 2788.20 | 206.06 | 2531.51 | 2733.53 | 202.02 |

Pennsylvania Aetna Open Access

| | | | | | | | |
|--------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | YE1 | 724.04 | 826.48 | 102.44 | 709.84 | 810.27 | 100.43 |
| High Self & Family | YE2 | 1818.06 | 2075.32 | 257.26 | 1782.41 | 2034.63 | 252.22 |
| High Self Plus One | YE3 | 1800.09 | 2054.75 | 254.66 | 1764.79 | 2014.46 | 249.67 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Pennsylvania Geisinger Health Plan | | | | | | | |
| Standard Self | GG4 | 661.35 | 677.85 | 16.50 | 648.38 | 664.56 | 16.18 |
| Standard Self & Family | GG5 | 1521.13 | 1551.95 | 30.82 | 1491.30 | 1521.52 | 30.22 |
| Standard Self Plus One | GG6 | 1521.13 | 1464.64 | -56.49 | 1491.30 | 1435.92 | -55.38 |
| Pennsylvania Highmark Choice Company | | | | | | | |
| High Self | NP1 | 557.43 | 631.59 | 74.16 | 546.50 | 619.21 | 72.71 |
| High Self & Family | NP2 | 1264.49 | 1432.46 | 167.97 | 1239.70 | 1404.37 | 164.67 |
| High Self Plus One | NP3 | 1049.04 | 1188.67 | 139.63 | 1028.47 | 1165.36 | 136.89 |
| Pennsylvania UPMC Health Plan | | | | | | | |
| High Self | 8W1 | 787.53 | 785.12 | -2.41 | 772.09 | 769.73 | -2.36 |
| High Self & Family | 8W2 | 1850.64 | 1844.98 | -5.66 | 1814.35 | 1808.80 | -5.55 |
| High Self Plus One | 8W3 | 1771.93 | 1766.52 | -5.41 | 1737.19 | 1731.88 | -5.31 |
| HDHP Self | 8W4 | 523.26 | 522.20 | -1.06 | 513.00 | 511.96 | -1.04 |
| HDHP Self & Family | 8W5 | 1206.24 | 1196.16 | -10.08 | 1182.59 | 1172.71 | -9.88 |
| HDHP Self Plus One | 8W6 | 1159.96 | 1151.94 | -8.02 | 1137.22 | 1129.35 | -7.87 |
| Pennsylvania UPMC Health Plan | | | | | | | |
| Standard Self | UW4 | 591.17 | 611.82 | 20.65 | 579.58 | 599.82 | 20.24 |
| Standard Self & Family | UW5 | 1389.16 | 1437.72 | 48.56 | 1361.92 | 1409.53 | 47.61 |
| Standard Self Plus One | UW6 | 1330.09 | 1376.61 | 46.52 | 1304.01 | 1349.62 | 45.61 |
| Puerto Rico Humana Health Plans of Puerto Rico, Inc. | | | | | | | |
| High Self | ZJ1 | 357.64 | 371.96 | 14.32 | 350.63 | 364.67 | 14.04 |
| High Self & Family | ZJ2 | 804.75 | 836.93 | 32.18 | 788.97 | 820.52 | 31.55 |
| High Self Plus One | ZJ3 | 768.97 | 799.75 | 30.78 | 753.89 | 784.07 | 30.18 |
| Puerto Rico Triple-S Salud, Inc. | | | | | | | |
| High Self | 891 | 397.78 | 415.53 | 17.75 | 389.98 | 407.38 | 17.40 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | High Self & Family | 892 | 910.92 | 951.54 | 40.62 | 893.06 | 932.88 | 39.82 |
| | High Self Plus One | 893 | 893.15 | 932.99 | 39.84 | 875.64 | 914.70 | 39.06 |
| Rhode Island Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Rhode Island Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| | CDHP Self & Family | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| | CDHP Self Plus One | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| | Value Self | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| | Value Self & Family | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| | Value Self Plus One | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| Rhode Island Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| South Carolina Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| South Carolina Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| | CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| | CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| | Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| | Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| South Carolina Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| South Dakota Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| South Dakota Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| | CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| | CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| | Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| | Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| | Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| South Dakota Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| South Dakota HealthPartners High and Standard Option | | | | | | | | |
| | High Self | V31 | 697.48 | 727.99 | 30.51 | 683.80 | 713.72 | 29.92 |
| | High Self & Family | V32 | 1699.02 | 1773.39 | 74.37 | 1665.71 | 1738.62 | 72.91 |
