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Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self & Family	N62	558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45
CDHP Self Plus One	N63	486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
<b>Tennessee Aetna Open Access</b>											
High Self	UB1	398.06	486.01	235.62	250.39	83.23	398.06	486.01	241.98	244.03	79.95
High Self & Family	UB2	1,020.04	1,245.42	536.07	709.35	215.59	1,020.04	1,245.42	550.56	694.86	208.11
High Self Plus One	UB3	1,009.94	1,233.10	504.64	728.46	214.14	1,009.94	1,233.10	518.28	714.82	207.10
<b>Tennessee Humana CoverageFirst/Value Plan</b>											
CDHP Self	TT1	<b>New Plan</b>	294.50	227.50	67.00	<b>New Plan</b>	<b>New Plan</b>	294.50	233.39	61.11	<b>New Plan</b>
CDHP Self & Family	TT2	<b>New Plan</b>	662.62	511.87	150.75	<b>New Plan</b>	<b>New Plan</b>	662.62	525.13	137.49	<b>New Plan</b>
CDHP Self Plus One	TT3	<b>New Plan</b>	633.17	489.12	144.05	<b>New Plan</b>	<b>New Plan</b>	633.17	501.79	131.38	<b>New Plan</b>
Value Self	TT4	<b>New Plan</b>	237.98	183.84	54.14	<b>New Plan</b>	<b>New Plan</b>	237.98	188.60	49.38	<b>New Plan</b>
Value Self & Family	TT5	<b>New Plan</b>	535.46	413.64	121.82	<b>New Plan</b>	<b>New Plan</b>	535.46	424.35	111.11	<b>New Plan</b>
Value Self Plus One	TT6	<b>New Plan</b>	511.66	395.26	116.40	<b>New Plan</b>	<b>New Plan</b>	511.66	405.49	106.17	<b>New Plan</b>
<b>Tennessee Humana Health Plan, Inc.</b>											
High Self	GJ1	334.13	396.16	235.62	160.54	57.31	334.13	396.16	241.98	154.18	54.03
High Self & Family	GJ2	751.82	891.34	536.07	355.27	129.73	751.82	891.34	550.56	340.78	122.25
High Self Plus One	GJ3	718.40	851.72	504.64	347.08	124.30	718.40	851.72	518.28	333.44	117.26
Standard Self	GJ4	331.09	360.88	235.62	125.26	25.07	331.09	360.88	241.98	118.90	21.79
Standard Self & Family	GJ5	744.95	811.98	536.07	275.91	57.24	744.95	811.98	550.56	261.42	49.76
Standard Self Plus One	GJ6	711.85	775.89	504.64	271.25	55.02	711.85	775.89	518.28	257.61	47.98
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO</b>											
High Self	KK1	257.80	274.77	212.26	62.51	6.44	257.80	274.77	217.76	57.01	3.52
High Self & Family	KK2	644.49	686.91	530.64	156.27	16.09	644.49	686.91	544.38	142.53	8.80
High Self Plus One	KK3	554.26	590.74	456.35	134.39	13.84	554.26	590.74	468.16	122.58	7.57
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>											

