

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Alabama Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
Alabama Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Alabama Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Alabama UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KK1	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	1,200.90	1,279.94	959.96	319.98	19.76
Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	991.42	942.24	706.68	235.56	-12.29

Alaska Aetna HealthFund CDHP and Aetna Value Plan

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Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self JS1	965.49	1,042.95	496.71	546.24	61.04	
CDHP Self & Family JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15	
CDHP Self Plus One JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92	
Value Self JS4	698.53	764.34	496.71	267.63	49.39	
Value Self & Family JS5	1,594.69	1,744.88	1,130.09	614.79	114.74	
Value Self Plus One JS6	1,578.89	1,727.61	1,063.83	663.78	115.77	
Alaska Aetna HealthFund HDHP						
HDHP Self 224	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family 225	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One 226	1,199.81	1,313.63	985.22	328.41	28.46	
Alaska Aetna Direct						
CDHP Self N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One N63	1,053.17	1,157.17	867.88	289.29	26.00	
Arizona Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self G51	698.88	750.27	496.71	253.56	34.97	
CDHP Self & Family G52	1,594.08	1,711.34	1,130.09	581.25	81.81	
CDHP Self Plus One G53	1,578.31	1,694.42	1,063.83	630.59	83.16	
Value Self G54	534.84	549.60	412.20	137.40	3.69	
Value Self & Family G55	1,225.01	1,258.73	944.05	314.68	8.43	
Value Self Plus One G56	1,200.98	1,234.07	925.55	308.52	8.28	
Arizona Aetna HealthFund HDHP						
HDHP Self 224	554.80	607.43	455.57	151.86	13.16	

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	HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
	HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Arizona Aetna Direct							
	CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
	CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
	CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Arizona Aetna Open Access							
	High Self	WQ1	937.95	1,132.60	496.71	635.89	178.23
	High Self & Family	WQ2	2,277.34	2,749.87	1,130.09	1,619.78	437.08
	High Self Plus One	WQ3	2,254.79	2,722.63	1,063.83	1,658.80	434.89
Arizona Health Net of Arizona, Inc.							
	Standard Self	A74	745.85	780.24	496.71	283.53	17.97
	Standard Self & Family	A75	1,888.49	1,975.59	1,130.09	845.50	51.65
	Standard Self Plus One	A76	1,888.49	1,975.59	1,063.83	911.76	54.15
Arizona Humana CoverageFirst/Value Plan							
	CDHP Self	R61	New Plan	637.93	478.45	159.48	New Plan
	CDHP Self & Family	R62	New Plan	1,435.37	1,076.53	358.84	New Plan
	CDHP Self Plus One	R63	New Plan	1,371.59	1,028.69	342.90	New Plan
	Value Self	R64	New Plan	519.70	389.78	129.92	New Plan
	Value Self & Family	R65	New Plan	1,169.31	876.98	292.33	New Plan
	Value Self Plus One	R66	New Plan	1,117.31	837.98	279.33	New Plan
Arizona Humana CoverageFirst/Value Plan							
	CDHP Self	R91	New Plan	618.89	464.17	154.72	New Plan

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Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	R92	New Plan	1,392.47	1,044.35	348.12	New Plan
CDHP Self Plus One	R93	New Plan	1,330.59	997.94	332.65	New Plan
Value Self	R94	New Plan	492.77	369.58	123.19	New Plan
Value Self & Family	R95	New Plan	1,108.71	831.53	277.18	New Plan
Value Self Plus One	R96	New Plan	1,059.44	794.58	264.86	New Plan
Arizona Humana Health Plan, Inc.						
High Self	BF1	905.32	1,131.67	496.71	634.96	209.93
High Self & Family	BF2	2,036.97	2,546.25	1,130.09	1,416.16	473.83
High Self Plus One	BF3	1,946.45	2,433.08	1,063.83	1,369.25	453.68
Standard Self	BF4	690.52	794.13	496.71	297.42	87.19
Standard Self & Family	BF5	1,553.67	1,786.79	1,130.09	656.70	197.67
Standard Self Plus One	BF6	1,484.60	1,707.36	1,063.83	643.53	189.81
Arizona Humana Health Plan, Inc.						
High Self	C71	738.23	819.48	496.71	322.77	64.83
High Self & Family	C72	1,661.05	1,843.81	1,130.09	713.72	147.31
High Self Plus One	C73	1,587.21	1,761.87	1,063.83	698.04	141.71
Standard Self	C74	650.87	676.93	496.71	180.22	9.64
Standard Self & Family	C75	1,464.47	1,523.06	1,130.09	392.97	23.14
Standard Self Plus One	C76	1,399.39	1,455.35	1,063.83	391.52	23.01
Arizona UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KT1	557.09	610.68	458.01	152.67	13.40
High Self & Family	KT2	1,392.73	1,526.70	1,130.09	396.61	48.43
High Self Plus One	KT3	1,197.73	1,312.96	984.72	328.24	28.81
Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LU1	492.35	482.91	362.18	120.73	-2.36
HDHP Self & Family	LU2	1,230.88	1,207.25	905.44	301.81	-5.91

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HDHP Self Plus One	LU3	1,058.57	1,038.25	778.69	259.56	-5.08
Arkansas Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
Arkansas Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Arkansas Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Arkansas QualChoice						
High Self	DH1	713.09	733.59	496.71	236.88	4.08
High Self & Family	DH2	1,859.95	1,913.45	1,130.09	783.36	18.05
High Self Plus One	DH3	1,385.19	1,425.04	1,063.83	361.21	6.90

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Standard Self	DH4	556.18	572.11	429.08	143.03	3.99
Standard Self & Family	DH5	1,450.67	1,492.21	1,119.16	373.05	10.38
Standard Self Plus One	DH6	1,080.39	1,111.33	833.50	277.83	7.73
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KK1	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	1,200.90	1,279.94	959.96	319.98	19.76
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	991.42	942.24	706.68	235.56	-12.29
California Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77
California Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
California Aetna Direct						

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CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
California Aetna Open Access						
High Self	2X1	679.19	751.40	496.71	254.69	55.79
High Self & Family	2X2	1,594.45	1,763.99	1,130.09	633.90	134.09
High Self Plus One	2X3	1,563.21	1,729.41	1,063.83	665.58	133.25
California Anthem Blue Cross Select HMO of CA						
High Self	B31	755.95	778.38	496.71	281.67	6.01
High Self & Family	B32	1,636.61	1,704.63	1,130.09	574.54	32.57
High Self Plus One	B33	1,534.56	1,595.66	1,063.83	531.83	28.15
California Blue Shield of CA Access+HMO						
High Self	SI1	742.17	742.17	496.71	245.46	-16.42
High Self & Family	SI2	1,707.03	1,707.03	1,130.09	576.94	-35.45
High Self Plus One	SI3	1,632.80	1,632.80	1,063.83	568.97	-32.95
California Health Net of California						
High Self	LB1	1,357.72	1,383.57	496.71	886.86	9.43
High Self & Family	LB2	3,258.49	3,320.55	1,130.09	2,190.46	26.61
High Self Plus One	LB3	2,986.97	3,043.86	1,063.83	1,980.03	23.94
Standard Self	LB4	1,289.43	1,306.41	496.71	809.70	0.56
Standard Self & Family	LB5	3,094.61	3,135.41	1,130.09	2,005.32	5.35

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Standard Self Plus One	LB6	2,836.75	2,874.13	1,063.83	1,810.30	4.43
California Health Net of California						
High Self	LP1	823.36	913.55	496.71	416.84	73.77
High Self & Family	LP2	1,976.02	2,192.49	1,130.09	1,062.40	181.02
High Self Plus One	LP3	1,811.33	2,009.80	1,063.83	945.97	165.52
Standard Self	LP4	783.71	875.55	496.71	378.84	75.42
Standard Self & Family	LP5	1,880.91	2,101.36	1,130.09	971.27	185.00
Standard Self Plus One	LP6	1,724.17	1,926.23	1,063.83	862.40	169.11
California Health Net of California						
Basic Self	P61	306.32	306.41	229.81	76.60	0.02
Basic Self & Family	P62	735.17	735.39	551.54	183.85	0.06
Basic Self Plus One	P63	673.90	674.14	505.61	168.53	0.06
California Health Net of California						
Basic Self	T41	New Plan	787.17	496.71	290.46	New Plan
Basic Self & Family	T42	New Plan	1,889.23	1,130.09	759.14	New Plan
Basic Self Plus One	T43	New Plan	1,731.77	1,063.83	667.94	New Plan
California Kaiser Foundation Health Plan of California						
High Self	591	858.98	920.49	496.71	423.78	45.09
High Self & Family	592	2,050.45	2,197.33	1,130.09	1,067.24	111.43
High Self Plus One	593	2,050.45	2,197.33	1,063.83	1,133.50	113.93
Standard Self	594	718.84	759.31	496.71	262.60	24.05
Standard Self & Family	595	1,682.11	1,776.80	1,130.09	646.71	59.24
Standard Self Plus One	596	1,682.11	1,776.80	1,063.83	712.97	61.74

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Health Management Organizations (HMO)			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Plan - Option - Enrollment Code	2017 Total Monthly Premium					
California Kaiser Foundation Health Plan of California						
High Self	621	631.26	658.15	493.61	164.54	6.73
High Self & Family	622	1,458.99	1,521.15	1,130.09	391.06	26.31
High Self Plus One	623	1,458.99	1,521.15	1,063.83	457.32	29.21
Standard Self	624	405.97	415.78	311.84	103.94	2.45
Standard Self & Family	625	938.25	961.03	720.77	240.26	5.70
Standard Self Plus One	626	938.25	961.03	720.77	240.26	5.70
California Kaiser Foundation Health Plan of California						
Basic Self	KC1	640.75	645.39	484.04	161.35	0.89
Basic Self & Family	KC2	1,499.36	1,510.21	1,130.09	380.12	-24.60
Basic Self Plus One	KC3	1,499.36	1,510.21	1,063.83	446.38	-22.10
California Kaiser Foundation Health Plan of California						
High Self	NZ1	676.15	713.81	496.71	217.10	21.24
High Self & Family	NZ2	1,562.73	1,649.79	1,130.09	519.70	51.61
High Self Plus One	NZ3	1,562.73	1,649.79	1,063.83	585.96	54.11
Standard Self	NZ4	469.82	511.64	383.73	127.91	10.46
Standard Self & Family	NZ5	1,085.80	1,182.50	886.88	295.62	24.17
Standard Self Plus One	NZ6	1,085.80	1,182.50	886.88	295.62	24.17
California UnitedHealthcare of California						
High Self	CY1	658.06	714.13	496.71	217.42	39.65
High Self & Family	CY2	1,845.11	2,002.33	1,130.09	872.24	121.77
High Self Plus One	CY3	1,285.14	1,394.62	1,045.97	348.65	27.37
Standard Self	CY4	613.08	664.02	496.71	167.31	14.04
Standard Self & Family	CY5	1,719.12	1,861.90	1,130.09	731.81	107.33
Standard Self Plus One	CY6	1,197.39	1,296.82	972.62	324.20	24.85

Colorado Aetna HealthFund CDHP and Aetna Value Plan

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Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
Colorado Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Colorado Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
 Colorado Humana Health Plan, Inc.						
High Self	NR1	535.38	637.13	477.85	159.28	25.44
High Self & Family	NR2	1,204.60	1,433.53	1,075.15	358.38	57.23
High Self Plus One	NR3	1,151.06	1,369.81	1,027.36	342.45	54.69
Standard Self	NR4	491.66	500.96	375.72	125.24	2.33
Standard Self & Family	NR5	1,106.26	1,127.17	845.38	281.79	5.23
Standard Self Plus One	NR6	1,057.07	1,077.07	807.80	269.27	5.00
Colorado Humana Health Plan, Inc.						
High Self	NT1	568.45	625.32	468.99	156.33	14.22