| | High Self Plus One | V33 | 1541.41 | 1608.86 | 67.45 | 1511.19 | 1577.31 | 66.12 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Standard Self | V34 | 396.10 | 434.62 | 38.52 | 388.33 | 426.10 | 37.77 |
| | Standard Self & Family | V35 | 964.91 | 1058.77 | 93.86 | 945.99 | 1038.01 | 92.02 |
| | Standard Self Plus One | V36 | 875.38 | 960.55 | 85.17 | 858.22 | 941.72 | 83.50 |
| Tennessee Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Tennessee Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| | CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| | CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| | Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| | Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| | Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |
| Tennessee Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Tennessee Aetna Open Access | | | | | | | | |
| | High Self | UB1 | 847.62 | 879.71 | 32.09 | 831.00 | 862.46 | 31.46 |
| | High Self & Family | UB2 | 2172.08 | 2254.29 | 82.21 | 2129.49 | 2210.09 | 80.60 |
| | High Self Plus One | UB3 | 2150.58 | 2231.96 | 81.38 | 2108.41 | 2188.20 | 79.79 |
| Tennessee Humana Health Plan, Inc. | | | | | | | | |
| | High Self | GJ1 | 655.22 | 738.43 | 83.21 | 642.37 | 723.95 | 81.58 |
| | High Self & Family | GJ2 | 1474.27 | 1661.52 | 187.25 | 1445.36 | 1628.94 | 183.58 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|---|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self Plus One | GJ3 | 1408.76 | 1587.66 | 178.90 | 1381.14 | 1556.53 | 175.39 |
| Standard Self | GJ4 | 597.78 | 731.71 | 133.93 | 586.06 | 717.36 | 131.30 |
| Standard Self & Family | GJ5 | 1345.03 | 1646.34 | 301.31 | 1318.66 | 1614.06 | 295.40 |
| Standard Self Plus One | GJ6 | 1285.25 | 1573.19 | 287.94 | 1260.05 | 1542.34 | 282.29 |
| Tennessee United Healthcare Insurance Company, Inc. | | | | | | | |
| High Self | KK1 | 541.45 | 569.74 | 28.29 | 530.83 | 558.57 | 27.74 |
| High Self & Family | KK2 | 1518.23 | 1424.33 | -93.90 | 1488.46 | 1396.40 | -92.06 |
| High Self Plus One | KK3 | 1057.44 | 1224.92 | 167.48 | 1036.71 | 1200.90 | 164.19 |
| Tennessee United Healthcare Insurance Company, Inc. (HDHP) | | | | | | | |
| HDHP Self | LS1 | 518.67 | 470.35 | -48.32 | 508.50 | 461.13 | -47.37 |
| HDHP Self & Family | LS2 | 1454.30 | 1175.86 | -278.44 | 1425.78 | 1152.80 | -272.98 |
| HDHP Self Plus One | LS3 | 1012.91 | 1011.25 | -1.66 | 993.05 | 991.42 | -1.63 |
| Texas Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Texas Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |
| Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| Texas Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|---------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Texas Aetna Whole Health | | | | | | | | |
| | Basic Self | ES1 | 563.28 | 625.15 | 61.87 | 552.24 | 612.89 | 60.65 |
| | Basic Self & Family | ES2 | 1491.33 | 1655.05 | 163.72 | 1462.09 | 1622.60 | 160.51 |
| | Basic Self Plus One | ES3 | 1476.59 | 1638.69 | 162.10 | 1447.64 | 1606.56 | 158.92 |
| Texas Humana CoverageFirst and Value Plan | | | | | | | | |
| | CDHP Self | TP1 | 653.81 | 668.44 | 14.63 | 640.99 | 655.33 | 14.34 |
| | CDHP Self & Family | TP2 | 1471.06 | 1503.99 | 32.93 | 1442.22 | 1474.50 | 32.28 |
| | CDHP Self Plus One | TP3 | 1405.67 | 1437.14 | 31.47 | 1378.11 | 1408.96 | 30.85 |
| | Value Self | TP4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| | Value Self & Family | TP5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| | Value Self Plus One | TP6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Texas Humana CoverageFirst and Value Plan | | | | | | | | |
| | CDHP Self | TU1 | 641.10 | 650.36 | 9.26 | 628.53 | 637.61 | 9.08 |
| | CDHP Self & Family | TU2 | 1442.44 | 1463.33 | 20.89 | 1414.16 | 1434.64 | 20.48 |
| | CDHP Self Plus One | TU3 | 1378.36 | 1398.27 | 19.91 | 1351.33 | 1370.85 | 19.52 |
| | Value Self | TU4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| | Value Self & Family | TU5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| | Value Self Plus One | TU6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |
| Texas Humana CoverageFirst and Value Plan | | | | | | | | |
| | CDHP Self | TV1 | 663.73 | 665.65 | 1.92 | 650.72 | 652.60 | 1.88 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |

