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Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Kansas Humana Health Plan, Inc.</b>						
High Self	MS1	1462.91	1605.57	480.29	1125.28	124.67
High Self & Family	MS2	3291.54	3612.53	1094.64	2517.89	284.77
High Self Plus One	MS3	3145.22	3451.96	1030.88	2421.08	274.74
Standard Self	MS4	729.43	829.96	480.29	349.67	82.54
Standard Self & Family	MS5	1641.19	1867.45	1094.64	772.81	190.04
Standard Self Plus One	MS6	1568.26	1784.47	1030.88	753.59	184.21
<b>Kentucky Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Kentucky Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
<b>Kentucky Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Kentucky Humana CoverageFirst and Value Plan</b>						
CDHP Self	6N1	553.91	562.55	421.91	140.64	2.16
CDHP Self & Family	6N2	1246.29	1265.70	949.28	316.42	4.85
CDHP Self Plus One	6N3	1190.91	1209.43	907.07	302.36	4.63

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Kentucky Humana Health Plan of Ohio</b>						
High Self	A61	756.21	985.23	480.29	504.94	211.03
High Self & Family	A62	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One	A63	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self	A64	638.58	776.71	480.29	296.42	120.14
Standard Self & Family	A65	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One	A66	1372.93	1669.87	1030.88	638.99	264.94
<b>Kentucky Humana Health Plan, Inc.</b>						
High Self	MH1	690.13	715.74	480.29	235.45	7.62
High Self & Family	MH2	1552.79	1610.42	1094.64	515.78	21.41
High Self Plus One	MH3	1483.80	1538.85	1030.88	507.97	23.05
Standard Self	MH4	627.16	653.45	480.29	173.16	8.30
Standard Self & Family	MH5	1411.15	1470.26	1094.64	375.62	22.83
Standard Self Plus One	MH6	1348.43	1404.91	1030.88	374.03	24.48
<b>Kentucky Humana Health Plan, Inc.</b>						
High Self	MI1	682.54	815.53	480.29	335.24	115.00
High Self & Family	MI2	1535.71	1834.91	1094.64	740.27	262.98
High Self Plus One	MI3	1467.46	1753.35	1030.88	722.47	253.89
Standard Self	MI4	648.18	734.26	480.29	253.97	68.09
Standard Self & Family	MI5	1458.41	1652.08	1094.64	557.44	157.45
Standard Self Plus One	MI6	1393.58	1578.66	1030.88	547.78	153.08
<b>Kentucky United Healthcare Insurance Company, Inc.</b>						
High Self	LJ1	531.33	556.68	417.51	139.17	6.34
High Self & Family	LJ2	1489.87	1391.74	1043.81	347.93	-83.52
High Self Plus One	LJ3	1037.70	1196.89	897.67	299.22	39.80



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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Kentucky United Healthcare Insurance Company, Inc. (HDHP)</b>						
HDHP Self	N71	512.70	529.77	397.33	132.44	4.27
HDHP Self & Family	N72	1437.63	1324.46	993.35	331.11	-48.10
HDHP Self Plus One	N73	1001.30	1139.04	854.28	284.76	34.44
<b>Louisiana Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Louisiana Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
<b>Louisiana Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>						
High Self	AE1	680.49	760.33	480.29	280.04	61.85
High Self & Family	AE2	1531.10	1710.71	1094.64	616.07	143.39
High Self Plus One	AE3	1463.04	1634.66	1030.88	603.78	139.62
Standard Self	AE4	645.80	670.50	480.29	190.21	6.71
Standard Self & Family	AE5	1454.09	1508.63	1094.64	413.99	18.32
Standard Self Plus One	AE6	1389.48	1441.59	1030.88	410.71	20.11

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>						
High Self	BC1	642.92	667.03	480.29	186.74	6.12
High Self & Family	BC2	1446.55	1500.81	1094.64	406.17	18.04
High Self Plus One	BC3	1382.27	1434.12	1030.88	403.24	19.85
Standard Self	BC4	573.24	571.85	428.89	142.96	-0.35
Standard Self & Family	BC5	1289.77	1286.68	965.01	321.67	-0.77
Standard Self Plus One	BC6	1232.44	1229.50	922.13	307.37	-0.74
<b>Louisiana United Healthcare Insurance Company, Inc.</b>						
High Self	KK1	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	1036.71	1200.90	900.68	300.22	41.04
<b>Louisiana United Healthcare Insurance Company, Inc. (HDHP)</b>						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
<b>Maine Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Maine Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Maine Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Maryland Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Maryland Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
<b>Maryland Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Maryland Aetna Open Access</b>						
High Self	JN1	959.51	1016.34	480.29	536.05	38.84
High Self & Family	JN2	2157.13	2284.92	1094.64	1190.28	91.57
High Self Plus One	JN3	2135.79	2262.30	1030.88	1231.42	94.51
Basic Self	JN4	597.91	637.35	478.01	159.34	9.86
Basic Self & Family	JN5	1345.85	1439.86	1079.90	359.96	23.50
Basic Self Plus One	JN6	1319.46	1373.99	1030.49	343.50	13.64

