

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Alabama Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Alabama Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
Alabama Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self F51	822.08	827.01	4.93	805.96	810.79	4.83	
CDHP Self & Family F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05	
CDHP Self Plus One F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94	
Value Self F54	594.65	722.61	127.96	582.99	708.44	125.45	
Value Self & Family F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26	
Value Self Plus One F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62	
Alabama UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self LS1	447.02	427.08	-19.94	438.25	418.71	-19.54	
HDHP Self & Family LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54	
HDHP Self Plus One LS3	961.08	918.26	-42.82	942.24	900.25	-41.99	
Alabama UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self KK1	607.25	692.61	85.36	595.34	679.03	83.69	
High Self & Family KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32	
High Self Plus One KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00	
Alaska Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Alaska Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Alaska Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64
Arizona Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Arizona Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Arizona Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Arizona Aetna Open Access							
High Self	WQ1	1155.25	1147.52	-7.73	1132.60	1125.02	-7.58
High Self & Family	WQ2	2804.87	2786.15	-18.72	2749.87	2731.52	-18.35
High Self Plus One	WQ3	2777.08	2758.55	-18.53	2722.63	2704.46	-18.17
Arizona Humana CoverageFirst and Humana Value Plan							
CDHP Self	R61	650.69	691.66	40.97	637.93	678.10	40.17
CDHP Self & Family	R62	1464.08	1556.21	92.13	1435.37	1525.70	90.33
CDHP Self Plus One	R63	1399.02	1487.07	88.05	1371.59	1457.91	86.32
Value Self	R64	530.09	552.85	22.76	519.70	542.01	22.31
Value Self & Family	R65	1192.70	1243.90	51.20	1169.31	1219.51	50.20
Value Self Plus One	R66	1139.66	1188.63	48.97	1117.31	1165.32	48.01
Arizona Humana CoverageFirst and Humana Value Plan							
CDHP Self	R91	631.27	633.05	1.78	618.89	620.64	1.75
CDHP Self & Family	R92	1420.32	1424.35	4.03	1392.47	1396.42	3.95
CDHP Self Plus One	R93	1357.20	1361.03	3.83	1330.59	1334.34	3.75
Value Self	R94	502.63	504.03	1.40	492.77	494.15	1.38
Value Self & Family	R95	1130.88	1134.09	3.21	1108.71	1111.85	3.14
Value Self Plus One	R96	1080.63	1083.70	3.07	1059.44	1062.45	3.01
Arizona Humana Health Plan, Inc.							
High Self	BF1	1154.30	1388.66	234.36	1131.67	1361.43	229.76
High Self & Family	BF2	2597.18	3124.41	527.23	2546.25	3063.15	516.90
High Self Plus One	BF3	2481.74	2985.53	503.79	2433.08	2926.99	493.91
Standard Self	BF4	810.01	934.39	124.38	794.13	916.07	121.94
Standard Self & Family	BF5	1822.53	2102.39	279.86	1786.79	2061.17	274.38
Standard Self Plus One	BF6	1741.51	2008.96	267.45	1707.36	1969.57	262.21

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Arizona Humana Health Plan, Inc.

High Self	C71	835.87	879.84	43.97	819.48	862.59	43.11
High Self & Family	C72	1880.69	1979.66	98.97	1843.81	1940.84	97.03
High Self Plus One	C73	1797.11	1891.67	94.56	1761.87	1854.58	92.71
Standard Self	C74	690.47	741.10	50.63	676.93	726.57	49.64
Standard Self & Family	C75	1553.52	1667.42	113.90	1523.06	1634.73	111.67
Standard Self Plus One	C76	1484.46	1593.30	108.84	1455.35	1562.06	106.71

Arizona UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))

HDHP Self	LU1	492.57	459.33	-33.24	482.91	450.32	-32.59
HDHP Self & Family	LU2	1231.40	1056.44	-174.96	1207.25	1035.73	-171.52
HDHP Self Plus One	LU3	1059.02	987.56	-71.46	1038.25	968.20	-70.05

Arizona UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO

High Self	KT1	622.89	692.77	69.88	610.68	679.19	68.51
High Self & Family	KT2	1557.23	1731.91	174.68	1526.70	1697.95	171.25
High Self Plus One	KT3	1339.22	1489.43	150.21	1312.96	1460.23	147.27

Arkansas Aetna HealthFund HDHP and Aetna Direct Plan

HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Arkansas Aetna HealthFund HDHP and Aetna Direct Plan

CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Arkansas Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Arkansas QualChoice

High Self	DH1	748.26	730.70	-17.56	733.59	716.37	-17.22
High Self & Family	DH2	1951.72	1905.86	-45.86	1913.45	1868.49	-44.96
High Self Plus One	DH3	1453.54	1419.39	-34.15	1425.04	1391.56	-33.48
Standard Self	DH4	583.55	570.49	-13.06	572.11	559.30	-12.81
Standard Self & Family	DH5	1522.05	1488.00	-34.05	1492.21	1458.82	-33.39
Standard Self Plus One	DH6	1133.56	1108.18	-25.38	1111.33	1086.45	-24.88

Arkansas UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))

HDHP Self	LS1	447.02	427.08	-19.94	438.25	418.71	-19.54
HDHP Self & Family	LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54
HDHP Self Plus One	LS3	961.08	918.26	-42.82	942.24	900.25	-41.99

Arkansas UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO

High Self	KK1	607.25	692.61	85.36	595.34	679.03	83.69
High Self & Family	KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32
High Self Plus One	KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00

