















## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>California Health Net of California</b>							
High Self	LB1	1,384.87	1,411.24	26.37	1,357.72	1,383.57	25.85
High Self & Family	LB2	3,323.66	3,386.96	63.30	3,258.49	3,320.55	62.06
High Self Plus One	LB3	3,046.71	3,104.74	58.03	2,986.97	3,043.86	56.89
Standard Self	LB4	1,315.22	1,332.54	17.32	1,289.43	1,306.41	16.98
Standard Self & Family	LB5	3,156.50	3,198.12	41.62	3,094.61	3,135.41	40.80
Standard Self Plus One	LB6	2,893.49	2,931.61	38.12	2,836.75	2,874.13	37.38
<b>California Health Net of California</b>							
High Self	LP1	839.83	931.82	91.99	823.36	913.55	90.19
High Self & Family	LP2	2,015.54	2,236.34	220.80	1,976.02	2,192.49	216.47
High Self Plus One	LP3	1,847.56	2,050.00	202.44	1,811.33	2,009.80	198.47
Standard Self	LP4	799.38	893.06	93.68	783.71	875.55	91.84
Standard Self & Family	LP5	1,918.53	2,143.39	224.86	1,880.91	2,101.36	220.45
Standard Self Plus One	LP6	1,758.65	1,964.75	206.10	1,724.17	1,926.23	202.06
<b>California Health Net of California</b>							
Basic Self	P61	312.45	312.54	0.09	306.32	306.41	0.09
Basic Self & Family	P62	749.87	750.10	0.23	735.17	735.39	0.22
Basic Self Plus One	P63	687.38	687.62	0.24	673.90	674.14	0.24
<b>California Health Net of California</b>							
Basic Self	T41	<b>New Plan</b>	802.91	<b>New Plan</b>	<b>New Plan</b>	787.17	<b>New Plan</b>
Basic Self & Family	T42	<b>New Plan</b>	1,927.01	<b>New Plan</b>	<b>New Plan</b>	1,889.23	<b>New Plan</b>
Basic Self Plus One	T43	<b>New Plan</b>	1,766.41	<b>New Plan</b>	<b>New Plan</b>	1,731.77	<b>New Plan</b>



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

**California Kaiser Foundation Health Plan of California**

High Self	591	876.16	938.90	62.74	858.98	920.49	61.51
High Self & Family	592	2,091.46	2,241.28	149.82	2,050.45	2,197.33	146.88
High Self Plus One	593	2,091.46	2,241.28	149.82	2,050.45	2,197.33	146.88
Standard Self	594	733.22	774.50	41.28	718.84	759.31	40.47
Standard Self & Family	595	1,715.75	1,812.34	96.59	1,682.11	1,776.80	94.69
Standard Self Plus One	596	1,715.75	1,812.34	96.59	1,682.11	1,776.80	94.69

**California Kaiser Foundation Health Plan of California**

High Self	621	643.89	671.31	27.42	631.26	658.15	26.89
High Self & Family	622	1,488.17	1,551.57	63.40	1,458.99	1,521.15	62.16
High Self Plus One	623	1,488.17	1,551.57	63.40	1,458.99	1,521.15	62.16
Standard Self	624	414.09	424.10	10.01	405.97	415.78	9.81
Standard Self & Family	625	957.02	980.25	23.23	938.25	961.03	22.78
Standard Self Plus One	626	957.02	980.25	23.23	938.25	961.03	22.78

**California Kaiser Foundation Health Plan of California**

Basic Self	KC1	653.57	658.30	4.73	640.75	645.39	4.64
Basic Self & Family	KC2	1,529.35	1,540.41	11.06	1,499.36	1,510.21	10.85
Basic Self Plus One	KC3	1,529.35	1,540.41	11.06	1,499.36	1,510.21	10.85

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>California Kaiser Foundation Health Plan of California</b>							
High Self	NZ1	689.67	728.09	38.42	676.15	713.81	37.66
High Self & Family	NZ2	1,593.98	1,682.79	88.81	1,562.73	1,649.79	87.06
High Self Plus One	NZ3	1,593.98	1,682.79	88.81	1,562.73	1,649.79	87.06
Standard Self	NZ4	479.22	521.87	42.65	469.82	511.64	41.82
Standard Self & Family	NZ5	1,107.52	1,206.15	98.63	1,085.80	1,182.50	96.70
Standard Self Plus One	NZ6	1,107.52	1,206.15	98.63	1,085.80	1,182.50	96.70
<b>California UnitedHealthcare of California</b>							
High Self	CY1	671.22	728.41	57.19	658.06	714.13	56.07
High Self & Family	CY2	1,882.01	2,042.38	160.37	1,845.11	2,002.33	157.22
High Self Plus One	CY3	1,310.84	1,422.51	111.67	1,285.14	1,394.62	109.48
Standard Self	CY4	625.34	677.30	51.96	613.08	664.02	50.94
Standard Self & Family	CY5	1,753.50	1,899.14	145.64	1,719.12	1,861.90	142.78
Standard Self Plus One	CY6	1,221.34	1,322.76	101.42	1,197.39	1,296.82	99.43
<b>Colorado Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Colorado Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Colorado Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Colorado Humana Health Plan, Inc.</b>							
High Self	NR1	546.09	649.87	103.78	535.38	637.13	101.75
High Self & Family	NR2	1,228.69	1,462.20	233.51	1,204.60	1,433.53	228.93
High Self Plus One	NR3	1,174.08	1,397.21	223.13	1,151.06	1,369.81	218.75
Standard Self	NR4	501.49	510.98	9.49	491.66	500.96	9.30
Standard Self & Family	NR5	1,128.39	1,149.71	21.32	1,106.26	1,127.17	20.91
Standard Self Plus One	NR6	1,078.21	1,098.61	20.40	1,057.07	1,077.07	20.00
<b>Colorado Humana Health Plan, Inc.</b>							
High Self	NT1	579.82	637.83	58.01	568.45	625.32	56.87
High Self & Family	NT2	1,304.61	1,435.11	130.50	1,279.03	1,406.97	127.94
High Self Plus One	NT3	1,246.64	1,371.33	124.69	1,222.20	1,344.44	122.24
Standard Self	NT4	526.49	537.03	10.54	516.17	526.50	10.33
Standard Self & Family	NT5	1,184.63	1,208.32	23.69	1,161.40	1,184.63	23.23
Standard Self Plus One	NT6	1,131.97	1,154.59	22.62	1,109.77	1,131.95	22.18

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

**Colorado Humana Health Plan, Inc.**

Basic Self	R21	New Plan	480.83	New Plan	New Plan	471.40	New Plan
Basic Self & Family	R22	New Plan	1,081.86	New Plan	New Plan	1,060.65	New Plan
Basic Self Plus One	R23	New Plan	1,033.77	New Plan	New Plan	1,013.50	New Plan

**Colorado Humana Health Plan, Inc.**

Basic Self	RZ1	New Plan	505.32	New Plan	New Plan	495.41	New Plan
Basic Self & Family	RZ2	New Plan	1,137.00	New Plan	New Plan	1,114.71	New Plan
Basic Self Plus One	RZ3	New Plan	1,086.46	New Plan	New Plan	1,065.16	New Plan

**Colorado Kaiser Foundation Health Plan of Colorado**

High Self	651	701.61	718.31	16.70	687.85	704.23	16.38
High Self & Family	652	1,585.70	1,623.38	37.68	1,554.61	1,591.55	36.94
High Self Plus One	653	1,585.70	1,623.38	37.68	1,554.61	1,591.55	36.94
Standard Self	654	482.47	521.32	38.85	473.01	511.10	38.09
Standard Self & Family	655	1,090.37	1,178.19	87.82	1,068.99	1,155.09	86.10
Standard Self Plus One	656	1,090.37	1,178.19	87.82	1,068.99	1,155.09	86.10

**Colorado Kaiser Foundation Health Plan of Colorado**

Basic Self	N41	374.48	409.51	35.03	367.14	401.48	34.34
Basic Self & Family	N42	846.32	925.51	79.19	829.73	907.36	77.63
Basic Self Plus One	N43	846.32	925.51	79.19	829.73	907.36	77.63

**Colorado UnitedHealthcare Insurance Company, Inc. Choice HMO**

High Self	KT1	568.23	622.89	54.66	557.09	610.68	53.59
High Self & Family	KT2	1,420.58	1,557.23	136.65	1,392.73	1,526.70	133.97
High Self Plus One	KT3	1,221.68	1,339.22	117.54	1,197.73	1,312.96	115.23

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Colorado UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	502.20	492.57	-9.63	492.35	482.91	-9.44
HDHP Self & Family	LU2	1,255.50	1,231.40	-24.10	1,230.88	1,207.25	-23.63
HDHP Self Plus One	LU3	1,079.74	1,059.02	-20.72	1,058.57	1,038.25	-20.32

### Connecticut Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

### Connecticut Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### Connecticut Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Delaware Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83
<b>Delaware Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Delaware Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Delaware Aetna Open Access</b>							
High Self	P31	1,448.08	1,603.87	155.79	1,419.69	1,572.42	152.73
High Self & Family	P32	3,510.89	3,888.59	377.70	3,442.05	3,812.34	370.29
High Self Plus One	P33	3,476.13	3,850.06	373.93	3,407.97	3,774.57	366.60
Basic Self	P34	1,213.31	1,375.04	161.73	1,189.52	1,348.08	158.56
Basic Self & Family	P35	2,816.10	3,191.46	375.36	2,760.88	3,128.88	368.00
Basic Self Plus One	P36	2,788.20	3,159.86	371.66	2,733.53	3,097.90	364.37

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>District of Columbia Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
<b>District of Columbia Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>District of Columbia Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>District of Columbia Aetna Open Access</b>							
High Self	JN1	1,036.67	1,125.15	88.48	1,016.34	1,103.09	86.75
High Self & Family	JN2	2,330.62	2,529.55	198.93	2,284.92	2,479.95	195.03
High Self Plus One	JN3	2,307.55	2,504.49	196.94	2,262.30	2,455.38	193.08
Basic Self	JN4	650.10	676.11	26.01	637.35	662.85	25.50
Basic Self & Family	JN5	1,468.66	1,547.29	78.63	1,439.86	1,516.95	77.09
Basic Self Plus One	JN6	1,401.47	1,420.85	19.38	1,373.99	1,392.99	19.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>District of Columbia CareFirst BlueChoice</b>							
High Self	2G1	792.89	872.18	79.29	777.34	855.08	77.74
High Self & Family	2G2	1,883.87	2,072.23	188.36	1,846.93	2,031.60	184.67
High Self Plus One	2G3	1,585.76	1,744.33	158.57	1,554.67	1,710.13	155.46
Standard Self	2G4	673.81	707.49	33.68	660.60	693.62	33.02
Standard Self & Family	2G5	1,600.95	1,681.01	80.06	1,569.56	1,648.05	78.49
Standard Self Plus One	2G6	1,347.61	1,415.00	67.39	1,321.19	1,387.25	66.06
<b>District of Columbia CareFirst BlueChoice</b>							
HDHP Self	B61	621.91	621.91	0.00	609.72	609.72	0.00
HDHP Self & Family	B62	1,477.65	1,477.65	0.00	1,448.68	1,448.68	0.00
HDHP Self Plus One	B63	1,243.83	1,243.83	0.00	1,219.44	1,219.44	0.00
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>							
High Self	E31	654.53	673.57	19.04	641.70	660.36	18.66
High Self & Family	E32	1,531.66	1,549.21	17.55	1,501.63	1,518.83	17.20
High Self Plus One	E33	1,479.29	1,549.21	69.92	1,450.28	1,518.83	68.55
Standard Self	E34	493.71	515.06	21.35	484.03	504.96	20.93
Standard Self & Family	E35	1,155.28	1,184.72	29.44	1,132.63	1,161.49	28.86
Standard Self Plus One	E36	1,115.77	1,184.72	68.95	1,093.89	1,161.49	67.60
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>							
Basic Self	T71	<b>New Plan</b>	469.23	<b>New Plan</b>	<b>New Plan</b>	460.03	<b>New Plan</b>
Basic Self & Family	T72	<b>New Plan</b>	1,126.59	<b>New Plan</b>	<b>New Plan</b>	1,104.50	<b>New Plan</b>
Basic Self Plus One	T73	<b>New Plan</b>	1,026.34	<b>New Plan</b>	<b>New Plan</b>	1,006.22	<b>New Plan</b>