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

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Maryland CareFirst BlueChoice</b>						
High Self	2G1	697.17	777.34	480.29	297.05	62.18
High Self & Family	2G2	1656.42	1846.93	1094.64	752.29	154.29
High Self Plus One	2G3	1394.32	1554.67	1030.88	523.79	128.35
Standard Self	2G4	623.20	660.60	480.29	180.31	19.41
Standard Self & Family	2G5	1480.70	1569.56	1094.64	474.92	52.64
Standard Self Plus One	2G6	1246.42	1321.19	990.89	330.30	18.70
<b>Maryland CareFirst BlueChoice</b>						
HDHP Self	B61	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	1183.93	1219.44	914.58	304.86	8.88
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>						
High Self	E31	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	1052.57	1093.89	820.42	273.47	10.33
<b>Maryland M.D. IPA</b>						
High Self	JP1	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	1251.97	1349.01	1011.76	337.25	24.26
<b>Maryland United Healthcare Insurance Company, Inc.</b>						
High Self	LR1	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	1037.27	1242.52	931.89	310.63	51.31

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Maryland UnitedHealthcare Insurance Company</b>						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58
<b>Massachusetts Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Massachusetts Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
<b>Massachusetts Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Michigan Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Michigan Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
<b>Michigan Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Michigan Bluecare Network of MI</b>						
High Self	K51	708.63	845.91	480.29	365.62	119.29
High Self & Family	K52	1730.43	2063.95	1094.64	969.31	297.30
High Self Plus One	K53	1630.16	1945.58	1030.88	914.70	283.42
<b>Michigan Bluecare Network of MI</b>						
High Self	LX1	617.93	667.98	480.29	187.69	32.06
High Self & Family	LX2	1509.13	1629.90	1094.64	535.26	84.55
High Self Plus One	LX3	1421.44	1536.36	1030.88	505.48	82.92
<b>Michigan Health Alliance Plan</b>						
High Self	521	690.17	718.79	480.29	238.50	10.63
High Self & Family	522	1639.37	1753.83	1094.64	659.19	78.24
High Self Plus One	523	1604.63	1653.23	1030.88	622.35	16.60
<b>Michigan Health Alliance Plan</b>						
Standard Self	GY4	577.66	606.23	454.67	151.56	7.15
Standard Self & Family	GY5	1371.96	1479.23	1094.64	384.59	41.60
Standard Self Plus One	GY6	1343.10	1394.34	1030.88	363.46	19.24

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

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Michigan Priority Health</b>						
High Self	LE1	638.58	682.46	480.29	202.17	25.89
High Self & Family	LE2	1596.44	1603.79	1094.64	509.15	-28.87
High Self Plus One	LE3	1404.85	1501.41	1030.88	470.53	64.56
Standard Self	LE4	500.07	546.69	410.02	136.67	11.65
Standard Self & Family	LE5	1250.17	1284.77	963.58	321.19	8.65
Standard Self Plus One	LE6	1100.15	1202.74	902.06	300.68	25.64
<b>Minnesota Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Minnesota Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
<b>Minnesota Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Minnesota HealthPartners High and Standard Option</b>						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88
<b>Mississippi Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Mississippi Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
<b>Mississippi Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Mississippi United Healthcare Insurance Company, Inc.</b>						
High Self	KK1	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	1036.71	1200.90	900.68	300.22	41.04



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

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Mississippi United Healthcare Insurance Company, Inc. (HDHP)</b>						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
<b>Missouri Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Missouri Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
<b>Missouri Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Missouri Aetna Open Access</b>						
High Self	HA1	626.69	703.50	480.29	223.21	58.82
High Self & Family	HA2	1480.40	1661.79	1094.64	567.15	145.17
High Self Plus One	HA3	1465.75	1645.37	1030.88	614.49	147.62
Standard Self	HA4	609.48	605.22	453.92	151.30	-1.07
Standard Self & Family	HA5	1438.67	1428.59	1071.44	357.15	-23.10
Standard Self Plus One	HA6	1424.43	1414.47	1030.88	383.59	-41.96

