

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
HDHP Self & Family	V42	New Plan	654.22	490.67	163.55	New Plan	New Plan	1,417.48	1,063.11	354.37	New Plan
HDHP Self Plus One	V43	New Plan	562.62	421.97	140.65	New Plan	New Plan	1,219.01	914.26	304.75	New Plan
Pennsylvania UPMC Health Plan											
High Self	8W1	355.26	398.95	229.25	169.70	36.11	769.73	864.39	496.71	367.68	78.24
High Self & Family	8W2	834.83	937.53	521.58	415.95	86.34	1,808.80	2,031.32	1,130.09	901.23	187.07
High Self Plus One	8W3	799.33	897.67	491.00	406.67	83.13	1,731.88	1,944.95	1,063.83	881.12	180.12
HDHP Self	8W4	236.29	249.05	186.79	62.26	3.19	511.96	539.61	404.71	134.90	6.91
HDHP Self & Family	8W5	541.25	571.19	428.39	142.80	7.49	1,172.71	1,237.58	928.19	309.39	16.21
HDHP Self Plus One	8W6	521.24	549.90	412.43	137.47	7.16	1,129.35	1,191.45	893.59	297.86	15.52
Pennsylvania UPMC Health Plan											
Standard Self	UW4	276.84	288.23	216.17	72.06	2.85	599.82	624.50	468.38	156.12	6.17
Standard Self & Family	UW5	650.55	677.31	507.98	169.33	6.69	1,409.53	1,467.51	1,100.63	366.88	14.50
Standard Self Plus One	UW6	622.90	648.51	486.38	162.13	6.41	1,349.62	1,405.11	1,053.83	351.28	13.88
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	168.31	169.71	127.28	42.43	0.35	364.67	367.71	275.78	91.93	0.76
High Self & Family	ZJ2	378.70	381.83	286.37	95.46	0.79	820.52	827.30	620.48	206.82	1.69
High Self Plus One	ZJ3	361.88	364.86	273.65	91.21	0.74	784.07	790.53	592.90	197.63	1.61
Puerto Rico Triple-S Salud, Inc.											
High Self	891	188.02	188.02	141.02	47.00	0.00	407.38	407.38	305.54	101.84	0.00
High Self & Family	892	430.56	430.56	322.92	107.64	0.00	932.88	932.88	699.66	233.22	0.00
High Self Plus One	893	422.17	422.17	316.63	105.54	0.00	914.70	914.70	686.03	228.67	0.00
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96

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Rhode Island Aetna HealthFund HDHP											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
Rhode Island Aetna Direct											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
South Carolina Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
South Carolina Aetna HealthFund HDHP											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
South Carolina Aetna Direct											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
South Dakota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16

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Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
South Dakota Aetna HealthFund HDHP											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
South Dakota Aetna Direct											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
South Dakota HealthPartners											
High Self	V31	329.41	356.92	229.25	127.67	19.93	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	802.44	869.46	521.58	347.88	50.66	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	727.99	788.79	491.00	297.79	45.59	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	196.66	211.15	158.36	52.79	3.63	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	479.08	514.37	385.78	128.59	8.82	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	434.64	466.65	349.99	116.66	8.00	941.72	1,011.08	758.31	252.77	17.34
Tennessee Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	330.91	371.98	229.25	142.73	33.49	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	754.52	848.15	521.58	326.57	77.27	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	747.04	839.75	491.00	348.75	77.50	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	258.16	269.07	201.80	67.27	2.73	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	591.16	616.15	462.11	154.04	6.25	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	579.56	604.06	453.05	151.01	6.12	1,255.71	1,308.80	981.60	327.20	13.27
Tennessee Aetna HealthFund HDHP											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16