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>District of Columbia M.D. IPA</b>							
High Self	JP1	704.54	732.13	27.59	690.73	717.77	27.04
High Self & Family	JP2	1,975.55	2,052.91	77.36	1,936.81	2,012.66	75.85
High Self Plus One	JP3	1,375.99	1,429.85	53.86	1,349.01	1,401.81	52.80
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	LR1	618.22	620.15	1.93	606.10	607.99	1.89
High Self & Family	LR2	1,545.57	1,550.40	4.83	1,515.26	1,520.00	4.74
High Self Plus One	LR3	1,267.37	1,333.33	65.96	1,242.52	1,307.19	64.67
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>							
Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>							
HDHP Self	V41	<b>New Plan</b>	578.31	<b>New Plan</b>	<b>New Plan</b>	566.97	<b>New Plan</b>
HDHP Self & Family	V42	<b>New Plan</b>	1,445.83	<b>New Plan</b>	<b>New Plan</b>	1,417.48	<b>New Plan</b>
HDHP Self Plus One	V43	<b>New Plan</b>	1,243.39	<b>New Plan</b>	<b>New Plan</b>	1,219.01	<b>New Plan</b>
<b>Florida Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Florida Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Florida Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Florida Av-Med Health Plan</b>							
Standard Self	ML4	660.61	698.40	37.79	647.66	684.71	37.05
Standard Self & Family	ML5	1,711.16	1,809.10	97.94	1,677.61	1,773.63	96.02
Standard Self Plus One	ML6	1,321.21	1,396.85	75.64	1,295.30	1,369.46	74.16
<b>Florida Capital Health Plan</b>							
High Self	EA1	645.72	678.34	32.62	633.06	665.04	31.98
High Self & Family	EA2	1,743.42	1,831.60	88.18	1,709.24	1,795.69	86.45
High Self Plus One	EA3	1,291.39	1,356.74	65.35	1,266.07	1,330.14	64.07
<b>Florida Humana CoverageFirst/Value Plan</b>							
CDHP Self	MJ1	712.68	819.58	106.90	698.71	803.51	104.80
CDHP Self & Family	MJ2	1,603.57	1,844.07	240.50	1,572.13	1,807.91	235.78
CDHP Self Plus One	MJ3	1,532.31	1,762.12	229.81	1,502.26	1,727.57	225.31
Value Self	MJ4	474.62	503.08	28.46	465.31	493.22	27.91
Value Self & Family	MJ5	1,067.87	1,131.91	64.04	1,046.93	1,109.72	62.79
Value Self Plus One	MJ6	1,020.43	1,081.60	61.17	1,000.42	1,060.39	59.97

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Florida Humana CoverageFirst/Value Plan</b>							
CDHP Self	QP1	571.05	695.75	124.70	559.85	682.11	122.26
CDHP Self & Family	QP2	1,286.90	1,567.51	280.61	1,261.67	1,536.77	275.10
CDHP Self Plus One	QP3	1,229.71	1,497.85	268.14	1,205.60	1,468.48	262.88
Value Self	QP4	474.62	498.33	23.71	465.31	488.56	23.25
Value Self & Family	QP5	1,067.87	1,121.25	53.38	1,046.93	1,099.26	52.33
Value Self Plus One	QP6	1,020.43	1,071.43	51.00	1,000.42	1,050.42	50.00
<b>Florida Humana Medical Plan, Inc.</b>							
High Self	E21	746.58	895.47	148.89	731.94	877.91	145.97
High Self & Family	E22	1,679.87	2,014.82	334.95	1,646.93	1,975.31	328.38
High Self Plus One	E23	1,605.19	1,925.31	320.12	1,573.72	1,887.56	313.84
Standard Self	E24	579.53	591.11	11.58	568.17	579.52	11.35
Standard Self & Family	E25	1,303.93	1,330.00	26.07	1,278.36	1,303.92	25.56
Standard Self Plus One	E26	1,245.95	1,270.88	24.93	1,221.52	1,245.96	24.44
<b>Florida Humana Medical Plan, Inc.</b>							
High Self	EE1	885.35	894.23	8.88	867.99	876.70	8.71
High Self & Family	EE2	1,992.05	2,012.05	20.00	1,952.99	1,972.60	19.61
High Self Plus One	EE3	1,903.51	1,922.61	19.10	1,866.19	1,884.91	18.72
Standard Self	EE4	761.52	776.71	15.19	746.59	761.48	14.89
Standard Self & Family	EE5	1,713.44	1,747.56	34.12	1,679.84	1,713.29	33.45
Standard Self Plus One	EE6	1,637.28	1,669.90	32.62	1,605.18	1,637.16	31.98

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Florida Humana Medical Plan, Inc.</b>							
High Self	EX1	687.62	701.39	13.77	674.14	687.64	13.50
High Self & Family	EX2	1,547.09	1,578.07	30.98	1,516.75	1,547.13	30.38
High Self Plus One	EX3	1,478.34	1,507.93	29.59	1,449.35	1,478.36	29.01
Standard Self	EX4	603.46	615.53	12.07	591.63	603.46	11.83
Standard Self & Family	EX5	1,357.80	1,384.97	27.17	1,331.18	1,357.81	26.63
Standard Self Plus One	EX6	1,297.47	1,323.42	25.95	1,272.03	1,297.47	25.44
<b>Florida Humana Medical Plan, Inc.</b>							
High Self	LL1	1,375.13	1,388.92	13.79	1,348.17	1,361.69	13.52
High Self & Family	LL2	3,094.07	3,125.08	31.01	3,033.40	3,063.80	30.40
High Self Plus One	LL3	2,956.52	2,986.17	29.65	2,898.55	2,927.62	29.07
Standard Self	LL4	800.73	808.71	7.98	785.03	792.85	7.82
Standard Self & Family	LL5	1,801.58	1,819.58	18.00	1,766.25	1,783.90	17.65
Standard Self Plus One	LL6	1,721.51	1,738.72	17.21	1,687.75	1,704.63	16.88
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	KK1	<b>New Plan</b>	607.25	<b>New Plan</b>	<b>New Plan</b>	595.34	<b>New Plan</b>
High Self & Family	KK2	<b>New Plan</b>	1,518.08	<b>New Plan</b>	<b>New Plan</b>	1,488.31	<b>New Plan</b>
High Self Plus One	KK3	<b>New Plan</b>	1,305.54	<b>New Plan</b>	<b>New Plan</b>	1,279.94	<b>New Plan</b>
<b>Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>							
Value Self	LV1	588.44	642.65	54.21	576.90	630.05	53.15
Value Self & Family	LV2	1,650.03	1,802.05	152.02	1,617.68	1,766.72	149.04
Value Self Plus One	LV3	1,149.24	1,255.13	105.89	1,126.71	1,230.52	103.81











## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### Georgia Kaiser Foundation Health Plan of Georgia

High Self	F81	662.43	695.75	33.32	649.44	682.11	32.67
High Self & Family	F82	1,513.61	1,572.44	58.83	1,483.93	1,541.61	57.68
High Self Plus One	F83	1,470.55	1,572.44	101.89	1,441.72	1,541.61	99.89
Standard Self	F84	495.83	523.24	27.41	486.11	512.98	26.87
Standard Self & Family	F85	1,140.40	1,182.51	42.11	1,118.04	1,159.32	41.28
Standard Self Plus One	F86	1,105.69	1,182.51	76.82	1,084.01	1,159.32	75.31

### Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced

Value Self	LV1	588.44	642.65	54.21	576.90	630.05	53.15
Value Self & Family	LV2	1,650.03	1,802.05	152.02	1,617.68	1,766.72	149.04
Value Self Plus One	LV3	1,149.24	1,255.13	105.89	1,126.71	1,230.52	103.81

### Guam Calvo's Selectcare

High Self	B41	434.62	478.09	43.47	426.10	468.72	42.62
High Self & Family	B42	1,162.01	1,278.24	116.23	1,139.23	1,253.18	113.95
High Self Plus One	B43	848.15	932.97	84.82	831.52	914.68	83.16
Standard Self	B44	399.96	419.96	20.00	392.12	411.73	19.61
Standard Self & Family	B45	1,069.38	1,122.84	53.46	1,048.41	1,100.82	52.41
Standard Self Plus One	B46	780.50	819.54	39.04	765.20	803.47	38.27

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### Guam TakeCare

High Self	JK1	608.71	596.32	-12.39	596.77	584.63	-12.14
High Self & Family	JK2	1,451.95	1,422.38	-29.57	1,423.48	1,394.49	-28.99
High Self Plus One	JK3	1,202.62	1,178.13	-24.49	1,179.04	1,155.03	-24.01
Standard Self	JK4	386.07	413.27	27.20	378.50	405.17	26.67
Standard Self & Family	JK5	1,093.29	1,170.35	77.06	1,071.85	1,147.40	75.55
Standard Self Plus One	JK6	760.86	814.52	53.66	745.94	798.55	52.61

### Guam TakeCare

HDHP Self	KX1	131.74	130.48	-1.26	129.16	127.92	-1.24
HDHP Self & Family	KX2	389.05	349.82	-39.23	381.42	342.96	-38.46
HDHP Self Plus One	KX3	311.52	314.93	3.41	305.41	308.75	3.34

### Hawaii Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

### Hawaii Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Hawaii Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Hawaii HMSA</b>							
High Self	871	619.09	619.09	0.00	606.95	606.95	0.00
High Self & Family	872	1,391.73	1,391.73	0.00	1,364.44	1,364.44	0.00
High Self Plus One	873	1,356.48	1,356.48	0.00	1,329.88	1,329.88	0.00
<b>Hawaii Kaiser Foundation Health Plan of Hawaii</b>							
High Self	631	655.57	671.75	16.18	642.72	658.58	15.86
High Self & Family	632	1,461.94	1,498.00	36.06	1,433.27	1,468.63	35.36
High Self Plus One	633	1,461.94	1,498.00	36.06	1,433.27	1,468.63	35.36
Standard Self	634	449.45	453.58	4.13	440.64	444.69	4.05
Standard Self & Family	635	1,002.26	1,011.47	9.21	982.61	991.64	9.03
Standard Self Plus One	636	1,002.26	1,011.47	9.21	982.61	991.64	9.03
<b>Idaho Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Idaho Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Idaho Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Idaho Altius Health Plans</b>							
High Self	9K1	761.28	865.04	103.76	746.35	848.08	101.73
High Self & Family	9K2	1,683.51	1,912.98	229.47	1,650.50	1,875.47	224.97
High Self Plus One	9K3	1,666.85	1,894.04	227.19	1,634.17	1,856.90	222.73
HDHP Self	9K4	383.86	429.11	45.25	376.33	420.70	44.37
HDHP Self & Family	9K5	802.23	896.81	94.58	786.50	879.23	92.73
HDHP Self Plus One	9K6	786.52	879.23	92.71	771.10	861.99	90.89
<b>Idaho Altius Health Plans</b>							
Standard Self	DK4	535.04	605.47	70.43	524.55	593.60	69.05
Standard Self & Family	DK5	1,181.54	1,337.03	155.49	1,158.37	1,310.81	152.44
Standard Self Plus One	DK6	1,169.82	1,323.79	153.97	1,146.88	1,297.83	150.95

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### Idaho Kaiser Foundation Health Plan of Washington

High Self	541	772.30	842.10	69.80	757.16	825.59	68.43
High Self & Family	542	2,007.98	1,852.65	-155.33	1,968.61	1,816.32	-152.29
High Self Plus One	543	1,583.20	1,852.65	269.45	1,552.16	1,816.32	264.16
Standard Self	544	580.22	621.17	40.95	568.84	608.99	40.15
Standard Self & Family	545	1,508.53	1,428.67	-79.86	1,478.95	1,400.66	-78.29
Standard Self Plus One	546	1,189.42	1,428.67	239.25	1,166.10	1,400.66	234.56

### Idaho Kaiser Foundation Health Plan of Washington

HDHP Self	PT1	516.12	517.52	1.40	506.00	507.37	1.37
HDHP Self & Family	PT2	1,341.95	1,190.26	-151.69	1,315.64	1,166.92	-148.72
HDHP Self Plus One	PT3	1,058.09	1,190.26	132.17	1,037.34	1,166.92	129.58

### Idaho SelectHealth

High Self	SF1	757.66	993.15	235.49	742.80	973.68	230.88
High Self & Family	SF2	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
High Self Plus One	SF3	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
Standard Self	SF4	548.70	607.33	58.63	537.94	595.42	57.48
Standard Self & Family	SF5	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52
Standard Self Plus One	SF6	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Illinois Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
<b>Illinois Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Illinois Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Illinois Blue Preferred</b>							
High Self	9G1	712.46	748.60	36.14	698.49	733.92	35.43
High Self & Family	9G2	1,542.50	1,620.71	78.21	1,512.25	1,588.93	76.68
High Self Plus One	9G3	1,439.20	1,534.62	95.42	1,410.98	1,504.53	93.55
Standard Self	9G4	529.51	542.75	13.24	519.13	532.11	12.98
Standard Self & Family	9G5	1,498.53	1,560.38	61.85	1,469.15	1,529.78	60.63
Standard Self Plus One	9G6	1,376.75	1,411.13	34.38	1,349.75	1,383.46	33.71

