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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	<b>New Plan</b>	654.22	490.67	163.55	<b>New Plan</b>	<b>New Plan</b>	1,417.48	1,063.11	354.37	<b>New Plan</b>
HDHP Self Plus One	V43	<b>New Plan</b>	562.62	421.97	140.65	<b>New Plan</b>	<b>New Plan</b>	1,219.01	914.26	304.75	<b>New Plan</b>
<b>Pennsylvania UPMC Health Plan</b>											
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
<b>Pennsylvania UPMC Health Plan</b>											
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
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>											
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
<b>Puerto Rico Triple-S Salud, Inc.</b>											
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
<b>Rhode Island Aetna HealthFund CDHP and Aetna Value Plan</b>											
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

## 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	
<b>Rhode Island Aetna HealthFund HDHP</b>											
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
<b>Rhode Island Aetna Direct</b>											
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
<b>South Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>											
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
<b>South Carolina Aetna HealthFund HDHP</b>											
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
<b>South Carolina Aetna Direct</b>											
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
<b>South Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>											
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

## 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											
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
<b>South Dakota Aetna HealthFund HDHP</b>											
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
<b>South Dakota Aetna Direct</b>											
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
<b>South Dakota HealthPartners</b>											
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
<b>Tennessee Aetna HealthFund CDHP and Aetna Value Plan</b>											
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
<b>Tennessee Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	210.26	70.09	6.08	554.80	607.43	455.57	151.86	13.16

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2017 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	
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
<b>Tennessee Aetna Direct</b>												
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
<b>Tennessee Aetna Open Access</b>												
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
<b>Tennessee Humana CoverageFirst/Value Plan</b>												
CDHP Self		TT1	<b>New Plan</b>	294.50	220.88	73.62	<b>New Plan</b>	<b>New Plan</b>	638.08	478.56	159.52	<b>New Plan</b>
CDHP Self & Family		TT2	<b>New Plan</b>	662.62	496.97	165.65	<b>New Plan</b>	<b>New Plan</b>	1,435.68	1,076.76	358.92	<b>New Plan</b>
CDHP Self Plus One		TT3	<b>New Plan</b>	633.17	474.88	158.29	<b>New Plan</b>	<b>New Plan</b>	1,371.87	1,028.90	342.97	<b>New Plan</b>
Value Self		TT4	<b>New Plan</b>	237.98	178.49	59.49	<b>New Plan</b>	<b>New Plan</b>	515.62	386.72	128.90	<b>New Plan</b>
Value Self & Family		TT5	<b>New Plan</b>	535.46	401.60	133.86	<b>New Plan</b>	<b>New Plan</b>	1,160.16	870.12	290.04	<b>New Plan</b>
Value Self Plus One		TT6	<b>New Plan</b>	511.66	383.75	127.91	<b>New Plan</b>	<b>New Plan</b>	1,108.60	831.45	277.15	<b>New Plan</b>
<b>Tennessee Humana Health Plan, Inc.</b>												
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
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO</b>												
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



## 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 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
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											
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
<b>Texas Aetna HealthFund CDHP and Aetna Value Plan</b>											
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
<b>Texas Aetna HealthFund HDHP</b>											
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
<b>Texas Aetna Direct</b>											
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
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self T31		<b>New Plan</b>	292.28	219.21	73.07	<b>New Plan</b>	<b>New Plan</b>	633.27	474.95	158.32	<b>New Plan</b>
CDHP Self & Family T32		<b>New Plan</b>	657.63	493.22	164.41	<b>New Plan</b>	<b>New Plan</b>	1,424.87	1,068.65	356.22	<b>New Plan</b>
CDHP Self Plus One T33		<b>New Plan</b>	628.41	471.31	157.10	<b>New Plan</b>	<b>New Plan</b>	1,361.56	1,021.17	340.39	<b>New Plan</b>
Value Self T34		<b>New Plan</b>	222.64	166.98	55.66	<b>New Plan</b>	<b>New Plan</b>	482.39	361.79	120.60	<b>New Plan</b>
Value Self & Family T35		<b>New Plan</b>	500.95	375.71	125.24	<b>New Plan</b>	<b>New Plan</b>	1,085.39	814.04	271.35	<b>New Plan</b>
Value Self Plus One T36		<b>New Plan</b>	478.68	359.01	119.67	<b>New Plan</b>	<b>New Plan</b>	1,037.14	777.86	259.28	<b>New Plan</b>

## 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											
<b>Texas Humana CoverageFirst/Value Plan</b>											
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
<b>Texas Humana CoverageFirst/Value Plan</b>											
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
<b>Texas Humana CoverageFirst/Value Plan</b>											
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
<b>Texas Humana Health Plan of Texas</b>											
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