California Aetna HealthFund HDHP and Aetna Direct Plan

HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

California Aetna HealthFund HDHP and Aetna Direct Plan

CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

California Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)			2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code				Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
California Aetna Open Access								
High Self	2X1		766.43	779.20	12.77	751.40	763.92	12.52
High Self & Family	2X2		1799.27	1829.31	30.04	1763.99	1793.44	29.45
High Self Plus One	2X3		1764.00	1793.44	29.44	1729.41	1758.27	28.86
California Anthem Blue Cross Select HMO of CA								
High Self	B31		793.95	785.70	-8.25	778.38	770.29	-8.09
High Self & Family	B32		1738.72	1767.84	29.12	1704.63	1733.18	28.55
High Self Plus One	B33		1627.57	1642.14	14.57	1595.66	1609.94	14.28
California Blue Shield of CA Access+HMO								
High Self	SI1		757.01	794.88	37.87	742.17	779.29	37.12
High Self & Family	SI2		1741.17	1828.25	87.08	1707.03	1792.40	85.37
High Self Plus One	SI3		1665.46	1748.73	83.27	1632.80	1714.44	81.64
Standard Self	SI4		New Plan	719.18	New Plan	New Plan	705.08	New Plan
Standard Self & Family	SI5		New Plan	1654.12	New Plan	New Plan	1621.69	New Plan
Standard Self Plus One	SI6		New Plan	1582.20	New Plan	New Plan	1551.18	New Plan
California Health Net of California								
High Self	LB1		1411.24	1388.63	-22.61	1383.57	1361.40	-22.17
High Self & Family	LB2		3386.96	3332.73	-54.23	3320.55	3267.38	-53.17
High Self Plus One	LB3		3104.74	3054.99	-49.75	3043.86	2995.09	-48.77
Standard Self	LB4		1332.54	1315.20	-17.34	1306.41	1289.41	-17.00
Standard Self & Family	LB5		3198.12	3156.48	-41.64	3135.41	3094.59	-40.82
Standard Self Plus One	LB6		2931.61	2893.44	-38.17	2874.13	2836.71	-37.42
California Health Net of California								
High Self	LP1		931.82	1012.91	81.09	913.55	993.05	79.50
High Self & Family	LP2		2236.34	2431.00	194.66	2192.49	2383.33	190.84
High Self Plus One	LP3		2050.00	2228.41	178.41	2009.80	2184.72	174.92
Standard Self	LP4		893.06	964.55	71.49	875.55	945.64	70.09
Standard Self & Family	LP5		2143.39	2314.93	171.54	2101.36	2269.54	168.18
Standard Self Plus One	LP6		1964.75	2122.02	157.27	1926.23	2080.41	154.18

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California Health Net of California								
Basic Self	P61	312.54	339.02	26.48	306.41	332.37	25.96	
Basic Self & Family	P62	750.10	813.65	63.55	735.39	797.70	62.31	
Basic Self Plus One	P63	687.62	745.85	58.23	674.14	731.23	57.09	
California Health Net of California								
Basic Self	T41	802.91	806.10	3.19	787.17	790.29	3.12	
Basic Self & Family	T42	1927.01	1934.63	7.62	1889.23	1896.70	7.47	
Basic Self Plus One	T43	1766.41	1773.39	6.98	1731.77	1738.62	6.85	
California Kaiser Foundation Health Plan of California								
High Self	591	938.90	1012.34	73.44	920.49	992.49	72.00	
High Self & Family	592	2241.28	2416.52	175.24	2197.33	2369.14	171.81	
High Self Plus One	593	2241.28	2416.52	175.24	2197.33	2369.14	171.81	
Standard Self	594	774.50	813.52	39.02	759.31	797.57	38.26	
Standard Self & Family	595	1812.34	1903.61	91.27	1776.80	1866.28	89.48	
Standard Self Plus One	596	1812.34	1903.61	91.27	1776.80	1866.28	89.48	
California Kaiser Foundation Health Plan of California								
High Self	621	671.31	700.94	29.63	658.15	687.20	29.05	
High Self & Family	622	1551.57	1620.02	68.45	1521.15	1588.25	67.10	
High Self Plus One	623	1551.57	1620.02	68.45	1521.15	1588.25	67.10	
Standard Self	624	424.10	439.99	15.89	415.78	431.36	15.58	
Standard Self & Family	625	980.25	1016.87	36.62	961.03	996.93	35.90	
Standard Self Plus One	626	980.25	1016.87	36.62	961.03	996.93	35.90	
California Kaiser Foundation Health Plan of California								
Basic Self	KC1	658.30	653.63	-4.67	645.39	640.81	-4.58	
Basic Self & Family	KC2	1540.41	1529.43	-10.98	1510.21	1499.44	-10.77	
Basic Self Plus One	KC3	1540.41	1529.43	-10.98	1510.21	1499.44	-10.77	

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California Kaiser Foundation Health Plan of California							
High Self	NZ1	728.09	745.65	17.56	713.81	731.03	17.22
High Self & Family	NZ2	1682.79	1723.34	40.55	1649.79	1689.55	39.76
High Self Plus One	NZ3	1682.79	1723.34	40.55	1649.79	1689.55	39.76
Standard Self	NZ4	521.87	545.36	23.49	511.64	534.67	23.03
Standard Self & Family	NZ5	1206.15	1260.43	54.28	1182.50	1235.72	53.22
Standard Self Plus One	NZ6	1206.15	1260.43	54.28	1182.50	1235.72	53.22
Colorado Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
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Colorado Aetna HealthFund HDHP and Aetna Direct Plan							
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Colorado Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70
Colorado BlueAdvantage HMO on the Pathway HMO Network							
High Self	WW1	New Plan	606.60	New Plan	New Plan	594.71	New Plan
High Self & Family	WW2	New Plan	1477.07	New Plan	New Plan	1448.11	New Plan
High Self Plus One	WW3	New Plan	1380.01	New Plan	New Plan	1352.95	New Plan