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Illinois Health Alliance HMO

Standard Self	K84	618.29	639.34	21.05	606.17	626.80	20.63
Standard Self & Family	K85	1,715.73	1,956.98	241.25	1,682.09	1,918.61	236.52
Standard Self Plus One	K86	1,298.42	1,480.97	182.55	1,272.96	1,451.93	178.97

### Illinois Humana CoverageFirst/Value Plan

CDHP Self	GB1	733.81	890.63	156.82	719.42	873.17	153.75
CDHP Self & Family	GB2	1,651.07	2,003.89	352.82	1,618.70	1,964.60	345.90
CDHP Self Plus One	GB3	1,577.70	1,914.84	337.14	1,546.76	1,877.29	330.53
Value Self	GB4	474.62	526.84	52.22	465.31	516.51	51.20
Value Self & Family	GB5	1,067.87	1,185.38	117.51	1,046.93	1,162.14	115.21
Value Self Plus One	GB6	1,020.43	1,132.74	112.31	1,000.42	1,110.53	110.11

### Illinois Humana CoverageFirst/Value Plan

CDHP Self	MW1	712.19	726.45	14.26	698.23	712.21	13.98
CDHP Self & Family	MW2	1,602.45	1,634.56	32.11	1,571.03	1,602.51	31.48
CDHP Self Plus One	MW3	1,531.22	1,561.90	30.68	1,501.20	1,531.27	30.07
Value Self	MW4	498.33	568.13	69.80	488.56	556.99	68.43
Value Self & Family	MW5	1,121.27	1,278.24	156.97	1,099.28	1,253.18	153.90
Value Self Plus One	MW6	1,071.45	1,221.45	150.00	1,050.44	1,197.50	147.06

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

**Illinois Humana Health Plan, Inc.**

High Self	751	1,282.98	1,286.90	3.92	1,257.82	1,261.67	3.85
High Self & Family	752	2,886.66	2,895.49	8.83	2,830.06	2,838.72	8.66
High Self Plus One	753	2,758.35	2,766.81	8.46	2,704.26	2,712.56	8.30
Standard Self	754	897.28	899.12	1.84	879.69	881.49	1.80
Standard Self & Family	755	2,018.88	2,023.02	4.14	1,979.29	1,983.35	4.06
Standard Self Plus One	756	1,929.14	1,933.06	3.92	1,891.31	1,895.16	3.85

**Illinois Humana Health Plan, Inc.**

High Self	9F1	1,570.38	1,601.79	31.41	1,539.59	1,570.38	30.79
High Self & Family	9F2	3,533.37	3,604.05	70.68	3,464.09	3,533.38	69.29
High Self Plus One	9F3	3,376.33	3,443.85	67.52	3,310.13	3,376.32	66.19

**Illinois Humana Health Plan, Inc.**

Basic Self	AB1	<b>New Plan</b>	595.75	<b>New Plan</b>	<b>New Plan</b>	584.07	<b>New Plan</b>
Basic Self & Family	AB2	<b>New Plan</b>	1,340.43	<b>New Plan</b>	<b>New Plan</b>	1,314.15	<b>New Plan</b>
Basic Self Plus One	AB3	<b>New Plan</b>	1,280.85	<b>New Plan</b>	<b>New Plan</b>	1,255.74	<b>New Plan</b>
Standard Self	AB4	963.98	1,041.02	77.04	945.08	1,020.61	75.53
Standard Self & Family	AB5	2,168.90	2,342.32	173.42	2,126.37	2,296.39	170.02
Standard Self Plus One	AB6	2,072.52	2,238.20	165.68	2,031.88	2,194.31	162.43

**Illinois Humana Health Plan, Inc.**

Basic Self	RW1	<b>New Plan</b>	603.86	<b>New Plan</b>	<b>New Plan</b>	592.02	<b>New Plan</b>
Basic Self & Family	RW2	<b>New Plan</b>	1,358.69	<b>New Plan</b>	<b>New Plan</b>	1,332.05	<b>New Plan</b>
Basic Self Plus One	RW3	<b>New Plan</b>	1,298.29	<b>New Plan</b>	<b>New Plan</b>	1,272.83	<b>New Plan</b>



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Illinois MercyCare HMO</b>							
High Self	EY1	742.23	781.81	39.58	727.68	766.48	38.80
High Self & Family	EY2	1,929.84	2,040.28	110.44	1,892.00	2,000.27	108.27
High Self Plus One	EY3	1,595.80	1,680.91	85.11	1,564.51	1,647.95	83.44
<b>Illinois Union Health Service</b>							
High Self	761	638.38	684.52	46.14	625.86	671.10	45.24
High Self & Family	762	1,586.43	1,714.59	128.16	1,555.32	1,680.97	125.65
High Self Plus One	763	1,396.05	1,503.64	107.59	1,368.68	1,474.16	105.48
<b>Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>							
Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>							
High Self	YH1	655.44	720.24	64.80	642.59	706.12	63.53
High Self & Family	YH2	1,837.82	2,019.59	181.77	1,801.78	1,979.99	178.21
High Self Plus One	YH3	1,280.08	1,406.66	126.58	1,254.98	1,379.08	124.10
<b>Indiana Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Aetna HealthFund HDHP</b>								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Indiana Aetna Direct</b>								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Indiana Health Alliance HMO</b>								
	Standard Self	K84	618.29	639.34	21.05	606.17	626.80	20.63
	Standard Self & Family	K85	1,715.73	1,956.98	241.25	1,682.09	1,918.61	236.52
	Standard Self Plus One	K86	1,298.42	1,480.97	182.55	1,272.96	1,451.93	178.97
<b>Indiana Humana CoverageFirst/Value Plan</b>								
	CDHP Self	MW1	712.19	726.45	14.26	698.23	712.21	13.98
	CDHP Self & Family	MW2	1,602.45	1,634.56	32.11	1,571.03	1,602.51	31.48
	CDHP Self Plus One	MW3	1,531.22	1,561.90	30.68	1,501.20	1,531.27	30.07
	Value Self	MW4	498.33	568.13	69.80	488.56	556.99	68.43
	Value Self & Family	MW5	1,121.27	1,278.24	156.97	1,099.28	1,253.18	153.90
	Value Self Plus One	MW6	1,071.45	1,221.45	150.00	1,050.44	1,197.50	147.06
<b>Indiana Humana CoverageFirst/Value Plan</b>								
	CDHP Self	TC1	<b>New Plan</b>	614.36	<b>New Plan</b>	<b>New Plan</b>	602.31	<b>New Plan</b>
	CDHP Self & Family	TC2	<b>New Plan</b>	1,382.33	<b>New Plan</b>	<b>New Plan</b>	1,355.23	<b>New Plan</b>
	CDHP Self Plus One	TC3	<b>New Plan</b>	1,320.90	<b>New Plan</b>	<b>New Plan</b>	1,295.00	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Health Plan of Ohio, Inc.</b>							
High Self	A61	1,004.93	1,065.29	60.36	985.23	1,044.40	59.17
High Self & Family	A62	2,261.10	2,396.90	135.80	2,216.76	2,349.90	133.14
High Self Plus One	A63	2,160.60	2,290.38	129.78	2,118.24	2,245.47	127.23
Standard Self	A64	792.24	852.60	60.36	776.71	835.88	59.17
Standard Self & Family	A65	1,782.50	1,918.34	135.84	1,747.55	1,880.73	133.18
Standard Self Plus One	A66	1,703.27	1,833.08	129.81	1,669.87	1,797.14	127.27
<b>Indiana Humana Health Plan, Inc.</b>							
High Self	751	1,282.98	1,286.90	3.92	1,257.82	1,261.67	3.85
High Self & Family	752	2,886.66	2,895.49	8.83	2,830.06	2,838.72	8.66
High Self Plus One	753	2,758.35	2,766.81	8.46	2,704.26	2,712.56	8.30
Standard Self	754	897.28	899.12	1.84	879.69	881.49	1.80
Standard Self & Family	755	2,018.88	2,023.02	4.14	1,979.29	1,983.35	4.06
Standard Self Plus One	756	1,929.14	1,933.06	3.92	1,891.31	1,895.16	3.85
<b>Indiana Humana Health Plan, Inc.</b>							
High Self	MH1	730.05	817.65	87.60	715.74	801.62	85.88
High Self & Family	MH2	1,642.63	1,839.71	197.08	1,610.42	1,803.64	193.22
High Self Plus One	MH3	1,569.63	1,757.92	188.29	1,538.85	1,723.45	184.60
Standard Self	MH4	666.52	686.51	19.99	653.45	673.05	19.60
Standard Self & Family	MH5	1,499.67	1,544.64	44.97	1,470.26	1,514.35	44.09
Standard Self Plus One	MH6	1,433.01	1,475.99	42.98	1,404.91	1,447.05	42.14

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Iowa Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
<b>Iowa Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Iowa Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Iowa Health Alliance HMO</b>							
Standard Self	K84	618.29	639.34	21.05	606.17	626.80	20.63
Standard Self & Family	K85	1,715.73	1,956.98	241.25	1,682.09	1,918.61	236.52
Standard Self Plus One	K86	1,298.42	1,480.97	182.55	1,272.96	1,451.93	178.97

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### Iowa HealthPartners

High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36

### Iowa UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	LJ1	567.81	622.91	55.10	556.68	610.70	54.02
High Self & Family	LJ2	1,419.57	1,557.30	137.73	1,391.74	1,526.76	135.02
High Self Plus One	LJ3	1,220.83	1,339.28	118.45	1,196.89	1,313.02	116.13

### Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	N71	540.37	511.84	-28.53	529.77	501.80	-27.97
HDHP Self & Family	N72	1,350.95	1,279.59	-71.36	1,324.46	1,254.50	-69.96
HDHP Self Plus One	N73	1,161.82	1,100.45	-61.37	1,139.04	1,078.87	-60.17

### Iowa UnitedHealthcare Plan of the River Valley Inc.

High Self	YH1	655.44	720.24	64.80	642.59	706.12	63.53
High Self & Family	YH2	1,837.82	2,019.59	181.77	1,801.78	1,979.99	178.21
High Self Plus One	YH3	1,280.08	1,406.66	126.58	1,254.98	1,379.08	124.10

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Kansas Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
<b>Kansas Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Kansas Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Kansas Aetna Open Access</b>							
High Self	HA1	717.57	742.92	25.35	703.50	728.35	24.85
High Self & Family	HA2	1,695.03	1,754.87	59.84	1,661.79	1,720.46	58.67
High Self Plus One	HA3	1,678.28	1,737.55	59.27	1,645.37	1,703.48	58.11
Standard Self	HA4	617.32	623.44	6.12	605.22	611.22	6.00
Standard Self & Family	HA5	1,457.16	1,471.55	14.39	1,428.59	1,442.70	14.11
Standard Self Plus One	HA6	1,442.76	1,456.99	14.23	1,414.47	1,428.42	13.95

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Kansas Humana CoverageFirst/Value Plan</b>							
CDHP Self	PH1	618.47	587.75	-30.72	606.34	576.23	-30.11
CDHP Self & Family	PH2	1,391.60	1,322.42	-69.18	1,364.31	1,296.49	-67.82
CDHP Self Plus One	PH3	1,329.73	1,263.66	-66.07	1,303.66	1,238.88	-64.78
Value Self	PH4	474.62	427.15	-47.47	465.31	418.77	-46.54
Value Self & Family	PH5	1,067.87	961.13	-106.74	1,046.93	942.28	-104.65
Value Self Plus One	PH6	1,020.43	918.39	-102.04	1,000.42	900.38	-100.04
<b>Kansas Humana Health Plan, Inc.</b>							
High Self	MS1	1,637.68	1,654.01	16.33	1,605.57	1,621.58	16.01
High Self & Family	MS2	3,684.78	3,721.51	36.73	3,612.53	3,648.54	36.01
High Self Plus One	MS3	3,521.00	3,556.11	35.11	3,451.96	3,486.38	34.42
Standard Self	MS4	846.56	888.84	42.28	829.96	871.41	41.45
Standard Self & Family	MS5	1,904.80	1,999.91	95.11	1,867.45	1,960.70	93.25
Standard Self Plus One	MS6	1,820.16	1,911.03	90.87	1,784.47	1,873.56	89.09
<b>Kentucky Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Kentucky Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Kentucky Humana CoverageFirst/Value Plan</b>							
CDHP Self	6N1	573.80	596.77	22.97	562.55	585.07	22.52
CDHP Self & Family	6N2	1,291.01	1,342.71	51.70	1,265.70	1,316.38	50.68
CDHP Self Plus One	6N3	1,233.62	1,283.04	49.42	1,209.43	1,257.88	48.45
<b>Kentucky Humana CoverageFirst/Value Plan</b>							
CDHP Self	TC1	<b>New Plan</b>	614.36	<b>New Plan</b>	<b>New Plan</b>	602.31	<b>New Plan</b>
CDHP Self & Family	TC2	<b>New Plan</b>	1,382.33	<b>New Plan</b>	<b>New Plan</b>	1,355.23	<b>New Plan</b>
CDHP Self Plus One	TC3	<b>New Plan</b>	1,320.90	<b>New Plan</b>	<b>New Plan</b>	1,295.00	<b>New Plan</b>
<b>Kentucky Humana Health Plan of Ohio, Inc.</b>							
High Self	A61	1,004.93	1,065.29	60.36	985.23	1,044.40	59.17
High Self & Family	A62	2,261.10	2,396.90	135.80	2,216.76	2,349.90	133.14
High Self Plus One	A63	2,160.60	2,290.38	129.78	2,118.24	2,245.47	127.23
Standard Self	A64	792.24	852.60	60.36	776.71	835.88	59.17
Standard Self & Family	A65	1,782.50	1,918.34	135.84	1,747.55	1,880.73	133.18
Standard Self Plus One	A66	1,703.27	1,833.08	129.81	1,669.87	1,797.14	127.27