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Missouri Blue Preferred Plus POS</b>						
High Self	9G1	675.96	698.49	480.29	218.20	4.54
High Self & Family	9G2	1441.05	1512.25	1094.64	417.61	34.98
High Self Plus One	9G3	1351.94	1410.98	1030.88	380.10	27.04
Standard Self	9G4	<b>New Plan</b>	519.13	389.35	129.78	<b>New Plan</b>
Standard Self & Family	9G5	<b>New Plan</b>	1469.15	1094.64	374.51	<b>New Plan</b>
Standard Self Plus One	9G6	<b>New Plan</b>	1349.75	1012.31	337.44	<b>New Plan</b>
<b>Missouri Humana CoverageFirst and Value Plan</b>						
CDHP Self	PH1	608.40	606.34	454.76	151.58	-0.52
CDHP Self & Family	PH2	1368.94	1364.31	1023.23	341.08	-1.15
CDHP Self Plus One	PH3	1308.10	1303.66	977.75	325.91	-1.11
Value Self	PH4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	PH5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	PH6	1002.82	1000.42	750.32	250.10	-0.60
<b>Missouri Humana Health Plan, Inc.</b>						
High Self	MS1	1462.91	1605.57	480.29	1125.28	124.67
High Self & Family	MS2	3291.54	3612.53	1094.64	2517.89	284.77
High Self Plus One	MS3	3145.22	3451.96	1030.88	2421.08	274.74
Standard Self	MS4	729.43	829.96	480.29	349.67	82.54
Standard Self & Family	MS5	1641.19	1867.45	1094.64	772.81	190.04
Standard Self Plus One	MS6	1568.26	1784.47	1030.88	753.59	184.21
<b>Montana Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Montana Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self H41	677.47	752.20	480.29	271.91	56.74	
CDHP Self & Family H42	1544.31	1714.68	1094.64	620.04	134.15	
CDHP Self Plus One H43	1529.02	1697.71	1030.88	666.83	136.69	
Value Self H44	536.73	558.20	418.65	139.55	5.37	
Value Self & Family H45	1231.84	1281.11	960.83	320.28	12.32	
Value Self Plus One H46	1207.68	1256.00	942.00	314.00	12.08	
<b>Montana Aetna HealthFund HDHP</b>						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
<b>Nebraska Aetna Direct</b>						
CDHP Self N61	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79	
<b>Nebraska Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self H41	677.47	752.20	480.29	271.91	56.74	
CDHP Self & Family H42	1544.31	1714.68	1094.64	620.04	134.15	
CDHP Self Plus One H43	1529.02	1697.71	1030.88	666.83	136.69	
Value Self H44	536.73	558.20	418.65	139.55	5.37	
Value Self & Family H45	1231.84	1281.11	960.83	320.28	12.32	
Value Self Plus One H46	1207.68	1256.00	942.00	314.00	12.08	
<b>Nebraska Aetna HealthFund HDHP</b>						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Nevada Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Nevada Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
<b>Nevada Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Nevada Health Plan of Nevada</b>						
High Self	NM1	505.98	534.52	400.89	133.63	7.14
High Self & Family	NM2	1199.21	1266.76	950.07	316.69	16.89
High Self Plus One	NM3	961.39	1015.54	761.66	253.88	13.53
<b>New Hampshire Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New Hampshire Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
<b>New Hampshire Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>New Jersey Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>New Jersey Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
<b>New Jersey Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New Jersey Aetna Open Access</b>						
High Self	JR1	1371.87	1378.30	480.29	898.01	-11.56
High Self & Family	JR2	3168.95	3183.79	1094.64	2089.15	-21.38
High Self Plus One	JR3	3137.57	3152.26	1030.88	2121.38	-17.31
Basic Self	JR4	1087.82	1059.67	480.29	579.38	-46.14
Basic Self & Family	JR5	2521.05	2455.87	1094.64	1361.23	-101.40
Basic Self Plus One	JR6	2496.09	2431.54	1030.88	1400.66	-96.55
<b>New Jersey Aetna Open Access</b>						
High Self	P31	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	2531.51	2733.53	1030.88	1702.65	170.02
<b>New Jersey GHI Health Plan</b>						
High Self	801	853.26	955.63	480.29	475.34	84.38
High Self & Family	802	2520.74	2592.46	1094.64	1497.82	35.50
High Self Plus One	803	1634.86	2327.13	1030.88	1296.25	660.27
Standard Self	804	658.34	710.99	480.29	230.70	34.66
Standard Self & Family	805	1782.76	1695.85	1094.64	601.21	-123.13
Standard Self Plus One	806	1083.07	1625.20	1030.88	594.32	323.55
<b>New Mexico Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New Mexico Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self G51	697.19	698.88	480.29	218.59	-16.30	
CDHP Self & Family G52	1590.25	1594.08	1094.64	499.44	-32.39	
CDHP Self Plus One G53	1574.50	1578.31	1030.88	547.43	-28.19	
Value Self G54	534.84	534.84	401.13	133.71	0.00	
Value Self & Family G55	1225.01	1225.01	918.76	306.25	0.00	
Value Self Plus One G56	1200.98	1200.98	900.74	300.24	0.00	
<b>New Mexico Aetna HealthFund HDHP</b>						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
<b>New Mexico New Mexico BlueHMO Preferred</b>						
High Self Q11	701.26	725.21	480.29	244.92	5.96	
High Self & Family Q12	1729.28	1788.37	1094.64	693.73	22.87	
High Self Plus One Q13	1507.68	1559.20	1030.88	528.32	19.52	
Standard Self Q14	<b>New Plan</b>	642.40	480.29	162.11	<b>New Plan</b>	
Standard Self & Family Q15	<b>New Plan</b>	1584.14	1094.64	489.50	<b>New Plan</b>	
Standard Self Plus One Q16	<b>New Plan</b>	1381.16	1030.88	350.28	<b>New Plan</b>	
<b>New Mexico Presbyterian Health Plan</b>						
High Self P21	679.81	677.56	480.29	197.27	-20.24	
High Self & Family P22	1597.57	1592.31	1094.64	497.67	-41.48	
High Self Plus One P23	1543.19	1538.10	1030.88	507.22	-37.09	
<b>New Mexico Presbyterian Health Plan</b>						
Standard Self PS4	577.01	567.08	425.31	141.77	-2.48	
Standard Self & Family PS5	1355.94	1332.67	999.50	333.17	-5.81	
Standard Self Plus One PS6	1309.79	1287.30	965.48	321.82	-5.63	

