

## 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
<b>Alaska Aetna HealthFund CDHP and Value Plan</b>									
		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
<b>Alaska Aetna HealthFund HDHP</b>									
		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
<b>Arizona Aetna Direct</b>									
		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
<b>Arizona Aetna HealthFund CDHP and Value Plan</b>									
		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
<b>Arizona Aetna HealthFund HDHP</b>									
		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
<b>Arizona Aetna Open Access</b>							
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
<b>Arizona Health Net of Arizona, Inc.</b>							
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
<b>Arizona Humana Health Plan, Inc.</b>							
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
<b>Arizona Humana Health Plan, Inc.</b>							
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
<b>Arizona United Healthcare Insurance Company, Inc.</b>							
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
<b>Arizona United Healthcare Insurance Company, Inc. (HDHP)</b>								
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
<b>Arkansas Aetna Direct</b>								
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
<b>Arkansas Aetna HealthFund CDHP and Value Plan</b>								
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
<b>Arkansas Aetna HealthFund HDHP</b>								
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
<b>Arkansas QualChoice</b>								
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	
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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	
<b>Arkansas United Healthcare Insurance Company, Inc.</b>								
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	
<b>Arkansas United Healthcare Insurance Company, Inc. (HDHP)</b>								
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	
<b>California Aetna Direct</b>								
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	
<b>California Aetna HealthFund CDHP and Value Plan</b>								
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	
<b>California Aetna HealthFund HDHP</b>								
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
<b>California</b>	<b>Aetna Open Access</b>							
	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
<b>California</b>	<b>Anthem Blue Cross Select HMO</b>							
	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
<b>California</b>	<b>Blue Shield of CA Access+HMO</b>							
	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
<b>California</b>	<b>Health Net of California</b>							
	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
<b>California</b>	<b>Health Net of California</b>							
	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

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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
<b>California Health Net of California</b>							
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
<b>California Kaiser Foundation Health Plan</b>							
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
<b>California Kaiser Foundation Health Plan</b>							
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
<b>California Kaiser Foundation Health Plan</b>							
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
<b>California Kaiser Foundation Health Plan Fresno</b>							
High Self NZ1		617.46	689.67	72.21	605.35	676.15	70.80

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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
<b>California UnitedHealthcare of California</b>							
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
<b>Colorado Aetna Direct</b>							
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
<b>Colorado Aetna HealthFund CDHP and Value Plan</b>							
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**



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			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
<b>Colorado Humana Health Plan, Inc.</b>							
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
<b>Colorado Humana Health Plan, Inc.</b>							
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
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>							
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
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>							
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
<b>Colorado United Healthcare Insurance Company, Inc.</b>							
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
<b>Colorado United Healthcare Insurance Company, Inc. (HDHP)</b>							
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
<b>Connecticut Aetna Direct</b>							
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
<b>Connecticut Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Connecticut Aetna HealthFund HDHP</b>							
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
<b>Delaware Aetna Direct</b>							
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
<b>Delaware Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Delaware Aetna HealthFund HDHP</b>							
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
<b>Delaware Aetna Open Access</b>							
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
<b>District of Columbia Aetna Direct</b>								
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
 <b>District of Columbia Aetna HealthFund CDHP and Value Plan</b>								
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
<b>District of Columbia Aetna HealthFund HDHP</b>								
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
<b>District of Columbia Aetna Open Access</b>								
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
<b>District of Columbia CareFirst BlueChoice</b>							
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
<b>District of Columbia CareFirst BlueChoice</b>							
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
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>							
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
<b>District of Columbia M.D. IPA</b>							
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
<b>District of Columbia United Healthcare Insurance Company, Inc.</b>							
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
<b>District of Columbia UnitedHealthcare Insurance Company</b>							
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
<b>Florida Aetna Direct</b>							
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
<b>Florida Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Florida Aetna HealthFund HDHP</b>							
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
<b>Florida AvMed Health Plans</b>							
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
<b>Florida Capital Health Plan</b>							
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
<b>Florida Humana CoverageFirst and Value Plan</b>							
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
<b>Florida Humana CoverageFirst and Value Plan</b>							
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
<b>Florida Humana Medical Plan, Inc.</b>							
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
<b>Florida Humana Medical Plan, Inc.</b>							
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
<b>Florida Humana Medical Plan, Inc.</b>							
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
<b>Florida Humana Medical Plan, Inc.</b>										
			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
<b>Florida UnitedHealthcare Insurance Company</b>										
			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
<b>Georgia Aetna Direct</b>										
			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
<b>Georgia Aetna HealthFund CDHP and Value Plan</b>										
			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
<b>Georgia Aetna HealthFund HDHP</b>								
	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
<b>Georgia Aetna Open Access</b>								
	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
<b>Georgia Humana CoverageFirst and Value Plan</b>								
	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
<b>Georgia Humana CoverageFirst and Value Plan</b>								
	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
<b>Georgia Humana Employers Health of Georgia, Inc.</b>								
	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
<b>Georgia Humana Employers Health of Georgia, Inc.</b>								
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
<b>Georgia Humana Employers Health of Georgia, Inc.</b>								
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
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>								