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Health Plan, Inc.</b>							
High Self	MH1	730.05	817.65	87.60	715.74	801.62	85.88
High Self & Family	MH2	1,642.63	1,839.71	197.08	1,610.42	1,803.64	193.22
High Self Plus One	MH3	1,569.63	1,757.92	188.29	1,538.85	1,723.45	184.60
Standard Self	MH4	666.52	686.51	19.99	653.45	673.05	19.60
Standard Self & Family	MH5	1,499.67	1,544.64	44.97	1,470.26	1,514.35	44.09
Standard Self Plus One	MH6	1,433.01	1,475.99	42.98	1,404.91	1,447.05	42.14
<b>Kentucky Humana Health Plan, Inc.</b>							
High Self	MI1	831.84	1,020.32	188.48	815.53	1,000.31	184.78
High Self & Family	MI2	1,871.61	2,295.66	424.05	1,834.91	2,250.65	415.74
High Self Plus One	MI3	1,788.42	2,193.64	405.22	1,753.35	2,150.63	397.28
Standard Self	MI4	748.95	778.85	29.90	734.26	763.58	29.32
Standard Self & Family	MI5	1,685.12	1,752.44	67.32	1,652.08	1,718.08	66.00
Standard Self Plus One	MI6	1,610.23	1,674.54	64.31	1,578.66	1,641.71	63.05
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	LJ1	567.81	622.91	55.10	556.68	610.70	54.02
High Self & Family	LJ2	1,419.57	1,557.30	137.73	1,391.74	1,526.76	135.02
High Self Plus One	LJ3	1,220.83	1,339.28	118.45	1,196.89	1,313.02	116.13
<b>Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>							
HDHP Self	N71	540.37	511.84	-28.53	529.77	501.80	-27.97
HDHP Self & Family	N72	1,350.95	1,279.59	-71.36	1,324.46	1,254.50	-69.96
HDHP Self Plus One	N73	1,161.82	1,100.45	-61.37	1,139.04	1,078.87	-60.17

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Louisiana Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
<b>Louisiana Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Louisiana Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>							
High Self	AE1	775.54	806.54	31.00	760.33	790.73	30.40
High Self & Family	AE2	1,744.92	1,814.67	69.75	1,710.71	1,779.09	68.38
High Self Plus One	AE3	1,667.35	1,734.03	66.68	1,634.66	1,700.03	65.37
Standard Self	AE4	683.91	697.59	13.68	670.50	683.91	13.41
Standard Self & Family	AE5	1,538.80	1,569.59	30.79	1,508.63	1,538.81	30.18
Standard Self Plus One	AE6	1,470.42	1,499.82	29.40	1,441.59	1,470.41	28.82

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>							
High Self	BC1	680.37	707.59	27.22	667.03	693.72	26.69
High Self & Family	BC2	1,530.83	1,592.15	61.32	1,500.81	1,560.93	60.12
High Self Plus One	BC3	1,462.80	1,521.39	58.59	1,434.12	1,491.56	57.44
Standard Self	BC4	583.29	583.29	0.00	571.85	571.85	0.00
Standard Self & Family	BC5	1,312.41	1,312.41	0.00	1,286.68	1,286.68	0.00
Standard Self Plus One	BC6	1,254.09	1,254.09	0.00	1,229.50	1,229.50	0.00
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04
<b>Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>							
HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18
<b>Maine Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Maine Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### Maine Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

### Maryland Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

### Maryland Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### Maryland Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Maryland Aetna Open Access

High Self	JN1	1,036.67	1,125.15	88.48	1,016.34	1,103.09	86.75
High Self & Family	JN2	2,330.62	2,529.55	198.93	2,284.92	2,479.95	195.03
High Self Plus One	JN3	2,307.55	2,504.49	196.94	2,262.30	2,455.38	193.08
Basic Self	JN4	650.10	676.11	26.01	637.35	662.85	25.50
Basic Self & Family	JN5	1,468.66	1,547.29	78.63	1,439.86	1,516.95	77.09
Basic Self Plus One	JN6	1,401.47	1,420.85	19.38	1,373.99	1,392.99	19.00

### Maryland CareFirst BlueChoice

High Self	2G1	792.89	872.18	79.29	777.34	855.08	77.74
High Self & Family	2G2	1,883.87	2,072.23	188.36	1,846.93	2,031.60	184.67
High Self Plus One	2G3	1,585.76	1,744.33	158.57	1,554.67	1,710.13	155.46
Standard Self	2G4	673.81	707.49	33.68	660.60	693.62	33.02
Standard Self & Family	2G5	1,600.95	1,681.01	80.06	1,569.56	1,648.05	78.49
Standard Self Plus One	2G6	1,347.61	1,415.00	67.39	1,321.19	1,387.25	66.06

### Maryland CareFirst BlueChoice

HDHP Self	B61	621.91	621.91	0.00	609.72	609.72	0.00
HDHP Self & Family	B62	1,477.65	1,477.65	0.00	1,448.68	1,448.68	0.00
HDHP Self Plus One	B63	1,243.83	1,243.83	0.00	1,219.44	1,219.44	0.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>							
High Self	E31	654.53	673.57	19.04	641.70	660.36	18.66
High Self & Family	E32	1,531.66	1,549.21	17.55	1,501.63	1,518.83	17.20
High Self Plus One	E33	1,479.29	1,549.21	69.92	1,450.28	1,518.83	68.55
Standard Self	E34	493.71	515.06	21.35	484.03	504.96	20.93
Standard Self & Family	E35	1,155.28	1,184.72	29.44	1,132.63	1,161.49	28.86
Standard Self Plus One	E36	1,115.77	1,184.72	68.95	1,093.89	1,161.49	67.60
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>							
Basic Self	T71	<b>New Plan</b>	469.23	<b>New Plan</b>	<b>New Plan</b>	460.03	<b>New Plan</b>
Basic Self & Family	T72	<b>New Plan</b>	1,126.59	<b>New Plan</b>	<b>New Plan</b>	1,104.50	<b>New Plan</b>
Basic Self Plus One	T73	<b>New Plan</b>	1,026.34	<b>New Plan</b>	<b>New Plan</b>	1,006.22	<b>New Plan</b>
<b>Maryland M.D. IPA</b>							
High Self	JP1	704.54	732.13	27.59	690.73	717.77	27.04
High Self & Family	JP2	1,975.55	2,052.91	77.36	1,936.81	2,012.66	75.85
High Self Plus One	JP3	1,375.99	1,429.85	53.86	1,349.01	1,401.81	52.80
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	LR1	618.22	620.15	1.93	606.10	607.99	1.89
High Self & Family	LR2	1,545.57	1,550.40	4.83	1,515.26	1,520.00	4.74
High Self Plus One	LR3	1,267.37	1,333.33	65.96	1,242.52	1,307.19	64.67
<b>Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced</b>							
Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	V41	New Plan	578.31	New Plan	New Plan	566.97	New Plan
HDHP Self & Family	V42	New Plan	1,445.83	New Plan	New Plan	1,417.48	New Plan
HDHP Self Plus One	V43	New Plan	1,243.39	New Plan	New Plan	1,219.01	New Plan

### Massachusetts Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

### Massachusetts Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### Massachusetts Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
<b>Michigan Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Michigan Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Michigan Bluecare Network of MI</b>							
High Self	K51	862.83	946.37	83.54	845.91	927.81	81.90
High Self & Family	K52	2,105.23	2,309.10	203.87	2,063.95	2,263.82	199.87
High Self Plus One	K53	1,984.49	2,176.65	192.16	1,945.58	2,133.97	188.39
<b>Michigan Bluecare Network of MI</b>							
High Self	LX1	681.34	681.34	0.00	667.98	667.98	0.00
High Self & Family	LX2	1,662.50	1,662.43	-0.07	1,629.90	1,629.83	-0.07
High Self Plus One	LX3	1,567.09	1,567.09	0.00	1,536.36	1,536.36	0.00



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Health Alliance Plan</b>							
High Self	521	733.17	722.38	-10.79	718.79	708.22	-10.57
High Self & Family	522	1,788.91	1,762.61	-26.30	1,753.83	1,728.05	-25.78
High Self Plus One	523	1,686.29	1,661.48	-24.81	1,653.23	1,628.90	-24.33
<b>Michigan Health Alliance Plan</b>							
Standard Self	GY4	618.35	575.20	-43.15	606.23	563.92	-42.31
Standard Self & Family	GY5	1,508.81	1,403.48	-105.33	1,479.23	1,375.96	-103.27
Standard Self Plus One	GY6	1,422.23	1,322.95	-99.28	1,394.34	1,297.01	-97.33
<b>Michigan Priority Health</b>							
High Self	LE1	696.11	830.08	133.97	682.46	813.80	131.34
High Self & Family	LE2	1,635.87	1,950.66	314.79	1,603.79	1,912.41	308.62
High Self Plus One	LE3	1,531.44	1,826.15	294.71	1,501.41	1,790.34	288.93
Standard Self	LE4	557.62	605.19	47.57	546.69	593.32	46.63
Standard Self & Family	LE5	1,310.47	1,422.21	111.74	1,284.77	1,394.32	109.55
Standard Self Plus One	LE6	1,226.79	1,331.42	104.63	1,202.74	1,305.31	102.57
<b>Minnesota Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Minnesota Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Minnesota Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Minnesota HealthPartners</b>							
High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36
<b>Mississippi Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	Plan - Option - Enrollment Code	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums		
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
<b>Mississippi Aetna HealthFund HDHP</b>								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Mississippi Aetna Direct</b>								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Mississippi UnitedHealthcare Insurance Company, Inc. Choice HMO</b>								
	High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
	High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
	High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04
<b>Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>								
	HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
	HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
	HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18
<b>Missouri Aetna HealthFund CDHP and Aetna Value Plan</b>								
	CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
	CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
	CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
	Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
	Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
	Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Missouri Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Missouri Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Missouri Aetna Open Access</b>							
High Self	HA1	717.57	742.92	25.35	703.50	728.35	24.85
High Self & Family	HA2	1,695.03	1,754.87	59.84	1,661.79	1,720.46	58.67
High Self Plus One	HA3	1,678.28	1,737.55	59.27	1,645.37	1,703.48	58.11
Standard Self	HA4	617.32	623.44	6.12	605.22	611.22	6.00
Standard Self & Family	HA5	1,457.16	1,471.55	14.39	1,428.59	1,442.70	14.11
Standard Self Plus One	HA6	1,442.76	1,456.99	14.23	1,414.47	1,428.42	13.95
<b>Missouri Blue Preferred</b>							
High Self	9G1	712.46	748.60	36.14	698.49	733.92	35.43
High Self & Family	9G2	1,542.50	1,620.71	78.21	1,512.25	1,588.93	76.68
High Self Plus One	9G3	1,439.20	1,534.62	95.42	1,410.98	1,504.53	93.55
Standard Self	9G4	529.51	542.75	13.24	519.13	532.11	12.98
Standard Self & Family	9G5	1,498.53	1,560.38	61.85	1,469.15	1,529.78	60.63
Standard Self Plus One	9G6	1,376.75	1,411.13	34.38	1,349.75	1,383.46	33.71