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>New York Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
<b>New York Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>New York Aetna Open Access</b>						
High Self	JC1	1040.48	1047.19	480.29	566.90	-11.28
High Self & Family	JC2	2571.08	2587.63	1094.64	1492.99	-19.67
High Self Plus One	JC3	2545.62	2562.04	1030.88	1531.16	-15.58
Basic Self	JC4	750.32	804.48	480.29	324.19	36.17
Basic Self & Family	JC5	1830.16	1962.26	1094.64	867.62	95.88
Basic Self Plus One	JC6	1812.05	1942.87	1030.88	911.99	98.82



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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York CDPHP Universal Benefits, Inc.</b>						
High Self	SG1	749.49	749.49	480.29	269.20	-17.99
High Self & Family	SG2	2248.46	2248.46	1094.64	1153.82	-36.22
High Self Plus One	SG3	1499.01	1499.01	1030.88	468.13	-32.00
Standard Self	SG4	529.84	529.84	397.38	132.46	0.00
Standard Self & Family	SG5	1589.40	1589.40	1094.64	494.76	-36.22
Standard Self Plus One	SG6	1059.63	1059.63	794.72	264.91	0.00
<b>New York GHI Health Plan</b>						
High Self	801	853.26	955.63	480.29	475.34	84.38
High Self & Family	802	2520.74	2592.46	1094.64	1497.82	35.50
High Self Plus One	803	1634.86	2327.13	1030.88	1296.25	660.27
Standard Self	804	658.34	710.99	480.29	230.70	34.66
Standard Self & Family	805	1782.76	1695.85	1094.64	601.21	-123.13
Standard Self Plus One	806	1083.07	1625.20	1030.88	594.32	323.55
<b>New York HIP Health of Greater New York</b>						
High Self	511	656.67	721.80	480.29	241.51	47.14
High Self & Family	512	1883.44	2106.98	1094.64	1012.34	187.32
High Self Plus One	513	1165.58	1423.31	1030.88	392.43	101.04
<b>New York Independent Health Assoc</b>						
High Self	QA1	620.08	689.22	480.29	208.93	51.15
High Self & Family	QA2	1674.18	1860.91	1094.64	766.27	150.51
High Self Plus One	QA3	1581.17	1757.54	1030.88	726.66	144.37
HDHP Self	QA4	448.96	449.71	337.28	112.43	0.19
HDHP Self & Family	QA5	1189.91	1191.97	893.98	297.99	0.51
HDHP Self Plus One	QA6	1099.69	1101.64	826.23	275.41	0.49