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Colorado Humana Health Plan, Inc.							
High Self	NR1	649.87	710.14	60.27	637.13	696.22	59.09
High Self & Family	NR2	1462.20	1597.79	135.59	1433.53	1566.46	132.93
High Self Plus One	NR3	1397.21	1526.78	129.57	1369.81	1496.84	127.03
Standard Self	NR4	510.98	532.75	21.77	500.96	522.30	21.34
Standard Self & Family	NR5	1149.71	1198.70	48.99	1127.17	1175.20	48.03
Standard Self Plus One	NR6	1098.61	1145.40	46.79	1077.07	1122.94	45.87
Colorado Humana Health Plan, Inc.							
High Self	NT1	637.83	639.40	1.57	625.32	626.86	1.54
High Self & Family	NT2	1435.11	1438.69	3.58	1406.97	1410.48	3.51
High Self Plus One	NT3	1371.33	1374.71	3.38	1344.44	1347.75	3.31
Standard Self	NT4	537.03	511.44	-25.59	526.50	501.41	-25.09
Standard Self & Family	NT5	1208.32	1150.77	-57.55	1184.63	1128.21	-56.42
Standard Self Plus One	NT6	1154.59	1099.65	-54.94	1131.95	1078.09	-53.86
Colorado Humana Health Plan, Inc.							
Basic Self	R21	480.83	501.61	20.78	471.40	491.77	20.37
Basic Self & Family	R22	1081.86	1128.63	46.77	1060.65	1106.50	45.85
Basic Self Plus One	R23	1033.77	1078.46	44.69	1013.50	1057.31	43.81
Colorado Humana Health Plan, Inc.							
Basic Self	RZ1	505.32	506.89	1.57	495.41	496.95	1.54
Basic Self & Family	RZ2	1137.00	1140.49	3.49	1114.71	1118.13	3.42
Basic Self Plus One	RZ3	1086.46	1089.84	3.38	1065.16	1068.47	3.31
Colorado Kaiser Foundation Health Plan of Colorado							
High Self	651	718.31	753.72	35.41	704.23	738.94	34.71
High Self & Family	652	1623.38	1703.45	80.07	1591.55	1670.05	78.50
High Self Plus One	653	1623.38	1703.45	80.07	1591.55	1670.05	78.50
Standard Self	654	521.32	598.40	77.08	511.10	586.67	75.57
Standard Self & Family	655	1178.19	1352.43	174.24	1155.09	1325.91	170.82
Standard Self Plus One	656	1178.19	1352.43	174.24	1155.09	1325.91	170.82

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Colorado Kaiser Foundation Health Plan of Colorado							
Basic Self	N41	409.51	438.45	28.94	401.48	429.85	28.37
Basic Self & Family	N42	925.51	990.86	65.35	907.36	971.43	64.07
Basic Self Plus One	N43	925.51	990.86	65.35	907.36	971.43	64.07
Colorado UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	LU1	492.57	459.33	-33.24	482.91	450.32	-32.59
HDHP Self & Family	LU2	1231.40	1056.44	-174.96	1207.25	1035.73	-171.52
HDHP Self Plus One	LU3	1059.02	987.56	-71.46	1038.25	968.20	-70.05
Colorado UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	KT1	622.89	692.77	69.88	610.68	679.19	68.51
High Self & Family	KT2	1557.23	1731.91	174.68	1526.70	1697.95	171.25
High Self Plus One	KT3	1339.22	1489.43	150.21	1312.96	1460.23	147.27
Connecticut Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Connecticut Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Connecticut Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
Delaware Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Delaware Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Delaware Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
Delaware Aetna Open Access							
High Self	P31	1603.87	1514.91	-88.96	1572.42	1485.21	-87.21
High Self & Family	P32	3888.59	3672.93	-215.66	3812.34	3600.91	-211.43
High Self Plus One	P33	3850.06	3636.56	-213.50	3774.57	3565.25	-209.32
Basic Self	P34	1375.04	1324.43	-50.61	1348.08	1298.46	-49.62
Basic Self & Family	P35	3191.46	3074.03	-117.43	3128.88	3013.75	-115.13
Basic Self Plus One	P36	3159.86	3043.57	-116.29	3097.90	2983.89	-114.01
District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62
District of Columbia Aetna Open Access							
High Self	JN1	1125.15	1141.51	16.36	1103.09	1119.13	16.04
High Self & Family	JN2	2529.55	2566.30	36.75	2479.95	2515.98	36.03
High Self Plus One	JN3	2504.49	2540.86	36.37	2455.38	2491.04	35.66
Basic Self	JN4	676.11	694.07	17.96	662.85	680.46	17.61
Basic Self & Family	JN5	1547.29	1588.40	41.11	1516.95	1557.25	40.30
Basic Self Plus One	JN6	1420.85	1458.60	37.75	1392.99	1430.00	37.01
District of Columbia CareFirst BlueChoice							
Standard Self	2G4	707.49	813.63	106.14	693.62	797.68	104.06
Standard Self & Family	2G5	1681.01	1933.16	252.15	1648.05	1895.25	247.20
Standard Self Plus One	2G6	1415.00	1627.25	212.25	1387.25	1595.34	208.09
District of Columbia CareFirst BlueChoice							
HDHP Self	B61	621.91	528.64	-93.27	609.72	518.27	-91.45
HDHP Self & Family	B62	1477.65	1256.01	-221.64	1448.68	1231.38	-217.30
HDHP Self Plus One	B63	1243.83	1057.24	-186.59	1219.44	1036.51	-182.93
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States							
High Self	E31	673.57	706.53	32.96	660.36	692.68	32.32
High Self & Family	E32	1549.21	1625.01	75.80	1518.83	1593.15	74.32
High Self Plus One	E33	1549.21	1625.01	75.80	1518.83	1593.15	74.32
Standard Self	E34	515.06	532.20	17.14	504.96	521.76	16.80
Standard Self & Family	E35	1184.72	1223.99	39.27	1161.49	1199.99	38.50
Standard Self Plus One	E36	1184.72	1223.99	39.27	1161.49	1199.99	38.50