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Missouri Humana CoverageFirst/Value Plan</b>							
CDHP Self	PH1	618.47	587.75	-30.72	606.34	576.23	-30.11
CDHP Self & Family	PH2	1,391.60	1,322.42	-69.18	1,364.31	1,296.49	-67.82
CDHP Self Plus One	PH3	1,329.73	1,263.66	-66.07	1,303.66	1,238.88	-64.78
Value Self	PH4	474.62	427.15	-47.47	465.31	418.77	-46.54
Value Self & Family	PH5	1,067.87	961.13	-106.74	1,046.93	942.28	-104.65
Value Self Plus One	PH6	1,020.43	918.39	-102.04	1,000.42	900.38	-100.04
<b>Missouri Humana Health Plan, Inc.</b>							
High Self	MS1	1,637.68	1,654.01	16.33	1,605.57	1,621.58	16.01
High Self & Family	MS2	3,684.78	3,721.51	36.73	3,612.53	3,648.54	36.01
High Self Plus One	MS3	3,521.00	3,556.11	35.11	3,451.96	3,486.38	34.42
Standard Self	MS4	846.56	888.84	42.28	829.96	871.41	41.45
Standard Self & Family	MS5	1,904.80	1,999.91	95.11	1,867.45	1,960.70	93.25
Standard Self Plus One	MS6	1,820.16	1,911.03	90.87	1,784.47	1,873.56	89.09
<b>Montana Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Montana Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Montana Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Nebraska Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
<b>Nebraska Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Nebraska Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Nevada Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
<b>Nevada Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Nevada Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Nevada Health Plan of Nevada</b>							
High Self	NM1	545.21	619.68	74.47	534.52	607.53	73.01
High Self & Family	NM2	1,292.10	1,468.59	176.49	1,266.76	1,439.79	173.03
High Self Plus One	NM3	1,035.85	1,177.40	141.55	1,015.54	1,154.31	138.77
<b>Nevada UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	KT1	<b>New Plan</b>	622.89	<b>New Plan</b>	<b>New Plan</b>	610.68	<b>New Plan</b>
High Self & Family	KT2	<b>New Plan</b>	1,557.23	<b>New Plan</b>	<b>New Plan</b>	1,526.70	<b>New Plan</b>
High Self Plus One	KT3	<b>New Plan</b>	1,339.22	<b>New Plan</b>	<b>New Plan</b>	1,312.96	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium			2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	New Plan	492.57	New Plan	New Plan	482.91	New Plan
HDHP Self & Family	LU2	New Plan	1,231.40	New Plan	New Plan	1,207.25	New Plan
HDHP Self Plus One	LU3	New Plan	1,059.02	New Plan	New Plan	1,038.25	New Plan

### New Hampshire Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

### New Hampshire Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### New Hampshire Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

### New Jersey Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### New Jersey Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

### New Jersey Aetna Open Access

High Self	JR1	1,405.87	1,473.15	67.28	1,378.30	1,444.26	65.96
High Self & Family	JR2	3,247.47	3,402.82	155.35	3,183.79	3,336.10	152.31
High Self Plus One	JR3	3,215.31	3,369.12	153.81	3,152.26	3,303.06	150.80
Basic Self	JR4	1,080.86	1,187.11	106.25	1,059.67	1,163.83	104.16
Basic Self & Family	JR5	2,504.99	2,751.18	246.19	2,455.87	2,697.24	241.37
Basic Self Plus One	JR6	2,480.17	2,723.96	243.79	2,431.54	2,670.55	239.01

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>New Jersey Aetna Open Access</b>							
High Self	P31	1,448.08	1,603.87	155.79	1,419.69	1,572.42	152.73
High Self & Family	P32	3,510.89	3,888.59	377.70	3,442.05	3,812.34	370.29
High Self Plus One	P33	3,476.13	3,850.06	373.93	3,407.97	3,774.57	366.60
Basic Self	P34	1,213.31	1,375.04	161.73	1,189.52	1,348.08	158.56
Basic Self & Family	P35	2,816.10	3,191.46	375.36	2,760.88	3,128.88	368.00
Basic Self Plus One	P36	2,788.20	3,159.86	371.66	2,733.53	3,097.90	364.37
<b>New Jersey GHI Health Plan -</b>							
High Self	801	974.74	1,047.88	73.14	955.63	1,027.33	71.70
High Self & Family	802	2,644.31	2,842.64	198.33	2,592.46	2,786.90	194.44
High Self Plus One	803	2,373.67	2,551.71	178.04	2,327.13	2,501.68	174.55
Standard Self	804	725.21	725.21	0.00	710.99	710.99	0.00
Standard Self & Family	805	1,729.77	2,149.43	419.66	1,695.85	2,107.28	411.43
Standard Self Plus One	806	1,657.70	1,707.45	49.75	1,625.20	1,673.97	48.77
<b>New Mexico Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>New Mexico Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>New Mexico Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>New Mexico Presbyterian Health Plan</b>							
High Self	P21	691.11	786.60	95.49	677.56	771.18	93.62
High Self & Family	P22	1,624.16	1,848.54	224.38	1,592.31	1,812.29	219.98
High Self Plus One	P23	1,568.86	1,785.63	216.77	1,538.10	1,750.62	212.52
<b>New Mexico Presbyterian Health Plan</b>							
Standard Self	PS4	578.42	662.91	84.49	567.08	649.91	82.83
Standard Self & Family	PS5	1,359.32	1,557.90	198.58	1,332.67	1,527.35	194.68
Standard Self Plus One	PS6	1,313.05	1,504.86	191.81	1,287.30	1,475.35	188.05
<b>New York Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>New York Aetna HealthFund HDHP</b>								
	HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
	HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
	HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>New York Aetna Direct</b>								
	CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
	CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
	CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>New York Aetna Open Access</b>								
	High Self	JC1	1,068.13	1,188.32	120.19	1,047.19	1,165.02	117.83
	High Self & Family	JC2	2,639.38	2,936.29	296.91	2,587.63	2,878.72	291.09
	High Self Plus One	JC3	2,613.28	2,907.28	294.00	2,562.04	2,850.27	288.23
	Basic Self	JC4	820.57	902.19	81.62	804.48	884.50	80.02
	Basic Self & Family	JC5	2,001.51	2,200.61	199.10	1,962.26	2,157.46	195.20
	Basic Self Plus One	JC6	1,981.73	2,178.84	197.11	1,942.87	2,136.12	193.25
<b>New York CDPHP Universal Benefits, Inc.</b>								
	High Self	SG1	764.48	821.90	57.42	749.49	805.78	56.29
	High Self & Family	SG2	2,293.43	2,465.61	172.18	2,248.46	2,417.26	168.80
	High Self Plus One	SG3	1,528.99	1,643.84	114.85	1,499.01	1,611.61	112.60
	Standard Self	SG4	540.44	589.12	48.68	529.84	577.57	47.73
	Standard Self & Family	SG5	1,621.19	1,767.31	146.12	1,589.40	1,732.66	143.26
	Standard Self Plus One	SG6	1,080.82	1,178.24	97.42	1,059.63	1,155.14	95.51

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>New York GHI Health Plan -</b>								
	High Self	801	974.74	1,047.88	73.14	955.63	1,027.33	71.70
	High Self & Family	802	2,644.31	2,842.64	198.33	2,592.46	2,786.90	194.44
	High Self Plus One	803	2,373.67	2,551.71	178.04	2,327.13	2,501.68	174.55
	Standard Self	804	725.21	725.21	0.00	710.99	710.99	0.00
	Standard Self & Family	805	1,729.77	2,149.43	419.66	1,695.85	2,107.28	411.43
	Standard Self Plus One	806	1,657.70	1,707.45	49.75	1,625.20	1,673.97	48.77
<b>New York HIP of Greater New York</b>								
	High Self	511	736.24	778.01	41.77	721.80	762.75	40.95
	High Self & Family	512	2,149.12	2,191.22	42.10	2,106.98	2,148.25	41.27
	High Self Plus One	513	1,451.78	1,386.47	-65.31	1,423.31	1,359.28	-64.03
<b>New York Independent Health Assoc</b>								
	Standard Self	C54	668.04	689.61	21.57	654.94	676.09	21.15
	Standard Self & Family	C55	1,803.70	1,861.93	58.23	1,768.33	1,825.42	57.09
	Standard Self Plus One	C56	1,703.49	1,758.48	54.99	1,670.09	1,724.00	53.91
<b>New York Independent Health Assoc</b>								
	High Self	QA1	703.00	724.11	21.11	689.22	709.91	20.69
	High Self & Family	QA2	1,898.13	1,955.13	57.00	1,860.91	1,916.79	55.88
	High Self Plus One	QA3	1,792.69	1,846.50	53.81	1,757.54	1,810.29	52.75
	HDHP Self	QA4	458.70	534.38	75.68	449.71	523.90	74.19
	HDHP Self & Family	QA5	1,215.81	1,371.57	155.76	1,191.97	1,344.68	152.71
	HDHP Self Plus One	QA6	1,123.67	1,276.12	152.45	1,101.64	1,251.10	149.46

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 York MVP Health Care**

High Self	GA1	772.49	912.93	140.44	757.34	895.03	137.69
High Self & Family	GA2	1,892.62	2,236.70	344.08	1,855.51	2,192.84	337.33
High Self Plus One	GA3	1,776.73	2,099.74	323.01	1,741.89	2,058.57	316.68
Standard Self	GA4	709.65	765.86	56.21	695.74	750.84	55.10
Standard Self & Family	GA5	1,738.63	1,876.29	137.66	1,704.54	1,839.50	134.96
Standard Self Plus One	GA6	1,632.19	1,761.42	129.23	1,600.19	1,726.88	126.69

**New York MVP Health Care**

High Self	GV1	697.57	808.37	110.80	683.89	792.52	108.63
High Self & Family	GV2	1,708.99	1,980.49	271.50	1,675.48	1,941.66	266.18
High Self Plus One	GV3	1,604.37	1,859.26	254.89	1,572.91	1,822.80	249.89
Standard Self	GV4	622.63	717.72	95.09	610.42	703.65	93.23
Standard Self & Family	GV5	1,525.43	1,758.37	232.94	1,495.52	1,723.89	228.37
Standard Self Plus One	GV6	1,432.04	1,650.72	218.68	1,403.96	1,618.35	214.39

**New York MVP Health Care**

High Self	M91	715.80	870.63	154.83	701.76	853.56	151.80
High Self & Family	M92	1,753.64	2,133.04	379.40	1,719.25	2,091.22	371.97
High Self Plus One	M93	1,646.30	2,002.46	356.16	1,614.02	1,963.20	349.18
Standard Self	M94	700.00	717.46	17.46	686.27	703.39	17.12
Standard Self & Family	M95	1,715.03	1,757.77	42.74	1,681.40	1,723.30	41.90
Standard Self Plus One	M96	1,610.01	1,650.15	40.14	1,578.44	1,617.79	39.35

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### New York MVP Health Care

High Self	MF1	957.66	1,079.12	121.46	938.88	1,057.96	119.08
High Self & Family	MF2	2,346.20	2,643.85	297.65	2,300.20	2,592.01	291.81
High Self Plus One	MF3	2,202.56	2,481.97	279.41	2,159.37	2,433.30	273.93
Standard Self	MF4	893.29	986.17	92.88	875.77	966.83	91.06
Standard Self & Family	MF5	2,188.52	2,416.10	227.58	2,145.61	2,368.73	223.12
Standard Self Plus One	MF6	2,054.52	2,268.16	213.64	2,014.24	2,223.69	209.45

### New York MVP Health Care

High Self	MX1	843.14	1,107.91	264.77	826.61	1,086.19	259.58
High Self & Family	MX2	2,065.76	2,714.41	648.65	2,025.25	2,661.19	635.94
High Self Plus One	MX3	1,939.25	2,548.25	609.00	1,901.23	2,498.28	597.05
Standard Self	MX4	819.47	865.95	46.48	803.40	848.97	45.57
Standard Self & Family	MX5	2,007.70	2,121.58	113.88	1,968.33	2,079.98	111.65
Standard Self Plus One	MX6	1,884.78	1,991.69	106.91	1,847.82	1,952.64	104.82