## 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
<b>Georgia UnitedHealthcare Insurance Company</b>							
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
<b>Guam Calvos Selectcare</b>							
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
<b>Guam TakeCare</b>							
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						
<b>Guam TakeCare</b>								
	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
<b>Hawaii Aetna Direct</b>								
	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
<b>Hawaii Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>Hawaii Aetna HealthFund HDHP</b>								
	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
<b>Hawaii HMSA</b>								
	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
<b>Hawaii Kaiser Foundation Health Plan of Hawaii</b>								
	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
<b>Idaho Aetna Direct</b>								
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
<b>Idaho Aetna Health of Utah, Inc. dba Altius Health Plans</b>								
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
<b>Idaho Aetna Health of Utah, Inc. dba Altius Health Plans</b>								
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
<b>Idaho Aetna HealthFund CDHP and Value Plan</b>								
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
<b>Idaho Aetna HealthFund HDHP</b>								
	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
<b>Idaho Group Health Cooperative</b>								
	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
<b>Idaho Group Health Cooperative</b>								
	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
<b>Idaho SelectHealth</b>								
	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
<b>Illinois Aetna Direct</b>								
	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
<b>Illinois Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>Illinois Aetna HealthFund HDHP</b>								
	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
<b>Illinois Blue Cross and Blue Shield of Illinois</b>								
	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
<b>Illinois Blue Preferred Plus POS</b>								
	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	<b>New Plan</b>	529.51	<b>New Plan</b>	<b>New Plan</b>	519.13	<b>New Plan</b>
Standard Self & Family	9G5	<b>New Plan</b>	1498.53	<b>New Plan</b>	<b>New Plan</b>	1469.15	<b>New Plan</b>
Standard Self Plus One	9G6	<b>New Plan</b>	1376.75	<b>New Plan</b>	<b>New Plan</b>	1349.75	<b>New Plan</b>
<b>Illinois Health Alliance HMO</b>							
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
<b>Illinois Humana CoverageFirst and Value Plan</b>							
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
<b>Illinois Humana CoverageFirst and Value Plan</b>							
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
<b>Illinois Humana Health Plan, Inc.</b>							
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
<b>Illinois Humana Health Plan, Inc.</b>							
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
<b>Illinois Humana Health Plan, Inc.</b>							
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
<b>Illinois MercyCare HMO</b>							
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
<b>Illinois Union Health Service</b>							
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
<b>Illinois UnitedHealthcare Insurance Company</b>							
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
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>							

## 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
<b>Indiana Aetna Direct</b>								
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
<b>Indiana Aetna HealthFund CDHP and Value Plan</b>								
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
<b>Indiana Aetna HealthFund HDHP</b>								
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
<b>Indiana Health Alliance HMO</b>								
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							
<b>Indiana Humana CoverageFirst and Value Plan</b>							
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
<b>Indiana Humana Health Plan of Ohio</b>							
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
<b>Indiana Humana Health Plan, Inc.</b>							
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
<b>Iowa HealthPartners High and Standard Option</b>							
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
<b>Iowa United Healthcare Insurance Company, Inc.</b>							
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
<b>Iowa United Healthcare Insurance Company, Inc. (HDHP)</b>							
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
<b>Iowa UnitedHealthcare Plan of the River Valley Inc.</b>							
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
<b>Kansas Aetna Direct</b>							
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