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
HDHP Self	LS1	212.83	202.27	156.25	46.02	-0.27	212.83	202.27	160.30	41.97	-2.19
HDHP Self & Family	LS2	532.06	505.67	390.63	115.04	-0.68	532.06	505.67	400.74	104.93	-5.47
HDHP Self Plus One	LS3	457.58	434.88	335.94	98.94	-0.58	457.58	434.88	344.64	90.24	-4.71
<b>Texas Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	JS1	445.61	481.36	235.62	245.74	31.03	445.61	481.36	241.98	239.38	27.75
CDHP Self & Family	JS2	1,015.78	1,097.29	536.07	561.22	71.72	1,015.78	1,097.29	550.56	546.73	64.24
CDHP Self Plus One	JS3	1,005.73	1,086.44	504.64	581.80	71.69	1,005.73	1,086.44	518.28	568.16	64.65
Value Self	JS4	322.40	352.77	235.62	117.15	25.65	322.40	352.77	241.98	110.79	22.37
Value Self & Family	JS5	736.01	805.33	536.07	269.26	59.53	736.01	805.33	550.56	254.77	52.05
Value Self Plus One	JS6	728.72	797.36	504.64	292.72	59.62	728.72	797.36	518.28	279.08	52.58
<b>Texas Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	216.57	63.78	8.09	256.06	280.35	222.18	58.17	5.04
HDHP Self & Family	225	564.83	618.42	477.73	140.69	17.84	564.83	618.42	490.10	128.32	11.12
HDHP Self Plus One	226	553.76	606.29	468.36	137.93	17.49	553.76	606.29	480.48	125.81	10.90
<b>Texas Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	188.13	55.41	7.20	221.64	243.54	193.01	50.53	4.54
CDHP Self & Family	N62	558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45
CDHP Self Plus One	N63	486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self	T31	<b>New Plan</b>	292.28	225.79	66.49	<b>New Plan</b>	<b>New Plan</b>	292.28	231.63	60.65	<b>New Plan</b>
CDHP Self & Family	T32	<b>New Plan</b>	657.63	508.02	149.61	<b>New Plan</b>	<b>New Plan</b>	657.63	521.17	136.46	<b>New Plan</b>
CDHP Self Plus One	T33	<b>New Plan</b>	628.41	485.45	142.96	<b>New Plan</b>	<b>New Plan</b>	628.41	498.01	130.40	<b>New Plan</b>
Value Self	T34	<b>New Plan</b>	222.64	171.99	50.65	<b>New Plan</b>	<b>New Plan</b>	222.64	176.44	46.20	<b>New Plan</b>
Value Self & Family	T35	<b>New Plan</b>	500.95	386.98	113.97	<b>New Plan</b>	<b>New Plan</b>	500.95	397.00	103.95	<b>New Plan</b>
Value Self Plus One	T36	<b>New Plan</b>	478.68	369.78	108.90	<b>New Plan</b>	<b>New Plan</b>	478.68	379.35	99.33	<b>New Plan</b>

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt 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	210.30	61.93	-9.63	302.46	272.23	215.74	56.49	-11.99
CDHP Self & Family	TP2	680.54	612.52	473.17	139.35	-14.91	680.54	612.52	485.42	127.10	-20.15
CDHP Self Plus One	TP3	650.29	585.30	452.14	133.16	-21.51	650.29	585.30	463.85	121.45	-26.62
Value Self	TP4	214.76	193.27	149.30	43.97	-2.74	214.76	193.27	153.17	40.10	-4.46
Value Self & Family	TP5	483.20	434.87	335.94	98.93	-6.17	483.20	434.87	344.63	90.24	-10.02
Value Self Plus One	TP6	461.73	415.54	321.00	94.54	-5.89	461.73	415.54	329.32	86.22	-9.59
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self	TU1	294.28	294.28	227.33	66.95	2.94	294.28	294.28	233.22	61.06	0.00
CDHP Self & Family	TU2	662.14	662.14	511.50	150.64	6.62	662.14	662.14	524.75	137.39	0.00
CDHP Self Plus One	TU3	632.70	632.70	488.76	143.94	6.33	632.70	632.70	501.41	131.29	0.00
Value Self	TU4	214.76	234.09	180.83	53.26	6.55	214.76	234.09	185.52	48.57	4.01
Value Self & Family	TU5	483.20	526.71	406.88	119.83	14.73	483.20	526.71	417.42	109.29	9.03
Value Self Plus One	TU6	461.73	503.31	388.81	114.50	14.07	461.73	503.31	398.87	104.44	8.63
<b>Texas Humana CoverageFirst/Value Plan</b>											
CDHP Self	TV1	301.20	307.24	235.62	71.62	1.32	301.20	307.24	241.98	65.26	-1.96
CDHP Self & Family	TV2	677.71	691.29	534.02	157.27	5.84	677.71	691.29	547.85	143.44	-0.98
CDHP Self Plus One	TV3	647.59	660.57	504.64	155.93	3.96	647.59	660.57	518.28	142.29	-3.08
Value Self	TV4	214.76	249.11	192.44	56.67	9.96	214.76	249.11	197.42	51.69	7.13
Value Self & Family	TV5	483.20	560.50	432.99	127.51	22.41	483.20	560.50	444.20	116.30	16.04
Value Self Plus One	TV6	461.73	535.59	413.74	121.85	21.42	461.73	535.59	424.46	111.13	15.32
<b>Texas Humana Health Plan of Texas</b>											
High Self	EW1	358.77	426.82	235.62	191.20	63.33	358.77	426.82	241.98	184.84	60.05
High Self & Family	EW2	807.23	960.35	536.07	424.28	143.33	807.23	960.35	550.56	409.79	135.85