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High Self & Family	NT2	1,279.03	1,406.97	1,055.23	351.74	31.98
High Self Plus One	NT3	1,222.20	1,344.44	1,008.33	336.11	30.56
Standard Self	NT4	516.17	526.50	394.88	131.62	2.58
Standard Self & Family	NT5	1,161.40	1,184.63	888.47	296.16	5.81
Standard Self Plus One	NT6	1,109.77	1,131.95	848.96	282.99	5.55
Colorado Humana Health Plan, Inc.						
Basic Self	R21	New Plan	471.40	353.55	117.85	New Plan
Basic Self & Family	R22	New Plan	1,060.65	795.49	265.16	New Plan
Basic Self Plus One	R23	New Plan	1,013.50	760.13	253.37	New Plan
Colorado Humana Health Plan, Inc.						
Basic Self	RZ1	New Plan	495.41	371.56	123.85	New Plan
Basic Self & Family	RZ2	New Plan	1,114.71	836.03	278.68	New Plan
Basic Self Plus One	RZ3	New Plan	1,065.16	798.87	266.29	New Plan
Colorado Kaiser Foundation Health Plan of Colorado						
High Self	651	687.85	704.23	496.71	207.52	-0.04
High Self & Family	652	1,554.61	1,591.55	1,130.09	461.46	1.49
High Self Plus One	653	1,554.61	1,591.55	1,063.83	527.72	3.99
Standard Self	654	473.01	511.10	383.33	127.77	9.52
Standard Self & Family	655	1,068.99	1,155.09	866.32	288.77	21.52
Standard Self Plus One	656	1,068.99	1,155.09	866.32	288.77	21.52
Colorado Kaiser Foundation Health Plan of Colorado						
Basic Self	N41	367.14	401.48	301.11	100.37	8.59
Basic Self & Family	N42	829.73	907.36	680.52	226.84	19.41

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Basic Self Plus One	N43	829.73	907.36	680.52	226.84	19.41
Colorado UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KT1	557.09	610.68	458.01	152.67	13.40
High Self & Family	KT2	1,392.73	1,526.70	1,130.09	396.61	48.43
High Self Plus One	KT3	1,197.73	1,312.96	984.72	328.24	28.81
Colorado UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LU1	492.35	482.91	362.18	120.73	-2.36
HDHP Self & Family	LU2	1,230.88	1,207.25	905.44	301.81	-5.91
HDHP Self Plus One	LU3	1,058.57	1,038.25	778.69	259.56	-5.08
Connecticut Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96
Connecticut Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Connecticut Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Delaware Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96
Delaware Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Delaware Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Delaware Aetna Open Access						
High Self	P31	1,419.69	1,572.42	496.71	1,075.71	136.31
High Self & Family	P32	3,442.05	3,812.34	1,130.09	2,682.25	334.84
High Self Plus One	P33	3,407.97	3,774.57	1,063.83	2,710.74	333.65

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self	P34	1,189.52	1,348.08	496.71	851.37	142.14
Basic Self & Family	P35	2,760.88	3,128.88	1,130.09	1,998.79	332.55
Basic Self Plus One	P36	2,733.53	3,097.90	1,063.83	2,034.07	331.42
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
District of Columbia Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
District of Columbia Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
District of Columbia Aetna Open Access						
High Self	JN1	1,016.34	1,103.09	496.71	606.38	70.33
High Self & Family	JN2	2,284.92	2,479.95	1,130.09	1,349.86	159.58
High Self Plus One	JN3	2,262.30	2,455.38	1,063.83	1,391.55	160.13
Basic Self	JN4	637.35	662.85	496.71	166.14	6.80

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self & Family	JN5	1,439.86	1,516.95	1,130.09	386.86	26.90
Basic Self Plus One	JN6	1,373.99	1,392.99	1,044.74	348.25	4.75
District of Columbia CareFirst BlueChoice						
High Self	2G1	777.34	855.08	496.71	358.37	61.32
High Self & Family	2G2	1,846.93	2,031.60	1,130.09	901.51	149.22
High Self Plus One	2G3	1,554.67	1,710.13	1,063.83	646.30	122.51
Standard Self	2G4	660.60	693.62	496.71	196.91	16.60
Standard Self & Family	2G5	1,569.56	1,648.05	1,130.09	517.96	43.04
Standard Self Plus One	2G6	1,321.19	1,387.25	1,040.44	346.81	16.51
District of Columbia CareFirst BlueChoice						
HDHP Self	B61	609.72	609.72	457.29	152.43	0.00
HDHP Self & Family	B62	1,448.68	1,448.68	1,086.51	362.17	0.00
HDHP Self Plus One	B63	1,219.44	1,219.44	914.58	304.86	0.00
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	641.70	660.36	495.27	165.09	3.68
High Self & Family	E32	1,501.63	1,518.83	1,130.09	388.74	-18.25
High Self Plus One	E33	1,450.28	1,518.83	1,063.83	455.00	35.60
Standard Self	E34	484.03	504.96	378.72	126.24	5.23
Standard Self & Family	E35	1,132.63	1,161.49	871.12	290.37	7.21
Standard Self Plus One	E36	1,093.89	1,161.49	871.12	290.37	16.90
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States						
Basic Self	T71	New Plan	460.03	345.02	115.01	New Plan
Basic Self & Family	T72	New Plan	1,104.50	828.38	276.12	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self Plus One	T73	New Plan	1,006.22	754.67	251.55	New Plan
District of Columbia M.D. IPA						
High Self	JP1	690.73	717.77	496.71	221.06	10.62
High Self & Family	JP2	1,936.81	2,012.66	1,130.09	882.57	40.40
High Self Plus One	JP3	1,349.01	1,401.81	1,051.36	350.45	13.20
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	LR1	606.10	607.99	455.99	152.00	0.48
High Self & Family	LR2	1,515.26	1,520.00	1,130.09	389.91	-30.71
High Self Plus One	LR3	1,242.52	1,307.19	980.39	326.80	16.17
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	433.07	463.32	347.49	115.83	7.56
Value Self & Family	L92	1,214.35	1,299.18	974.39	324.79	21.20
Value Self Plus One	L93	845.78	904.89	678.67	226.22	14.78
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	V41	New Plan	566.97	425.23	141.74	New Plan
HDHP Self & Family	V42	New Plan	1,417.48	1,063.11	354.37	New Plan
HDHP Self Plus One	V43	New Plan	1,219.01	914.26	304.75	New Plan
Florida Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Florida Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Florida Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Florida Av-Med Health Plan						
Standard Self	ML4	647.66	684.71	496.71	188.00	20.63
Standard Self & Family	ML5	1,677.61	1,773.63	1,130.09	643.54	60.57
Standard Self Plus One	ML6	1,295.30	1,369.46	1,027.10	342.36	18.54
Florida Capital Health Plan						
High Self	EA1	633.06	665.04	496.71	168.33	10.07
High Self & Family	EA2	1,709.24	1,795.69	1,130.09	665.60	51.00
High Self Plus One	EA3	1,266.07	1,330.14	997.61	332.53	16.01
Florida Humana CoverageFirst/Value Plan						
CDHP Self	MJ1	698.71	803.51	496.71	306.80	88.38
CDHP Self & Family	MJ2	1,572.13	1,807.91	1,130.09	677.82	200.33
CDHP Self Plus One	MJ3	1,502.26	1,727.57	1,063.83	663.74	192.36
Value Self	MJ4	465.31	493.22	369.92	123.30	6.97
Value Self & Family	MJ5	1,046.93	1,109.72	832.29	277.43	15.70
Value Self Plus One	MJ6	1,000.42	1,060.39	795.29	265.10	15.00
Florida Humana CoverageFirst/Value Plan						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	QP1	559.85	682.11	496.71	185.40	45.44
CDHP Self & Family	QP2	1,261.67	1,536.77	1,130.09	406.68	91.26
CDHP Self Plus One	QP3	1,205.60	1,468.48	1,063.83	404.65	103.25
Value Self	QP4	465.31	488.56	366.42	122.14	5.81
Value Self & Family	QP5	1,046.93	1,099.26	824.45	274.81	13.08
Value Self Plus One	QP6	1,000.42	1,050.42	787.82	262.60	12.50
Florida Humana Medical Plan, Inc.						
High Self	E21	731.94	877.91	496.71	381.20	129.55
High Self & Family	E22	1,646.93	1,975.31	1,130.09	845.22	292.93
High Self Plus One	E23	1,573.72	1,887.56	1,063.83	823.73	280.89
Standard Self	E24	568.17	579.52	434.64	144.88	2.84
Standard Self & Family	E25	1,278.36	1,303.92	977.94	325.98	6.39
Standard Self Plus One	E26	1,221.52	1,245.96	934.47	311.49	6.11
Florida Humana Medical Plan, Inc.						
High Self	EE1	867.99	876.70	496.71	379.99	-7.71
High Self & Family	EE2	1,952.99	1,972.60	1,130.09	842.51	-15.84
High Self Plus One	EE3	1,866.19	1,884.91	1,063.83	821.08	-14.23
Standard Self	EE4	746.59	761.48	496.71	264.77	-1.53
Standard Self & Family	EE5	1,679.84	1,713.29	1,130.09	583.20	-2.00
Standard Self Plus One	EE6	1,605.18	1,637.16	1,063.83	573.33	-0.97
Florida Humana Medical Plan, Inc.						
High Self	EX1	674.14	687.64	496.71	190.93	-2.92
High Self & Family	EX2	1,516.75	1,547.13	1,130.09	417.04	-5.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self Plus One	EX3	1,449.35	1,478.36	1,063.83	414.53	-3.94
Standard Self	EX4	591.63	603.46	452.60	150.86	2.95
Standard Self & Family	EX5	1,331.18	1,357.81	1,018.36	339.45	6.66
Standard Self Plus One	EX6	1,272.03	1,297.47	973.10	324.37	6.36
Florida Humana Medical Plan, Inc.						
High Self	LL1	1,348.17	1,361.69	496.71	864.98	-2.90
High Self & Family	LL2	3,033.40	3,063.80	1,130.09	1,933.71	-5.05
High Self Plus One	LL3	2,898.55	2,927.62	1,063.83	1,863.79	-3.88
Standard Self	LL4	785.03	792.85	496.71	296.14	-8.60
Standard Self & Family	LL5	1,766.25	1,783.90	1,130.09	653.81	-17.80
Standard Self Plus One	LL6	1,687.75	1,704.63	1,063.83	640.80	-16.07
Florida UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KK1	New Plan	595.34	446.51	148.83	New Plan
High Self & Family	KK2	New Plan	1,488.31	1,116.23	372.08	New Plan
High Self Plus One	KK3	New Plan	1,279.94	959.96	319.98	New Plan
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	LV1	576.90	630.05	472.54	157.51	13.29
Value Self & Family	LV2	1,617.68	1,766.72	1,130.09	636.63	113.59
Value Self Plus One	LV3	1,126.71	1,230.52	922.89	307.63	25.95
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	New Plan	438.25	328.69	109.56	New Plan
HDHP Self & Family	LS2	New Plan	1,095.62	821.72	273.90	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

HDHP Self Plus One	LS3	New Plan	942.24	706.68	235.56	New Plan
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Georgia Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27

Georgia Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Georgia Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Georgia Aetna Open Access

High Self	2U1	1,139.54	1,211.43	496.71	714.72	55.47
High Self & Family	2U2	2,624.83	2,790.49	1,130.09	1,660.40	130.21
High Self Plus One	2U3	2,598.85	2,762.85	1,063.83	1,699.02	131.05

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Georgia Blue Open Access POS

High Self	QM1	New Plan	572.50	429.38	143.12	New Plan
High Self & Family	QM2	New Plan	1,531.44	1,130.09	401.35	New Plan
High Self Plus One	QM3	New Plan	1,273.81	955.36	318.45	New Plan

Georgia Humana CoverageFirst/Value Plan

CDHP Self	AD1	612.60	716.76	496.71	220.05	66.90
CDHP Self & Family	AD2	1,378.37	1,612.72	1,130.09	482.63	138.04
CDHP Self Plus One	AD3	1,317.14	1,541.06	1,063.83	477.23	147.95
Value Self	AD4	521.15	547.21	410.41	136.80	6.51
Value Self & Family	AD5	1,172.60	1,231.23	923.42	307.81	14.66
Value Self Plus One	AD6	1,120.47	1,176.50	882.38	294.12	14.00

Georgia Humana CoverageFirst/Value Plan

CDHP Self	LM1	588.23	599.97	449.98	149.99	2.93
CDHP Self & Family	LM2	1,323.51	1,349.92	1,012.44	337.48	6.60
CDHP Self Plus One	LM3	1,264.71	1,289.95	967.46	322.49	6.31
Value Self	LM4	465.31	474.63	355.97	118.66	2.33
Value Self & Family	LM5	1,046.93	1,067.91	800.93	266.98	5.25
Value Self Plus One	LM6	1,000.42	1,020.44	765.33	255.11	5.01