### 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	
<b>Kansas Humana Health Plan, Inc.</b>								
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	
<b>Kentucky Aetna Direct</b>								
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	
<b>Kentucky Aetna HealthFund CDHP and Value Plan</b>								
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	
<b>Kentucky Aetna HealthFund HDHP</b>								
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						
<b>Kentucky Humana CoverageFirst and Value Plan</b>								
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
<b>Kentucky Humana Health Plan of Ohio</b>								
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
<b>Kentucky Humana Health Plan, Inc.</b>								
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
<b>Kentucky Humana Health Plan, Inc.</b>								
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)		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

**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
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>							
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
<b>Louisiana United Healthcare Insurance Company, Inc.</b>							
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
<b>Louisiana United Healthcare Insurance Company, Inc. (HDHP)</b>							
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
<b>Maine Aetna Direct</b>							
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
<b>Maryland Aetna Open Access</b>							
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
<b>Maryland CareFirst BlueChoice</b>							
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
<b>Maryland CareFirst BlueChoice</b>							
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
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>							
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
<b>Maryland M.D. IPA</b>							
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
<b>Maryland United Healthcare Insurance Company, Inc.</b>							
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
<b>Maryland UnitedHealthcare Insurance Company</b>							
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
<b>Massachusetts Aetna Direct</b>							
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
<b>Massachusetts Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Massachusetts Aetna HealthFund HDHP</b>							

## 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
<b>Michigan Aetna Direct</b>								
	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
 <b>Michigan Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>Michigan Aetna HealthFund HDHP</b>								
	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
<b>Michigan Bluecare Network of MI</b>								
	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								
<b>Michigan Bluecare Network of MI</b>								
	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
<b>Michigan Health Alliance Plan</b>								
	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
<b>Michigan Health Alliance Plan</b>								
	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
<b>Michigan Priority Health</b>								
	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
<b>Minnesota Aetna Direct</b>								
	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
<b>Minnesota Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>Minnesota Aetna HealthFund HDHP</b>							
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
<b>Minnesota HealthPartners High and Standard Option</b>							
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
<b>Mississippi Aetna Direct</b>							
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
<b>Mississippi Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Mississippi Aetna HealthFund HDHP</b>							
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
<b>Mississippi United Healthcare Insurance Company, Inc.</b>							
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
<b>Mississippi United Healthcare Insurance Company, Inc. (HDHP)</b>							
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
<b>Missouri Aetna Direct</b>							
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
<b>Missouri Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Missouri Aetna HealthFund HDHP</b>							
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
<b>Missouri Aetna Open Access</b>							
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
<b>Missouri Blue Preferred Plus POS</b>							
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	<b>New Plan</b>	529.51	<b>New Plan</b>	<b>New Plan</b>	519.13	<b>New Plan</b>
Standard Self & Family	9G5	<b>New Plan</b>	1498.53	<b>New Plan</b>	<b>New Plan</b>	1469.15	<b>New Plan</b>
Standard Self Plus One	9G6	<b>New Plan</b>	1376.75	<b>New Plan</b>	<b>New Plan</b>	1349.75	<b>New Plan</b>
<b>Missouri Humana CoverageFirst and Value Plan</b>							
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
<b>Missouri Humana Health Plan, Inc.</b>							
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
<b>Montana Aetna Direct</b>							
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
<b>Montana Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Montana Aetna HealthFund HDHP</b>							
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
<b>Nebraska Aetna Direct</b>							
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
<b>Nebraska Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Nebraska Aetna HealthFund HDHP</b>							
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
<b>Nevada Aetna Direct</b>							
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
<b>Nevada Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Nevada Aetna HealthFund HDHP</b>								
	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
<b>Nevada Health Plan of Nevada</b>								
	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
<b>New Hampshire Aetna Direct</b>								
	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
<b>New Hampshire Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>New Hampshire Aetna HealthFund HDHP</b>								