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Plan - Option - Enrollment Code											
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
Tennessee Aetna Direct											
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
Tennessee Aetna Open Access											
High Self	UB1	398.06	486.01	229.25	256.76	80.37	862.46	1,053.02	496.71	556.31	174.14
High Self & Family	UB2	1,020.04	1,245.42	521.58	723.84	209.02	2,210.09	2,698.41	1,130.09	1,568.32	452.87
High Self Plus One	UB3	1,009.94	1,233.10	491.00	742.10	207.95	2,188.20	2,671.72	1,063.83	1,607.89	450.57
Tennessee Humana CoverageFirst/Value Plan											
CDHP Self	TT1	New Plan	294.50	220.88	73.62	New Plan	New Plan	638.08	478.56	159.52	New Plan
CDHP Self & Family	TT2	New Plan	662.62	496.97	165.65	New Plan	New Plan	1,435.68	1,076.76	358.92	New Plan
CDHP Self Plus One	TT3	New Plan	633.17	474.88	158.29	New Plan	New Plan	1,371.87	1,028.90	342.97	New Plan
Value Self	TT4	New Plan	237.98	178.49	59.49	New Plan	New Plan	515.62	386.72	128.90	New Plan
Value Self & Family	TT5	New Plan	535.46	401.60	133.86	New Plan	New Plan	1,160.16	870.12	290.04	New Plan
Value Self Plus One	TT6	New Plan	511.66	383.75	127.91	New Plan	New Plan	1,108.60	831.45	277.15	New Plan
Tennessee Humana Health Plan, Inc.											
High Self	GJ1	334.13	396.16	229.25	166.91	54.45	723.95	858.35	496.71	361.64	117.98
High Self & Family	GJ2	751.82	891.34	521.58	369.76	123.16	1,628.94	1,931.24	1,130.09	801.15	266.85
High Self Plus One	GJ3	718.40	851.72	491.00	360.72	118.11	1,556.53	1,845.39	1,063.83	781.56	255.91
Standard Self	GJ4	331.09	360.88	229.25	131.63	22.21	717.36	781.91	496.71	285.20	48.13
Standard Self & Family	GJ5	744.95	811.98	521.58	290.40	50.67	1,614.06	1,759.29	1,130.09	629.20	109.78
Standard Self Plus One	GJ6	711.85	775.89	491.00	284.89	48.83	1,542.34	1,681.10	1,063.83	617.27	105.81
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO											
High Self	KK1	257.80	274.77	206.08	68.69	4.24	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	644.49	686.91	515.18	171.73	10.61	1,396.40	1,488.31	1,116.23	372.08	22.98

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High Self Plus One KK3		554.26	590.74	443.06	147.68	9.12	1,200.90	1,279.94	959.96	319.98	19.76
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP											
HDHP Self LS1		212.83	202.27	151.70	50.57	-2.64	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family LS2		532.06	505.67	379.25	126.42	-6.59	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One LS3		457.58	434.88	326.16	108.72	-5.67	991.42	942.24	706.68	235.56	-12.29
Texas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self JS1		445.61	481.36	229.25	252.11	28.17	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family JS2		1,015.78	1,097.29	521.58	575.71	65.15	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One JS3		1,005.73	1,086.44	491.00	595.44	65.50	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self JS4		322.40	352.77	229.25	123.52	22.79	698.53	764.34	496.71	267.63	49.39
Value Self & Family JS5		736.01	805.33	521.58	283.75	52.96	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One JS6		728.72	797.36	491.00	306.36	53.43	1,578.89	1,727.61	1,063.83	663.78	115.77
Texas Aetna HealthFund HDHP											
HDHP Self 224		256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family 225		564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One 226		553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
Texas Aetna Direct											
CDHP Self N61		221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family N62		558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One N63		486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
Texas Humana CoverageFirst/Value Plan											
CDHP Self T31		New Plan	292.28	219.21	73.07	New Plan	New Plan	633.27	474.95	158.32	New Plan
CDHP Self & Family T32		New Plan	657.63	493.22	164.41	New Plan	New Plan	1,424.87	1,068.65	356.22	New Plan
CDHP Self Plus One T33		New Plan	628.41	471.31	157.10	New Plan	New Plan	1,361.56	1,021.17	340.39	New Plan
Value Self T34		New Plan	222.64	166.98	55.66	New Plan	New Plan	482.39	361.79	120.60	New Plan
Value Self & Family T35		New Plan	500.95	375.71	125.24	New Plan	New Plan	1,085.39	814.04	271.35	New Plan
Value Self Plus One T36		New Plan	478.68	359.01	119.67	New Plan	New Plan	1,037.14	777.86	259.28	New Plan