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States							
Basic Self T71	469.23	428.52	-40.71	460.03	420.12	-39.91	
Basic Self & Family T72	1126.59	1046.68	-79.91	1104.50	1026.16	-78.34	
Basic Self Plus One T73	1026.34	953.60	-72.74	1006.22	934.90	-71.32	
District of Columbia M.D. IPA							
High Self JP1	732.13	806.68	74.55	717.77	790.86	73.09	
High Self & Family JP2	2052.91	2261.89	208.98	2012.66	2217.54	204.88	
High Self Plus One JP3	1429.85	1575.42	145.57	1401.81	1544.53	142.72	
District of Columbia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self V41	578.31	505.60	-72.71	566.97	495.69	-71.28	
HDHP Self & Family V42	1445.83	1162.86	-282.97	1417.48	1140.06	-277.42	
HDHP Self Plus One V43	1243.39	1087.03	-156.36	1219.01	1065.72	-153.29	
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self LR1	620.15	681.30	61.15	607.99	667.94	59.95	
High Self & Family LR2	1550.40	1614.65	64.25	1520.00	1582.99	62.99	
High Self Plus One LR3	1333.33	1464.77	131.44	1307.19	1436.05	128.86	
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)							
Value Self L91	472.59	445.80	-26.79	463.32	437.06	-26.26	
Value Self & Family L92	1325.16	1250.00	-75.16	1299.18	1225.49	-73.69	
Value Self Plus One L93	922.99	870.63	-52.36	904.89	853.56	-51.33	
Florida Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Florida Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Florida Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62
Florida AvMed							
Standard Self	ML4	698.40	723.40	25.00	684.71	709.22	24.51
Standard Self & Family	ML5	1809.10	1873.79	64.69	1773.63	1837.05	63.42
Standard Self Plus One	ML6	1396.85	1446.80	49.95	1369.46	1418.43	48.97
Florida AvMed							
HDHP Self	WZ1	New Plan	829.57	New Plan	New Plan	813.30	New Plan
HDHP Self & Family	WZ2	New Plan	2043.39	New Plan	New Plan	2003.32	New Plan
HDHP Self Plus One	WZ3	New Plan	1592.83	New Plan	New Plan	1561.60	New Plan
Florida Capital Health Plan							
High Self	EA1	678.34	704.22	25.88	665.04	690.41	25.37
High Self & Family	EA2	1831.60	1760.60	-71.00	1795.69	1726.08	-69.61
High Self Plus One	EA3	1356.74	1514.10	157.36	1330.14	1484.41	154.27
Florida Humana CoverageFirst and Humana Value Plan							
CDHP Self	MJ1	819.58	871.18	51.60	803.51	854.10	50.59
CDHP Self & Family	MJ2	1844.07	1960.19	116.12	1807.91	1921.75	113.84
CDHP Self Plus One	MJ3	1762.12	1873.09	110.97	1727.57	1836.36	108.79
Value Self	MJ4	503.08	514.58	11.50	493.22	504.49	11.27
Value Self & Family	MJ5	1131.91	1157.80	25.89	1109.72	1135.10	25.38
Value Self Plus One	MJ6	1081.60	1106.32	24.72	1060.39	1084.63	24.24

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Florida Humana CoverageFirst and Humana Value Plan							
CDHP Self	QP1	695.75	697.70	1.95	682.11	684.02	1.91
CDHP Self & Family	QP2	1567.51	1571.91	4.40	1536.77	1541.09	4.32
CDHP Self Plus One	QP3	1497.85	1502.03	4.18	1468.48	1472.58	4.10
Value Self	QP4	498.33	499.75	1.42	488.56	489.95	1.39
Value Self & Family	QP5	1121.25	1124.41	3.16	1099.26	1102.36	3.10
Value Self Plus One	QP6	1071.43	1074.44	3.01	1050.42	1053.37	2.95
Florida Humana CoverageFirst and Humana Value Plan							
CDHP Self	W91	New Plan	585.05	New Plan	New Plan	573.58	New Plan
CDHP Self & Family	W92	New Plan	1316.39	New Plan	New Plan	1290.58	New Plan
CDHP Self Plus One	W93	New Plan	1257.86	New Plan	New Plan	1233.20	New Plan
Value Self	W94	New Plan	494.93	New Plan	New Plan	485.23	New Plan
Value Self & Family	W95	New Plan	1113.62	New Plan	New Plan	1091.78	New Plan
Value Self Plus One	W96	New Plan	1064.12	New Plan	New Plan	1043.25	New Plan
Florida Humana CoverageFirst and Humana Value Plan							
CDHP Self	X21	New Plan	567.04	New Plan	New Plan	555.92	New Plan
CDHP Self & Family	X22	New Plan	1275.84	New Plan	New Plan	1250.82	New Plan
CDHP Self Plus One	X23	New Plan	1219.14	New Plan	New Plan	1195.24	New Plan
Value Self	X24	New Plan	479.71	New Plan	New Plan	470.30	New Plan
Value Self & Family	X25	New Plan	1079.32	New Plan	New Plan	1058.16	New Plan
Value Self Plus One	X26	New Plan	1031.36	New Plan	New Plan	1011.14	New Plan
Florida Humana Medical Plan, Inc.							
High Self	E21	895.47	1005.49	110.02	877.91	985.77	107.86
High Self & Family	E22	2014.82	2262.29	247.47	1975.31	2217.93	242.62
High Self Plus One	E23	1925.31	2161.74	236.43	1887.56	2119.35	231.79
Standard Self	E24	591.11	646.31	55.20	579.52	633.64	54.12
Standard Self & Family	E25	1330.00	1454.18	124.18	1303.92	1425.67	121.75
Standard Self Plus One	E26	1270.88	1389.54	118.66	1245.96	1362.29	116.33