## 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
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
<b>New Jersey Aetna Direct</b>							
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
<b>New Jersey Aetna HealthFund CDHP and Value Plan</b>							
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
<b>New Jersey Aetna HealthFund HDHP</b>							
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
<b>New Jersey Aetna Open Access</b>							
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)	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

### 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
<b>New Mexico Aetna HealthFund HDHP</b>							
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
<b>New Mexico New Mexico BlueHMO Preferred</b>							
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	<b>New Plan</b>	655.25	<b>New Plan</b>	<b>New Plan</b>	642.40	<b>New Plan</b>
Standard Self & Family	Q15	<b>New Plan</b>	1615.82	<b>New Plan</b>	<b>New Plan</b>	1584.14	<b>New Plan</b>
Standard Self Plus One	Q16	<b>New Plan</b>	1408.78	<b>New Plan</b>	<b>New Plan</b>	1381.16	<b>New Plan</b>
<b>New Mexico Presbyterian Health Plan</b>							
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
<b>New Mexico Presbyterian Health Plan</b>							
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
<b>New York Aetna Direct</b>							
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
<b>New York Aetna HealthFund CDHP and Value Plan</b>							

## 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
<b>New York Aetna HealthFund HDHP</b>							
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
<b>New York Aetna Open Access</b>							
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
<b>New York CDPHP Universal Benefits, Inc.</b>							
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
<b>New York GHI Health Plan</b>							
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
<b>New York HIP Health of Greater New York</b>							
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
<b>New York Independent Health Assoc</b>							
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
<b>New York Independent Health Association</b>							
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		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Plan	Option	Enrollment Code						
	Standard Self Plus One	C56	1545.01	1703.49	158.48	1514.72	1670.09	155.37
<b>New York MVP Health Care</b>								
	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
<b>New York MVP Health Care</b>								
	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
<b>New York MVP Health Care</b>								
	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
<b>New York MVP Health Care</b>								
	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
<b>New York MVP Health Care</b>								
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
<b>North Carolina Aetna Direct</b>								
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
<b>North Carolina Aetna HealthFund CDHP and Value Plan</b>								
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
<b>North Dakota Aetna Direct</b>							
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
<b>North Dakota Aetna HealthFund CDHP and Value Plan</b>							
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
<b>North Dakota Aetna HealthFund HDHP</b>							
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
<b>North Dakota HealthPartners High and Standard Option</b>							
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)	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 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	Change in Former Spouse payment

### 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	<b>New Plan</b>	535.74	<b>New Plan</b>	<b>New Plan</b>	525.24	<b>New Plan</b>
Standard Self & Family	IM5	<b>New Plan</b>	1339.41	<b>New Plan</b>	<b>New Plan</b>	1313.15	<b>New Plan</b>
Standard Self Plus One	IM6	<b>New Plan</b>	1071.54	<b>New Plan</b>	<b>New Plan</b>	1050.53	<b>New Plan</b>

### 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							
<b>Pennsylvania Geisinger Health Plan</b>							
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
<b>Pennsylvania Highmark Choice Company</b>							
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
<b>Pennsylvania UPMC Health Plan</b>							
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
<b>Pennsylvania UPMC Health Plan</b>							
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
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>							
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
<b>Puerto Rico Triple-S Salud, Inc.</b>							
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
<b>Rhode Island Aetna Direct</b>								
	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
<b>Rhode Island Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>Rhode Island Aetna HealthFund HDHP</b>								
	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
<b>South Carolina Aetna Direct</b>								
	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
<b>South Carolina Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>South Carolina Aetna HealthFund HDHP</b>								
	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
<b>South Dakota Aetna Direct</b>								
	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
<b>South Dakota Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>South Dakota Aetna HealthFund HDHP</b>								
	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
<b>South Dakota HealthPartners High and Standard Option</b>								
	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
<b>Tennessee Aetna Direct</b>							
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
<b>Tennessee Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Tennessee Aetna HealthFund HDHP</b>							
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
<b>Tennessee Aetna Open Access</b>							
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
<b>Tennessee Humana Health Plan, Inc.</b>							
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
<b>Tennessee United Healthcare Insurance Company, Inc.</b>							
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
<b>Tennessee United Healthcare Insurance Company, Inc. (HDHP)</b>							
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
<b>Texas Aetna Direct</b>							
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
<b>Texas Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Texas Aetna HealthFund HDHP</b>							
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
<b>Texas Aetna Whole Health</b>								
	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
<b>Texas Humana CoverageFirst and Value Plan</b>								
	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
<b>Texas Humana CoverageFirst and Value Plan</b>								
	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
<b>Texas Humana CoverageFirst and Value Plan</b>								
	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
<b>Texas Humana Health Plan of Texas</b>							
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
<b>Texas Scott and White Health Plan</b>							
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
<b>Texas Scott and White Health Plan</b>							
Standard Self	P84	<b>New Plan</b>	774.69	<b>New Plan</b>	<b>New Plan</b>	759.50	<b>New Plan</b>
Standard Self & Family	P85	<b>New Plan</b>	1815.90	<b>New Plan</b>	<b>New Plan</b>	1780.29	<b>New Plan</b>