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Texas Humana CoverageFirst/Value Plan											
CDHP Self	TP1	302.46	272.23	204.17	68.06	-12.73	655.33	589.83	442.37	147.46	-27.58
CDHP Self & Family	TP2	680.54	612.52	459.39	153.13	-22.19	1,474.50	1,327.13	995.35	331.78	-48.08
CDHP Self Plus One	TP3	650.29	585.30	438.98	146.32	-28.18	1,408.96	1,268.15	951.11	317.04	-61.04
Value Self	TP4	214.76	193.27	144.95	48.32	-5.37	465.31	418.75	314.06	104.69	-11.64
Value Self & Family	TP5	483.20	434.87	326.15	108.72	-12.08	1,046.93	942.22	706.67	235.55	-26.18
Value Self Plus One	TP6	461.73	415.54	311.66	103.88	-11.55	1,000.42	900.34	675.26	225.08	-25.02
Texas Humana CoverageFirst/Value Plan											
CDHP Self	TU1	294.28	294.28	220.71	73.57	0.00	637.61	637.61	478.21	159.40	0.00
CDHP Self & Family	TU2	662.14	662.14	496.61	165.53	0.00	1,434.64	1,434.64	1,075.98	358.66	0.00
CDHP Self Plus One	TU3	632.70	632.70	474.53	158.17	0.00	1,370.85	1,370.85	1,028.14	342.71	0.00
Value Self	TU4	214.76	234.09	175.57	58.52	4.83	465.31	507.20	380.40	126.80	10.47
Value Self & Family	TU5	483.20	526.71	395.03	131.68	10.88	1,046.93	1,141.21	855.91	285.30	23.57
Value Self Plus One	TU6	461.73	503.31	377.48	125.83	10.40	1,000.42	1,090.51	817.88	272.63	22.53
Texas Humana CoverageFirst/Value Plan											
CDHP Self	TV1	301.20	307.24	229.25	77.99	-1.54	652.60	665.69	496.71	168.98	-3.33
CDHP Self & Family	TV2	677.71	691.29	518.47	172.82	0.33	1,468.37	1,497.80	1,123.35	374.45	0.72
CDHP Self Plus One	TV3	647.59	660.57	491.00	169.57	-2.23	1,403.11	1,431.24	1,063.83	367.41	-4.82
Value Self	TV4	214.76	249.11	186.83	62.28	8.59	465.31	539.74	404.81	134.93	18.60
Value Self & Family	TV5	483.20	560.50	420.38	140.12	19.32	1,046.93	1,214.42	910.82	303.60	41.87
Value Self Plus One	TV6	461.73	535.59	401.69	133.90	18.47	1,000.42	1,160.45	870.34	290.11	40.01
Texas Humana Health Plan of Texas											
High Self	EW1	358.77	426.82	229.25	197.57	60.47	777.34	924.78	496.71	428.07	131.02
High Self & Family	EW2	807.23	960.35	521.58	438.77	136.76	1,749.00	2,080.76	1,130.09	950.67	296.31
High Self Plus One	EW3	771.35	917.66	491.00	426.66	131.10	1,671.26	1,988.26	1,063.83	924.43	284.05
Standard Self	EW4	308.50	342.43	229.25	113.18	26.35	668.42	741.93	496.71	245.22	57.09