| | | | | | | | |
|---------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self & Family | TV2 | 1493.38 | 1497.74 | 4.36 | 1464.10 | 1468.37 | 4.27 |
| CDHP Self Plus One | TV3 | 1427.00 | 1431.17 | 4.17 | 1399.02 | 1403.11 | 4.09 |
| Value Self | TV4 | 475.77 | 474.62 | -1.15 | 466.44 | 465.31 | -1.13 |
| Value Self & Family | TV5 | 1070.46 | 1067.87 | -2.59 | 1049.47 | 1046.93 | -2.54 |
| Value Self Plus One | TV6 | 1022.88 | 1020.43 | -2.45 | 1002.82 | 1000.42 | -2.40 |

Texas Humana Health Plan of Texas

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | EW1 | 662.34 | 792.89 | 130.55 | 649.35 | 777.34 | 127.99 |
| High Self & Family | EW2 | 1490.20 | 1783.98 | 293.78 | 1460.98 | 1749.00 | 288.02 |
| High Self Plus One | EW3 | 1423.99 | 1704.69 | 280.70 | 1396.07 | 1671.26 | 275.19 |
| Standard Self | EW4 | 604.15 | 681.79 | 77.64 | 592.30 | 668.42 | 76.12 |
| Standard Self & Family | EW5 | 1359.35 | 1534.01 | 174.66 | 1332.70 | 1503.93 | 171.23 |
| Standard Self Plus One | EW6 | 1298.93 | 1465.80 | 166.87 | 1273.46 | 1437.06 | 163.60 |

Texas Humana Health Plan of Texas

| | | | | | | | |
|------------------------|-----|---------|---------|--------|---------|---------|--------|
| High Self | UC1 | 695.07 | 809.94 | 114.87 | 681.44 | 794.06 | 112.62 |
| High Self & Family | UC2 | 1563.88 | 1822.36 | 258.48 | 1533.22 | 1786.63 | 253.41 |
| High Self Plus One | UC3 | 1494.36 | 1741.37 | 247.01 | 1465.06 | 1707.23 | 242.17 |
| Standard Self | UC4 | 656.90 | 655.27 | -1.63 | 644.02 | 642.42 | -1.60 |
| Standard Self & Family | UC5 | 1478.03 | 1474.42 | -3.61 | 1449.05 | 1445.51 | -3.54 |
| Standard Self Plus One | UC6 | 1412.34 | 1408.88 | -3.46 | 1384.65 | 1381.25 | -3.40 |