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Florida Humana Medical Plan, Inc.								
High Self	EE1	894.23	932.33	38.10	876.70	914.05	37.35	
High Self & Family	EE2	2012.05	2097.75	85.70	1972.60	2056.62	84.02	
High Self Plus One	EE3	1922.61	2004.56	81.95	1884.91	1965.25	80.34	
Standard Self	EE4	776.71	833.66	56.95	761.48	817.31	55.83	
Standard Self & Family	EE5	1747.56	1875.70	128.14	1713.29	1838.92	125.63	
Standard Self Plus One	EE6	1669.90	1792.33	122.43	1637.16	1757.19	120.03	
Florida Humana Medical Plan, Inc.								
High Self	EX1	701.39	759.40	58.01	687.64	744.51	56.87	
High Self & Family	EX2	1578.07	1708.59	130.52	1547.13	1675.09	127.96	
High Self Plus One	EX3	1507.93	1632.64	124.71	1478.36	1600.63	122.27	
Standard Self	EX4	615.53	666.85	51.32	603.46	653.77	50.31	
Standard Self & Family	EX5	1384.97	1500.39	115.42	1357.81	1470.97	113.16	
Standard Self Plus One	EX6	1323.42	1433.71	110.29	1297.47	1405.60	108.13	
Florida Humana Medical Plan, Inc.								
High Self	LL1	1388.92	1643.03	254.11	1361.69	1610.81	249.12	
High Self & Family	LL2	3125.08	3696.80	571.72	3063.80	3624.31	560.51	
High Self Plus One	LL3	2986.17	3532.50	546.33	2927.62	3463.24	535.62	
Standard Self	LL4	808.71	884.25	75.54	792.85	866.91	74.06	
Standard Self & Family	LL5	1819.58	1989.49	169.91	1783.90	1950.48	166.58	
Standard Self Plus One	LL6	1738.72	1901.09	162.37	1704.63	1863.81	159.18	
Florida UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))								
HDHP Self	LS1	447.02	427.08	-19.94	438.25	418.71	-19.54	
HDHP Self & Family	LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54	
HDHP Self Plus One	LS3	961.08	918.26	-42.82	942.24	900.25	-41.99	
Florida UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO								
High Self	KK1	607.25	692.61	85.36	595.34	679.03	83.69	
High Self & Family	KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32	
High Self Plus One	KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Florida UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)							
Value Self	LV1	642.65	675.27	32.62	630.05	662.03	31.98
Value Self & Family	LV2	1802.05	2025.82	223.77	1766.72	1986.10	219.38
Value Self Plus One	LV3	1255.13	1451.84	196.71	1230.52	1423.37	192.85
Georgia Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Georgia Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Georgia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62
Georgia Aetna Open Access							
High Self	2U1	1235.66	1615.98	380.32	1211.43	1584.29	372.86
High Self & Family	2U2	2846.30	3722.35	876.05	2790.49	3649.36	858.87
High Self Plus One	2U3	2818.11	3685.48	867.37	2762.85	3613.22	850.37
Georgia Blue Open Access POS							
High Self	QM1	583.95	607.31	23.36	572.50	595.40	22.90
High Self & Family	QM2	1562.07	1608.93	46.86	1531.44	1577.38	45.94
High Self Plus One	QM3	1299.29	1344.77	45.48	1273.81	1318.40	44.59

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Georgia Humana CoverageFirst and Humana Value Plan							
CDHP Self	AD1	731.10	813.79	82.69	716.76	797.83	81.07
CDHP Self & Family	AD2	1644.97	1831.03	186.06	1612.72	1795.13	182.41
CDHP Self Plus One	AD3	1571.88	1749.66	177.78	1541.06	1715.35	174.29
Value Self	AD4	558.15	671.69	113.54	547.21	658.52	111.31
Value Self & Family	AD5	1255.85	1511.24	255.39	1231.23	1481.61	250.38
Value Self Plus One	AD6	1200.03	1444.09	244.06	1176.50	1415.77	239.27
Georgia Humana CoverageFirst and Humana Value Plan							
CDHP Self	LM1	611.97	644.34	32.37	599.97	631.71	31.74
CDHP Self & Family	LM2	1376.92	1449.85	72.93	1349.92	1421.42	71.50
CDHP Self Plus One	LM3	1315.75	1385.40	69.65	1289.95	1358.24	68.29
Value Self	LM4	484.12	524.30	40.18	474.63	514.02	39.39
Value Self & Family	LM5	1089.27	1179.70	90.43	1067.91	1156.57	88.66
Value Self Plus One	LM6	1040.85	1127.27	86.42	1020.44	1105.17	84.73
Georgia Humana CoverageFirst and Humana Value Plan							
CDHP Self	S91	645.76	667.00	21.24	633.10	653.92	20.82
CDHP Self & Family	S92	1452.97	1500.75	47.78	1424.48	1471.32	46.84
CDHP Self Plus One	S93	1388.36	1434.05	45.69	1361.14	1405.93	44.79
Value Self	S94	514.16	531.06	16.90	504.08	520.65	16.57
Value Self & Family	S95	1156.84	1194.90	38.06	1134.16	1171.47	37.31
Value Self Plus One	S96	1105.45	1141.80	36.35	1083.77	1119.41	35.64
Georgia Humana Employers Health Plan of Georgia, Inc							
High Self	CB1	923.50	1010.17	86.67	905.39	990.36	84.97
High Self & Family	CB2	2077.88	2272.99	195.11	2037.14	2228.42	191.28
High Self Plus One	CB3	1985.55	2171.93	186.38	1946.62	2129.34	182.72
Standard Self	CB4	851.16	996.45	145.29	834.47	976.91	142.44
Standard Self & Family	CB5	1915.12	2242.02	326.90	1877.57	2198.06	320.49
Standard Self Plus One	CB6	1830.01	2142.38	312.37	1794.13	2100.37	306.24