### North Carolina Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>North Carolina Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>North Carolina Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	KK1	New Plan	607.25	New Plan	New Plan	595.34	New Plan
High Self & Family	KK2	New Plan	1,518.08	New Plan	New Plan	1,488.31	New Plan
High Self Plus One	KK3	New Plan	1,305.54	New Plan	New Plan	1,279.94	New Plan
<b>North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP</b>							
HDHP Self	LS1	New Plan	447.02	New Plan	New Plan	438.25	New Plan
HDHP Self & Family	LS2	New Plan	1,117.53	New Plan	New Plan	1,095.62	New Plan
HDHP Self Plus One	LS3	New Plan	961.08	New Plan	New Plan	942.24	New Plan
<b>North Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>North Dakota Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>North Dakota Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>North Dakota HealthPartners</b>							
High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36
<b>Ohio Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Ohio Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Ohio Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Ohio AultCare HMO</b>							
High Self	3A1	728.97	764.31	35.34	714.68	749.32	34.64
High Self & Family	3A2	1,800.48	1,887.87	87.39	1,765.18	1,850.85	85.67
High Self Plus One	3A3	1,530.83	1,605.03	74.20	1,500.81	1,573.56	72.75
HDHP Self	3A4	357.18	366.86	9.68	350.18	359.67	9.49
HDHP Self & Family	3A5	1,142.90	1,179.83	36.93	1,120.49	1,156.70	36.21
HDHP Self Plus One	3A6	678.61	695.35	16.74	665.30	681.72	16.42
<b>Ohio Humana Health Plan of Ohio, Inc.</b>							
High Self	A61	1,004.93	1,065.29	60.36	985.23	1,044.40	59.17
High Self & Family	A62	2,261.10	2,396.90	135.80	2,216.76	2,349.90	133.14
High Self Plus One	A63	2,160.60	2,290.38	129.78	2,118.24	2,245.47	127.23
Standard Self	A64	792.24	852.60	60.36	776.71	835.88	59.17
Standard Self & Family	A65	1,782.50	1,918.34	135.84	1,747.55	1,880.73	133.18
Standard Self Plus One	A66	1,703.27	1,833.08	129.81	1,669.87	1,797.14	127.27

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Ohio Medical Mutual</b>							
High Self	641	889.71	932.03	42.32	872.26	913.75	41.49
High Self & Family	642	2,135.30	2,236.81	101.51	2,093.43	2,192.95	99.52
High Self Plus One	643	1,957.35	2,050.39	93.04	1,918.97	2,010.19	91.22
Standard Self	644	745.78	776.68	30.90	731.16	761.45	30.29
Standard Self & Family	645	1,789.91	1,864.05	74.14	1,754.81	1,827.50	72.69
Standard Self Plus One	646	1,640.75	1,708.76	68.01	1,608.58	1,675.25	66.67
<b>Ohio Medical Mutual</b>							
Basic Self	UX1	<b>New Plan</b>	605.45	<b>New Plan</b>	<b>New Plan</b>	593.58	<b>New Plan</b>
Basic Self & Family	UX2	<b>New Plan</b>	1,453.12	<b>New Plan</b>	<b>New Plan</b>	1,424.63	<b>New Plan</b>
Basic Self Plus One	UX3	<b>New Plan</b>	1,332.04	<b>New Plan</b>	<b>New Plan</b>	1,305.92	<b>New Plan</b>
<b>Oklahoma Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72
<b>Oklahoma Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Oklahoma Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Oklahoma GlobalHealth, Inc.</b>							
High Self	IM1	578.69	579.27	0.58	567.34	567.91	0.57
High Self & Family	IM2	1,446.76	1,448.12	1.36	1,418.39	1,419.73	1.34
High Self Plus One	IM3	1,157.40	1,158.51	1.11	1,134.71	1,135.79	1.08
Standard Self	IM4	535.74	535.80	0.06	525.24	525.29	0.05
Standard Self & Family	IM5	1,339.41	1,339.48	0.07	1,313.15	1,313.22	0.07
Standard Self Plus One	IM6	1,071.54	1,071.58	0.04	1,050.53	1,050.57	0.04
<b>Oregon Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
<b>Oregon Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium			2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Oregon Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

### Oregon Kaiser Foundation Health Plan of Northwest

High Self	571	700.66	705.92	5.26	686.92	692.08	5.16
High Self & Family	572	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
High Self Plus One	573	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
Standard Self	574	605.72	612.26	6.54	593.84	600.25	6.41
Standard Self & Family	575	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76
Standard Self Plus One	576	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76

### Oregon UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	KT1	<b>New Plan</b>	622.89	<b>New Plan</b>	<b>New Plan</b>	610.68	<b>New Plan</b>
High Self & Family	KT2	<b>New Plan</b>	1,557.23	<b>New Plan</b>	<b>New Plan</b>	1,526.70	<b>New Plan</b>
High Self Plus One	KT3	<b>New Plan</b>	1,339.22	<b>New Plan</b>	<b>New Plan</b>	1,312.96	<b>New Plan</b>

### Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	<b>New Plan</b>	492.57	<b>New Plan</b>	<b>New Plan</b>	482.91	<b>New Plan</b>
HDHP Self & Family	LU2	<b>New Plan</b>	1,231.40	<b>New Plan</b>	<b>New Plan</b>	1,207.25	<b>New Plan</b>
HDHP Self Plus One	LU3	<b>New Plan</b>	1,059.02	<b>New Plan</b>	<b>New Plan</b>	1,038.25	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
<b>Pennsylvania Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Pennsylvania Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Pennsylvania Aetna Open Access</b>							
High Self	P31	1,448.08	1,603.87	155.79	1,419.69	1,572.42	152.73
High Self & Family	P32	3,510.89	3,888.59	377.70	3,442.05	3,812.34	370.29
High Self Plus One	P33	3,476.13	3,850.06	373.93	3,407.97	3,774.57	366.60
Basic Self	P34	1,213.31	1,375.04	161.73	1,189.52	1,348.08	158.56
Basic Self & Family	P35	2,816.10	3,191.46	375.36	2,760.88	3,128.88	368.00
Basic Self Plus One	P36	2,788.20	3,159.86	371.66	2,733.53	3,097.90	364.37

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 Open Access

High Self	YE1	826.48	938.50	112.02	810.27	920.10	109.83
High Self & Family	YE2	2,075.32	2,356.59	281.27	2,034.63	2,310.38	275.75
High Self Plus One	YE3	2,054.75	2,333.25	278.50	2,014.46	2,287.50	273.04

### Pennsylvania Geisinger Health Plan

Standard Self	GG4	677.85	697.76	19.91	664.56	684.08	19.52
Standard Self & Family	GG5	1,551.95	1,597.52	45.57	1,521.52	1,566.20	44.68
Standard Self Plus One	GG6	1,464.64	1,507.66	43.02	1,435.92	1,478.10	42.18

### Pennsylvania Highmark Choice Company

High Self	NP1	631.59	703.56	71.97	619.21	689.76	70.55
High Self & Family	NP2	1,432.46	1,599.55	167.09	1,404.37	1,568.19	163.82
High Self Plus One	NP3	1,188.67	1,416.96	228.29	1,165.36	1,389.18	223.82

### Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	LR1	New Plan	620.15	New Plan	New Plan	607.99	New Plan
High Self & Family	LR2	New Plan	1,550.40	New Plan	New Plan	1,520.00	New Plan
High Self Plus One	LR3	New Plan	1,333.33	New Plan	New Plan	1,307.19	New Plan

### Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	V41	New Plan	578.31	New Plan	New Plan	566.97	New Plan
HDHP Self & Family	V42	New Plan	1,445.83	New Plan	New Plan	1,417.48	New Plan
HDHP Self Plus One	V43	New Plan	1,243.39	New Plan	New Plan	1,219.01	New Plan

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 UPMC Health Plan**

High Self	8W1	785.12	881.68	96.56	769.73	864.39	94.66
High Self & Family	8W2	1,844.98	2,071.95	226.97	1,808.80	2,031.32	222.52
High Self Plus One	8W3	1,766.52	1,983.85	217.33	1,731.88	1,944.95	213.07
HDHP Self	8W4	522.20	550.40	28.20	511.96	539.61	27.65
HDHP Self & Family	8W5	1,196.16	1,262.33	66.17	1,172.71	1,237.58	64.87
HDHP Self Plus One	8W6	1,151.94	1,215.28	63.34	1,129.35	1,191.45	62.10

**Pennsylvania UPMC Health Plan**

Standard Self	UW4	611.82	636.99	25.17	599.82	624.50	24.68
Standard Self & Family	UW5	1,437.72	1,496.86	59.14	1,409.53	1,467.51	57.98
Standard Self Plus One	UW6	1,376.61	1,433.21	56.60	1,349.62	1,405.11	55.49

**Puerto Rico Humana Health Plans of Puerto Rico, Inc.**

High Self	ZJ1	371.96	375.06	3.10	364.67	367.71	3.04
High Self & Family	ZJ2	836.93	843.85	6.92	820.52	827.30	6.78
High Self Plus One	ZJ3	799.75	806.34	6.59	784.07	790.53	6.46

**Puerto Rico Triple-S Salud, Inc.**

High Self	891	415.53	415.53	0.00	407.38	407.38	0.00
High Self & Family	892	951.54	951.54	0.00	932.88	932.88	0.00
High Self Plus One	893	932.99	932.99	0.00	914.70	914.70	0.00



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Rhode Island Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83
<b>Rhode Island Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Rhode Island Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>South Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>South Carolina Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>South Carolina Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>South Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
<b>South Dakota Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>South Dakota Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### South Dakota HealthPartners

High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36

### Tennessee Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

### Tennessee Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### Tennessee Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Tennessee Aetna Open Access</b>							
High Self	UB1	879.71	1,074.08	194.37	862.46	1,053.02	190.56
High Self & Family	UB2	2,254.29	2,752.38	498.09	2,210.09	2,698.41	488.32
High Self Plus One	UB3	2,231.96	2,725.15	493.19	2,188.20	2,671.72	483.52
<b>Tennessee Humana CoverageFirst/Value Plan</b>							
CDHP Self	TT1	<b>New Plan</b>	650.84	<b>New Plan</b>	<b>New Plan</b>	638.08	<b>New Plan</b>
CDHP Self & Family	TT2	<b>New Plan</b>	1,464.39	<b>New Plan</b>	<b>New Plan</b>	1,435.68	<b>New Plan</b>
CDHP Self Plus One	TT3	<b>New Plan</b>	1,399.31	<b>New Plan</b>	<b>New Plan</b>	1,371.87	<b>New Plan</b>
Value Self	TT4	<b>New Plan</b>	525.93	<b>New Plan</b>	<b>New Plan</b>	515.62	<b>New Plan</b>
Value Self & Family	TT5	<b>New Plan</b>	1,183.36	<b>New Plan</b>	<b>New Plan</b>	1,160.16	<b>New Plan</b>
Value Self Plus One	TT6	<b>New Plan</b>	1,130.77	<b>New Plan</b>	<b>New Plan</b>	1,108.60	<b>New Plan</b>
<b>Tennessee Humana Health Plan, Inc.</b>							
High Self	GJ1	738.43	875.52	137.09	723.95	858.35	134.40
High Self & Family	GJ2	1,661.52	1,969.86	308.34	1,628.94	1,931.24	302.30
High Self Plus One	GJ3	1,587.66	1,882.30	294.64	1,556.53	1,845.39	288.86
Standard Self	GJ4	731.71	797.55	65.84	717.36	781.91	64.55
Standard Self & Family	GJ5	1,646.34	1,794.48	148.14	1,614.06	1,759.29	145.23
Standard Self Plus One	GJ6	1,573.19	1,714.72	141.53	1,542.34	1,681.10	138.76
<b>Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	KK1	569.74	607.25	37.51	558.57	595.34	36.77
High Self & Family	KK2	1,424.33	1,518.08	93.75	1,396.40	1,488.31	91.91
High Self Plus One	KK3	1,224.92	1,305.54	80.62	1,200.90	1,279.94	79.04

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
2017 TCC Premium		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

**Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP**

HDHP Self	LS1	470.35	447.02	-23.33	461.13	438.25	-22.88
HDHP Self & Family	LS2	1,175.86	1,117.53	-58.33	1,152.80	1,095.62	-57.18
HDHP Self Plus One	LS3	1,011.25	961.08	-50.17	991.42	942.24	-49.18

**Texas Aetna HealthFund CDHP and Aetna Value Plan**

CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72

**Texas Aetna HealthFund HDHP**

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

**Texas Aetna Direct**

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Texas Humana CoverageFirst/Value Plan

CDHP Self	T31	New Plan	645.94	New Plan	New Plan	633.27	New Plan
CDHP Self & Family	T32	New Plan	1,453.37	New Plan	New Plan	1,424.87	New Plan
CDHP Self Plus One	T33	New Plan	1,388.79	New Plan	New Plan	1,361.56	New Plan
Value Self	T34	New Plan	492.04	New Plan	New Plan	482.39	New Plan
Value Self & Family	T35	New Plan	1,107.10	New Plan	New Plan	1,085.39	New Plan
Value Self Plus One	T36	New Plan	1,057.88	New Plan	New Plan	1,037.14	New Plan

### Texas Humana CoverageFirst/Value Plan

CDHP Self	TP1	668.44	601.63	-66.81	655.33	589.83	-65.50
CDHP Self & Family	TP2	1,503.99	1,353.67	-150.32	1,474.50	1,327.13	-147.37
CDHP Self Plus One	TP3	1,437.14	1,293.51	-143.63	1,408.96	1,268.15	-140.81
Value Self	TP4	474.62	427.13	-47.49	465.31	418.75	-46.56
Value Self & Family	TP5	1,067.87	961.06	-106.81	1,046.93	942.22	-104.71
Value Self Plus One	TP6	1,020.43	918.35	-102.08	1,000.42	900.34	-100.08