Texas Humana Health Plan of Texas

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| High Self | UR1 | 1333.89 | 1357.52 | 23.63 | 1307.74 | 1330.90 | 23.16 |
| High Self & Family | UR2 | 3001.25 | 3054.42 | 53.17 | 2942.40 | 2994.53 | 52.13 |
| High Self Plus One | UR3 | 2867.85 | 2918.64 | 50.79 | 2811.62 | 2861.41 | 49.79 |
| Standard Self | UR4 | 693.59 | 761.26 | 67.67 | 679.99 | 746.33 | 66.34 |
| Standard Self & Family | UR5 | 1560.57 | 1712.84 | 152.27 | 1529.97 | 1679.25 | 149.28 |
| Standard Self Plus One | UR6 | 1491.20 | 1636.68 | 145.48 | 1461.96 | 1604.59 | 142.63 |
| Texas Humana Health Plan of Texas | | | | | | | |
| High Self | UU1 | 1110.57 | 1195.20 | 84.63 | 1088.79 | 1171.76 | 82.97 |
| High Self & Family | UU2 | 2498.76 | 2689.17 | 190.41 | 2449.76 | 2636.44 | 186.68 |
| High Self Plus One | UU3 | 2387.69 | 2569.66 | 181.97 | 2340.87 | 2519.27 | 178.40 |
| Standard Self | UU4 | 774.74 | 992.13 | 217.39 | 759.55 | 972.68 | 213.13 |
| Standard Self & Family | UU5 | 1743.23 | 2232.28 | 489.05 | 1709.05 | 2188.51 | 479.46 |
| Standard Self Plus One | UU6 | 1665.74 | 2133.04 | 467.30 | 1633.08 | 2091.22 | 458.14 |
| Texas Scott and White Health Plan | | | | | | | |
| Standard Self | A84 | 601.15 | 692.04 | 90.89 | 589.36 | 678.47 | 89.11 |
| Standard Self & Family | A85 | 1410.37 | 1621.70 | 211.33 | 1382.72 | 1589.90 | 207.18 |
| Standard Self Plus One | A86 | 1260.52 | 1449.54 | 189.02 | 1235.80 | 1421.12 | 185.32 |
| Texas Scott and White Health Plan | | | | | | | |
| Standard Self | P84 | New Plan | 774.69 | New Plan | New Plan | 759.50 | New Plan |
| Standard Self & Family | P85 | New Plan | 1815.90 | New Plan | New Plan | 1780.29 | New Plan |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Standard Self Plus One | P86 | New Plan | 1623.10 | New Plan | New Plan | 1591.27 | New Plan |
| Texas UnitedHealthcare Benefits of Texas, Inc. | | | | | | | |
| High Self | GF1 | 875.76 | 964.64 | 88.88 | 858.59 | 945.73 | 87.14 |
| High Self & Family | GF2 | 2455.62 | 2704.85 | 249.23 | 2407.47 | 2651.81 | 244.34 |
| High Self Plus One | GF3 | 1710.35 | 1883.94 | 173.59 | 1676.81 | 1847.00 | 170.19 |
| Texas UnitedHealthcare Insurance Company | | | | | | | |
| Basic Self | L91 | 470.09 | 441.73 | -28.36 | 460.87 | 433.07 | -27.80 |
| Basic Self & Family | L92 | 1318.16 | 1238.64 | -79.52 | 1292.31 | 1214.35 | -77.96 |
| Basic Self Plus One | L93 | 918.10 | 862.70 | -55.40 | 900.10 | 845.78 | -54.32 |
| Utah Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Utah Aetna Health of Utah, Inc. dba Altius Health Plans | | | | | | | |
| High Self | 9K1 | 695.69 | 761.28 | 65.59 | 682.05 | 746.35 | 64.30 |
| High Self & Family | 9K2 | 1538.47 | 1683.51 | 145.04 | 1508.30 | 1650.50 | 142.20 |
| High Self Plus One | 9K3 | 1523.25 | 1666.85 | 143.60 | 1493.38 | 1634.17 | 140.79 |
| HDHP Self | 9K4 | 376.32 | 383.86 | 7.54 | 368.94 | 376.33 | 7.39 |
| HDHP Self & Family | 9K5 | 786.49 | 802.23 | 15.74 | 771.07 | 786.50 | 15.43 |
| HDHP Self Plus One | 9K6 | 771.07 | 786.52 | 15.45 | 755.95 | 771.10 | 15.15 |
| Utah Aetna Health of Utah, Inc. dba Altius Health Plans | | | | | | | |
| Standard Self | DK4 | 508.26 | 535.04 | 26.78 | 498.29 | 524.55 | 26.26 |
| Standard Self & Family | DK5 | 1122.35 | 1181.54 | 59.19 | 1100.34 | 1158.37 | 58.03 |
| Standard Self Plus One | DK6 | 1111.26 | 1169.82 | 58.56 | 1089.47 | 1146.88 | 57.41 |
| Utah Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| Utah Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Utah SelectHealth | | | | | | | |
| High Self | SF1 | 701.53 | 757.66 | 56.13 | 687.77 | 742.80 | 55.03 |
| High Self & Family | SF2 | 1564.81 | 1690.01 | 125.20 | 1534.13 | 1656.87 | 122.74 |
| High Self Plus One | SF3 | 1564.81 | 1690.01 | 125.20 | 1534.13 | 1656.87 | 122.74 |
| Standard Self | SF4 | 522.58 | 548.70 | 26.12 | 512.33 | 537.94 | 25.61 |
| Standard Self & Family | SF5 | 1160.42 | 1218.42 | 58.00 | 1137.67 | 1194.53 | 56.86 |
| Standard Self Plus One | SF6 | 1160.42 | 1218.42 | 58.00 | 1137.67 | 1194.53 | 56.86 |
| Vermont Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Vermont Aetna HealthFund CDHP and Value Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| CDHP Self | | EP1 | 780.44 | 827.44 | 47.00 | 765.14 | 811.22 | 46.08 |
| CDHP Self & Family | | EP2 | 1779.87 | 1887.03 | 107.16 | 1744.97 | 1850.03 | 105.06 |