## 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		<b>New Plan</b>	1623.10	<b>New Plan</b>	<b>New Plan</b>	1591.27	<b>New Plan</b>
<b>Texas UnitedHealthcare Benefits of Texas, Inc.</b>							
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
<b>Texas UnitedHealthcare Insurance Company</b>							
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
<b>Utah Aetna Direct</b>							
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
<b>Utah Aetna Health of Utah, Inc. dba Altius Health Plans</b>							
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
<b>Utah Aetna Health of Utah, Inc. dba Altius Health Plans</b>							
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
<b>Utah Aetna HealthFund CDHP and Value Plan</b>							
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
<b>Utah Aetna HealthFund HDHP</b>							
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
<b>Utah SelectHealth</b>							
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
<b>Vermont Aetna Direct</b>							
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
<b>Vermont Aetna HealthFund HDHP</b>								
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
<b>Virgin Islands Triple-S Salud, Inc.</b>								
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
<b>Virginia Aetna Direct</b>								
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
<b>Virginia Aetna HealthFund CDHP and Value Plan</b>								
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						
<b>Virginia Aetna HealthFund HDHP</b>								
	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
<b>Virginia Aetna Open Access</b>								
	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
<b>Virginia Aetna Whole Health</b>								
	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
<b>Virginia CareFirst BlueChoice</b>								
	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
<b>Virginia CareFirst BlueChoice</b>								
	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
<b>Virginia Innovation Health Plan</b>								
	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
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>								
	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
<b>Virginia M.D. IPA</b>								
	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
<b>Virginia Optima Health Plan</b>								
	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
<b>Virginia United Healthcare Insurance Company, Inc.</b>								
	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
<b>Virginia UnitedHealthcare Insurance Company</b>								



## 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
<b>Washington Aetna Direct</b>								
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
<b>Washington Aetna HealthFund CDHP and Value Plan</b>								
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
<b>Washington Aetna HealthFund HDHP</b>								
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
<b>Washington Aetna Open Access</b>								
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
<b>Washington Group Health Cooperative</b>								
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
<b>Washington Group Health Cooperative</b>							
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
<b>Washington Group Health Options</b>							
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
<b>Washington Group Health Options</b>							
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
<b>Washington Kaiser Foundation Health Plan of Northwest</b>							
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
<b>Wisconsin Aetna HealthFund HDHP</b>							
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
<b>Wisconsin Aetna Whole Health</b>							
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
<b>Wisconsin Dean Health Plan</b>							
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
<b>Wisconsin Group Health Cooperative</b>							
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
<b>Wisconsin HealthPartners High and Standard Option</b>							
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
<b>Wisconsin MercyCare HMO</b>								
	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
<b>Wisconsin Physicians Plus</b>								
	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
<b>Wyoming Aetna Direct</b>								
	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
<b>Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans</b>								
	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
<b>Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans</b>								
	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
<b>Wyoming Aetna HealthFund CDHP and Value Plan</b>								
	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
<b>Wyoming Aetna HealthFund HDHP</b>								
	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