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2				
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
High Self Plus One	EW3	771.35	917.66	504.64	413.02	137.29	771.35	917.66	518.28	399.38	130.25	
Standard Self	EW4	308.50	342.43	235.62	106.81	29.21	308.50	342.43	241.98	100.45	25.93	
Standard Self & Family	EW5	694.12	770.46	536.07	234.39	66.55	694.12	770.46	550.56	219.90	59.07	
Standard Self Plus One	EW6	663.26	736.22	504.64	231.58	63.94	663.26	736.22	518.28	217.94	56.90	
<b>Texas Humana Health Plan of Texas</b>												
Basic Self	Q21	<b>New Plan</b>	261.82	202.26	59.56	<b>New Plan</b>	<b>New Plan</b>	261.82	207.49	54.33	<b>New Plan</b>	
Basic Self & Family	Q22	<b>New Plan</b>	589.10	455.08	134.02	<b>New Plan</b>	<b>New Plan</b>	589.10	466.86	122.24	<b>New Plan</b>	
Basic Self Plus One	Q23	<b>New Plan</b>	562.91	434.85	128.06	<b>New Plan</b>	<b>New Plan</b>	562.91	446.11	116.80	<b>New Plan</b>	
<b>Texas Humana Health Plan of Texas</b>												
Basic Self	Q61	<b>New Plan</b>	260.55	201.27	59.28	<b>New Plan</b>	<b>New Plan</b>	260.55	206.49	54.06	<b>New Plan</b>	
Basic Self & Family	Q62	<b>New Plan</b>	586.24	452.87	133.37	<b>New Plan</b>	<b>New Plan</b>	586.24	464.60	121.64	<b>New Plan</b>	
Basic Self Plus One	Q63	<b>New Plan</b>	560.19	432.75	127.44	<b>New Plan</b>	<b>New Plan</b>	560.19	443.95	116.24	<b>New Plan</b>	
<b>Texas Humana Health Plan of Texas</b>												
Basic Self	QX1	<b>New Plan</b>	271.34	209.61	61.73	<b>New Plan</b>	<b>New Plan</b>	271.34	215.04	56.30	<b>New Plan</b>	
Basic Self & Family	QX2	<b>New Plan</b>	610.51	471.62	138.89	<b>New Plan</b>	<b>New Plan</b>	610.51	483.83	126.68	<b>New Plan</b>	
Basic Self Plus One	QX3	<b>New Plan</b>	583.38	450.66	132.72	<b>New Plan</b>	<b>New Plan</b>	583.38	462.33	121.05	<b>New Plan</b>	
<b>Texas Humana Health Plan of Texas</b>												
Basic Self	QY1	<b>New Plan</b>	268.91	207.73	61.18	<b>New Plan</b>	<b>New Plan</b>	268.91	213.11	55.80	<b>New Plan</b>	
Basic Self & Family	QY2	<b>New Plan</b>	605.05	467.40	137.65	<b>New Plan</b>	<b>New Plan</b>	605.05	479.50	125.55	<b>New Plan</b>	
Basic Self Plus One	QY3	<b>New Plan</b>	578.17	446.64	131.53	<b>New Plan</b>	<b>New Plan</b>	578.17	458.20	119.97	<b>New Plan</b>	
<b>Texas Humana Health Plan of Texas</b>												
High Self	UC1		366.49	428.79	235.62	193.17	57.58	366.49	428.79	241.98	186.81	54.30
High Self & Family	UC2		824.60	964.78	536.07	428.71	130.39	824.60	964.78	550.56	414.22	122.91
High Self Plus One	UC3		787.95	921.90	504.64	417.26	124.93	787.95	921.90	518.28	403.62	117.89
Standard Self	UC4		296.50	343.95	235.62	108.33	42.73	296.50	343.95	241.98	101.97	39.45