### Texas Humana CoverageFirst/Value Plan

CDHP Self	TU1	650.36	650.36	0.00	637.61	637.61	0.00
CDHP Self & Family	TU2	1,463.33	1,463.33	0.00	1,434.64	1,434.64	0.00
CDHP Self Plus One	TU3	1,398.27	1,398.27	0.00	1,370.85	1,370.85	0.00
Value Self	TU4	474.62	517.34	42.72	465.31	507.20	41.89
Value Self & Family	TU5	1,067.87	1,164.03	96.16	1,046.93	1,141.21	94.28
Value Self Plus One	TU6	1,020.43	1,112.32	91.89	1,000.42	1,090.51	90.09

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Texas Humana CoverageFirst/Value Plan</b>							
CDHP Self	TV1	665.65	679.00	13.35	652.60	665.69	13.09
CDHP Self & Family	TV2	1,497.74	1,527.76	30.02	1,468.37	1,497.80	29.43
CDHP Self Plus One	TV3	1,431.17	1,459.86	28.69	1,403.11	1,431.24	28.13
Value Self	TV4	474.62	550.53	75.91	465.31	539.74	74.43
Value Self & Family	TV5	1,067.87	1,238.71	170.84	1,046.93	1,214.42	167.49
Value Self Plus One	TV6	1,020.43	1,183.66	163.23	1,000.42	1,160.45	160.03
<b>Texas Humana Health Plan of Texas</b>							
High Self	EW1	792.89	943.28	150.39	777.34	924.78	147.44
High Self & Family	EW2	1,783.98	2,122.38	338.40	1,749.00	2,080.76	331.76
High Self Plus One	EW3	1,704.69	2,028.03	323.34	1,671.26	1,988.26	317.00
Standard Self	EW4	681.79	756.77	74.98	668.42	741.93	73.51
Standard Self & Family	EW5	1,534.01	1,702.72	168.71	1,503.93	1,669.33	165.40
Standard Self Plus One	EW6	1,465.80	1,627.04	161.24	1,437.06	1,595.14	158.08
<b>Texas Humana Health Plan of Texas</b>							
Basic Self	Q21	<b>New Plan</b>	578.63	<b>New Plan</b>	<b>New Plan</b>	567.28	<b>New Plan</b>
Basic Self & Family	Q22	<b>New Plan</b>	1,301.91	<b>New Plan</b>	<b>New Plan</b>	1,276.38	<b>New Plan</b>
Basic Self Plus One	Q23	<b>New Plan</b>	1,244.03	<b>New Plan</b>	<b>New Plan</b>	1,219.64	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>							
Basic Self	Q61	<b>New Plan</b>	575.82	<b>New Plan</b>	<b>New Plan</b>	564.53	<b>New Plan</b>
Basic Self & Family	Q62	<b>New Plan</b>	1,295.59	<b>New Plan</b>	<b>New Plan</b>	1,270.19	<b>New Plan</b>
Basic Self Plus One	Q63	<b>New Plan</b>	1,238.03	<b>New Plan</b>	<b>New Plan</b>	1,213.75	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Texas Humana Health Plan of Texas</b>							
Basic Self	QX1	<b>New Plan</b>	599.66	<b>New Plan</b>	<b>New Plan</b>	587.90	<b>New Plan</b>
Basic Self & Family	QX2	<b>New Plan</b>	1,349.23	<b>New Plan</b>	<b>New Plan</b>	1,322.77	<b>New Plan</b>
Basic Self Plus One	QX3	<b>New Plan</b>	1,289.27	<b>New Plan</b>	<b>New Plan</b>	1,263.99	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>							
Basic Self	QY1	<b>New Plan</b>	594.29	<b>New Plan</b>	<b>New Plan</b>	582.64	<b>New Plan</b>
Basic Self & Family	QY2	<b>New Plan</b>	1,337.16	<b>New Plan</b>	<b>New Plan</b>	1,310.94	<b>New Plan</b>
Basic Self Plus One	QY3	<b>New Plan</b>	1,277.75	<b>New Plan</b>	<b>New Plan</b>	1,252.70	<b>New Plan</b>
<b>Texas Humana Health Plan of Texas</b>							
High Self	UC1	809.94	947.63	137.69	794.06	929.05	134.99
High Self & Family	UC2	1,822.36	2,132.17	309.81	1,786.63	2,090.36	303.73
High Self Plus One	UC3	1,741.37	2,037.40	296.03	1,707.23	1,997.45	290.22
Standard Self	UC4	655.27	760.13	104.86	642.42	745.23	102.81
Standard Self & Family	UC5	1,474.42	1,710.27	235.85	1,445.51	1,676.74	231.23
Standard Self Plus One	UC6	1,408.88	1,634.27	225.39	1,381.25	1,602.23	220.98
<b>Texas Humana Health Plan of Texas</b>							
High Self	UR1	1,357.52	1,398.31	40.79	1,330.90	1,370.89	39.99
High Self & Family	UR2	3,054.42	3,146.18	91.76	2,994.53	3,084.49	89.96
High Self Plus One	UR3	2,918.64	3,006.38	87.74	2,861.41	2,947.43	86.02
Standard Self	UR4	761.26	905.92	144.66	746.33	888.16	141.83
Standard Self & Family	UR5	1,712.84	2,038.31	325.47	1,679.25	1,998.34	319.09
Standard Self Plus One	UR6	1,636.68	1,947.72	311.04	1,604.59	1,909.53	304.94



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Texas Humana Health Plan of Texas</b>							
High Self	UU1	1,195.20	1,482.03	286.83	1,171.76	1,452.97	281.21
High Self & Family	UU2	2,689.17	3,334.58	645.41	2,636.44	3,269.20	632.76
High Self Plus One	UU3	2,569.66	3,186.38	616.72	2,519.27	3,123.90	604.63
Standard Self	UU4	992.13	1,210.37	218.24	972.68	1,186.64	213.96
Standard Self & Family	UU5	2,232.28	2,723.41	491.13	2,188.51	2,670.01	481.50
Standard Self Plus One	UU6	2,133.04	2,602.37	469.33	2,091.22	2,551.34	460.12
<b>Texas Scott and White Health Plan</b>							
Basic Self	A81	<b>New Plan</b>	672.99	<b>New Plan</b>	<b>New Plan</b>	659.79	<b>New Plan</b>
Basic Self & Family	A82	<b>New Plan</b>	1,576.97	<b>New Plan</b>	<b>New Plan</b>	1,546.05	<b>New Plan</b>
Basic Self Plus One	A83	<b>New Plan</b>	1,319.13	<b>New Plan</b>	<b>New Plan</b>	1,293.26	<b>New Plan</b>
Standard Self	A84	692.04	796.77	104.73	678.47	781.15	102.68
Standard Self & Family	A85	1,621.70	1,867.41	245.71	1,589.90	1,830.79	240.89
Standard Self Plus One	A86	1,449.54	1,562.01	112.47	1,421.12	1,531.38	110.26
<b>Texas Scott and White Health Plan</b>							
Basic Self	P81	<b>New Plan</b>	753.55	<b>New Plan</b>	<b>New Plan</b>	738.77	<b>New Plan</b>
Basic Self & Family	P82	<b>New Plan</b>	1,765.99	<b>New Plan</b>	<b>New Plan</b>	1,731.36	<b>New Plan</b>
Basic Self Plus One	P83	<b>New Plan</b>	1,477.20	<b>New Plan</b>	<b>New Plan</b>	1,448.24	<b>New Plan</b>
Standard Self	P84	774.69	892.17	117.48	759.50	874.68	115.18
Standard Self & Family	P85	1,815.90	2,091.31	275.41	1,780.29	2,050.30	270.01
Standard Self Plus One	P86	1,623.10	1,749.24	126.14	1,591.27	1,714.94	123.67

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		2017 TCC Premium	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium

**Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced**

Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11

**Utah Aetna HealthFund CDHP and Aetna Value Plan**

CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09

**Utah Aetna HealthFund HDHP**

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

**Utah Aetna Direct**

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Utah Altius Health Plans

High Self	9K1	761.28	865.04	103.76	746.35	848.08	101.73
High Self & Family	9K2	1,683.51	1,912.98	229.47	1,650.50	1,875.47	224.97
High Self Plus One	9K3	1,666.85	1,894.04	227.19	1,634.17	1,856.90	222.73
HDHP Self	9K4	383.86	429.11	45.25	376.33	420.70	44.37
HDHP Self & Family	9K5	802.23	896.81	94.58	786.50	879.23	92.73
HDHP Self Plus One	9K6	786.52	879.23	92.71	771.10	861.99	90.89

### Utah Altius Health Plans

Standard Self	DK4	535.04	605.47	70.43	524.55	593.60	69.05
Standard Self & Family	DK5	1,181.54	1,337.03	155.49	1,158.37	1,310.81	152.44
Standard Self Plus One	DK6	1,169.82	1,323.79	153.97	1,146.88	1,297.83	150.95

### Utah SelectHealth

High Self	SF1	757.66	993.15	235.49	742.80	973.68	230.88
High Self & Family	SF2	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
High Self Plus One	SF3	1,690.01	2,263.59	573.58	1,656.87	2,219.21	562.34
Standard Self	SF4	548.70	607.33	58.63	537.94	595.42	57.48
Standard Self & Family	SF5	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52
Standard Self Plus One	SF6	1,218.42	1,384.19	165.77	1,194.53	1,357.05	162.52

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### Vermont Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	827.44	916.57	89.13	811.22	898.60	87.38
CDHP Self & Family	EP2	1,887.03	2,090.31	203.28	1,850.03	2,049.32	199.29
CDHP Self Plus One	EP3	1,868.35	2,069.62	201.27	1,831.72	2,029.04	197.32
Value Self	EP4	553.15	576.70	23.55	542.30	565.39	23.09
Value Self & Family	EP5	1,266.69	1,320.60	53.91	1,241.85	1,294.71	52.86
Value Self Plus One	EP6	1,241.84	1,294.71	52.87	1,217.49	1,269.32	51.83

### Vermont Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### Vermont Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

### Virgin Islands Triple-S Salud, Inc.

High Self	851	609.92	640.44	30.52	597.96	627.88	29.92
High Self & Family	852	1,396.72	1,466.58	69.86	1,369.33	1,437.82	68.49
High Self Plus One	853	1,369.47	1,437.99	68.52	1,342.62	1,409.79	67.17

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 CDHP and Aetna Value Plan</b>							
CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09
<b>Virginia Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Virginia Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Virginia Aetna Open Access</b>							
High Self	JN1	1,036.67	1,125.15	88.48	1,016.34	1,103.09	86.75
High Self & Family	JN2	2,330.62	2,529.55	198.93	2,284.92	2,479.95	195.03
High Self Plus One	JN3	2,307.55	2,504.49	196.94	2,262.30	2,455.38	193.08
Basic Self	JN4	650.10	676.11	26.01	637.35	662.85	25.50
Basic Self & Family	JN5	1,468.66	1,547.29	78.63	1,439.86	1,516.95	77.09
Basic Self Plus One	JN6	1,401.47	1,420.85	19.38	1,373.99	1,392.99	19.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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 CareFirst BlueChoice</b>							
High Self	2G1	792.89	872.18	79.29	777.34	855.08	77.74
High Self & Family	2G2	1,883.87	2,072.23	188.36	1,846.93	2,031.60	184.67
High Self Plus One	2G3	1,585.76	1,744.33	158.57	1,554.67	1,710.13	155.46
Standard Self	2G4	673.81	707.49	33.68	660.60	693.62	33.02
Standard Self & Family	2G5	1,600.95	1,681.01	80.06	1,569.56	1,648.05	78.49
Standard Self Plus One	2G6	1,347.61	1,415.00	67.39	1,321.19	1,387.25	66.06
<b>Virginia CareFirst BlueChoice</b>							
HDHP Self	B61	621.91	621.91	0.00	609.72	609.72	0.00
HDHP Self & Family	B62	1,477.65	1,477.65	0.00	1,448.68	1,448.68	0.00
HDHP Self Plus One	B63	1,243.83	1,243.83	0.00	1,219.44	1,219.44	0.00
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>							
High Self	E31	654.53	673.57	19.04	641.70	660.36	18.66
High Self & Family	E32	1,531.66	1,549.21	17.55	1,501.63	1,518.83	17.20
High Self Plus One	E33	1,479.29	1,549.21	69.92	1,450.28	1,518.83	68.55
Standard Self	E34	493.71	515.06	21.35	484.03	504.96	20.93
Standard Self & Family	E35	1,155.28	1,184.72	29.44	1,132.63	1,161.49	28.86
Standard Self Plus One	E36	1,115.77	1,184.72	68.95	1,093.89	1,161.49	67.60
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>							
Basic Self	T71	<b>New Plan</b>	469.23	<b>New Plan</b>	<b>New Plan</b>	460.03	<b>New Plan</b>
Basic Self & Family	T72	<b>New Plan</b>	1,126.59	<b>New Plan</b>	<b>New Plan</b>	1,104.50	<b>New Plan</b>
Basic Self Plus One	T73	<b>New Plan</b>	1,026.34	<b>New Plan</b>	<b>New Plan</b>	1,006.22	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