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Plan - Option - Enrollment Code											
Standard Self & Family EW5		694.12	770.46	521.58	248.88	59.98	1,503.93	1,669.33	1,130.09	539.24	129.95
Standard Self Plus One EW6		663.26	736.22	491.00	245.22	57.75	1,437.06	1,595.14	1,063.83	531.31	125.13
Texas Humana Health Plan of Texas											
Basic Self Q21		New Plan	261.82	196.37	65.45	New Plan	New Plan	567.28	425.46	141.82	New Plan
Basic Self & Family Q22		New Plan	589.10	441.83	147.27	New Plan	New Plan	1,276.38	957.29	319.09	New Plan
Basic Self Plus One Q23		New Plan	562.91	422.18	140.73	New Plan	New Plan	1,219.64	914.73	304.91	New Plan
Texas Humana Health Plan of Texas											
Basic Self Q61		New Plan	260.55	195.41	65.14	New Plan	New Plan	564.53	423.40	141.13	New Plan
Basic Self & Family Q62		New Plan	586.24	439.68	146.56	New Plan	New Plan	1,270.19	952.64	317.55	New Plan
Basic Self Plus One Q63		New Plan	560.19	420.14	140.05	New Plan	New Plan	1,213.75	910.31	303.44	New Plan
Texas Humana Health Plan of Texas											
Basic Self QX1		New Plan	271.34	203.51	67.83	New Plan	New Plan	587.90	440.93	146.97	New Plan
Basic Self & Family QX2		New Plan	610.51	457.88	152.63	New Plan	New Plan	1,322.77	992.08	330.69	New Plan
Basic Self Plus One QX3		New Plan	583.38	437.54	145.84	New Plan	New Plan	1,263.99	947.99	316.00	New Plan
Texas Humana Health Plan of Texas											
Basic Self QY1		New Plan	268.91	201.68	67.23	New Plan	New Plan	582.64	436.98	145.66	New Plan
Basic Self & Family QY2		New Plan	605.05	453.79	151.26	New Plan	New Plan	1,310.94	983.21	327.73	New Plan
Basic Self Plus One QY3		New Plan	578.17	433.63	144.54	New Plan	New Plan	1,252.70	939.53	313.17	New Plan
Texas Humana Health Plan of Texas											
High Self UC1		366.49	428.79	229.25	199.54	54.72	794.06	929.05	496.71	432.34	118.57
High Self & Family UC2		824.60	964.78	521.58	443.20	123.82	1,786.63	2,090.36	1,130.09	960.27	268.28
High Self Plus One UC3		787.95	921.90	491.00	430.90	118.74	1,707.23	1,997.45	1,063.83	933.62	257.27
Standard Self UC4		296.50	343.95	229.25	114.70	39.87	642.42	745.23	496.71	248.52	86.39
Standard Self & Family UC5		667.16	773.88	521.58	252.30	85.51	1,445.51	1,676.74	1,130.09	546.65	185.27
Standard Self Plus One UC6		637.50	739.49	491.00	248.49	86.78	1,381.25	1,602.23	1,063.83	538.40	188.03
Texas Humana Health Plan of Texas											
High Self UR1		614.26	632.72	229.25	403.47	10.88	1,330.90	1,370.89	496.71	874.18	23.57