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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Standard Self & Family	UC5	667.16	773.88	536.07	237.81	92.70	667.16	773.88	550.56	223.32	84.88
Standard Self Plus One	UC6	637.50	739.49	504.64	234.85	92.97	637.50	739.49	518.28	221.21	85.93
<b>Texas Humana Health Plan of Texas</b>											
High Self	UR1	614.26	632.72	235.62	397.10	13.74	614.26	632.72	241.98	390.74	10.46
High Self & Family	UR2	1,382.09	1,423.61	536.07	887.54	31.73	1,382.09	1,423.61	550.56	873.05	24.25
High Self Plus One	UR3	1,320.65	1,360.35	504.64	855.71	30.68	1,320.65	1,360.35	518.28	842.07	23.64
Standard Self	UR4	344.46	409.92	235.62	174.30	60.74	344.46	409.92	241.98	167.94	57.46
Standard Self & Family	UR5	775.04	922.31	536.07	386.24	137.48	775.04	922.31	550.56	371.75	130.00
Standard Self Plus One	UR6	740.58	881.32	504.64	376.68	131.72	740.58	881.32	518.28	363.04	124.68
<b>Texas Humana Health Plan of Texas</b>											
High Self	UU1	540.81	670.60	235.62	434.98	125.07	540.81	670.60	241.98	428.62	121.79
High Self & Family	UU2	1,216.82	1,508.86	536.07	972.79	282.25	1,216.82	1,508.86	550.56	958.30	274.77
High Self Plus One	UU3	1,162.74	1,441.80	504.64	937.16	270.04	1,162.74	1,441.80	518.28	923.52	263.00
Standard Self	UU4	448.93	547.68	235.62	312.06	94.03	448.93	547.68	241.98	305.70	90.75
Standard Self & Family	UU5	1,010.08	1,232.31	536.07	696.24	212.44	1,010.08	1,232.31	550.56	681.75	204.96
Standard Self Plus One	UU6	965.18	1,177.54	504.64	672.90	203.34	965.18	1,177.54	518.28	659.26	196.30
<b>Texas Scott and White Health Plan</b>											
Basic Self	A81	<b>New Plan</b>	304.52	235.24	69.28	<b>New Plan</b>	<b>New Plan</b>	304.52	241.33	63.19	<b>New Plan</b>
Basic Self & Family	A82	<b>New Plan</b>	713.56	536.07	177.49	<b>New Plan</b>	<b>New Plan</b>	713.56	550.56	163.00	<b>New Plan</b>
Basic Self Plus One	A83	<b>New Plan</b>	596.89	461.10	135.79	<b>New Plan</b>	<b>New Plan</b>	596.89	473.04	123.85	<b>New Plan</b>
Standard Self	A84		313.14	360.53	124.91	42.67	313.14	360.53	241.98	118.55	39.39
Standard Self & Family	A85		733.80	844.98	308.91	101.39	733.80	844.98	550.56	294.42	93.91
Standard Self Plus One	A86		655.90	706.79	202.15	41.87	655.90	706.79	518.28	188.51	34.83
<b>Texas Scott and White Health Plan</b>											