Georgia Humana CoverageFirst/Value Plan

CDHP Self	S91	New Plan	633.10	474.83	158.27	New Plan
CDHP Self & Family	S92	New Plan	1,424.48	1,068.36	356.12	New Plan
CDHP Self Plus One	S93	New Plan	1,361.14	1,020.86	340.28	New Plan
Value Self	S94	New Plan	504.08	378.06	126.02	New Plan
Value Self & Family	S95	New Plan	1,134.16	850.62	283.54	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Value Self Plus One	S96	New Plan	1,083.77	812.83	270.94	New Plan
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Georgia Humana Employers Health Plan of Georgia, Inc

High Self	CB1	760.85	905.39	496.71	408.68	128.12
High Self & Family	CB2	1,711.88	2,037.14	1,130.09	907.05	289.81
High Self Plus One	CB3	1,635.77	1,946.62	1,063.83	882.79	277.90
Standard Self	CB4	677.73	834.47	496.71	337.76	140.32
Standard Self & Family	CB5	1,524.88	1,877.57	1,130.09	747.48	317.24
Standard Self Plus One	CB6	1,457.13	1,794.13	1,063.83	730.30	304.05

Georgia Humana Employers Health Plan of Georgia, Inc

High Self	DG1	1,059.46	1,207.77	496.71	711.06	131.89
High Self & Family	DG2	2,383.77	2,717.46	1,130.09	1,587.37	298.24
High Self Plus One	DG3	2,277.82	2,596.71	1,063.83	1,532.88	285.94
Standard Self	DG4	765.25	834.21	496.71	337.50	52.54
Standard Self & Family	DG5	1,721.79	1,876.92	1,130.09	746.83	119.68
Standard Self Plus One	DG6	1,645.28	1,793.50	1,063.83	729.67	115.27

Georgia Humana Employers Health Plan of Georgia, Inc

High Self	DN1	699.18	713.18	496.71	216.47	-2.42
High Self & Family	DN2	1,573.17	1,604.63	1,130.09	474.54	-3.99
High Self Plus One	DN3	1,503.23	1,533.33	1,063.83	469.50	-2.85
Standard Self	DN4	669.41	682.80	496.71	186.09	-3.03
Standard Self & Family	DN5	1,506.20	1,536.32	1,130.09	406.23	-5.33
Standard Self Plus One	DN6	1,439.27	1,468.03	1,063.83	404.20	-4.19

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Georgia Humana Employers Health Plan of Georgia, Inc						
Basic Self	Q71	New Plan	588.81	441.61	147.20	New Plan
Basic Self & Family	Q72	New Plan	1,324.85	993.64	331.21	New Plan
Basic Self Plus One	Q73	New Plan	1,265.96	949.47	316.49	New Plan
Georgia Humana Employers Health Plan of Georgia, Inc						
Basic Self	RJ1	New Plan	546.11	409.58	136.53	New Plan
Basic Self & Family	RJ2	New Plan	1,228.76	921.57	307.19	New Plan
Basic Self Plus One	RJ3	New Plan	1,174.14	880.61	293.53	New Plan
Georgia Humana Employers Health Plan of Georgia, Inc						
Basic Self	RM1	New Plan	570.35	427.76	142.59	New Plan
Basic Self & Family	RM2	New Plan	1,283.32	962.49	320.83	New Plan
Basic Self Plus One	RM3	New Plan	1,226.29	919.72	306.57	New Plan
Georgia Kaiser Foundation Health Plan of Georgia						
High Self	F81	649.44	682.11	496.71	185.40	16.25
High Self & Family	F82	1,483.93	1,541.61	1,130.09	411.52	22.23
High Self Plus One	F83	1,441.72	1,541.61	1,063.83	477.78	66.94
Standard Self	F84	486.11	512.98	384.74	128.24	6.71
Standard Self & Family	F85	1,118.04	1,159.32	869.49	289.83	10.32
Standard Self Plus One	F86	1,084.01	1,159.32	869.49	289.83	18.83
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	LV1	576.90	630.05	472.54	157.51	13.29
Value Self & Family	LV2	1,617.68	1,766.72	1,130.09	636.63	113.59
Value Self Plus One	LV3	1,126.71	1,230.52	922.89	307.63	25.95

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Guam Calvo's Selectcare

High Self	B41	426.10	468.72	351.54	117.18	10.66
High Self & Family	B42	1,139.23	1,253.18	939.89	313.29	28.48
High Self Plus One	B43	831.52	914.68	686.01	228.67	20.79
Standard Self	B44	392.12	411.73	308.80	102.93	4.90
Standard Self & Family	B45	1,048.41	1,100.82	825.62	275.20	13.10
Standard Self Plus One	B46	765.20	803.47	602.60	200.87	9.57

Guam TakeCare

High Self	JK1	596.77	584.63	438.47	146.16	-3.03
High Self & Family	JK2	1,423.48	1,394.49	1,045.87	348.62	-7.25
High Self Plus One	JK3	1,179.04	1,155.03	866.27	288.76	-6.00
Standard Self	JK4	378.50	405.17	303.88	101.29	6.67
Standard Self & Family	JK5	1,071.85	1,147.40	860.55	286.85	18.89
Standard Self Plus One	JK6	745.94	798.55	598.91	199.64	13.16

Guam TakeCare

HDHP Self	KX1	129.16	127.92	95.94	31.98	-0.31
HDHP Self & Family	KX2	381.42	342.96	257.22	85.74	-9.61
HDHP Self Plus One	KX3	305.41	308.75	231.56	77.19	0.84

Hawaii Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77
Hawaii Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Hawaii Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Hawaii HMSA						
High Self	871	606.95	606.95	455.21	151.74	0.00
High Self & Family	872	1,364.44	1,364.44	1,023.33	341.11	0.00
High Self Plus One	873	1,329.88	1,329.88	997.41	332.47	0.00
Hawaii Kaiser Foundation Health Plan of Hawaii						
High Self	631	642.72	658.58	493.94	164.64	2.21
High Self & Family	632	1,433.27	1,468.63	1,101.47	367.16	8.84
High Self Plus One	633	1,433.27	1,468.63	1,063.83	404.80	2.41
Standard Self	634	440.64	444.69	333.52	111.17	1.01
Standard Self & Family	635	982.61	991.64	743.73	247.91	2.26
Standard Self Plus One	636	982.61	991.64	743.73	247.91	2.26

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Idaho Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86

Idaho Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Idaho Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Idaho Altius Health Plans

High Self	9K1	746.35	848.08	496.71	351.37	85.31
High Self & Family	9K2	1,650.50	1,875.47	1,130.09	745.38	189.52
High Self Plus One	9K3	1,634.17	1,856.90	1,063.83	793.07	189.78
HDHP Self	9K4	376.33	420.70	315.53	105.17	11.09
HDHP Self & Family	9K5	786.50	879.23	659.42	219.81	23.19
HDHP Self Plus One	9K6	771.10	861.99	646.49	215.50	22.73

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Idaho Altius Health Plans

Standard Self	DK4	524.55	593.60	445.20	148.40	17.26
Standard Self & Family	DK5	1,158.37	1,310.81	983.11	327.70	38.11
Standard Self Plus One	DK6	1,146.88	1,297.83	973.37	324.46	37.74

Idaho Kaiser Foundation Health Plan of Washington

High Self	541	757.16	825.59	496.71	328.88	52.01
High Self & Family	542	1,968.61	1,816.32	1,130.09	686.23	-187.74
High Self Plus One	543	1,552.16	1,816.32	1,063.83	752.49	231.21
Standard Self	544	568.84	608.99	456.74	152.25	10.04
Standard Self & Family	545	1,478.95	1,400.66	1,050.50	350.16	-34.15
Standard Self Plus One	546	1,166.10	1,400.66	1,050.50	350.16	58.64

Idaho Kaiser Foundation Health Plan of Washington

HDHP Self	PT1	506.00	507.37	380.53	126.84	0.34
HDHP Self & Family	PT2	1,315.64	1,166.92	875.19	291.73	-37.18
HDHP Self Plus One	PT3	1,037.34	1,166.92	875.19	291.73	32.40

Idaho SelectHealth

High Self	SF1	742.80	973.68	496.71	476.97	214.46
High Self & Family	SF2	1,656.87	2,219.21	1,130.09	1,089.12	526.89
High Self Plus One	SF3	1,656.87	2,219.21	1,063.83	1,155.38	529.39
Standard Self	SF4	537.94	595.42	446.57	148.85	14.37
Standard Self & Family	SF5	1,194.53	1,357.05	1,017.79	339.26	40.63
Standard Self Plus One	SF6	1,194.53	1,357.05	1,017.79	339.26	40.63

Illinois Aetna HealthFund CDHP and Aetna Value Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Illinois Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Illinois Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Illinois Blue Preferred						
High Self	9G1	698.49	733.92	496.71	237.21	19.01
High Self & Family	9G2	1,512.25	1,588.93	1,130.09	458.84	41.23
High Self Plus One	9G3	1,410.98	1,504.53	1,063.83	440.70	60.60
Standard Self	9G4	519.13	532.11	399.08	133.03	3.25
Standard Self & Family	9G5	1,469.15	1,529.78	1,130.09	399.69	25.18
Standard Self Plus One	9G6	1,349.75	1,383.46	1,037.60	345.86	8.42
Illinois Health Alliance HMO						
Standard Self	K84	606.17	626.80	470.10	156.70	5.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self & Family	K85	1,682.09	1,918.61	1,130.09	788.52	201.07
Standard Self Plus One	K86	1,272.96	1,451.93	1,063.83	388.10	69.86
Illinois Humana CoverageFirst/Value Plan						
CDHP Self	GB1	719.42	873.17	496.71	376.46	137.33
CDHP Self & Family	GB2	1,618.70	1,964.60	1,130.09	834.51	310.45
CDHP Self Plus One	GB3	1,546.76	1,877.29	1,063.83	813.46	297.58
Value Self	GB4	465.31	516.51	387.38	129.13	12.80
Value Self & Family	GB5	1,046.93	1,162.14	871.61	290.53	28.80
Value Self Plus One	GB6	1,000.42	1,110.53	832.90	277.63	27.53
Illinois Humana CoverageFirst/Value Plan						
CDHP Self	MW1	698.23	712.21	496.71	215.50	-2.44
CDHP Self & Family	MW2	1,571.03	1,602.51	1,130.09	472.42	-3.97
CDHP Self Plus One	MW3	1,501.20	1,531.27	1,063.83	467.44	-2.88
Value Self	MW4	488.56	556.99	417.74	139.25	17.11
Value Self & Family	MW5	1,099.28	1,253.18	939.89	313.29	38.47
Value Self Plus One	MW6	1,050.44	1,197.50	898.13	299.37	36.76
Illinois Humana Health Plan, Inc.						
High Self	751	1,257.82	1,261.67	496.71	764.96	-12.57
High Self & Family	752	2,830.06	2,838.72	1,130.09	1,708.63	-26.79
High Self Plus One	753	2,704.26	2,712.56	1,063.83	1,648.73	-24.65
Standard Self	754	879.69	881.49	496.71	384.78	-14.62
Standard Self & Family	755	1,979.29	1,983.35	1,130.09	853.26	-31.39
Standard Self Plus One	756	1,891.31	1,895.16	1,063.83	831.33	-29.10
Illinois Humana Health Plan, Inc.						
High Self	9F1	1,539.59	1,570.38	496.71	1,073.67	14.37
High Self & Family	9F2	3,464.09	3,533.38	1,130.09	2,403.29	33.84

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self Plus One	9F3	3,310.13	3,376.32	1,063.83	2,312.49	33.24
Illinois Humana Health Plan, Inc.						
Basic Self	AB1	New Plan	584.07	438.05	146.02	New Plan
Basic Self & Family	AB2	New Plan	1,314.15	985.61	328.54	New Plan
Basic Self Plus One	AB3	New Plan	1,255.74	941.81	313.93	New Plan
Standard Self	AB4	945.08	1,020.61	496.71	523.90	59.11
Standard Self & Family	AB5	2,126.37	2,296.39	1,130.09	1,166.30	134.57
Standard Self Plus One	AB6	2,031.88	2,194.31	1,063.83	1,130.48	129.48
Illinois Humana Health Plan, Inc.						
Basic Self	RW1	New Plan	592.02	444.02	148.00	New Plan
Basic Self & Family	RW2	New Plan	1,332.05	999.04	333.01	New Plan
Basic Self Plus One	RW3	New Plan	1,272.83	954.62	318.21	New Plan
Illinois MercyCare HMO						
High Self	EY1	727.68	766.48	496.71	269.77	22.38
High Self & Family	EY2	1,892.00	2,000.27	1,130.09	870.18	72.82
High Self Plus One	EY3	1,564.51	1,647.95	1,063.83	584.12	50.49
Illinois Union Health Service						
High Self	761	625.86	671.10	496.71	174.39	17.93
High Self & Family	762	1,555.32	1,680.97	1,130.09	550.88	90.20
High Self Plus One	763	1,368.68	1,474.16	1,063.83	410.33	68.16
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	433.07	463.32	347.49	115.83	7.56
Value Self & Family	L92	1,214.35	1,299.18	974.39	324.79	21.20
Value Self Plus One	L93	845.78	904.89	678.67	226.22	14.78

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Illinois UnitedHealthcare Plan of the River Valley Inc.