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
High Self & Family	UR2	1,382.09	1,423.61	521.58	902.03	25.16	2,994.53	3,084.49	1,130.09	1,954.40	54.51
High Self Plus One	UR3	1,320.65	1,360.35	491.00	869.35	24.49	2,861.41	2,947.43	1,063.83	1,883.60	53.07
Standard Self	UR4	344.46	409.92	229.25	180.67	57.88	746.33	888.16	496.71	391.45	125.41
Standard Self & Family	UR5	775.04	922.31	521.58	400.73	130.91	1,679.25	1,998.34	1,130.09	868.25	283.64
Standard Self Plus One	UR6	740.58	881.32	491.00	390.32	125.53	1,604.59	1,909.53	1,063.83	845.70	271.99
Texas Humana Health Plan of Texas											
High Self	UU1	540.81	670.60	229.25	441.35	122.21	1,171.76	1,452.97	496.71	956.26	264.79
High Self & Family	UU2	1,216.82	1,508.86	521.58	987.28	275.68	2,636.44	3,269.20	1,130.09	2,139.11	597.31
High Self Plus One	UU3	1,162.74	1,441.80	491.00	950.80	263.85	2,519.27	3,123.90	1,063.83	2,060.07	571.68
Standard Self	UU4	448.93	547.68	229.25	318.43	91.17	972.68	1,186.64	496.71	689.93	197.54
Standard Self & Family	UU5	1,010.08	1,232.31	521.58	710.73	205.87	2,188.51	2,670.01	1,130.09	1,539.92	446.05
Standard Self Plus One	UU6	965.18	1,177.54	491.00	686.54	197.15	2,091.22	2,551.34	1,063.83	1,487.51	427.17
Texas Scott and White Health Plan											
Basic Self	A81	New Plan	304.52	228.39	76.13	New Plan	New Plan	659.79	494.84	164.95	New Plan
Basic Self & Family	A82	New Plan	713.56	521.58	191.98	New Plan	New Plan	1,546.05	1,130.09	415.96	New Plan
Basic Self Plus One	A83	New Plan	596.89	447.67	149.22	New Plan	New Plan	1,293.26	969.95	323.31	New Plan
Standard Self	A84		313.14	360.53	229.25	39.81	678.47	781.15	496.71	284.44	86.26
Standard Self & Family	A85		733.80	844.98	521.58	94.82	1,589.90	1,830.79	1,130.09	700.70	205.44
Standard Self Plus One	A86		655.90	706.79	491.00	35.68	1,421.12	1,531.38	1,063.83	467.55	77.31
Texas Scott and White Health Plan											
Basic Self	P81	New Plan	340.97	229.25	111.72	New Plan	New Plan	738.77	496.71	242.06	New Plan
Basic Self & Family	P82	New Plan	799.09	521.58	277.51	New Plan	New Plan	1,731.36	1,130.09	601.27	New Plan
Basic Self Plus One	P83	New Plan	668.42	491.00	177.42	New Plan	New Plan	1,448.24	1,063.83	384.41	New Plan
Standard Self	P84		350.54	403.70	229.25	45.58	759.50	874.68	496.71	377.97	98.76
Standard Self & Family	P85		821.67	946.29	521.58	108.26	1,780.29	2,050.30	1,130.09	920.21	234.56
Standard Self Plus One	P86		734.43	791.51	491.00	41.87	1,591.27	1,714.94	1,063.83	651.11	90.72

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

Health Management Organizations (HMO)		2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates					
Plan - Option - Enrollment Code		2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced												
	Value Self	L91	199.88	213.84	160.38	53.46	3.49	433.07	463.32	347.49	115.83	7.56
	Value Self & Family	L92	560.47	599.62	449.72	149.90	9.78	1,214.35	1,299.18	974.39	324.79	21.20
	Value Self Plus One	L93	390.36	417.64	313.23	104.41	6.82	845.78	904.89	678.67	226.22	14.78
Utah Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	G51	322.56	346.28	229.25	117.03	16.14	698.88	750.27	496.71	253.56	34.97
	CDHP Self & Family	G52	735.73	789.85	521.58	268.27	37.76	1,594.08	1,711.34	1,130.09	581.25	81.81
	CDHP Self Plus One	G53	728.45	782.04	491.00	291.04	38.38	1,578.31	1,694.42	1,063.83	630.59	83.16
	Value Self	G54	246.85	253.66	190.25	63.41	1.70	534.84	549.60	412.20	137.40	3.69
	Value Self & Family	G55	565.39	580.95	435.71	145.24	3.89	1,225.01	1,258.73	944.05	314.68	8.43
	Value Self Plus One	G56	554.30	569.57	427.18	142.39	3.82	1,200.98	1,234.07	925.55	308.52	8.28
Utah Aetna HealthFund HDHP												
	HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16
	HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03
	HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46
Utah Aetna Direct												
	CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87
	CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90
	CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00
Utah Altius Health Plans												
	High Self	9K1	344.47	391.42	229.25	162.17	39.37	746.35	848.08	496.71	351.37	85.31
	High Self & Family	9K2	761.77	865.60	521.58	344.02	87.47	1,650.50	1,875.47	1,130.09	745.38	189.52
	High Self Plus One	9K3	754.23	857.03	491.00	366.03	87.59	1,634.17	1,856.90	1,063.83	793.07	189.78
	HDHP Self	9K4	173.69	194.17	145.63	48.54	5.12	376.33	420.70	315.53	105.17	11.09
	HDHP Self & Family	9K5	363.00	405.80	304.35	101.45	10.70	786.50	879.23	659.42	219.81	23.19
	HDHP Self Plus One	9K6	355.89	397.84	298.38	99.46	10.49	771.10	861.99	646.49	215.50	22.73