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Georgia Humana Employers Health Plan of Georgia, Inc							
High Self DG1	1231.93	1309.10	77.17	1207.77	1283.43	75.66	
High Self & Family DG2	2771.81	2945.46	173.65	2717.46	2887.71	170.25	
High Self Plus One DG3	2648.64	2814.59	165.95	2596.71	2759.40	162.69	
Standard Self DG4	850.89	956.67	105.78	834.21	937.91	103.70	
Standard Self & Family DG5	1914.46	2152.50	238.04	1876.92	2110.29	233.37	
Standard Self Plus One DG6	1829.37	2056.83	227.46	1793.50	2016.50	223.00	
Georgia Humana Employers Health Plan of Georgia, Inc							
High Self DN1	727.44	751.14	23.70	713.18	736.41	23.23	
High Self & Family DN2	1636.72	1690.08	53.36	1604.63	1656.94	52.31	
High Self Plus One DN3	1564.00	1614.98	50.98	1533.33	1583.31	49.98	
Standard Self DN4	696.46	698.63	2.17	682.80	684.93	2.13	
Standard Self & Family DN5	1567.05	1571.88	4.83	1536.32	1541.06	4.74	
Standard Self Plus One DN6	1497.39	1502.03	4.64	1468.03	1472.58	4.55	
Georgia Humana Employers Health Plan of Georgia, Inc							
Basic Self Q71	600.59	632.57	31.98	588.81	620.17	31.36	
Basic Self & Family Q72	1351.35	1423.29	71.94	1324.85	1395.38	70.53	
Basic Self Plus One Q73	1291.28	1360.02	68.74	1265.96	1333.35	67.39	
Georgia Humana Employers Health Plan of Georgia, Inc							
Basic Self RJ1	557.03	575.52	18.49	546.11	564.24	18.13	
Basic Self & Family RJ2	1253.34	1294.95	41.61	1228.76	1269.56	40.80	
Basic Self Plus One RJ3	1197.62	1237.38	39.76	1174.14	1213.12	38.98	
Georgia Humana Employers Health Plan of Georgia, Inc							
Basic Self RM1	581.76	606.89	25.13	570.35	594.99	24.64	
Basic Self & Family RM2	1308.99	1365.51	56.52	1283.32	1338.74	55.42	
Basic Self Plus One RM3	1250.82	1304.82	54.00	1226.29	1279.24	52.95	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Georgia Kaiser Foundation Health Plan of Georgia							
High Self	F81	695.75	710.01	14.26	682.11	696.09	13.98
High Self & Family	F82	1572.44	1604.61	32.17	1541.61	1573.15	31.54
High Self Plus One	F83	1572.44	1604.61	32.17	1541.61	1573.15	31.54
Standard Self	F84	523.24	536.72	13.48	512.98	526.20	13.22
Standard Self & Family	F85	1182.51	1213.00	30.49	1159.32	1189.22	29.90
Standard Self Plus One	F86	1182.51	1213.00	30.49	1159.32	1189.22	29.90
Georgia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)							
Value Self	LV1	642.65	675.27	32.62	630.05	662.03	31.98
Value Self & Family	LV2	1802.05	2025.82	223.77	1766.72	1986.10	219.38
Value Self Plus One	LV3	1255.13	1451.84	196.71	1230.52	1423.37	192.85
Guam Calvo's Selectcare							
High Self	B41	478.09	528.45	50.36	468.72	518.09	49.37
High Self & Family	B42	1278.24	1399.66	121.42	1253.18	1372.22	119.04
High Self Plus One	B43	932.97	1031.25	98.28	914.68	1011.03	96.35
Standard Self	B44	419.96	411.57	-8.39	411.73	403.50	-8.23
Standard Self & Family	B45	1122.84	1195.81	72.97	1100.82	1172.36	71.54
Standard Self Plus One	B46	819.54	811.34	-8.20	803.47	795.43	-8.04
Guam TakeCare							
High Self	JK1	596.32	481.30	-115.02	584.63	471.86	-112.77
High Self & Family	JK2	1422.38	1148.03	-274.35	1394.49	1125.52	-268.97
High Self Plus One	JK3	1178.13	950.87	-227.26	1155.03	932.23	-222.80
Standard Self	JK4	413.27	397.61	-15.66	405.17	389.81	-15.36
Standard Self & Family	JK5	1170.35	1125.95	-44.40	1147.40	1103.87	-43.53
Standard Self Plus One	JK6	814.52	783.60	-30.92	798.55	768.24	-30.31
Guam TakeCare							
HDHP Self	KX1	130.48	105.79	-24.69	127.92	103.72	-24.20
HDHP Self & Family	KX2	349.82	283.61	-66.21	342.96	278.05	-64.91
HDHP Self Plus One	KX3	314.93	255.46	-59.47	308.75	250.45	-58.30