High Self	YH1	642.59	706.12	496.71	209.41	47.11
High Self & Family	YH2	1,801.78	1,979.99	1,130.09	849.90	142.76
High Self Plus One	YH3	1,254.98	1,379.08	1,034.31	344.77	31.03

Indiana Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77

Indiana Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Indiana Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Indiana Health Alliance HMO

Standard Self	K84	606.17	626.80	470.10	156.70	5.16
Standard Self & Family	K85	1,682.09	1,918.61	1,130.09	788.52	201.07
Standard Self Plus One	K86	1,272.96	1,451.93	1,063.83	388.10	69.86

Indiana Humana CoverageFirst/Value Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
CDHP Self MW1	698.23	712.21	496.71	215.50	-2.44	
CDHP Self & Family MW2	1,571.03	1,602.51	1,130.09	472.42	-3.97	
CDHP Self Plus One MW3	1,501.20	1,531.27	1,063.83	467.44	-2.88	
Value Self MW4	488.56	556.99	417.74	139.25	17.11	
Value Self & Family MW5	1,099.28	1,253.18	939.89	313.29	38.47	
Value Self Plus One MW6	1,050.44	1,197.50	898.13	299.37	36.76	
Indiana Humana CoverageFirst/Value Plan						
CDHP Self TC1	New Plan	602.31	451.73	150.58	New Plan	
CDHP Self & Family TC2	New Plan	1,355.23	1,016.42	338.81	New Plan	
CDHP Self Plus One TC3	New Plan	1,295.00	971.25	323.75	New Plan	
Indiana Humana Health Plan of Ohio, Inc.						
High Self A61	985.23	1,044.40	496.71	547.69	42.75	
High Self & Family A62	2,216.76	2,349.90	1,130.09	1,219.81	97.69	
High Self Plus One A63	2,118.24	2,245.47	1,063.83	1,181.64	94.28	
Standard Self A64	776.71	835.88	496.71	339.17	42.75	
Standard Self & Family A65	1,747.55	1,880.73	1,130.09	750.64	97.73	
Standard Self Plus One A66	1,669.87	1,797.14	1,063.83	733.31	94.32	
Indiana Humana Health Plan, Inc.						
High Self 751	1,257.82	1,261.67	496.71	764.96	-12.57	
High Self & Family 752	2,830.06	2,838.72	1,130.09	1,708.63	-26.79	
High Self Plus One 753	2,704.26	2,712.56	1,063.83	1,648.73	-24.65	
Standard Self 754	879.69	881.49	496.71	384.78	-14.62	
Standard Self & Family 755	1,979.29	1,983.35	1,130.09	853.26	-31.39	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	756	1,891.31	1,895.16	1,063.83	831.33	-29.10
Indiana Humana Health Plan, Inc.						
High Self	MH1	715.74	801.62	496.71	304.91	69.46
High Self & Family	MH2	1,610.42	1,803.64	1,130.09	673.55	157.77
High Self Plus One	MH3	1,538.85	1,723.45	1,063.83	659.62	151.65
Standard Self	MH4	653.45	673.05	496.71	176.34	3.18
Standard Self & Family	MH5	1,470.26	1,514.35	1,130.09	384.26	8.64
Standard Self Plus One	MH6	1,404.91	1,447.05	1,063.83	383.22	9.19
Iowa Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Iowa Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Iowa Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Iowa Health Alliance HMO						
Standard Self	K84	606.17	626.80	470.10	156.70	5.16
Standard Self & Family	K85	1,682.09	1,918.61	1,130.09	788.52	201.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	K86	1,272.96	1,451.93	1,063.83	388.10	69.86
Iowa HealthPartners						
High Self	V31	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	941.72	1,011.08	758.31	252.77	17.34
Iowa UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	LJ1	556.68	610.70	458.03	152.67	13.50
High Self & Family	LJ2	1,391.74	1,526.76	1,130.09	396.67	48.74
High Self Plus One	LJ3	1,196.89	1,313.02	984.77	328.25	29.03
Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	N71	529.77	501.80	376.35	125.45	-6.99
HDHP Self & Family	N72	1,324.46	1,254.50	940.88	313.62	-17.49
HDHP Self Plus One	N73	1,139.04	1,078.87	809.15	269.72	-15.04
Iowa UnitedHealthcare Plan of the River Valley Inc.						
High Self	YH1	642.59	706.12	496.71	209.41	47.11
High Self & Family	YH2	1,801.78	1,979.99	1,130.09	849.90	142.76
High Self Plus One	YH3	1,254.98	1,379.08	1,034.31	344.77	31.03
Kansas Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
Kansas Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Kansas Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
 Kansas Aetna Open Access						
High Self	HA1	703.50	728.35	496.71	231.64	8.43
High Self & Family	HA2	1,661.79	1,720.46	1,130.09	590.37	23.22
High Self Plus One	HA3	1,645.37	1,703.48	1,063.83	639.65	25.16
Standard Self	HA4	605.22	611.22	458.42	152.80	1.50
Standard Self & Family	HA5	1,428.59	1,442.70	1,082.03	360.67	3.52
Standard Self Plus One	HA6	1,414.47	1,428.42	1,063.83	364.59	-19.00
Kansas Humana CoverageFirst/Value Plan						
CDHP Self	PH1	606.34	576.23	432.17	144.06	-7.52

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	PH2	1,364.31	1,296.49	972.37	324.12	-16.96
CDHP Self Plus One	PH3	1,303.66	1,238.88	929.16	309.72	-16.19
Value Self	PH4	465.31	418.77	314.08	104.69	-11.64
Value Self & Family	PH5	1,046.93	942.28	706.71	235.57	-26.16
Value Self Plus One	PH6	1,000.42	900.38	675.29	225.09	-25.01
Kansas Humana Health Plan, Inc.						
High Self	MS1	1,605.57	1,621.58	496.71	1,124.87	-0.41
High Self & Family	MS2	3,612.53	3,648.54	1,130.09	2,518.45	0.56
High Self Plus One	MS3	3,451.96	3,486.38	1,063.83	2,422.55	1.47
Standard Self	MS4	829.96	871.41	496.71	374.70	25.03
Standard Self & Family	MS5	1,867.45	1,960.70	1,130.09	830.61	57.80
Standard Self Plus One	MS6	1,784.47	1,873.56	1,063.83	809.73	56.14
Kentucky Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Kentucky Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
HDHP Self Plus One 226	1,199.81	1,313.63	985.22	328.41	28.46	
Kentucky Aetna Direct						
CDHP Self N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One N63	1,053.17	1,157.17	867.88	289.29	26.00	
Kentucky Humana CoverageFirst/Value Plan						
CDHP Self 6N1	562.55	585.07	438.80	146.27	5.63	
CDHP Self & Family 6N2	1,265.70	1,316.38	987.29	329.09	12.67	
CDHP Self Plus One 6N3	1,209.43	1,257.88	943.41	314.47	12.11	
Kentucky Humana CoverageFirst/Value Plan						
CDHP Self TC1	New Plan	602.31	451.73	150.58	New Plan	
CDHP Self & Family TC2	New Plan	1,355.23	1,016.42	338.81	New Plan	
CDHP Self Plus One TC3	New Plan	1,295.00	971.25	323.75	New Plan	
Kentucky Humana Health Plan of Ohio, Inc.						
High Self A61	985.23	1,044.40	496.71	547.69	42.75	
High Self & Family A62	2,216.76	2,349.90	1,130.09	1,219.81	97.69	
High Self Plus One A63	2,118.24	2,245.47	1,063.83	1,181.64	94.28	
Standard Self A64	776.71	835.88	496.71	339.17	42.75	
Standard Self & Family A65	1,747.55	1,880.73	1,130.09	750.64	97.73	
Standard Self Plus One A66	1,669.87	1,797.14	1,063.83	733.31	94.32	
Kentucky Humana Health Plan, Inc.						
High Self MH1	715.74	801.62	496.71	304.91	69.46	
High Self & Family MH2	1,610.42	1,803.64	1,130.09	673.55	157.77	
High Self Plus One MH3	1,538.85	1,723.45	1,063.83	659.62	151.65	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self	MH4	653.45	673.05	496.71	176.34	3.18
Standard Self & Family	MH5	1,470.26	1,514.35	1,130.09	384.26	8.64
Standard Self Plus One	MH6	1,404.91	1,447.05	1,063.83	383.22	9.19
Kentucky Humana Health Plan, Inc.						
High Self	MI1	815.53	1,000.31	496.71	503.60	168.36
High Self & Family	MI2	1,834.91	2,250.65	1,130.09	1,120.56	380.29
High Self Plus One	MI3	1,753.35	2,150.63	1,063.83	1,086.80	364.33
Standard Self	MI4	734.26	763.58	496.71	266.87	12.90
Standard Self & Family	MI5	1,652.08	1,718.08	1,130.09	587.99	30.55
Standard Self Plus One	MI6	1,578.66	1,641.71	1,063.83	577.88	30.10
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	LJ1	556.68	610.70	458.03	152.67	13.50
High Self & Family	LJ2	1,391.74	1,526.76	1,130.09	396.67	48.74
High Self Plus One	LJ3	1,196.89	1,313.02	984.77	328.25	29.03
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	N71	529.77	501.80	376.35	125.45	-6.99
HDHP Self & Family	N72	1,324.46	1,254.50	940.88	313.62	-17.49
HDHP Self Plus One	N73	1,139.04	1,078.87	809.15	269.72	-15.04
Louisiana Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
Louisiana Aetna HealthFund HDHP						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Louisiana Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
 Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
High Self	AE1	760.33	790.73	496.71	294.02	13.98
High Self & Family	AE2	1,710.71	1,779.09	1,130.09	649.00	32.93
High Self Plus One	AE3	1,634.66	1,700.03	1,063.83	636.20	32.42
Standard Self	AE4	670.50	683.91	496.71	187.20	-3.01
Standard Self & Family	AE5	1,508.63	1,538.81	1,130.09	408.72	-5.27
Standard Self Plus One	AE6	1,441.59	1,470.41	1,063.83	406.58	-4.13
 Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
High Self	BC1	667.03	693.72	496.71	197.01	10.27
High Self & Family	BC2	1,500.81	1,560.93	1,130.09	430.84	24.67
High Self Plus One	BC3	1,434.12	1,491.56	1,063.83	427.73	24.49
Standard Self	BC4	571.85	571.85	428.89	142.96	0.00
Standard Self & Family	BC5	1,286.68	1,286.68	965.01	321.67	0.00

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	BC6	1,229.50	1,229.50	922.13	307.37	0.00
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KK1	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	1,200.90	1,279.94	959.96	319.98	19.76
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	991.42	942.24	706.68	235.56	-12.29
Maine Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96
Maine Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Maine Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Maryland Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
 Maryland Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Maryland Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Maryland Aetna Open Access						
High Self	JN1	1,016.34	1,103.09	496.71	606.38	70.33
High Self & Family	JN2	2,284.92	2,479.95	1,130.09	1,349.86	159.58
High Self Plus One	JN3	2,262.30	2,455.38	1,063.83	1,391.55	160.13
Basic Self	JN4	637.35	662.85	496.71	166.14	6.80
Basic Self & Family	JN5	1,439.86	1,516.95	1,130.09	386.86	26.90
Basic Self Plus One	JN6	1,373.99	1,392.99	1,044.74	348.25	4.75

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Maryland CareFirst BlueChoice