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York Independent Health Association</b>						
Standard Self	C54	593.99	654.94	480.29	174.65	26.15
Standard Self & Family	C55	1603.81	1768.33	1094.64	673.69	128.30
Standard Self Plus One	C56	1514.72	1670.09	1030.88	639.21	123.37
<b>New York MVP Health Care</b>						
High Self	GA1	678.93	757.34	480.29	277.05	60.42
High Self & Family	GA2	1665.84	1855.51	1094.64	760.87	153.45
High Self Plus One	GA3	1562.90	1741.89	1030.88	711.01	146.99
Standard Self	GA4	619.65	695.74	480.29	215.45	58.10
Standard Self & Family	GA5	1515.35	1704.54	1094.64	609.90	152.97
Standard Self Plus One	GA6	1433.27	1600.19	1030.88	569.31	134.92
<b>New York MVP Health Care</b>						
High Self	GV1	635.68	683.89	480.29	203.60	30.22
High Self & Family	GV2	1559.00	1675.48	1094.64	580.84	80.26
High Self Plus One	GV3	1462.15	1572.91	1030.88	542.03	78.76
Standard Self	GV4	562.42	610.42	457.82	152.60	12.00
Standard Self & Family	GV5	1379.26	1495.52	1094.64	400.88	56.07
Standard Self Plus One	GV6	1293.57	1403.96	1030.88	373.08	49.69
<b>New York MVP Health Care</b>						
High Self	M91	674.92	701.76	480.29	221.47	8.85
High Self & Family	M92	1656.24	1719.25	1094.64	624.61	26.79
High Self Plus One	M93	1557.51	1614.02	1030.88	583.14	24.51
Standard Self	M94	641.62	686.27	480.29	205.98	26.66
Standard Self & Family	M95	1575.73	1681.40	1094.64	586.76	69.45
Standard Self Plus One	M96	1479.27	1578.44	1030.88	547.56	67.17

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York MVP Health Care</b>						
High Self	MF1	772.46	938.88	480.29	458.59	148.43
High Self & Family	MF2	1894.40	2300.20	1094.64	1205.56	369.58
High Self Plus One	MF3	1776.69	2159.37	1030.88	1128.49	350.68
Standard Self	MF4	745.38	875.77	480.29	395.48	112.40
Standard Self & Family	MF5	1827.95	2145.61	1094.64	1050.97	281.44
Standard Self Plus One	MF6	1714.33	2014.24	1030.88	983.36	267.91
<b>New York MVP Health Care</b>						
High Self	MX1	720.87	826.61	480.29	346.32	87.75
High Self & Family	MX2	1767.31	2025.25	1094.64	930.61	221.72
High Self Plus One	MX3	1656.68	1901.23	1030.88	870.35	212.55
Standard Self	MX4	684.86	803.40	480.29	323.11	100.55
Standard Self & Family	MX5	1679.47	1968.33	1094.64	873.69	252.64
Standard Self Plus One	MX6	1582.36	1847.82	1030.88	816.94	233.46
<b>North Carolina Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>North Carolina Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>North Carolina Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>North Dakota Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>North Dakota Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
<b>North Dakota Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>North Dakota HealthPartners High and Standard Option</b>						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Ohio Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Ohio Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
<b>Ohio Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Ohio AultCare HMO</b>						
High Self	3A1	688.33	714.68	480.29	234.39	8.36
High Self & Family	3A2	2202.59	1765.18	1094.64	670.54	-473.63
High Self Plus One	3A3	1307.80	1500.81	1030.88	469.93	142.98
HDHP Self	3A4	315.23	350.18	262.64	87.54	8.73
HDHP Self & Family	3A5	1008.63	1120.49	840.37	280.12	27.96
HDHP Self Plus One	3A6	598.89	665.30	498.98	166.32	16.60