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
Basic Self	P81	<b>New Plan</b>	340.97	235.62	105.35	<b>New Plan</b>	<b>New Plan</b>	340.97	241.98	98.99	<b>New Plan</b>
Basic Self & Family	P82	<b>New Plan</b>	799.09	536.07	263.02	<b>New Plan</b>	<b>New Plan</b>	799.09	550.56	248.53	<b>New Plan</b>
Basic Self Plus One	P83	<b>New Plan</b>	668.42	504.64	163.78	<b>New Plan</b>	<b>New Plan</b>	668.42	518.28	150.14	<b>New Plan</b>
Standard Self	P84	350.54	403.70	235.62	168.08	48.44	350.54	403.70	241.98	161.72	45.16
Standard Self & Family	P85	821.67	946.29	536.07	410.22	114.83	821.67	946.29	550.56	395.73	107.35
Standard Self Plus One	P86	734.43	791.51	504.64	286.87	48.06	734.43	791.51	518.28	273.23	41.02
<b>Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>											
Value Self	L91	199.88	213.84	165.19	48.65	5.18	199.88	213.84	169.47	44.37	2.89
Value Self & Family	L92	560.47	599.62	463.21	136.41	14.51	560.47	599.62	475.20	124.42	8.12
Value Self Plus One	L93	390.36	417.64	322.63	95.01	10.11	390.36	417.64	330.98	86.66	5.66
<b>Utah Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	G51	322.56	346.28	235.62	110.66	19.00	322.56	346.28	241.98	104.30	15.72
CDHP Self & Family	G52	735.73	789.85	536.07	253.78	44.33	735.73	789.85	550.56	239.29	36.85
CDHP Self Plus One	G53	728.45	782.04	504.64	277.40	44.57	728.45	782.04	518.28	263.76	37.53
Value Self	G54	246.85	253.66	195.95	57.71	4.02	246.85	253.66	201.03	52.63	1.41
Value Self & Family	G55	565.39	580.95	448.78	132.17	9.20	565.39	580.95	460.40	120.55	3.23
Value Self Plus One	G56	554.30	569.57	439.99	129.58	9.02	554.30	569.57	451.38	118.19	3.17
<b>Utah Aetna HealthFund HDHP</b>											
HDHP Self	224	256.06	280.35	216.57	63.78	8.09	256.06	280.35	222.18	58.17	5.04
HDHP Self & Family	225	564.83	618.42	477.73	140.69	17.84	564.83	618.42	490.10	128.32	11.12
HDHP Self Plus One	226	553.76	606.29	468.36	137.93	17.49	553.76	606.29	480.48	125.81	10.90
<b>Utah Aetna Direct</b>											
CDHP Self	N61	221.64	243.54	188.13	55.41	7.20	221.64	243.54	193.01	50.53	4.54
CDHP Self & Family	N62	558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45