| CDHP Self Plus One | | EP3 | 1762.23 | 1868.35 | 106.12 | 1727.68 | 1831.72 | 104.04 |
| Value Self | | EP4 | 537.03 | 553.15 | 16.12 | 526.50 | 542.30 | 15.80 |
| Value Self & Family | | EP5 | 1229.80 | 1266.69 | 36.89 | 1205.69 | 1241.85 | 36.16 |
| Value Self Plus One | | EP6 | 1205.67 | 1241.84 | 36.17 | 1182.03 | 1217.49 | 35.46 |
| Vermont Aetna HealthFund HDHP | | | | | | | | |
| HDHP Self | | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Virgin Islands Triple-S Salud, Inc. | | | | | | | | |
| High Self | | 851 | 503.55 | 609.92 | 106.37 | 493.68 | 597.96 | 104.28 |
| High Self & Family | | 852 | 1153.18 | 1396.72 | 243.54 | 1130.57 | 1369.33 | 238.76 |
| High Self Plus One | | 853 | 1130.68 | 1369.47 | 238.79 | 1108.51 | 1342.62 | 234.11 |
| Virginia Aetna Direct | | | | | | | | |
| CDHP Self | | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Virginia Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| CDHP Self | | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Virginia Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Virginia Aetna Open Access | | | | | | | |
| High Self | JN1 | 978.70 | 1036.67 | 57.97 | 959.51 | 1016.34 | 56.83 |
| High Self & Family | JN2 | 2200.27 | 2330.62 | 130.35 | 2157.13 | 2284.92 | 127.79 |
| High Self Plus One | JN3 | 2178.51 | 2307.55 | 129.04 | 2135.79 | 2262.30 | 126.51 |
| Basic Self | JN4 | 609.87 | 650.10 | 40.23 | 597.91 | 637.35 | 39.44 |
| Basic Self & Family | JN5 | 1372.77 | 1468.66 | 95.89 | 1345.85 | 1439.86 | 94.01 |
| Basic Self Plus One | JN6 | 1345.85 | 1401.47 | 55.62 | 1319.46 | 1373.99 | 54.53 |
| Virginia Aetna Whole Health | | | | | | | |
| Basic Self | J91 | 568.85 | 654.21 | 85.36 | 557.70 | 641.38 | 83.68 |
| Basic Self & Family | J92 | 1487.47 | 1710.56 | 223.09 | 1458.30 | 1677.02 | 218.72 |
| Basic Self Plus One | J93 | 1472.73 | 1693.66 | 220.93 | 1443.85 | 1660.45 | 216.60 |
| Virginia CareFirst BlueChoice | | | | | | | |
| High Self | 2G1 | 711.11 | 792.89 | 81.78 | 697.17 | 777.34 | 80.17 |
| High Self & Family | 2G2 | 1689.55 | 1883.87 | 194.32 | 1656.42 | 1846.93 | 190.51 |
| High Self Plus One | 2G3 | 1422.21 | 1585.76 | 163.55 | 1394.32 | 1554.67 | 160.35 |
| Standard Self | 2G4 | 635.66 | 673.81 | 38.15 | 623.20 | 660.60 | 37.40 |
| Standard Self & Family | 2G5 | 1510.31 | 1600.95 | 90.64 | 1480.70 | 1569.56 | 88.86 |
| Standard Self Plus One | 2G6 | 1271.35 | 1347.61 | 76.26 | 1246.42 | 1321.19 | 74.77 |
| Virginia CareFirst BlueChoice | | | | | | | |
| HDHP Self | B61 | 603.80 | 621.91 | 18.11 | 591.96 | 609.72 | 17.76 |
| HDHP Self & Family | B62 | 1434.62 | 1477.65 | 43.03 | 1406.49 | 1448.68 | 42.19 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | HDHP Self Plus One | B63 | 1207.61 | 1243.83 | 36.22 | 1183.93 | 1219.44 | 35.51 |
| Virginia Innovation Health Plan | | | | | | | | |
| | High Self | LQ1 | 559.06 | 598.20 | 39.14 | 548.10 | 586.47 | 38.37 |
| | High Self & Family | LQ2 | 1315.66 | 1407.75 | 92.09 | 1289.86 | 1380.15 | 90.29 |
| | High Self Plus One | LQ3 | 1302.62 | 1393.80 | 91.18 | 1277.08 | 1366.47 | 89.39 |
| Virginia Kaiser Foundation Health Plan Mid-Atlantic States | | | | | | | | |
| | High Self | E31 | 630.91 | 654.53 | 23.62 | 618.54 | 641.70 | 23.16 |
| | High Self & Family | E32 | 1476.31 | 1531.66 | 55.35 | 1447.36 | 1501.63 | 54.27 |
| | High Self Plus One | E33 | 1425.83 | 1479.29 | 53.46 | 1397.87 | 1450.28 | 52.41 |
| | Standard Self | E34 | 475.07 | 493.71 | 18.64 | 465.75 | 484.03 | 18.28 |
| | Standard Self & Family | E35 | 1111.66 | 1155.28 | 43.62 | 1089.86 | 1132.63 | 42.77 |
| | Standard Self Plus One | E36 | 1073.62 | 1115.77 | 42.15 | 1052.57 | 1093.89 | 41.32 |
| Virginia M.D. IPA | | | | | | | | |
| | High Self | JP1 | 653.87 | 704.54 | 50.67 | 641.05 | 690.73 | 49.68 |
| | High Self & Family | JP2 | 1833.46 | 1975.55 | 142.09 | 1797.51 | 1936.81 | 139.30 |
| | High Self Plus One | JP3 | 1277.01 | 1375.99 | 98.98 | 1251.97 | 1349.01 | 97.04 |
| Virginia Optima Health Plan | | | | | | | | |
| | High Self | PG1 | 532.28 | 580.94 | 48.66 | 521.84 | 569.55 | 47.71 |
| | High Self & Family | PG2 | 1391.35 | 1431.89 | 40.54 | 1364.07 | 1403.81 | 39.74 |
| | High Self Plus One | PG3 | 1321.78 | 1417.57 | 95.79 | 1295.86 | 1389.77 | 93.91 |
| Virginia United Healthcare Insurance Company, Inc. | | | | | | | | |
| | High Self | LR1 | 541.74 | 618.22 | 76.48 | 531.12 | 606.10 | 74.98 |