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
<b>Ohio HealthSpan Integrated Care</b>						
High Self	641	788.75	872.26	480.29	391.97	65.52
High Self & Family	642	1893.00	2093.43	1094.64	998.79	164.21
High Self Plus One	643	1735.26	1918.97	1030.88	888.09	151.71
Standard Self	644	576.20	731.16	480.29	250.87	106.82
Standard Self & Family	645	1382.90	1754.81	1094.64	660.17	314.45
Standard Self Plus One	646	1267.63	1608.58	1030.88	577.70	260.79
<b>Ohio Humana Health Plan of Ohio</b>						
High Self	A61	756.21	985.23	480.29	504.94	211.03
High Self & Family	A62	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One	A63	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self	A64	638.58	776.71	480.29	296.42	120.14
Standard Self & Family	A65	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One	A66	1372.93	1669.87	1030.88	638.99	264.94
<b>Ohio Paramount Health Care</b>						
Standard Self	N81	579.48	622.27	466.70	155.57	10.70
Standard Self & Family	N82	1524.01	1636.53	1094.64	541.89	76.30
Standard Self Plus One	N83	1158.95	1244.51	933.38	311.13	21.39
<b>Oklahoma Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Oklahoma Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self JS1	874.36	965.49	480.29	485.20	73.14	
CDHP Self & Family JS2	1993.12	2200.86	1094.64	1106.22	171.52	
CDHP Self Plus One JS3	1973.38	2179.08	1030.88	1148.20	173.70	
Value Self JS4	652.84	698.53	480.29	218.24	27.70	
Value Self & Family JS5	1490.36	1594.69	1094.64	500.05	68.11	
Value Self Plus One JS6	1475.59	1578.89	1030.88	548.01	71.30	
<b>Oklahoma Aetna HealthFund HDHP</b>						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
<b>Oklahoma Globalhealth, Inc.</b>						
High Self IM1	598.72	567.34	425.51	141.83	-7.85	
High Self & Family IM2	1496.82	1418.39	1063.79	354.60	-83.80	
High Self Plus One IM3	1197.45	1134.71	851.03	283.68	-15.68	
Standard Self IM4	<b>New Plan</b>	525.24	393.93	131.31	<b>New Plan</b>	
Standard Self & Family IM5	<b>New Plan</b>	1313.15	984.86	328.29	<b>New Plan</b>	
Standard Self Plus One IM6	<b>New Plan</b>	1050.53	787.90	262.63	<b>New Plan</b>	
<b>Oregon Aetna Direct</b>						
CDHP Self N61	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79	

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

Health Management Organizations (HMO)		2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
<b>Oregon Aetna HealthFund CDHP and Value Plan</b>					
CDHP Self H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One H46	1207.68	1256.00	942.00	314.00	12.08
<b>Oregon Aetna HealthFund HDHP</b>					
HDHP Self 224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>					
High Self 571	647.70	686.92	480.29	206.63	21.23
High Self & Family 572	1462.96	1551.59	1094.64	456.95	52.41
High Self Plus One 573	1462.96	1551.59	1030.88	520.71	56.63
Standard Self 574	565.98	593.84	445.38	148.46	6.97
Standard Self & Family 575	1300.22	1364.22	1023.17	341.05	16.00
Standard Self Plus One 576	1300.22	1364.22	1023.17	341.05	16.00
<b>Pennsylvania Aetna Direct</b>					
CDHP Self N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79



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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Pennsylvania Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
<b>Pennsylvania Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Pennsylvania Aetna Open Access</b>						
High Self	P31	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	2531.51	2733.53	1030.88	1702.65	170.02
<b>Pennsylvania Aetna Open Access</b>						
High Self	YE1	709.84	810.27	480.29	329.98	82.44
High Self & Family	YE2	1782.41	2034.63	1094.64	939.99	216.00
High Self Plus One	YE3	1764.79	2014.46	1030.88	983.58	217.67
<b>Pennsylvania Geisinger Health Plan</b>						
Standard Self	GG4	648.38	664.56	480.29	184.27	-1.81
Standard Self & Family	GG5	1491.30	1521.52	1094.64	426.88	-6.00
Standard Self Plus One	GG6	1491.30	1435.92	1030.88	405.04	-87.38