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Hawaii Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Hawaii Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Hawaii Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64
Hawaii HMSA							
High Self	871	619.09	619.09	0.00	606.95	606.95	0.00
High Self & Family	872	1391.73	1391.73	0.00	1364.44	1364.44	0.00
High Self Plus One	873	1356.48	1356.48	0.00	1329.88	1329.88	0.00
Hawaii Kaiser Foundation Health Plan of Hawaii							
High Self	631	671.75	671.75	0.00	658.58	658.58	0.00
High Self & Family	632	1498.00	1498.00	0.00	1468.63	1468.63	0.00
High Self Plus One	633	1498.00	1498.00	0.00	1468.63	1468.63	0.00
Standard Self	634	453.58	453.58	0.00	444.69	444.69	0.00
Standard Self & Family	635	1011.47	1011.47	0.00	991.64	991.64	0.00
Standard Self Plus One	636	1011.47	1011.47	0.00	991.64	991.64	0.00
Idaho Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Idaho Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Idaho Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Idaho Altius Health Plans							
High Self	9K1	865.04	953.94	88.90	848.08	935.24	87.16
High Self & Family	9K2	1912.98	2109.63	196.65	1875.47	2068.26	192.79
High Self Plus One	9K3	1894.04	2088.74	194.70	1856.90	2047.78	190.88
HDHP Self	9K4	429.11	517.05	87.94	420.70	506.91	86.21
HDHP Self & Family	9K5	896.81	1080.60	183.79	879.23	1059.41	180.18
HDHP Self Plus One	9K6	879.23	1059.41	180.18	861.99	1038.64	176.65
Idaho Altius Health Plans							
Standard Self	DK4	605.47	726.69	121.22	593.60	712.44	118.84
Standard Self & Family	DK5	1337.03	1604.77	267.74	1310.81	1573.30	262.49
Standard Self Plus One	DK6	1323.79	1588.85	265.06	1297.83	1557.70	259.87
Idaho Kaiser Foundation Health Plan of Washington							
High Self	541	842.10	831.71	-10.39	825.59	815.40	-10.19
High Self & Family	542	1852.65	1829.79	-22.86	1816.32	1793.91	-22.41
High Self Plus One	543	1852.65	1829.79	-22.86	1816.32	1793.91	-22.41
Standard Self	544	621.17	596.87	-24.30	608.99	585.17	-23.82
Standard Self & Family	545	1428.67	1372.83	-55.84	1400.66	1345.91	-54.75
Standard Self Plus One	546	1428.67	1372.83	-55.84	1400.66	1345.91	-54.75

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Illinois Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Illinois Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
Illinois Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self H41	839.30	845.44	6.14	822.84	828.86	6.02	
CDHP Self & Family H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74	
CDHP Self Plus One H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61	
Value Self H44	587.24	628.86	41.62	575.73	616.53	40.80	
Value Self & Family H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63	
Value Self Plus One H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80	
Illinois Blue Preferred							
High Self 9G1	748.60	798.01	49.41	733.92	782.36	48.44	
High Self & Family 9G2	1620.71	1714.69	93.98	1588.93	1681.07	92.14	
High Self Plus One 9G3	1534.62	1623.65	89.03	1504.53	1591.81	87.28	
Standard Self 9G4	542.75	569.89	27.14	532.11	558.72	26.61	
Standard Self & Family 9G5	1560.38	1619.67	59.29	1529.78	1587.91	58.13	
Standard Self Plus One 9G6	1411.13	1464.74	53.61	1383.46	1436.02	52.56	
Illinois Health Alliance HMO							
Standard Self K84	639.34	655.29	15.95	626.80	642.44	15.64	
Standard Self & Family K85	1956.98	1769.30	-187.68	1918.61	1734.61	-184.00	
Standard Self Plus One K86	1480.97	1518.00	37.03	1451.93	1488.24	36.31	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Illinois Humana CoverageFirst and Humana Value Plan							
CDHP Self	GB1	890.63	955.65	65.02	873.17	936.91	63.74
CDHP Self & Family	GB2	2003.89	2150.20	146.31	1964.60	2108.04	143.44
CDHP Self Plus One	GB3	1914.84	2054.66	139.82	1877.29	2014.37	137.08
Value Self	GB4	526.84	628.70	101.86	516.51	616.37	99.86
Value Self & Family	GB5	1185.38	1414.56	229.18	1162.14	1386.82	224.68
Value Self Plus One	GB6	1132.74	1351.68	218.94	1110.53	1325.18	214.65
Illinois Humana CoverageFirst and Humana Value Plan							
CDHP Self	MW1	726.45	772.20	45.75	712.21	757.06	44.85
CDHP Self & Family	MW2	1634.56	1737.48	102.92	1602.51	1703.41	100.90
CDHP Self Plus One	MW3	1561.90	1660.22	98.32	1531.27	1627.67	96.40
Value Self	MW4	568.13	620.99	52.86	556.99	608.81	51.82
Value Self & Family	MW5	1278.24	1397.19	118.95	1253.18	1369.79	116.61
Value Self Plus One	MW6	1221.45	1335.11	113.66	1197.50	1308.93	111.43
Illinois Humana Health Plan, Inc.							
High Self	751	1286.90	1236.30	-50.60	1261.67	1212.06	-49.61
High Self & Family	752	2895.49	2781.68	-113.81	2838.72	2727.14	-111.58
High Self Plus One	753	2766.81	2658.04	-108.77	2712.56	2605.92	-106.64
Standard Self	754	899.12	872.77	-26.35	881.49	855.66	-25.83
Standard Self & Family	755	2023.02	1963.74	-59.28	1983.35	1925.24	-58.11
Standard Self Plus One	756	1933.06	1876.46	-56.60	1895.16	1839.67	-55.49
Illinois Humana Health Plan, Inc.							
High Self	9F1	1601.79	1734.28	132.49	1570.38	1700.27	129.89
High Self & Family	9F2	3604.05	3902.11	298.06	3533.38	3825.60	292.22
High Self Plus One	9F3	3443.85	3728.67	284.82	3376.32	3655.56	279.24
Illinois Humana Health Plan, Inc.							
Basic Self	AB1	595.75	627.46	31.71	584.07	615.16	31.09
Basic Self & Family	AB2	1340.43	1411.83	71.40	1314.15	1384.15	70.00
Basic Self Plus One	AB3	1280.85	1349.09	68.24	1255.74	1322.64	66.90
Standard Self	AB4	1041.02	1116.67	75.65	1020.61	1094.77	74.16
Standard Self & Family	AB5	2342.32	2512.55	170.23	2296.39	2463.28	166.89
Standard Self Plus One	AB6	2238.20	2400.86	162.66	2194.31	2353.78	159.47