### Virginia M.D. IPA

High Self	JP1	704.54	732.13	27.59	690.73	717.77	27.04
High Self & Family	JP2	1,975.55	2,052.91	77.36	1,936.81	2,012.66	75.85
High Self Plus One	JP3	1,375.99	1,429.85	53.86	1,349.01	1,401.81	52.80

### Virginia Optima Health

High Self	PG1	580.94	664.31	83.37	569.55	651.28	81.73
High Self & Family	PG2	1,431.89	1,605.28	173.39	1,403.81	1,573.80	169.99
High Self Plus One	PG3	1,417.57	1,605.16	187.59	1,389.77	1,573.69	183.92

### Virginia UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	LR1	618.22	620.15	1.93	606.10	607.99	1.89
High Self & Family	LR2	1,545.57	1,550.40	4.83	1,515.26	1,520.00	4.74
High Self Plus One	LR3	1,267.37	1,333.33	65.96	1,242.52	1,307.19	64.67

### Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced

Value Self	L91	441.73	472.59	30.86	433.07	463.32	30.25
Value Self & Family	L92	1,238.64	1,325.16	86.52	1,214.35	1,299.18	84.83
Value Self Plus One	L93	862.70	922.99	60.29	845.78	904.89	59.11

### Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	V41	<b>New Plan</b>	578.31	<b>New Plan</b>	<b>New Plan</b>	566.97	<b>New Plan</b>
HDHP Self & Family	V42	<b>New Plan</b>	1,445.83	<b>New Plan</b>	<b>New Plan</b>	1,417.48	<b>New Plan</b>
HDHP Self Plus One	V43	<b>New Plan</b>	1,243.39	<b>New Plan</b>	<b>New Plan</b>	1,219.01	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Washington Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	G51	712.86	765.28	52.42	698.88	750.27	51.39
CDHP Self & Family	G52	1,625.96	1,745.57	119.61	1,594.08	1,711.34	117.26
CDHP Self Plus One	G53	1,609.88	1,728.31	118.43	1,578.31	1,694.42	116.11
Value Self	G54	545.54	560.59	15.05	534.84	549.60	14.76
Value Self & Family	G55	1,249.51	1,283.90	34.39	1,225.01	1,258.73	33.72
Value Self Plus One	G56	1,225.00	1,258.75	33.75	1,200.98	1,234.07	33.09
<b>Washington Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Washington Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Washington Kaiser Foundation Health Plan of Northwest</b>							
High Self	571	700.66	705.92	5.26	686.92	692.08	5.16
High Self & Family	572	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
High Self Plus One	573	1,582.62	1,594.40	11.78	1,551.59	1,563.14	11.55
Standard Self	574	605.72	612.26	6.54	593.84	600.25	6.41
Standard Self & Family	575	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76
Standard Self Plus One	576	1,391.50	1,406.56	15.06	1,364.22	1,378.98	14.76



## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Washington Kaiser Foundation Health Plan of Washington</b>							
High Self	541	772.30	842.10	69.80	757.16	825.59	68.43
High Self & Family	542	2,007.98	1,852.65	-155.33	1,968.61	1,816.32	-152.29
High Self Plus One	543	1,583.20	1,852.65	269.45	1,552.16	1,816.32	264.16
Standard Self	544	580.22	621.17	40.95	568.84	608.99	40.15
Standard Self & Family	545	1,508.53	1,428.67	-79.86	1,478.95	1,400.66	-78.29
Standard Self Plus One	546	1,189.42	1,428.67	239.25	1,166.10	1,400.66	234.56
<b>Washington Kaiser Foundation Health Plan of Washington</b>							
HDHP Self	PT1	516.12	517.52	1.40	506.00	507.37	1.37
HDHP Self & Family	PT2	1,341.95	1,190.26	-151.69	1,315.64	1,166.92	-148.72
HDHP Self Plus One	PT3	1,058.09	1,190.26	132.17	1,037.34	1,166.92	129.58
<b>Washington Kaiser Permanente Washington Options Federal</b>							
Standard Self	L11	651.00	677.85	26.85	638.24	664.56	26.32
Standard Self & Family	L12	1,562.43	1,504.82	-57.61	1,531.79	1,475.31	-56.48
Standard Self Plus One	L13	1,367.15	1,504.82	137.67	1,340.34	1,475.31	134.97
HDHP Self	L14	522.99	536.31	13.32	512.74	525.79	13.05
HDHP Self & Family	L15	1,225.56	1,190.60	-34.96	1,201.53	1,167.25	-34.28
HDHP Self Plus One	L16	1,090.92	1,190.60	99.68	1,069.53	1,167.25	97.72
<b>Washington UnitedHealthcare Insurance Company, Inc. Choice HMO</b>							
High Self	KT1	<b>New Plan</b>	622.89	<b>New Plan</b>	<b>New Plan</b>	610.68	<b>New Plan</b>
High Self & Family	KT2	<b>New Plan</b>	1,557.23	<b>New Plan</b>	<b>New Plan</b>	1,526.70	<b>New Plan</b>
High Self Plus One	KT3	<b>New Plan</b>	1,339.22	<b>New Plan</b>	<b>New Plan</b>	1,312.96	<b>New Plan</b>

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

### Washington UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	New Plan	492.57	New Plan	New Plan	482.91	New Plan
HDHP Self & Family	LU2	New Plan	1,231.40	New Plan	New Plan	1,207.25	New Plan
HDHP Self Plus One	LU3	New Plan	1,059.02	New Plan	New Plan	1,038.25	New Plan

### West Virginia Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	731.31	822.08	90.77	716.97	805.96	88.99
CDHP Self & Family	F52	1,667.49	1,874.41	206.92	1,634.79	1,837.66	202.87
CDHP Self Plus One	F53	1,650.96	1,855.85	204.89	1,618.59	1,819.46	200.87
Value Self	F54	570.54	594.65	24.11	559.35	582.99	23.64
Value Self & Family	F55	1,306.47	1,361.69	55.22	1,280.85	1,334.99	54.14
Value Self Plus One	F56	1,280.82	1,334.98	54.16	1,255.71	1,308.80	53.09

### West Virginia Aetna HealthFund HDHP

HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82

### West Virginia Aetna Direct

CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Wisconsin Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	JS1	984.80	1,063.81	79.01	965.49	1,042.95	77.46
CDHP Self & Family	JS2	2,244.88	2,425.01	180.13	2,200.86	2,377.46	176.60
CDHP Self Plus One	JS3	2,222.66	2,401.03	178.37	2,179.08	2,353.95	174.87
Value Self	JS4	712.50	779.63	67.13	698.53	764.34	65.81
Value Self & Family	JS5	1,626.58	1,779.78	153.20	1,594.69	1,744.88	150.19
Value Self Plus One	JS6	1,610.47	1,762.16	151.69	1,578.89	1,727.61	148.72
<b>Wisconsin Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Wisconsin Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Wisconsin Dean Health Plan</b>							
High Self	WD1	925.42	1,088.78	163.36	907.27	1,067.43	160.16
High Self & Family	WD2	2,128.43	2,504.15	375.72	2,086.70	2,455.05	368.35
High Self Plus One	WD3	1,943.34	2,286.40	343.06	1,905.24	2,241.57	336.33
Standard Self	WD4	612.29	655.86	43.57	600.28	643.00	42.72
Standard Self & Family	WD5	1,469.47	1,574.07	104.60	1,440.66	1,543.21	102.55
Standard Self Plus One	WD6	1,347.02	1,442.91	95.89	1,320.61	1,414.62	94.01

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Wisconsin Group Health Cooperative</b>							
High Self	WJ1	687.09	711.11	24.02	673.62	697.17	23.55
High Self & Family	WJ2	2,047.55	2,119.10	71.55	2,007.40	2,077.55	70.15
High Self Plus One	WJ3	1,360.48	1,407.99	47.51	1,333.80	1,380.38	46.58
<b>Wisconsin HealthPartners</b>							
High Self	V31	727.99	788.80	60.81	713.72	773.33	59.61
High Self & Family	V32	1,773.39	1,921.51	148.12	1,738.62	1,883.83	145.21
High Self Plus One	V33	1,608.86	1,743.23	134.37	1,577.31	1,709.05	131.74
Standard Self	V34	434.62	466.64	32.02	426.10	457.49	31.39
Standard Self & Family	V35	1,058.77	1,136.76	77.99	1,038.01	1,114.47	76.46
Standard Self Plus One	V36	960.55	1,031.30	70.75	941.72	1,011.08	69.36
<b>Wisconsin MercyCare HMO</b>							
High Self	EY1	742.23	781.81	39.58	727.68	766.48	38.80
High Self & Family	EY2	1,929.84	2,040.28	110.44	1,892.00	2,000.27	108.27
High Self Plus One	EY3	1,595.80	1,680.91	85.11	1,564.51	1,647.95	83.44
<b>Wisconsin Physicians Plus</b>							
High Self	LW1	665.81	715.36	49.55	652.75	701.33	48.58
High Self & Family	LW2	1,771.01	2,162.31	391.30	1,736.28	2,119.91	383.63
High Self Plus One	LW3	1,664.49	1,674.56	10.07	1,631.85	1,641.73	9.88
Standard Self	LW4	598.07	699.98	101.91	586.34	686.25	99.91
Standard Self & Family	LW5	1,590.87	1,679.95	89.08	1,559.68	1,647.01	87.33
Standard Self Plus One	LW6	1,495.18	1,539.96	44.78	1,465.86	1,509.76	43.90

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 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>Wyoming Aetna HealthFund CDHP and Aetna Value Plan</b>							
CDHP Self	H41	767.24	839.30	72.06	752.20	822.84	70.64
CDHP Self & Family	H42	1,748.97	1,913.15	164.18	1,714.68	1,875.64	160.96
CDHP Self Plus One	H43	1,731.66	1,894.21	162.55	1,697.71	1,857.07	159.36
Value Self	H44	569.36	587.24	17.88	558.20	575.73	17.53
Value Self & Family	H45	1,306.73	1,347.79	41.06	1,281.11	1,321.36	40.25
Value Self Plus One	H46	1,281.12	1,321.36	40.24	1,256.00	1,295.45	39.45
<b>Wyoming Aetna HealthFund HDHP</b>							
HDHP Self	224	565.90	619.58	53.68	554.80	607.43	52.63
HDHP Self & Family	225	1,248.28	1,366.71	118.43	1,223.80	1,339.91	116.11
HDHP Self Plus One	226	1,223.81	1,339.90	116.09	1,199.81	1,313.63	113.82
<b>Wyoming Aetna Direct</b>							
CDHP Self	N61	489.82	538.22	48.40	480.22	527.67	47.45
CDHP Self & Family	N62	1,235.32	1,357.31	121.99	1,211.10	1,330.70	119.60
CDHP Self Plus One	N63	1,074.23	1,180.31	106.08	1,053.17	1,157.17	104.00
<b>Wyoming Altius Health Plans</b>							
High Self	9K1	761.28	865.04	103.76	746.35	848.08	101.73
High Self & Family	9K2	1,683.51	1,912.98	229.47	1,650.50	1,875.47	224.97
High Self Plus One	9K3	1,666.85	1,894.04	227.19	1,634.17	1,856.90	222.73
HDHP Self	9K4	383.86	429.11	45.25	376.33	420.70	44.37
HDHP Self & Family	9K5	802.23	896.81	94.58	786.50	879.23	92.73
HDHP Self Plus One	9K6	786.52	879.23	92.71	771.10	861.99	90.89

## Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2017 TCC Premium	2018 Temporary Continuation of Coverage Monthly Premium		2017 Former Spouse Premium	2018 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

**Wyoming Altius Health Plans**

Standard Self	DK4	535.04	605.47	70.43	524.55	593.60	69.05
Standard Self & Family	DK5	1,181.54	1,337.03	155.49	1,158.37	1,310.81	152.44
Standard Self Plus One	DK6	1,169.82	1,323.79	153.97	1,146.88	1,297.83	150.95