High Self	2G1	777.34	855.08	496.71	358.37	61.32
High Self & Family	2G2	1,846.93	2,031.60	1,130.09	901.51	149.22
High Self Plus One	2G3	1,554.67	1,710.13	1,063.83	646.30	122.51
Standard Self	2G4	660.60	693.62	496.71	196.91	16.60
Standard Self & Family	2G5	1,569.56	1,648.05	1,130.09	517.96	43.04
Standard Self Plus One	2G6	1,321.19	1,387.25	1,040.44	346.81	16.51

Maryland CareFirst BlueChoice

HDHP Self	B61	609.72	609.72	457.29	152.43	0.00
HDHP Self & Family	B62	1,448.68	1,448.68	1,086.51	362.17	0.00
HDHP Self Plus One	B63	1,219.44	1,219.44	914.58	304.86	0.00

Maryland Kaiser Foundation Health Plan Mid-Atlantic States

High Self	E31	641.70	660.36	495.27	165.09	3.68
High Self & Family	E32	1,501.63	1,518.83	1,130.09	388.74	-18.25
High Self Plus One	E33	1,450.28	1,518.83	1,063.83	455.00	35.60
Standard Self	E34	484.03	504.96	378.72	126.24	5.23
Standard Self & Family	E35	1,132.63	1,161.49	871.12	290.37	7.21
Standard Self Plus One	E36	1,093.89	1,161.49	871.12	290.37	16.90

Maryland Kaiser Foundation Health Plan Mid-Atlantic States

Basic Self	T71	New Plan	460.03	345.02	115.01	New Plan
Basic Self & Family	T72	New Plan	1,104.50	828.38	276.12	New Plan
Basic Self Plus One	T73	New Plan	1,006.22	754.67	251.55	New Plan

Maryland M.D. IPA

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self	JP1	690.73	717.77	496.71	221.06	10.62
High Self & Family	JP2	1,936.81	2,012.66	1,130.09	882.57	40.40
High Self Plus One	JP3	1,349.01	1,401.81	1,051.36	350.45	13.20
Maryland UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	LR1	606.10	607.99	455.99	152.00	0.48
High Self & Family	LR2	1,515.26	1,520.00	1,130.09	389.91	-30.71
High Self Plus One	LR3	1,242.52	1,307.19	980.39	326.80	16.17
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	433.07	463.32	347.49	115.83	7.56
Value Self & Family	L92	1,214.35	1,299.18	974.39	324.79	21.20
Value Self Plus One	L93	845.78	904.89	678.67	226.22	14.78
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	V41	New Plan	566.97	425.23	141.74	New Plan
HDHP Self & Family	V42	New Plan	1,417.48	1,063.11	354.37	New Plan
HDHP Self Plus One	V43	New Plan	1,219.01	914.26	304.75	New Plan
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96
Massachusetts Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment		
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46	
Massachusetts Aetna Direct							
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00	
Michigan Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97	
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81	
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16	
Value Self	G54	534.84	549.60	412.20	137.40	3.69	
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43	
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28	
Michigan Aetna HealthFund HDHP							
HDHP Self	224	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46	
Michigan Aetna Direct							
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00	
Michigan Bluecare Network of MI							
High Self	K51	845.91	927.81	496.71	431.10	65.48	
High Self & Family	K52	2,063.95	2,263.82	1,130.09	1,133.73	164.42	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
	High Self Plus One K53	1,945.58	2,133.97	1,063.83	1,070.14	155.44
Michigan Bluecare Network of MI						
	High Self LX1	667.98	667.98	496.71	171.27	-16.42
	High Self & Family LX2	1,629.90	1,629.83	1,130.09	499.74	-35.52
	High Self Plus One LX3	1,536.36	1,536.36	1,063.83	472.53	-32.95
Michigan Health Alliance Plan						
	High Self 521	718.79	708.22	496.71	211.51	-26.99
	High Self & Family 522	1,753.83	1,728.05	1,130.09	597.96	-61.23
	High Self Plus One 523	1,653.23	1,628.90	1,063.83	565.07	-57.28
Michigan Health Alliance Plan						
	Standard Self GY4	606.23	563.92	422.94	140.98	-10.58
	Standard Self & Family GY5	1,479.23	1,375.96	1,031.97	343.99	-40.60
	Standard Self Plus One GY6	1,394.34	1,297.01	972.76	324.25	-39.21
Michigan Priority Health						
	High Self LE1	682.46	813.80	496.71	317.09	114.92
	High Self & Family LE2	1,603.79	1,912.41	1,130.09	782.32	273.17
	High Self Plus One LE3	1,501.41	1,790.34	1,063.83	726.51	255.98
	Standard Self LE4	546.69	593.32	444.99	148.33	11.66
	Standard Self & Family LE5	1,284.77	1,394.32	1,045.74	348.58	27.39
	Standard Self Plus One LE6	1,202.74	1,305.31	978.98	326.33	25.65
Minnesota Aetna HealthFund CDHP and Aetna Value Plan						
	CDHP Self H41	752.20	822.84	496.71	326.13	54.22
	CDHP Self & Family H42	1,714.68	1,875.64	1,130.09	745.55	125.51
	CDHP Self Plus One H43	1,697.71	1,857.07	1,063.83	793.24	126.41

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Minnesota Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Minnesota Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Minnesota HealthPartners						
High Self	V31	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	941.72	1,011.08	758.31	252.77	17.34
Mississippi Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Mississippi Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Mississippi Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KK1	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	1,200.90	1,279.94	959.96	319.98	19.76
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	991.42	942.24	706.68	235.56	-12.29
Missouri Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	534.84	549.60	412.20	137.40	3.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
Missouri Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Missouri Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Missouri Aetna Open Access						
High Self	HA1	703.50	728.35	496.71	231.64	8.43
High Self & Family	HA2	1,661.79	1,720.46	1,130.09	590.37	23.22
High Self Plus One	HA3	1,645.37	1,703.48	1,063.83	639.65	25.16
Standard Self	HA4	605.22	611.22	458.42	152.80	1.50
Standard Self & Family	HA5	1,428.59	1,442.70	1,082.03	360.67	3.52
Standard Self Plus One	HA6	1,414.47	1,428.42	1,063.83	364.59	-19.00
Missouri Blue Preferred						
High Self	9G1	698.49	733.92	496.71	237.21	19.01
High Self & Family	9G2	1,512.25	1,588.93	1,130.09	458.84	41.23
High Self Plus One	9G3	1,410.98	1,504.53	1,063.83	440.70	60.60
Standard Self	9G4	519.13	532.11	399.08	133.03	3.25
Standard Self & Family	9G5	1,469.15	1,529.78	1,130.09	399.69	25.18
Standard Self Plus One	9G6	1,349.75	1,383.46	1,037.60	345.86	8.42

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Missouri Humana CoverageFirst/Value Plan

CDHP Self	PH1	606.34	576.23	432.17	144.06	-7.52
CDHP Self & Family	PH2	1,364.31	1,296.49	972.37	324.12	-16.96
CDHP Self Plus One	PH3	1,303.66	1,238.88	929.16	309.72	-16.19
Value Self	PH4	465.31	418.77	314.08	104.69	-11.64
Value Self & Family	PH5	1,046.93	942.28	706.71	235.57	-26.16
Value Self Plus One	PH6	1,000.42	900.38	675.29	225.09	-25.01

Missouri Humana Health Plan, Inc.

High Self	MS1	1,605.57	1,621.58	496.71	1,124.87	-0.41
High Self & Family	MS2	3,612.53	3,648.54	1,130.09	2,518.45	0.56
High Self Plus One	MS3	3,451.96	3,486.38	1,063.83	2,422.55	1.47
Standard Self	MS4	829.96	871.41	496.71	374.70	25.03
Standard Self & Family	MS5	1,867.45	1,960.70	1,130.09	830.61	57.80
Standard Self Plus One	MS6	1,784.47	1,873.56	1,063.83	809.73	56.14

Montana Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86

Montana Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
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Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment		
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46	
Montana Aetna Direct							
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00	
Nebraska Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22	
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51	
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41	
Value Self	H44	558.20	575.73	431.80	143.93	4.38	
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06	
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86	
Nebraska Aetna HealthFund HDHP							
HDHP Self	224	554.80	607.43	455.57	151.86	13.16	
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46	
Nebraska Aetna Direct							
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Nevada Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28

Nevada Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Nevada Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Nevada Health Plan of Nevada

High Self	NM1	534.52	607.53	455.65	151.88	18.25
High Self & Family	NM2	1,266.76	1,439.79	1,079.84	359.95	43.26
High Self Plus One	NM3	1,015.54	1,154.31	865.73	288.58	34.70

Nevada UnitedHealthcare Insurance Company, Inc. Choice HMO

High Self	KT1	New Plan	610.68	458.01	152.67	New Plan
High Self & Family	KT2	New Plan	1,526.70	1,130.09	396.61	New Plan
High Self Plus One	KT3	New Plan	1,312.96	984.72	328.24	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP

HDHP Self	LU1	New Plan	482.91	362.18	120.73	New Plan
HDHP Self & Family	LU2	New Plan	1,207.25	905.44	301.81	New Plan
HDHP Self Plus One	LU3	New Plan	1,038.25	778.69	259.56	New Plan

New Hampshire Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96

New Hampshire Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

New Hampshire Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

New Jersey Aetna HealthFund CDHP and Aetna Value Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96
New Jersey Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
New Jersey Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
New Jersey Aetna Open Access						
High Self	JR1	1,378.30	1,444.26	496.71	947.55	49.54
High Self & Family	JR2	3,183.79	3,336.10	1,130.09	2,206.01	116.86
High Self Plus One	JR3	3,152.26	3,303.06	1,063.83	2,239.23	117.85
Basic Self	JR4	1,059.67	1,163.83	496.71	667.12	87.74
Basic Self & Family	JR5	2,455.87	2,697.24	1,130.09	1,567.15	205.92
Basic Self Plus One	JR6	2,431.54	2,670.55	1,063.83	1,606.72	206.06
New Jersey Aetna Open Access						
High Self	P31	1,419.69	1,572.42	496.71	1,075.71	136.31

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self & Family	P32	3,442.05	3,812.34	1,130.09	2,682.25	334.84
High Self Plus One	P33	3,407.97	3,774.57	1,063.83	2,710.74	333.65
Basic Self	P34	1,189.52	1,348.08	496.71	851.37	142.14
Basic Self & Family	P35	2,760.88	3,128.88	1,130.09	1,998.79	332.55
Basic Self Plus One	P36	2,733.53	3,097.90	1,063.83	2,034.07	331.42
New Jersey GHI Health Plan -						
High Self	801	955.63	1,027.33	496.71	530.62	55.28
High Self & Family	802	2,592.46	2,786.90	1,130.09	1,656.81	158.99
High Self Plus One	803	2,327.13	2,501.68	1,063.83	1,437.85	141.60
Standard Self	804	710.99	710.99	496.71	214.28	-16.42
Standard Self & Family	805	1,695.85	2,107.28	1,130.09	977.19	375.98
Standard Self Plus One	806	1,625.20	1,673.97	1,063.83	610.14	15.82
New Mexico Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
New Mexico Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
New Mexico Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
New Mexico Presbyterian Health Plan						
High Self	P21	677.56	771.18	496.71	274.47	77.20
High Self & Family	P22	1,592.31	1,812.29	1,130.09	682.20	184.53
High Self Plus One	P23	1,538.10	1,750.62	1,063.83	686.79	179.57
New Mexico Presbyterian Health Plan						
Standard Self	PS4	567.08	649.91	487.43	162.48	20.71
Standard Self & Family	PS5	1,332.67	1,527.35	1,130.09	397.26	64.09
Standard Self Plus One	PS6	1,287.30	1,475.35	1,063.83	411.52	89.70
New York Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96
New York Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
New York Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

New York Aetna Open Access

High Self	JC1	1,047.19	1,165.02	496.71	668.31	101.41
High Self & Family	JC2	2,587.63	2,878.72	1,130.09	1,748.63	255.64
High Self Plus One	JC3	2,562.04	2,850.27	1,063.83	1,786.44	255.28
Basic Self	JC4	804.48	884.50	496.71	387.79	63.60
Basic Self & Family	JC5	1,962.26	2,157.46	1,130.09	1,027.37	159.75
Basic Self Plus One	JC6	1,942.87	2,136.12	1,063.83	1,072.29	160.30

New York CDPHP Universal Benefits, Inc.