| | High Self & Family | LR2 | 1519.05 | 1545.57 | 26.52 | 1489.26 | 1515.26 | 26.00 |
| | High Self Plus One | LR3 | 1058.02 | 1267.37 | 209.35 | 1037.27 | 1242.52 | 205.25 |
| Virginia UnitedHealthcare Insurance Company | | | | | | | | |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|-------------------------------|-------------------------------|--|------------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Basic Self | L91 | 470.09 | 441.73 | -28.36 | 460.87 | 433.07 | -27.80 |
| Basic Self & Family | L92 | 1318.16 | 1238.64 | -79.52 | 1292.31 | 1214.35 | -77.96 |
| Basic Self Plus One | L93 | 918.10 | 862.70 | -55.40 | 900.10 | 845.78 | -54.32 |
| Washington Aetna Direct | | | | | | | |
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Washington Aetna HealthFund CDHP and Value Plan | | | | | | | |
| CDHP Self | G51 | 711.13 | 712.86 | 1.73 | 697.19 | 698.88 | 1.69 |
| CDHP Self & Family | G52 | 1622.06 | 1625.96 | 3.90 | 1590.25 | 1594.08 | 3.83 |
| CDHP Self Plus One | G53 | 1605.99 | 1609.88 | 3.89 | 1574.50 | 1578.31 | 3.81 |
| Value Self | G54 | 545.54 | 545.54 | 0.00 | 534.84 | 534.84 | 0.00 |
| Value Self & Family | G55 | 1249.51 | 1249.51 | 0.00 | 1225.01 | 1225.01 | 0.00 |
| Value Self Plus One | G56 | 1225.00 | 1225.00 | 0.00 | 1200.98 | 1200.98 | 0.00 |
| Washington Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Washington Aetna Open Access | | | | | | | |
| High Self | C31 | 674.10 | 874.97 | 200.87 | 660.88 | 857.81 | 196.93 |
| High Self & Family | C32 | 1848.42 | 2399.20 | 550.78 | 1812.18 | 2352.16 | 539.98 |
| High Self Plus One | C33 | 1830.12 | 2375.44 | 545.32 | 1794.24 | 2328.86 | 534.62 |
| Washington Group Health Cooperative | | | | | | | |
| High Self | 541 | 722.96 | 772.30 | 49.34 | 708.78 | 757.16 | 48.38 |
| High Self & Family | 542 | 1951.96 | 2007.98 | 56.02 | 1913.69 | 1968.61 | 54.92 |
| High Self Plus One | 543 | 1445.89 | 1583.20 | 137.31 | 1417.54 | 1552.16 | 134.62 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|--|--------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| Standard Self | | 544 | 517.29 | 580.22 | 62.93 | 507.15 | 568.84 | 61.69 |
| Standard Self & Family | | 545 | 1396.75 | 1508.53 | 111.78 | 1369.36 | 1478.95 | 109.59 |
| Standard Self Plus One | | 546 | 1034.62 | 1189.42 | 154.80 | 1014.33 | 1166.10 | 151.77 |
| Washington Group Health Cooperative | | | | | | | | |
| HDHP Self | | PT1 | 483.33 | 516.12 | 32.79 | 473.85 | 506.00 | 32.15 |
| HDHP Self & Family | | PT2 | 1305.01 | 1341.95 | 36.94 | 1279.42 | 1315.64 | 36.22 |
| HDHP Self Plus One | | PT3 | 966.65 | 1058.09 | 91.44 | 947.70 | 1037.34 | 89.64 |
| Washington Group Health Options | | | | | | | | |
| Standard Self | | L11 | 630.58 | 651.00 | 20.42 | 618.22 | 638.24 | 20.02 |
| Standard Self & Family | | L12 | 1513.40 | 1562.43 | 49.03 | 1483.73 | 1531.79 | 48.06 |
| Standard Self Plus One | | L13 | 1324.26 | 1367.15 | 42.89 | 1298.29 | 1340.34 | 42.05 |
| HDHP Self | | L14 | 496.83 | 522.99 | 26.16 | 487.09 | 512.74 | 25.65 |
| HDHP Self & Family | | L15 | 1164.21 | 1225.56 | 61.35 | 1141.38 | 1201.53 | 60.15 |
| HDHP Self Plus One | | L16 | 1036.31 | 1090.92 | 54.61 | 1015.99 | 1069.53 | 53.54 |
| Washington Group Health Options | | | | | | | | |
| High Self | | VT1 | 874.04 | 939.58 | 65.54 | 856.90 | 921.16 | 64.26 |
| High Self & Family | | VT2 | 2097.67 | 2254.98 | 157.31 | 2056.54 | 2210.76 | 154.22 |
| High Self Plus One | | VT3 | 1835.45 | 1973.09 | 137.64 | 1799.46 | 1934.40 | 134.94 |
| Washington Kaiser Foundation Health Plan of Northwest | | | | | | | | |
| High Self | | 571 | 660.65 | 700.66 | 40.01 | 647.70 | 686.92 | 39.22 |
| High Self & Family | | 572 | 1492.22 | 1582.62 | 90.40 | 1462.96 | 1551.59 | 88.63 |
| High Self Plus One | | 573 | 1492.22 | 1582.62 | 90.40 | 1462.96 | 1551.59 | 88.63 |
| Standard Self | | 574 | 577.30 | 605.72 | 28.42 | 565.98 | 593.84 | 27.86 |
| Standard Self & Family | | 575 | 1326.22 | 1391.50 | 65.28 | 1300.22 | 1364.22 | 64.00 |
| Standard Self Plus One | | 576 | 1326.22 | 1391.50 | 65.28 | 1300.22 | 1364.22 | 64.00 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|--|---|----------------------|-------------------------------|--|--------------------------------------|
| Plan - Option - Enrollment Code | | 2016 TCC Premium | Total TCC Premium | | Change in enrollee payment | Total Former Spouse Premium |