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Biweekly premium rates						2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2017 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
Utah Altius Health Plans												
Standard Self	DK4	242.10	273.97	205.48	68.49	7.97	524.55	593.60	445.20	148.40	17.26	
Standard Self & Family	DK5	534.63	604.99	453.74	151.25	17.59	1,158.37	1,310.81	983.11	327.70	38.11	
Standard Self Plus One	DK6	529.33	599.00	449.25	149.75	17.42	1,146.88	1,297.83	973.37	324.46	37.74	
Utah SelectHealth												
High Self	SF1	342.83	449.39	229.25	220.14	98.98	742.80	973.68	496.71	476.97	214.46	
High Self & Family	SF2	764.71	1,024.25	521.58	502.67	243.18	1,656.87	2,219.21	1,130.09	1,089.12	526.89	
High Self Plus One	SF3	764.71	1,024.25	491.00	533.25	244.33	1,656.87	2,219.21	1,063.83	1,155.38	529.39	
Standard Self	SF4	248.28	274.81	206.11	68.70	6.63	537.94	595.42	446.57	148.85	14.37	
Standard Self & Family	SF5	551.32	626.33	469.75	156.58	18.75	1,194.53	1,357.05	1,017.79	339.26	40.63	
Standard Self Plus One	SF6	551.32	626.33	469.75	156.58	18.75	1,194.53	1,357.05	1,017.79	339.26	40.63	
Vermont Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	EP1	374.41	414.74	229.25	185.49	32.75	811.22	898.60	496.71	401.89	70.96	
CDHP Self & Family	EP2	853.86	945.84	521.58	424.26	75.62	1,850.03	2,049.32	1,130.09	919.23	163.84	
CDHP Self Plus One	EP3	845.41	936.48	491.00	445.48	75.86	1,831.72	2,029.04	1,063.83	965.21	164.37	
Value Self	EP4	250.29	260.95	195.71	65.24	2.67	542.30	565.39	424.04	141.35	5.78	
Value Self & Family	EP5	573.16	597.56	448.17	149.39	6.10	1,241.85	1,294.71	971.03	323.68	13.22	
Value Self Plus One	EP6	561.92	585.84	439.38	146.46	5.98	1,217.49	1,269.32	951.99	317.33	12.96	
Vermont Aetna HealthFund HDHP												
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	564.83	618.42	463.82	154.60	13.39	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	553.76	606.29	454.72	151.57	13.13	1,199.81	1,313.63	985.22	328.41	28.46	
Vermont Aetna Direct												
CDHP Self	N61	221.64	243.54	182.66	60.88	5.47	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	558.97	614.17	460.63	153.54	13.80	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	486.08	534.08	400.56	133.52	12.00	1,053.17	1,157.17	867.88	289.29	26.00	
Virgin Islands Triple-S Salud, Inc.												

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

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment

Wyoming Altius Health Plans

High Self	9K1	344.47	391.42	229.25	162.17	39.37	746.35	848.08	496.71	351.37	85.31
High Self & Family	9K2	761.77	865.60	521.58	344.02	87.47	1,650.50	1,875.47	1,130.09	745.38	189.52
High Self Plus One	9K3	754.23	857.03	491.00	366.03	87.59	1,634.17	1,856.90	1,063.83	793.07	189.78
HDHP Self	9K4	173.69	194.17	145.63	48.54	5.12	376.33	420.70	315.53	105.17	11.09
HDHP Self & Family	9K5	363.00	405.80	304.35	101.45	10.70	786.50	879.23	659.42	219.81	23.19
HDHP Self Plus One	9K6	355.89	397.84	298.38	99.46	10.49	771.10	861.99	646.49	215.50	22.73

Wyoming Altius Health Plans

Standard Self	DK4	242.10	273.97	205.48	68.49	7.97	524.55	593.60	445.20	148.40	17.26
Standard Self & Family	DK5	534.63	604.99	453.74	151.25	17.59	1,158.37	1,310.81	983.11	327.70	38.11
Standard Self Plus One	DK6	529.33	599.00	449.25	149.75	17.42	1,146.88	1,297.83	973.37	324.46	37.74