High Self	SG1	749.49	805.78	496.71	309.07	39.87
High Self & Family	SG2	2,248.46	2,417.26	1,130.09	1,287.17	133.35
High Self Plus One	SG3	1,499.01	1,611.61	1,063.83	547.78	79.65
Standard Self	SG4	529.84	577.57	433.18	144.39	11.93
Standard Self & Family	SG5	1,589.40	1,732.66	1,130.09	602.57	107.81
Standard Self Plus One	SG6	1,059.63	1,155.14	866.36	288.78	23.87

New York GHI Health Plan -

High Self	801	955.63	1,027.33	496.71	530.62	55.28
High Self & Family	802	2,592.46	2,786.90	1,130.09	1,656.81	158.99
High Self Plus One	803	2,327.13	2,501.68	1,063.83	1,437.85	141.60
Standard Self	804	710.99	710.99	496.71	214.28	-16.42
Standard Self & Family	805	1,695.85	2,107.28	1,130.09	977.19	375.98
Standard Self Plus One	806	1,625.20	1,673.97	1,063.83	610.14	15.82

New York HIP of Greater New York

High Self	511	721.80	762.75	496.71	266.04	24.53
High Self & Family	512	2,106.98	2,148.25	1,130.09	1,018.16	5.82
High Self Plus One	513	1,423.31	1,359.28	1,019.46	339.82	-52.61

New York Independent Health Assoc

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Standard Self	C54	654.94	676.09	496.71	179.38	4.73
Standard Self & Family	C55	1,768.33	1,825.42	1,130.09	695.33	21.64
Standard Self Plus One	C56	1,670.09	1,724.00	1,063.83	660.17	20.96
New York Independent Health Assoc						
High Self	QA1	689.22	709.91	496.71	213.20	4.27
High Self & Family	QA2	1,860.91	1,916.79	1,130.09	786.70	20.43
High Self Plus One	QA3	1,757.54	1,810.29	1,063.83	746.46	19.80
HDHP Self	QA4	449.71	523.90	392.93	130.97	18.54
HDHP Self & Family	QA5	1,191.97	1,344.68	1,008.51	336.17	38.18
HDHP Self Plus One	QA6	1,101.64	1,251.10	938.33	312.77	37.36
New York MVP Health Care						
High Self	GA1	757.34	895.03	496.71	398.32	121.27
High Self & Family	GA2	1,855.51	2,192.84	1,130.09	1,062.75	301.88
High Self Plus One	GA3	1,741.89	2,058.57	1,063.83	994.74	283.73
Standard Self	GA4	695.74	750.84	496.71	254.13	38.68
Standard Self & Family	GA5	1,704.54	1,839.50	1,130.09	709.41	99.51
Standard Self Plus One	GA6	1,600.19	1,726.88	1,063.83	663.05	93.74
New York MVP Health Care						
High Self	GV1	683.89	792.52	496.71	295.81	92.21
High Self & Family	GV2	1,675.48	1,941.66	1,130.09	811.57	230.73
High Self Plus One	GV3	1,572.91	1,822.80	1,063.83	758.97	216.94
Standard Self	GV4	610.42	703.65	496.71	206.94	54.34
Standard Self & Family	GV5	1,495.52	1,723.89	1,130.09	593.80	192.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	GV6	1,403.96	1,618.35	1,063.83	554.52	181.44
New York MVP Health Care						
High Self	M91	701.76	853.56	496.71	356.85	135.38
High Self & Family	M92	1,719.25	2,091.22	1,130.09	961.13	336.52
High Self Plus One	M93	1,614.02	1,963.20	1,063.83	899.37	316.23
Standard Self	M94	686.27	703.39	496.71	206.68	0.70
Standard Self & Family	M95	1,681.40	1,723.30	1,130.09	593.21	6.45
Standard Self Plus One	M96	1,578.44	1,617.79	1,063.83	553.96	6.40
New York MVP Health Care						
High Self	MF1	938.88	1,057.96	496.71	561.25	102.66
High Self & Family	MF2	2,300.20	2,592.01	1,130.09	1,461.92	256.36
High Self Plus One	MF3	2,159.37	2,433.30	1,063.83	1,369.47	240.98
Standard Self	MF4	875.77	966.83	496.71	470.12	74.64
Standard Self & Family	MF5	2,145.61	2,368.73	1,130.09	1,238.64	187.67
Standard Self Plus One	MF6	2,014.24	2,223.69	1,063.83	1,159.86	176.50
New York MVP Health Care						
High Self	MX1	826.61	1,086.19	496.71	589.48	243.16
High Self & Family	MX2	2,025.25	2,661.19	1,130.09	1,531.10	600.49
High Self Plus One	MX3	1,901.23	2,498.28	1,063.83	1,434.45	564.10
Standard Self	MX4	803.40	848.97	496.71	352.26	29.15
Standard Self & Family	MX5	1,968.33	2,079.98	1,130.09	949.89	76.20
Standard Self Plus One	MX6	1,847.82	1,952.64	1,063.83	888.81	71.87

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2018 Monthly premium rates			
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
North Carolina Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
North Carolina Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
North Carolina Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KK1	New Plan	595.34	446.51	148.83	New Plan
High Self & Family	KK2	New Plan	1,488.31	1,116.23	372.08	New Plan
High Self Plus One	KK3	New Plan	1,279.94	959.96	319.98	New Plan
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	New Plan	438.25	328.69	109.56	New Plan
HDHP Self & Family	LS2	New Plan	1,095.62	821.72	273.90	New Plan
HDHP Self Plus One	LS3	New Plan	942.24	706.68	235.56	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2018 Monthly premium rates			
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
North Dakota Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
North Dakota Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
North Dakota Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
North Dakota HealthPartners						
High Self	V31	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	941.72	1,011.08	758.31	252.77	17.34
Ohio Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77
Ohio Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Ohio Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Ohio AultCare HMO						
High Self	3A1	714.68	749.32	496.71	252.61	18.22
High Self & Family	3A2	1,765.18	1,850.85	1,130.09	720.76	50.22
High Self Plus One	3A3	1,500.81	1,573.56	1,063.83	509.73	39.80
HDHP Self	3A4	350.18	359.67	269.75	89.92	2.38
HDHP Self & Family	3A5	1,120.49	1,156.70	867.53	289.17	9.05
HDHP Self Plus One	3A6	665.30	681.72	511.29	170.43	4.11
Ohio Humana Health Plan of Ohio, Inc.						
High Self	A61	985.23	1,044.40	496.71	547.69	42.75
High Self & Family	A62	2,216.76	2,349.90	1,130.09	1,219.81	97.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
High Self Plus One	A63	2,118.24	2,245.47	1,063.83	1,181.64	94.28
Standard Self	A64	776.71	835.88	496.71	339.17	42.75
Standard Self & Family	A65	1,747.55	1,880.73	1,130.09	750.64	97.73
Standard Self Plus One	A66	1,669.87	1,797.14	1,063.83	733.31	94.32
Ohio Medical Mutual						
High Self	641	872.26	913.75	496.71	417.04	25.07
High Self & Family	642	2,093.43	2,192.95	1,130.09	1,062.86	64.07
High Self Plus One	643	1,918.97	2,010.19	1,063.83	946.36	58.27
Standard Self	644	731.16	761.45	496.71	264.74	13.87
Standard Self & Family	645	1,754.81	1,827.50	1,130.09	697.41	37.24
Standard Self Plus One	646	1,608.58	1,675.25	1,063.83	611.42	33.72
Ohio Medical Mutual						
Basic Self	UX1	New Plan	593.58	445.19	148.39	New Plan
Basic Self & Family	UX2	New Plan	1,424.63	1,068.47	356.16	New Plan
Basic Self Plus One	UX3	New Plan	1,305.92	979.44	326.48	New Plan
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77
Oklahoma Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates			
Plan - Option - Enrollment Code		2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays

Oklahoma Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Oklahoma GlobalHealth, Inc.

High Self	IM1	567.34	567.91	425.93	141.98	0.15
High Self & Family	IM2	1,418.39	1,419.73	1,064.80	354.93	0.33
High Self Plus One	IM3	1,134.71	1,135.79	851.84	283.95	0.27
Standard Self	IM4	525.24	525.29	393.97	131.32	0.01
Standard Self & Family	IM5	1,313.15	1,313.22	984.92	328.30	0.01
Standard Self Plus One	IM6	1,050.53	1,050.57	787.93	262.64	0.01

Oregon Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86

Oregon Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Oregon Aetna Direct

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Oregon Kaiser Foundation Health Plan of Northwest						
High Self	571	686.92	692.08	496.71	195.37	-11.26
High Self & Family	572	1,551.59	1,563.14	1,130.09	433.05	-23.90
High Self Plus One	573	1,551.59	1,563.14	1,063.83	499.31	-21.40
Standard Self	574	593.84	600.25	450.19	150.06	1.60
Standard Self & Family	575	1,364.22	1,378.98	1,034.24	344.74	3.69
Standard Self Plus One	576	1,364.22	1,378.98	1,034.24	344.74	3.69
Oregon UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KT1	New Plan	610.68	458.01	152.67	New Plan
High Self & Family	KT2	New Plan	1,526.70	1,130.09	396.61	New Plan
High Self Plus One	KT3	New Plan	1,312.96	984.72	328.24	New Plan
Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LU1	New Plan	482.91	362.18	120.73	New Plan
HDHP Self & Family	LU2	New Plan	1,207.25	905.44	301.81	New Plan
HDHP Self Plus One	LU3	New Plan	1,038.25	778.69	259.56	New Plan
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Pennsylvania Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Pennsylvania Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Pennsylvania Aetna Open Access						
High Self	P31	1,419.69	1,572.42	496.71	1,075.71	136.31
High Self & Family	P32	3,442.05	3,812.34	1,130.09	2,682.25	334.84
High Self Plus One	P33	3,407.97	3,774.57	1,063.83	2,710.74	333.65
Basic Self	P34	1,189.52	1,348.08	496.71	851.37	142.14
Basic Self & Family	P35	2,760.88	3,128.88	1,130.09	1,998.79	332.55
Basic Self Plus One	P36	2,733.53	3,097.90	1,063.83	2,034.07	331.42
Pennsylvania Aetna Open Access						
High Self	YE1	810.27	920.10	496.71	423.39	93.41
High Self & Family	YE2	2,034.63	2,310.38	1,130.09	1,180.29	240.30
High Self Plus One	YE3	2,014.46	2,287.50	1,063.83	1,223.67	240.09
Pennsylvania Geisinger Health Plan						
Standard Self	GG4	664.56	684.08	496.71	187.37	3.10
Standard Self & Family	GG5	1,521.52	1,566.20	1,130.09	436.11	9.23

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self Plus One	GG6	1,435.92	1,478.10	1,063.83	414.27	9.23
Pennsylvania Highmark Choice Company						
High Self	NP1	619.21	689.76	496.71	193.05	38.25
High Self & Family	NP2	1,404.37	1,568.19	1,130.09	438.10	87.01
High Self Plus One	NP3	1,165.36	1,389.18	1,041.89	347.29	55.95
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	LR1	New Plan	607.99	455.99	152.00	New Plan
High Self & Family	LR2	New Plan	1,520.00	1,130.09	389.91	New Plan
High Self Plus One	LR3	New Plan	1,307.19	980.39	326.80	New Plan
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	V41	New Plan	566.97	425.23	141.74	New Plan
HDHP Self & Family	V42	New Plan	1,417.48	1,063.11	354.37	New Plan
HDHP Self Plus One	V43	New Plan	1,219.01	914.26	304.75	New Plan
Pennsylvania UPMC Health Plan						
High Self	8W1	769.73	864.39	496.71	367.68	78.24
High Self & Family	8W2	1,808.80	2,031.32	1,130.09	901.23	187.07
High Self Plus One	8W3	1,731.88	1,944.95	1,063.83	881.12	180.12
HDHP Self	8W4	511.96	539.61	404.71	134.90	6.91
HDHP Self & Family	8W5	1,172.71	1,237.58	928.19	309.39	16.21
HDHP Self Plus One	8W6	1,129.35	1,191.45	893.59	297.86	15.52
Pennsylvania UPMC Health Plan						
Standard Self	UW4	599.82	624.50	468.38	156.12	6.17
Standard Self & Family	UW5	1,409.53	1,467.51	1,100.63	366.88	14.50
Standard Self Plus One	UW6	1,349.62	1,405.11	1,053.83	351.28	13.88

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Puerto Rico Humana Health Plans of Puerto Rico, Inc.