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

Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Plan - Option - Enrollment Code											
CDHP Self Plus One	N63	486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
<b>Utah Altius Health Plans</b>											
High Self	9K1	344.47	391.42	235.62	155.80	42.23	344.47	391.42	241.98	149.44	38.95
High Self & Family	9K2	761.77	865.60	536.07	329.53	94.04	761.77	865.60	550.56	315.04	86.56
High Self Plus One	9K3	754.23	857.03	504.64	352.39	93.78	754.23	857.03	518.28	338.75	86.74
HDHP Self	9K4	173.69	194.17	150.00	44.17	6.39	173.69	194.17	153.88	40.29	4.25
HDHP Self & Family	9K5	363.00	405.80	313.48	92.32	13.37	363.00	405.80	321.60	84.20	8.88
HDHP Self Plus One	9K6	355.89	397.84	307.33	90.51	13.10	355.89	397.84	315.29	82.55	8.70
<b>Utah Altius Health Plans</b>											
Standard Self	DK4	242.10	273.97	211.64	62.33	9.67	242.10	273.97	217.12	56.85	6.61
Standard Self & Family	DK5	534.63	604.99	467.35	137.64	21.36	534.63	604.99	479.45	125.54	14.60
Standard Self Plus One	DK6	529.33	599.00	462.73	136.27	21.14	529.33	599.00	474.71	124.29	14.45
<b>Utah SelectHealth</b>											
High Self	SF1	342.83	449.39	235.62	213.77	101.84	342.83	449.39	241.98	207.41	98.56
High Self & Family	SF2	764.71	1,024.25	536.07	488.18	249.75	764.71	1,024.25	550.56	473.69	242.27
High Self Plus One	SF3	764.71	1,024.25	504.64	519.61	250.52	764.71	1,024.25	518.28	505.97	243.48
Standard Self	SF4	248.28	274.81	212.29	62.52	8.52	248.28	274.81	217.79	57.02	5.50
Standard Self & Family	SF5	551.32	626.33	483.84	142.49	22.58	551.32	626.33	496.37	129.96	15.56
Standard Self Plus One	SF6	551.32	626.33	483.84	142.49	22.58	551.32	626.33	496.37	129.96	15.56
<b>Vermont Aetna HealthFund CDHP and Aetna Value Plan</b>											
CDHP Self	EP1	374.41	414.74	235.62	179.12	35.61	374.41	414.74	241.98	172.76	32.33
CDHP Self & Family	EP2	853.86	945.84	536.07	409.77	82.19	853.86	945.84	550.56	395.28	74.71
CDHP Self Plus One	EP3	845.41	936.48	504.64	431.84	82.05	845.41	936.48	518.28	418.20	75.01
Value Self	EP4	250.29	260.95	201.58	59.37	4.93	250.29	260.95	206.80	54.15	2.21
Value Self & Family	EP5	573.16	597.56	461.62	135.94	11.28	573.16	597.56	473.57	123.99	5.06



















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

<b>Health Management Organizations (HMO)</b>	<b>2017 Total Biweekly Premium</b>	<b>2018 Biweekly Postal Premium Rates Category 1</b>				<b>2017 Total Biweekly Premium</b>	<b>2018 Biweekly Postal Premium Rates Category 2</b>			
<b>Plan - Option - Enrollment Code</b>		<b>Total Premium</b>	<b>Govt Pays</b>	<b>Empl. Pays</b>	<b>Change in empl. payment</b>		<b>Total Premium</b>	<b>Govt Pays</b>	<b>Empl. Pays</b>	<b>Change in empl. payment</b>

### Wyoming Altius Health Plans

High Self	9K1	344.47	391.42	235.62	155.80	42.23	344.47	391.42	241.98	149.44	38.95
High Self & Family	9K2	761.77	865.60	536.07	329.53	94.04	761.77	865.60	550.56	315.04	86.56
High Self Plus One	9K3	754.23	857.03	504.64	352.39	93.78	754.23	857.03	518.28	338.75	86.74
HDHP Self	9K4	173.69	194.17	150.00	44.17	6.39	173.69	194.17	153.88	40.29	4.25
HDHP Self & Family	9K5	363.00	405.80	313.48	92.32	13.37	363.00	405.80	321.60	84.20	8.88
HDHP Self Plus One	9K6	355.89	397.84	307.33	90.51	13.10	355.89	397.84	315.29	82.55	8.70

### Wyoming Altius Health Plans

Standard Self	DK4	242.10	273.97	211.64	62.33	9.67	242.10	273.97	217.12	56.85	6.61
Standard Self & Family	DK5	534.63	604.99	467.35	137.64	21.36	534.63	604.99	479.45	125.54	14.60
Standard Self Plus One	DK6	529.33	599.00	462.73	136.27	21.14	529.33	599.00	474.71	124.29	14.45