## 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											
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
<b>Texas Humana Health Plan of Texas</b>											
Basic Self Q21		<b>New Plan</b>	261.82	196.37	65.45	<b>New Plan</b>	<b>New Plan</b>	567.28	425.46	141.82	<b>New Plan</b>
Basic Self & Family Q22		<b>New Plan</b>	589.10	441.83	147.27	<b>New Plan</b>	<b>New Plan</b>	1,276.38	957.29	319.09	<b>New Plan</b>
Basic Self Plus One Q23		<b>New Plan</b>	562.91	422.18	140.73	<b>New Plan</b>	<b>New Plan</b>	1,219.64	914.73	304.91	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
Basic Self Q61		<b>New Plan</b>	260.55	195.41	65.14	<b>New Plan</b>	<b>New Plan</b>	564.53	423.40	141.13	<b>New Plan</b>
Basic Self & Family Q62		<b>New Plan</b>	586.24	439.68	146.56	<b>New Plan</b>	<b>New Plan</b>	1,270.19	952.64	317.55	<b>New Plan</b>
Basic Self Plus One Q63		<b>New Plan</b>	560.19	420.14	140.05	<b>New Plan</b>	<b>New Plan</b>	1,213.75	910.31	303.44	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
Basic Self QX1		<b>New Plan</b>	271.34	203.51	67.83	<b>New Plan</b>	<b>New Plan</b>	587.90	440.93	146.97	<b>New Plan</b>
Basic Self & Family QX2		<b>New Plan</b>	610.51	457.88	152.63	<b>New Plan</b>	<b>New Plan</b>	1,322.77	992.08	330.69	<b>New Plan</b>
Basic Self Plus One QX3		<b>New Plan</b>	583.38	437.54	145.84	<b>New Plan</b>	<b>New Plan</b>	1,263.99	947.99	316.00	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
Basic Self QY1		<b>New Plan</b>	268.91	201.68	67.23	<b>New Plan</b>	<b>New Plan</b>	582.64	436.98	145.66	<b>New Plan</b>
Basic Self & Family QY2		<b>New Plan</b>	605.05	453.79	151.26	<b>New Plan</b>	<b>New Plan</b>	1,310.94	983.21	327.73	<b>New Plan</b>
Basic Self Plus One QY3		<b>New Plan</b>	578.17	433.63	144.54	<b>New Plan</b>	<b>New Plan</b>	1,252.70	939.53	313.17	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>											
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
<b>Texas Humana Health Plan of Texas</b>											
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
<b>Texas Humana Health Plan of Texas</b>											
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
<b>Texas Scott and White Health Plan</b>											
Basic Self	A81	<b>New Plan</b>	304.52	228.39	76.13	<b>New Plan</b>	<b>New Plan</b>	659.79	494.84	164.95	<b>New Plan</b>
Basic Self & Family	A82	<b>New Plan</b>	713.56	521.58	191.98	<b>New Plan</b>	<b>New Plan</b>	1,546.05	1,130.09	415.96	<b>New Plan</b>
Basic Self Plus One	A83	<b>New Plan</b>	596.89	447.67	149.22	<b>New Plan</b>	<b>New Plan</b>	1,293.26	969.95	323.31	<b>New Plan</b>
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
<b>Texas Scott and White Health Plan</b>											
Basic Self	P81	<b>New Plan</b>	340.97	229.25	111.72	<b>New Plan</b>	<b>New Plan</b>	738.77	496.71	242.06	<b>New Plan</b>
Basic Self & Family	P82	<b>New Plan</b>	799.09	521.58	277.51	<b>New Plan</b>	<b>New Plan</b>	1,731.36	1,130.09	601.27	<b>New Plan</b>
Basic Self Plus One	P83	<b>New Plan</b>	668.42	491.00	177.42	<b>New Plan</b>	<b>New Plan</b>	1,448.24	1,063.83	384.41	<b>New Plan</b>
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	
<b>Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>												
	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
<b>Utah Aetna HealthFund CDHP and Aetna Value Plan</b>												
	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
<b>Utah Aetna HealthFund HDHP</b>												
	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
<b>Utah Aetna Direct</b>												
	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
<b>Utah Altius Health Plans</b>												
	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		
<b>Utah Altius Health Plans</b>												
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	
<b>Utah SelectHealth</b>												
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	
<b>Vermont Aetna HealthFund CDHP and Aetna Value Plan</b>												
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	
<b>Vermont Aetna HealthFund HDHP</b>												
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	
<b>Vermont Aetna Direct</b>												
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	
<b>Virgin Islands Triple-S Salud, Inc.</b>												

















## 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