High Self	ZJ1	364.67	367.71	275.78	91.93	0.76
High Self & Family	ZJ2	820.52	827.30	620.48	206.82	1.69
High Self Plus One	ZJ3	784.07	790.53	592.90	197.63	1.61

Puerto Rico Triple-S Salud, Inc.

High Self	891	407.38	407.38	305.54	101.84	0.00
High Self & Family	892	932.88	932.88	699.66	233.22	0.00
High Self Plus One	893	914.70	914.70	686.03	228.67	0.00

Rhode Island Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96

Rhode Island Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Rhode Island Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

South Carolina Aetna HealthFund CDHP and Aetna Value Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77
South Carolina Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
South Carolina Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
South Dakota Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
South Dakota Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
South Dakota Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
South Dakota HealthPartners						
High Self	V31	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	1,577.31	1,709.05	1,063.83	645.22	98.79
Standard Self	V34	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	941.72	1,011.08	758.31	252.77	17.34
Tennessee Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
Tennessee Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates			
Plan - Option - Enrollment Code		2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays

Tennessee Aetna Direct

CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Tennessee Aetna Open Access

High Self	UB1	862.46	1,053.02	496.71	556.31	174.14
High Self & Family	UB2	2,210.09	2,698.41	1,130.09	1,568.32	452.87
High Self Plus One	UB3	2,188.20	2,671.72	1,063.83	1,607.89	450.57

Tennessee Humana CoverageFirst/Value Plan

CDHP Self	TT1	New Plan	638.08	478.56	159.52	New Plan
CDHP Self & Family	TT2	New Plan	1,435.68	1,076.76	358.92	New Plan
CDHP Self Plus One	TT3	New Plan	1,371.87	1,028.90	342.97	New Plan
Value Self	TT4	New Plan	515.62	386.72	128.90	New Plan
Value Self & Family	TT5	New Plan	1,160.16	870.12	290.04	New Plan
Value Self Plus One	TT6	New Plan	1,108.60	831.45	277.15	New Plan

Tennessee Humana Health Plan, Inc.

High Self	GJ1	723.95	858.35	496.71	361.64	117.98
High Self & Family	GJ2	1,628.94	1,931.24	1,130.09	801.15	266.85
High Self Plus One	GJ3	1,556.53	1,845.39	1,063.83	781.56	255.91
Standard Self	GJ4	717.36	781.91	496.71	285.20	48.13
Standard Self & Family	GJ5	1,614.06	1,759.29	1,130.09	629.20	109.78
Standard Self Plus One	GJ6	1,542.34	1,681.10	1,063.83	617.27	105.81

Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates				
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self	KK1	558.57	595.34	446.51	148.83	9.19
High Self & Family	KK2	1,396.40	1,488.31	1,116.23	372.08	22.98
High Self Plus One	KK3	1,200.90	1,279.94	959.96	319.98	19.76
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LS1	461.13	438.25	328.69	109.56	-5.72
HDHP Self & Family	LS2	1,152.80	1,095.62	821.72	273.90	-14.30
HDHP Self Plus One	LS3	991.42	942.24	706.68	235.56	-12.29
Texas Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77
Texas Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Texas Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Texas Humana CoverageFirst/Value Plan

CDHP Self	T31	New Plan	633.27	474.95	158.32	New Plan
CDHP Self & Family	T32	New Plan	1,424.87	1,068.65	356.22	New Plan
CDHP Self Plus One	T33	New Plan	1,361.56	1,021.17	340.39	New Plan
Value Self	T34	New Plan	482.39	361.79	120.60	New Plan
Value Self & Family	T35	New Plan	1,085.39	814.04	271.35	New Plan
Value Self Plus One	T36	New Plan	1,037.14	777.86	259.28	New Plan

Texas Humana CoverageFirst/Value Plan

CDHP Self	TP1	655.33	589.83	442.37	147.46	-27.58
CDHP Self & Family	TP2	1,474.50	1,327.13	995.35	331.78	-48.08
CDHP Self Plus One	TP3	1,408.96	1,268.15	951.11	317.04	-61.04
Value Self	TP4	465.31	418.75	314.06	104.69	-11.64
Value Self & Family	TP5	1,046.93	942.22	706.67	235.55	-26.18
Value Self Plus One	TP6	1,000.42	900.34	675.26	225.08	-25.02

Texas Humana CoverageFirst/Value Plan

CDHP Self	TU1	637.61	637.61	478.21	159.40	0.00
CDHP Self & Family	TU2	1,434.64	1,434.64	1,075.98	358.66	0.00
CDHP Self Plus One	TU3	1,370.85	1,370.85	1,028.14	342.71	0.00
Value Self	TU4	465.31	507.20	380.40	126.80	10.47
Value Self & Family	TU5	1,046.93	1,141.21	855.91	285.30	23.57
Value Self Plus One	TU6	1,000.42	1,090.51	817.88	272.63	22.53

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Texas Humana CoverageFirst/Value Plan

CDHP Self	TV1	652.60	665.69	496.71	168.98	-3.33
CDHP Self & Family	TV2	1,468.37	1,497.80	1,123.35	374.45	0.72
CDHP Self Plus One	TV3	1,403.11	1,431.24	1,063.83	367.41	-4.82
Value Self	TV4	465.31	539.74	404.81	134.93	18.60
Value Self & Family	TV5	1,046.93	1,214.42	910.82	303.60	41.87
Value Self Plus One	TV6	1,000.42	1,160.45	870.34	290.11	40.01

Texas Humana Health Plan of Texas

High Self	EW1	777.34	924.78	496.71	428.07	131.02
High Self & Family	EW2	1,749.00	2,080.76	1,130.09	950.67	296.31
High Self Plus One	EW3	1,671.26	1,988.26	1,063.83	924.43	284.05
Standard Self	EW4	668.42	741.93	496.71	245.22	57.09
Standard Self & Family	EW5	1,503.93	1,669.33	1,130.09	539.24	129.95
Standard Self Plus One	EW6	1,437.06	1,595.14	1,063.83	531.31	125.13

Texas Humana Health Plan of Texas

Basic Self	Q21	New Plan	567.28	425.46	141.82	New Plan
Basic Self & Family	Q22	New Plan	1,276.38	957.29	319.09	New Plan
Basic Self Plus One	Q23	New Plan	1,219.64	914.73	304.91	New Plan

Texas Humana Health Plan of Texas

Basic Self	Q61	New Plan	564.53	423.40	141.13	New Plan
Basic Self & Family	Q62	New Plan	1,270.19	952.64	317.55	New Plan
Basic Self Plus One	Q63	New Plan	1,213.75	910.31	303.44	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Texas Humana Health Plan of Texas

Basic Self	QX1	New Plan	587.90	440.93	146.97	New Plan
Basic Self & Family	QX2	New Plan	1,322.77	992.08	330.69	New Plan
Basic Self Plus One	QX3	New Plan	1,263.99	947.99	316.00	New Plan

Texas Humana Health Plan of Texas

Basic Self	QY1	New Plan	582.64	436.98	145.66	New Plan
Basic Self & Family	QY2	New Plan	1,310.94	983.21	327.73	New Plan
Basic Self Plus One	QY3	New Plan	1,252.70	939.53	313.17	New Plan

Texas Humana Health Plan of Texas

High Self	UC1	794.06	929.05	496.71	432.34	118.57
High Self & Family	UC2	1,786.63	2,090.36	1,130.09	960.27	268.28
High Self Plus One	UC3	1,707.23	1,997.45	1,063.83	933.62	257.27
Standard Self	UC4	642.42	745.23	496.71	248.52	86.39
Standard Self & Family	UC5	1,445.51	1,676.74	1,130.09	546.65	185.27
Standard Self Plus One	UC6	1,381.25	1,602.23	1,063.83	538.40	188.03

Texas Humana Health Plan of Texas

High Self	UR1	1,330.90	1,370.89	496.71	874.18	23.57
High Self & Family	UR2	2,994.53	3,084.49	1,130.09	1,954.40	54.51
High Self Plus One	UR3	2,861.41	2,947.43	1,063.83	1,883.60	53.07
Standard Self	UR4	746.33	888.16	496.71	391.45	125.41
Standard Self & Family	UR5	1,679.25	1,998.34	1,130.09	868.25	283.64
Standard Self Plus One	UR6	1,604.59	1,909.53	1,063.83	845.70	271.99

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

Texas Humana Health Plan of Texas

High Self	UU1	1,171.76	1,452.97	496.71	956.26	264.79
High Self & Family	UU2	2,636.44	3,269.20	1,130.09	2,139.11	597.31
High Self Plus One	UU3	2,519.27	3,123.90	1,063.83	2,060.07	571.68
Standard Self	UU4	972.68	1,186.64	496.71	689.93	197.54
Standard Self & Family	UU5	2,188.51	2,670.01	1,130.09	1,539.92	446.05
Standard Self Plus One	UU6	2,091.22	2,551.34	1,063.83	1,487.51	427.17

Texas Scott and White Health Plan

Basic Self	A81	New Plan	659.79	494.84	164.95	New Plan
Basic Self & Family	A82	New Plan	1,546.05	1,130.09	415.96	New Plan
Basic Self Plus One	A83	New Plan	1,293.26	969.95	323.31	New Plan
Standard Self	A84	678.47	781.15	496.71	284.44	86.26
Standard Self & Family	A85	1,589.90	1,830.79	1,130.09	700.70	205.44
Standard Self Plus One	A86	1,421.12	1,531.38	1,063.83	467.55	77.31

Texas Scott and White Health Plan

Basic Self	P81	New Plan	738.77	496.71	242.06	New Plan
Basic Self & Family	P82	New Plan	1,731.36	1,130.09	601.27	New Plan
Basic Self Plus One	P83	New Plan	1,448.24	1,063.83	384.41	New Plan
Standard Self	P84	759.50	874.68	496.71	377.97	98.76
Standard Self & Family	P85	1,780.29	2,050.30	1,130.09	920.21	234.56
Standard Self Plus One	P86	1,591.27	1,714.94	1,063.83	651.11	90.72

Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced

Value Self	L91	433.07	463.32	347.49	115.83	7.56
Value Self & Family	L92	1,214.35	1,299.18	974.39	324.79	21.20

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Value Self Plus One	L93	845.78	904.89	678.67	226.22	14.78
Utah Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
Utah Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Utah Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Utah Altius Health Plans						
High Self	9K1	746.35	848.08	496.71	351.37	85.31
High Self & Family	9K2	1,650.50	1,875.47	1,130.09	745.38	189.52
High Self Plus One	9K3	1,634.17	1,856.90	1,063.83	793.07	189.78
HDHP Self	9K4	376.33	420.70	315.53	105.17	11.09
HDHP Self & Family	9K5	786.50	879.23	659.42	219.81	23.19
HDHP Self Plus One	9K6	771.10	861.99	646.49	215.50	22.73

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates			
Plan - Option - Enrollment Code		2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays

Utah Altius Health Plans

Standard Self	DK4	524.55	593.60	445.20	148.40	17.26
Standard Self & Family	DK5	1,158.37	1,310.81	983.11	327.70	38.11
Standard Self Plus One	DK6	1,146.88	1,297.83	973.37	324.46	37.74

Utah SelectHealth

High Self	SF1	742.80	973.68	496.71	476.97	214.46
High Self & Family	SF2	1,656.87	2,219.21	1,130.09	1,089.12	526.89
High Self Plus One	SF3	1,656.87	2,219.21	1,063.83	1,155.38	529.39
Standard Self	SF4	537.94	595.42	446.57	148.85	14.37
Standard Self & Family	SF5	1,194.53	1,357.05	1,017.79	339.26	40.63
Standard Self Plus One	SF6	1,194.53	1,357.05	1,017.79	339.26	40.63

Vermont Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	EP1	811.22	898.60	496.71	401.89	70.96
CDHP Self & Family	EP2	1,850.03	2,049.32	1,130.09	919.23	163.84
CDHP Self Plus One	EP3	1,831.72	2,029.04	1,063.83	965.21	164.37
Value Self	EP4	542.30	565.39	424.04	141.35	5.78
Value Self & Family	EP5	1,241.85	1,294.71	971.03	323.68	13.22
Value Self Plus One	EP6	1,217.49	1,269.32	951.99	317.33	12.96