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

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Pennsylvania Highmark Choice Company</b>						
High Self	NP1	546.50	619.21	464.41	154.80	18.18
High Self & Family	NP2	1239.70	1404.37	1053.28	351.09	41.17
High Self Plus One	NP3	1028.47	1165.36	874.02	291.34	34.22
<b>Pennsylvania UPMC Health Plan</b>						
High Self	8W1	772.09	769.73	480.29	289.44	-20.35
High Self & Family	8W2	1814.35	1808.80	1094.64	714.16	-41.77
High Self Plus One	8W3	1737.19	1731.88	1030.88	701.00	-37.31
HDHP Self	8W4	513.00	511.96	383.97	127.99	-0.26
HDHP Self & Family	8W5	1182.59	1172.71	879.53	293.18	-2.47
HDHP Self Plus One	8W6	1137.22	1129.35	847.01	282.34	-1.96
<b>Pennsylvania UPMC Health Plan</b>						
Standard Self	UW4	579.58	599.82	449.87	149.95	5.06
Standard Self & Family	UW5	1361.92	1409.53	1057.15	352.38	11.90
Standard Self Plus One	UW6	1304.01	1349.62	1012.22	337.40	11.40
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>						
High Self	ZJ1	350.63	364.67	273.50	91.17	3.51
High Self & Family	ZJ2	788.97	820.52	615.39	205.13	7.89
High Self Plus One	ZJ3	753.89	784.07	588.05	196.02	7.55
<b>Puerto Rico Triple-S Salud, Inc.</b>						
High Self	891	389.98	407.38	305.54	101.84	4.35
High Self & Family	892	893.06	932.88	699.66	233.22	9.96
High Self Plus One	893	875.64	914.70	686.03	228.67	9.76
<b>Rhode Island Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Rhode Island Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
<b>Rhode Island Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>South Carolina Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>South Carolina Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
<b>South Carolina Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>South Dakota Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>South Dakota Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
<b>South Dakota Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>South Dakota HealthPartners High and Standard Option</b>						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88
<b>Tennessee Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Tennessee Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self F51	647.57	716.97	480.29	236.68	51.41	
CDHP Self & Family F52	1476.52	1634.79	1094.64	540.15	122.05	
CDHP Self Plus One F53	1461.89	1618.59	1030.88	587.71	124.70	
Value Self F54	543.05	559.35	419.51	139.84	4.08	
Value Self & Family F55	1243.52	1280.85	960.64	320.21	9.33	
Value Self Plus One F56	1219.14	1255.71	941.78	313.93	9.15	
<b>Tennessee Aetna HealthFund HDHP</b>						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
<b>Tennessee Aetna Open Access</b>						
High Self UB1	831.00	862.46	480.29	382.17	13.47	
High Self & Family UB2	2129.49	2210.09	1094.64	1115.45	44.38	
High Self Plus One UB3	2108.41	2188.20	1030.88	1157.32	47.79	
<b>Tennessee Humana Health Plan, Inc.</b>						
High Self GJ1	642.37	723.95	480.29	243.66	63.59	
High Self & Family GJ2	1445.36	1628.94	1094.64	534.30	147.36	
High Self Plus One GJ3	1381.14	1556.53	1030.88	525.65	143.39	
Standard Self GJ4	586.06	717.36	480.29	237.07	90.56	
Standard Self & Family GJ5	1318.66	1614.06	1094.64	519.42	189.76	
Standard Self Plus One GJ6	1260.05	1542.34	1030.88	511.46	196.45	
<b>Tennessee United Healthcare Insurance Company, Inc.</b>						
High Self KK1	530.83	558.57	418.93	139.64	6.93	
High Self & Family KK2	1488.46	1396.40	1047.30	349.10	-80.94	
High Self Plus One KK3	1036.71	1200.90	900.68	300.22	41.04	

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

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
<b>Tennessee United Healthcare Insurance Company, Inc. (HDHP)</b>						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
<b>Texas Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
<b>Texas Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
<b>Texas Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
<b>Texas Aetna Whole Health</b>						
Basic Self	ES1	552.24	612.89	459.67	153.22	15.16
Basic Self & Family	ES2	1462.09	1622.60	1094.64	527.96	124.29
Basic Self Plus One	ES3	1447.64	1606.56	1030.88	575.68	126.92

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

Health Management Organizations (HMO)		2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
<b>Texas Humana CoverageFirst and Value Plan</b>					
CDHP Self TP1	640.99	655.33	480.29	175.04	-3.65
CDHP Self & Family TP2	1442.22	1474.50	1094.64	379.86	-3.94
CDHP Self Plus One TP3	1378.11	1408.96	1030.88	378.08	-1.15
Value Self TP4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family TP5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One TP6	1002.82	1000.42	750.32	250.10	-0.60
<b>Texas Humana CoverageFirst and Value Plan</b>					
CDHP Self TU1	628.53	637.61	478.21	159.40	-6.83
CDHP Self & Family TU2	1414.16	1434.64	1075.98	358.66	2.92
CDHP Self Plus One TU3	1351.33	1370.85	1028.14	342.71	-9.74
Value Self TU4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family TU5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One TU6	1002.82	1000.42	750.32	250.10	-0.60
<b>Texas Humana CoverageFirst and Value Plan</b>					
CDHP Self TV1	650.72	652.60	480.29	172.31	-16.11
CDHP Self & Family TV2	1464.10	1468.37	1094.64	373.73	-31.95
CDHP Self Plus One TV3	1399.02	1403.11	1030.88	372.23	-27.91
Value Self TV4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family TV5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One TV6	1002.82	1000.42	750.32	250.10	-0.60