West Virginia Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

West Virginia Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | F51 | 660.52 | 731.31 | 70.79 | 647.57 | 716.97 | 69.40 |
| CDHP Self & Family | F52 | 1506.05 | 1667.49 | 161.44 | 1476.52 | 1634.79 | 158.27 |
| CDHP Self Plus One | F53 | 1491.13 | 1650.96 | 159.83 | 1461.89 | 1618.59 | 156.70 |
| Value Self | F54 | 553.91 | 570.54 | 16.63 | 543.05 | 559.35 | 16.30 |
| Value Self & Family | F55 | 1268.39 | 1306.47 | 38.08 | 1243.52 | 1280.85 | 37.33 |
| Value Self Plus One | F56 | 1243.52 | 1280.82 | 37.30 | 1219.14 | 1255.71 | 36.57 |

West Virginia Aetna HealthFund HDHP

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |

Wisconsin Aetna Direct

| | | | | | | | |
|--------------------|-----|---------|---------|-------|---------|---------|-------|
| CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |

Wisconsin Aetna HealthFund CDHP and Value Plan

| | | | | | | | |
|---------------------|-----|---------|---------|--------|---------|---------|--------|
| CDHP Self | JS1 | 891.85 | 984.80 | 92.95 | 874.36 | 965.49 | 91.13 |
| CDHP Self & Family | JS2 | 2032.98 | 2244.88 | 211.90 | 1993.12 | 2200.86 | 207.74 |
| CDHP Self Plus One | JS3 | 2012.85 | 2222.66 | 209.81 | 1973.38 | 2179.08 | 205.70 |
| Value Self | JS4 | 665.90 | 712.50 | 46.60 | 652.84 | 698.53 | 45.69 |
| Value Self & Family | JS5 | 1520.17 | 1626.58 | 106.41 | 1490.36 | 1594.69 | 104.33 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | |
|--|-----|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment |
| Plan - Option - Enrollment Code | | | | | | | |
| Value Self Plus One | JS6 | 1505.10 | 1610.47 | 105.37 | 1475.59 | 1578.89 | 103.30 |
| Wisconsin Aetna HealthFund HDHP | | | | | | | |
| HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |
| Wisconsin Aetna Whole Health | | | | | | | |
| Basic Self | F71 | 467.72 | 532.20 | 64.48 | 458.55 | 521.76 | 63.21 |
| Basic Self & Family | F72 | 1294.20 | 1472.56 | 178.36 | 1268.82 | 1443.69 | 174.87 |
| Basic Self Plus One | F73 | 1281.41 | 1457.98 | 176.57 | 1256.28 | 1429.39 | 173.11 |
| Wisconsin Dean Health Plan | | | | | | | |
| High Self | WD1 | 859.29 | 925.42 | 66.13 | 842.44 | 907.27 | 64.83 |
| High Self & Family | WD2 | 1976.42 | 2128.43 | 152.01 | 1937.67 | 2086.70 | 149.03 |
| High Self Plus One | WD3 | 1804.57 | 1943.34 | 138.77 | 1769.19 | 1905.24 | 136.05 |
| Standard Self | WD4 | 597.36 | 612.29 | 14.93 | 585.65 | 600.28 | 14.63 |
| Standard Self & Family | WD5 | 1433.65 | 1469.47 | 35.82 | 1405.54 | 1440.66 | 35.12 |
| Standard Self Plus One | WD6 | 1314.18 | 1347.02 | 32.84 | 1288.41 | 1320.61 | 32.20 |
| Wisconsin Group Health Cooperative | | | | | | | |
| High Self | WJ1 | 653.89 | 687.09 | 33.20 | 641.07 | 673.62 | 32.55 |
| High Self & Family | WJ2 | 1948.63 | 2047.55 | 98.92 | 1910.42 | 2007.40 | 96.98 |
| High Self Plus One | WJ3 | 1294.73 | 1360.48 | 65.75 | 1269.34 | 1333.80 | 64.46 |
| Wisconsin HealthPartners High and Standard Option | | | | | | | |
| High Self | V31 | 697.48 | 727.99 | 30.51 | 683.80 | 713.72 | 29.92 |
| High Self & Family | V32 | 1699.02 | 1773.39 | 74.37 | 1665.71 | 1738.62 | 72.91 |
| High Self Plus One | V33 | 1541.41 | 1608.86 | 67.45 | 1511.19 | 1577.31 | 66.12 |
| Standard Self | V34 | 396.10 | 434.62 | 38.52 | 388.33 | 426.10 | 37.77 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan | Option | Enrollment Code | | | | | | |
| | Standard Self & Family | V35 | 964.91 | 1058.77 | 93.86 | 945.99 | 1038.01 | 92.02 |
| | Standard Self Plus One | V36 | 875.38 | 960.55 | 85.17 | 858.22 | 941.72 | 83.50 |
| Wisconsin MercyCare HMO | | | | | | | | |
| | High Self | EY1 | 675.40 | 742.23 | 66.83 | 662.16 | 727.68 | 65.52 |
| | High Self & Family | EY2 | 2026.22 | 1929.84 | -96.38 | 1986.49 | 1892.00 | -94.49 |
| | High Self Plus One | EY3 | 1350.82 | 1595.80 | 244.98 | 1324.33 | 1564.51 | 240.18 |
| Wisconsin Physicians Plus | | | | | | | | |
| | High Self | LW1 | 670.07 | 665.81 | -4.26 | 656.93 | 652.75 | -4.18 |
| | High Self & Family | LW2 | 1707.40 | 1771.01 | 63.61 | 1673.92 | 1736.28 | 62.36 |
| | High Self Plus One | LW3 | 1602.49 | 1664.49 | 62.00 | 1571.07 | 1631.85 | 60.78 |
| | Standard Self | LW4 | 593.72 | 598.07 | 4.35 | 582.08 | 586.34 | 4.26 |
| | Standard Self & Family | LW5 | 1512.85 | 1590.87 | 78.02 | 1483.19 | 1559.68 | 76.49 |
| | Standard Self Plus One | LW6 | 1419.88 | 1495.18 | 75.30 | 1392.04 | 1465.86 | 73.82 |
| Wyoming Aetna Direct | | | | | | | | |
| | CDHP Self | N61 | 482.78 | 489.82 | 7.04 | 473.31 | 480.22 | 6.91 |
| | CDHP Self & Family | N62 | 1217.55 | 1235.32 | 17.77 | 1193.68 | 1211.10 | 17.42 |
| | CDHP Self Plus One | N63 | 1058.77 | 1074.23 | 15.46 | 1038.01 | 1053.17 | 15.16 |
| Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans | | | | | | | | |
| | High Self | 9K1 | 695.69 | 761.28 | 65.59 | 682.05 | 746.35 | 64.30 |
| | High Self & Family | 9K2 | 1538.47 | 1683.51 | 145.04 | 1508.30 | 1650.50 | 142.20 |
| | High Self Plus One | 9K3 | 1523.25 | 1666.85 | 143.60 | 1493.38 | 1634.17 | 140.79 |