Vermont Aetna HealthFund HDHP

HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46

Vermont Aetna Direct

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Virgin Islands Triple-S Salud, Inc.						
High Self	851	597.96	627.88	470.91	156.97	7.48
High Self & Family	852	1,369.33	1,437.82	1,078.37	359.45	17.12
High Self Plus One	853	1,342.62	1,409.79	1,057.34	352.45	16.80
Virginia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
Virginia Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Virginia Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Virginia Aetna Open Access						
High Self	JN1	1,016.34	1,103.09	496.71	606.38	70.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
High Self & Family	JN2	2,284.92	2,479.95	1,130.09	1,349.86	159.58
High Self Plus One	JN3	2,262.30	2,455.38	1,063.83	1,391.55	160.13
Basic Self	JN4	637.35	662.85	496.71	166.14	6.80
Basic Self & Family	JN5	1,439.86	1,516.95	1,130.09	386.86	26.90
Basic Self Plus One	JN6	1,373.99	1,392.99	1,044.74	348.25	4.75
Virginia CareFirst BlueChoice						
High Self	2G1	777.34	855.08	496.71	358.37	61.32
High Self & Family	2G2	1,846.93	2,031.60	1,130.09	901.51	149.22
High Self Plus One	2G3	1,554.67	1,710.13	1,063.83	646.30	122.51
Standard Self	2G4	660.60	693.62	496.71	196.91	16.60
Standard Self & Family	2G5	1,569.56	1,648.05	1,130.09	517.96	43.04
Standard Self Plus One	2G6	1,321.19	1,387.25	1,040.44	346.81	16.51
Virginia CareFirst BlueChoice						
HDHP Self	B61	609.72	609.72	457.29	152.43	0.00
HDHP Self & Family	B62	1,448.68	1,448.68	1,086.51	362.17	0.00
HDHP Self Plus One	B63	1,219.44	1,219.44	914.58	304.86	0.00
Virginia Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	641.70	660.36	495.27	165.09	3.68
High Self & Family	E32	1,501.63	1,518.83	1,130.09	388.74	-18.25
High Self Plus One	E33	1,450.28	1,518.83	1,063.83	455.00	35.60
Standard Self	E34	484.03	504.96	378.72	126.24	5.23
Standard Self & Family	E35	1,132.63	1,161.49	871.12	290.37	7.21
Standard Self Plus One	E36	1,093.89	1,161.49	871.12	290.37	16.90
Virginia Kaiser Foundation Health Plan Mid-Atlantic States						
Basic Self	T71	New Plan	460.03	345.02	115.01	New Plan
Basic Self & Family	T72	New Plan	1,104.50	828.38	276.12	New Plan

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Basic Self Plus One	T73	New Plan	1,006.22	754.67	251.55	New Plan
Virginia M.D. IPA						
High Self	JP1	690.73	717.77	496.71	221.06	10.62
High Self & Family	JP2	1,936.81	2,012.66	1,130.09	882.57	40.40
High Self Plus One	JP3	1,349.01	1,401.81	1,051.36	350.45	13.20
Virginia Optima Health						
High Self	PG1	569.55	651.28	488.46	162.82	20.43
High Self & Family	PG2	1,403.81	1,573.80	1,130.09	443.71	92.76
High Self Plus One	PG3	1,389.77	1,573.69	1,063.83	509.86	150.97
Virginia UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	LR1	606.10	607.99	455.99	152.00	0.48
High Self & Family	LR2	1,515.26	1,520.00	1,130.09	389.91	-30.71
High Self Plus One	LR3	1,242.52	1,307.19	980.39	326.80	16.17
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	433.07	463.32	347.49	115.83	7.56
Value Self & Family	L92	1,214.35	1,299.18	974.39	324.79	21.20
Value Self Plus One	L93	845.78	904.89	678.67	226.22	14.78
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	V41	New Plan	566.97	425.23	141.74	New Plan
HDHP Self & Family	V42	New Plan	1,417.48	1,063.11	354.37	New Plan
HDHP Self Plus One	V43	New Plan	1,219.01	914.26	304.75	New Plan
Washington Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	G51	698.88	750.27	496.71	253.56	34.97
CDHP Self & Family	G52	1,594.08	1,711.34	1,130.09	581.25	81.81
CDHP Self Plus One	G53	1,578.31	1,694.42	1,063.83	630.59	83.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Value Self	G54	534.84	549.60	412.20	137.40	3.69
Value Self & Family	G55	1,225.01	1,258.73	944.05	314.68	8.43
Value Self Plus One	G56	1,200.98	1,234.07	925.55	308.52	8.28
Washington Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Washington Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Washington Kaiser Foundation Health Plan of Northwest						
High Self	571	686.92	692.08	496.71	195.37	-11.26
High Self & Family	572	1,551.59	1,563.14	1,130.09	433.05	-23.90
High Self Plus One	573	1,551.59	1,563.14	1,063.83	499.31	-21.40
Standard Self	574	593.84	600.25	450.19	150.06	1.60
Standard Self & Family	575	1,364.22	1,378.98	1,034.24	344.74	3.69
Standard Self Plus One	576	1,364.22	1,378.98	1,034.24	344.74	3.69
Washington Kaiser Foundation Health Plan of Washington						
High Self	541	757.16	825.59	496.71	328.88	52.01
High Self & Family	542	1,968.61	1,816.32	1,130.09	686.23	-187.74
High Self Plus One	543	1,552.16	1,816.32	1,063.83	752.49	231.21
Standard Self	544	568.84	608.99	456.74	152.25	10.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self & Family	545	1,478.95	1,400.66	1,050.50	350.16	-34.15
Standard Self Plus One	546	1,166.10	1,400.66	1,050.50	350.16	58.64
Washington Kaiser Foundation Health Plan of Washington						
HDHP Self	PT1	506.00	507.37	380.53	126.84	0.34
HDHP Self & Family	PT2	1,315.64	1,166.92	875.19	291.73	-37.18
HDHP Self Plus One	PT3	1,037.34	1,166.92	875.19	291.73	32.40
Washington Kaiser Permanente Washington Options Federal						
Standard Self	L11	638.24	664.56	496.71	167.85	8.29
Standard Self & Family	L12	1,531.79	1,475.31	1,106.48	368.83	-68.32
Standard Self Plus One	L13	1,340.34	1,475.31	1,063.83	411.48	76.40
HDHP Self	L14	512.74	525.79	394.34	131.45	3.27
HDHP Self & Family	L15	1,201.53	1,167.25	875.44	291.81	-8.57
HDHP Self Plus One	L16	1,069.53	1,167.25	875.44	291.81	24.43
Washington UnitedHealthcare Insurance Company, Inc. Choice HMO						
High Self	KT1	New Plan	610.68	458.01	152.67	New Plan
High Self & Family	KT2	New Plan	1,526.70	1,130.09	396.61	New Plan
High Self Plus One	KT3	New Plan	1,312.96	984.72	328.24	New Plan
Washington UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP						
HDHP Self	LU1	New Plan	482.91	362.18	120.73	New Plan
HDHP Self & Family	LU2	New Plan	1,207.25	905.44	301.81	New Plan
HDHP Self Plus One	LU3	New Plan	1,038.25	778.69	259.56	New Plan
West Virginia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	716.97	805.96	496.71	309.25	72.57

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
CDHP Self & Family	F52	1,634.79	1,837.66	1,130.09	707.57	167.42
CDHP Self Plus One	F53	1,618.59	1,819.46	1,063.83	755.63	167.92
Value Self	F54	559.35	582.99	437.24	145.75	5.91
Value Self & Family	F55	1,280.85	1,334.99	1,001.24	333.75	13.54
Value Self Plus One	F56	1,255.71	1,308.80	981.60	327.20	13.27
West Virginia Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
West Virginia Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	JS1	965.49	1,042.95	496.71	546.24	61.04
CDHP Self & Family	JS2	2,200.86	2,377.46	1,130.09	1,247.37	141.15
CDHP Self Plus One	JS3	2,179.08	2,353.95	1,063.83	1,290.12	141.92
Value Self	JS4	698.53	764.34	496.71	267.63	49.39
Value Self & Family	JS5	1,594.69	1,744.88	1,130.09	614.79	114.74
Value Self Plus One	JS6	1,578.89	1,727.61	1,063.83	663.78	115.77

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Wisconsin Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46
Wisconsin Aetna Direct						
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00
Wisconsin Dean Health Plan						
High Self	WD1	907.27	1,067.43	496.71	570.72	143.74
High Self & Family	WD2	2,086.70	2,455.05	1,130.09	1,324.96	332.90
High Self Plus One	WD3	1,905.24	2,241.57	1,063.83	1,177.74	303.38
Standard Self	WD4	600.28	643.00	482.25	160.75	10.68
Standard Self & Family	WD5	1,440.66	1,543.21	1,130.09	413.12	52.96
Standard Self Plus One	WD6	1,320.61	1,414.62	1,060.97	353.65	23.50
Wisconsin Group Health Cooperative						
High Self	WJ1	673.62	697.17	496.71	200.46	7.13
High Self & Family	WJ2	2,007.40	2,077.55	1,130.09	947.46	34.70
High Self Plus One	WJ3	1,333.80	1,380.38	1,035.29	345.09	11.64
Wisconsin HealthPartners						
High Self	V31	713.72	773.33	496.71	276.62	43.19
High Self & Family	V32	1,738.62	1,883.83	1,130.09	753.74	109.76
High Self Plus One	V33	1,577.31	1,709.05	1,063.83	645.22	98.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Standard Self	V34	426.10	457.49	343.12	114.37	7.85
Standard Self & Family	V35	1,038.01	1,114.47	835.85	278.62	19.12
Standard Self Plus One	V36	941.72	1,011.08	758.31	252.77	17.34
Wisconsin MercyCare HMO						
High Self	EY1	727.68	766.48	496.71	269.77	22.38
High Self & Family	EY2	1,892.00	2,000.27	1,130.09	870.18	72.82
High Self Plus One	EY3	1,564.51	1,647.95	1,063.83	584.12	50.49
Wisconsin Physicians Plus						
High Self	LW1	652.75	701.33	496.71	204.62	32.16
High Self & Family	LW2	1,736.28	2,119.91	1,130.09	989.82	348.18
High Self Plus One	LW3	1,631.85	1,641.73	1,063.83	577.90	-23.07
Standard Self	LW4	586.34	686.25	496.71	189.54	42.96
Standard Self & Family	LW5	1,559.68	1,647.01	1,130.09	516.92	51.88
Standard Self Plus One	LW6	1,465.86	1,509.76	1,063.83	445.93	10.95
Wyoming Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	752.20	822.84	496.71	326.13	54.22
CDHP Self & Family	H42	1,714.68	1,875.64	1,130.09	745.55	125.51
CDHP Self Plus One	H43	1,697.71	1,857.07	1,063.83	793.24	126.41
Value Self	H44	558.20	575.73	431.80	143.93	4.38
Value Self & Family	H45	1,281.11	1,321.36	991.02	330.34	10.06
Value Self Plus One	H46	1,256.00	1,295.45	971.59	323.86	9.86
Wyoming Aetna HealthFund HDHP						
HDHP Self	224	554.80	607.43	455.57	151.86	13.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Monthly premium rates					
Plan - Option - Enrollment Code	2017 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment		
HDHP Self & Family	225	1,223.80	1,339.91	1,004.93	334.98	29.03	
HDHP Self Plus One	226	1,199.81	1,313.63	985.22	328.41	28.46	
Wyoming Aetna Direct							
CDHP Self	N61	480.22	527.67	395.75	131.92	11.87	
CDHP Self & Family	N62	1,211.10	1,330.70	998.03	332.67	29.90	
CDHP Self Plus One	N63	1,053.17	1,157.17	867.88	289.29	26.00	
Wyoming Altius Health Plans							
High Self	9K1	746.35	848.08	496.71	351.37	85.31	
High Self & Family	9K2	1,650.50	1,875.47	1,130.09	745.38	189.52	
High Self Plus One	9K3	1,634.17	1,856.90	1,063.83	793.07	189.78	
HDHP Self	9K4	376.33	420.70	315.53	105.17	11.09	
HDHP Self & Family	9K5	786.50	879.23	659.42	219.81	23.19	
HDHP Self Plus One	9K6	771.10	861.99	646.49	215.50	22.73	
Wyoming Altius Health Plans							
Standard Self	DK4	524.55	593.60	445.20	148.40	17.26	
Standard Self & Family	DK5	1,158.37	1,310.81	983.11	327.70	38.11	
Standard Self Plus One	DK6	1,146.88	1,297.83	973.37	324.46	37.74	