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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>Iowa 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>Iowa 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
<b>Iowa 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>Iowa UnitedHealthcare Plan of the River Valley Inc.</b>					
High Self YH1	624.37	642.59	480.29	162.30	0.23
High Self & Family YH2	1750.75	1801.78	1094.64	707.14	14.81
High Self Plus One YH3	1219.42	1254.98	941.24	313.74	8.89
<b>Kansas 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>Kansas 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>Kansas 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>Kansas 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
<b>Kansas 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

## 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>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)		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 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)		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>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

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

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>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

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)		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 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)			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 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)		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 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

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