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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Texas Humana Health Plan of Texas</b>						
High Self	EW1	649.35	777.34	480.29	297.05	110.00
High Self & Family	EW2	1460.98	1749.00	1094.64	654.36	251.80
High Self Plus One	EW3	1396.07	1671.26	1030.88	640.38	243.19
Standard Self	EW4	592.30	668.42	480.29	188.13	40.06
Standard Self & Family	EW5	1332.70	1503.93	1094.64	409.29	76.12
Standard Self Plus One	EW6	1273.46	1437.06	1030.88	406.18	87.82
<b>Texas Humana Health Plan of Texas</b>						
High Self	UC1	681.44	794.06	480.29	313.77	94.63
High Self & Family	UC2	1533.22	1786.63	1094.64	691.99	217.19
High Self Plus One	UC3	1465.06	1707.23	1030.88	676.35	210.17
Standard Self	UC4	644.02	642.42	480.29	162.13	-19.59
Standard Self & Family	UC5	1449.05	1445.51	1084.13	361.38	-29.25
Standard Self Plus One	UC6	1384.65	1381.25	1030.88	350.37	-35.40
<b>Texas Humana Health Plan of Texas</b>						
High Self	UR1	1307.74	1330.90	480.29	850.61	5.17
High Self & Family	UR2	2942.40	2994.53	1094.64	1899.89	15.91
High Self Plus One	UR3	2811.62	2861.41	1030.88	1830.53	17.79
Standard Self	UR4	679.99	746.33	480.29	266.04	48.35
Standard Self & Family	UR5	1529.97	1679.25	1094.64	584.61	113.06
Standard Self Plus One	UR6	1461.96	1604.59	1030.88	573.71	110.63



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

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Texas Humana Health Plan of Texas</b>						
High Self	UU1	1088.79	1171.76	480.29	691.47	64.98
High Self & Family	UU2	2449.76	2636.44	1094.64	1541.80	150.46
High Self Plus One	UU3	2340.87	2519.27	1030.88	1488.39	146.40
Standard Self	UU4	759.55	972.68	480.29	492.39	195.14
Standard Self & Family	UU5	1709.05	2188.51	1094.64	1093.87	443.24
Standard Self Plus One	UU6	1633.08	2091.22	1030.88	1060.34	426.14
<b>Texas Scott and White Health Plan</b>						
Standard Self	A84	589.36	678.47	480.29	198.18	50.84
Standard Self & Family	A85	1382.72	1589.90	1094.64	495.26	149.58
Standard Self Plus One	A86	1235.80	1421.12	1030.88	390.24	81.29
<b>Texas Scott and White Health Plan</b>						
Standard Self	P84	<b>New Plan</b>	759.50	480.29	279.21	<b>New Plan</b>
Standard Self & Family	P85	<b>New Plan</b>	1780.29	1094.64	685.65	<b>New Plan</b>
Standard Self Plus One	P86	<b>New Plan</b>	1591.27	1030.88	560.39	<b>New Plan</b>
<b>Texas UnitedHealthcare Benefits of Texas, Inc.</b>						
High Self	GF1	858.59	945.73	480.29	465.44	69.15
High Self & Family	GF2	2407.47	2651.81	1094.64	1557.17	208.12
High Self Plus One	GF3	1676.81	1847.00	1030.88	816.12	138.19
<b>Texas UnitedHealthcare Insurance Company</b>						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58
<b>Utah Aetna Direct</b>						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79





















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

Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans</b>						
High Self	9K1	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	755.95	771.10	578.33	192.77	3.78
<b>Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans</b>						
Standard Self	DK4	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	1089.47	1146.88	860.16	286.72	14.35
<b>Wyoming Aetna HealthFund CDHP and Value Plan</b>						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
<b>Wyoming Aetna HealthFund HDHP</b>						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64