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

| Health Management Organizations (HMO) | | 2016 TCC Premium | 2017 Temporary Continuation of Coverage Monthly Premium | | 2016 Former Spouse Premium | 2017 Former Spouse Monthly Premiums | | |
|---|------------------------|------------------|---|----------------------------|----------------------------|-------------------------------------|---------------------------------|--------|
| | | | Total TCC Premium | Change in enrollee payment | | Total Former Spouse Premium | Change in Former Spouse payment | |
| Plan - Option - Enrollment Code | | | | | | | | |
| | HDHP Self | 9K4 | 376.32 | 383.86 | 7.54 | 368.94 | 376.33 | 7.39 |
| | HDHP Self & Family | 9K5 | 786.49 | 802.23 | 15.74 | 771.07 | 786.50 | 15.43 |
| | HDHP Self Plus One | 9K6 | 771.07 | 786.52 | 15.45 | 755.95 | 771.10 | 15.15 |
| Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans | | | | | | | | |
| | Standard Self | DK4 | 508.26 | 535.04 | 26.78 | 498.29 | 524.55 | 26.26 |
| | Standard Self & Family | DK5 | 1122.35 | 1181.54 | 59.19 | 1100.34 | 1158.37 | 58.03 |
| | Standard Self Plus One | DK6 | 1111.26 | 1169.82 | 58.56 | 1089.47 | 1146.88 | 57.41 |
| Wyoming Aetna HealthFund CDHP and Value Plan | | | | | | | | |
| | CDHP Self | H41 | 691.02 | 767.24 | 76.22 | 677.47 | 752.20 | 74.73 |
| | CDHP Self & Family | H42 | 1575.20 | 1748.97 | 173.77 | 1544.31 | 1714.68 | 170.37 |
| | CDHP Self Plus One | H43 | 1559.60 | 1731.66 | 172.06 | 1529.02 | 1697.71 | 168.69 |
| | Value Self | H44 | 547.46 | 569.36 | 21.90 | 536.73 | 558.20 | 21.47 |
| | Value Self & Family | H45 | 1256.48 | 1306.73 | 50.25 | 1231.84 | 1281.11 | 49.27 |
| | Value Self Plus One | H46 | 1231.83 | 1281.12 | 49.29 | 1207.68 | 1256.00 | 48.32 |
| Wyoming Aetna HealthFund HDHP | | | | | | | | |
| | HDHP Self | 224 | 530.74 | 565.90 | 35.16 | 520.33 | 554.80 | 34.47 |
| | HDHP Self & Family | 225 | 1170.71 | 1248.28 | 77.57 | 1147.75 | 1223.80 | 76.05 |
| | HDHP Self Plus One | 226 | 1147.74 | 1223.81 | 76.07 | 1125.24 | 1199.81 | 74.57 |