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)			2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code				Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Illinois Humana Health Plan, Inc.								
Basic Self	RW1	603.86	636.02	32.16	592.02	623.55	31.53	
Basic Self & Family	RW2	1358.69	1431.02	72.33	1332.05	1402.96	70.91	
Basic Self Plus One	RW3	1298.29	1367.44	69.15	1272.83	1340.63	67.80	
Illinois MercyCare Health Plans								
High Self	EY1	781.81	779.33	-2.48	766.48	764.05	-2.43	
High Self & Family	EY2	2040.28	2033.89	-6.39	2000.27	1994.01	-6.26	
High Self Plus One	EY3	1680.91	1675.67	-5.24	1647.95	1642.81	-5.14	
Illinois Union Health Service								
High Self	761	684.52	695.37	10.85	671.10	681.74	10.64	
High Self & Family	762	1714.59	1745.94	31.35	1680.97	1711.71	30.74	
High Self Plus One	763	1503.64	1541.45	37.81	1474.16	1511.23	37.07	
Illinois UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)								
Value Self	L91	472.59	445.80	-26.79	463.32	437.06	-26.26	
Value Self & Family	L92	1325.16	1250.00	-75.16	1299.18	1225.49	-73.69	
Value Self Plus One	L93	922.99	870.63	-52.36	904.89	853.56	-51.33	
Indiana Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Indiana Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
Indiana Aetna HealthFund CDHP and Aetna Value Plan								
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09	
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89	
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74	
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65	
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53	
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Indiana Health Alliance HMO							
Standard Self	K84	639.34	655.29	15.95	626.80	642.44	15.64
Standard Self & Family	K85	1956.98	1769.30	-187.68	1918.61	1734.61	-184.00
Standard Self Plus One	K86	1480.97	1518.00	37.03	1451.93	1488.24	36.31
Indiana Humana CoverageFirst and Humana Value Plan							
CDHP Self	MW1	726.45	772.20	45.75	712.21	757.06	44.85
CDHP Self & Family	MW2	1634.56	1737.48	102.92	1602.51	1703.41	100.90
CDHP Self Plus One	MW3	1561.90	1660.22	98.32	1531.27	1627.67	96.40
Value Self	MW4	568.13	620.99	52.86	556.99	608.81	51.82
Value Self & Family	MW5	1278.24	1397.19	118.95	1253.18	1369.79	116.61
Value Self Plus One	MW6	1221.45	1335.11	113.66	1197.50	1308.93	111.43
Indiana Humana CoverageFirst and Humana Value Plan							
CDHP Self	TC1	614.36	634.56	20.20	602.31	622.12	19.81
CDHP Self & Family	TC2	1382.33	1427.75	45.42	1355.23	1399.75	44.52
CDHP Self Plus One	TC3	1320.90	1364.30	43.40	1295.00	1337.55	42.55
Indiana Humana CoverageFirst and Humana Value Plan							
CDHP Self	X31	New Plan	698.34	New Plan	New Plan	684.65	New Plan
CDHP Self & Family	X32	New Plan	1571.29	New Plan	New Plan	1540.48	New Plan
CDHP Self Plus One	X33	New Plan	1501.45	New Plan	New Plan	1472.01	New Plan
Value Self	X34	New Plan	581.68	New Plan	New Plan	570.27	New Plan
Value Self & Family	X35	New Plan	1308.78	New Plan	New Plan	1283.12	New Plan
Value Self Plus One	X36	New Plan	1250.59	New Plan	New Plan	1226.07	New Plan
Indiana Humana Health Plan of Ohio, Inc.							
High Self	A61	1065.29	1196.09	130.80	1044.40	1172.64	128.24
High Self & Family	A62	2396.90	2691.25	294.35	2349.90	2638.48	288.58
High Self Plus One	A63	2290.38	2571.64	281.26	2245.47	2521.22	275.75
Standard Self	A64	852.60	948.89	96.29	835.88	930.28	94.40
Standard Self & Family	A65	1918.34	2135.03	216.69	1880.73	2093.17	212.44
Standard Self Plus One	A66	1833.08	2040.16	207.08	1797.14	2000.16	203.02

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment		
Indiana Humana Health Plan, Inc.								
High Self	751	1286.90	1236.30	-50.60	1261.67	1212.06	-49.61	
High Self & Family	752	2895.49	2781.68	-113.81	2838.72	2727.14	-111.58	
High Self Plus One	753	2766.81	2658.04	-108.77	2712.56	2605.92	-106.64	
Standard Self	754	899.12	872.77	-26.35	881.49	855.66	-25.83	
Standard Self & Family	755	2023.02	1963.74	-59.28	1983.35	1925.24	-58.11	
Standard Self Plus One	756	1933.06	1876.46	-56.60	1895.16	1839.67	-55.49	
Indiana Humana Health Plan, Inc.								
High Self	MH1	817.65	901.66	84.01	801.62	883.98	82.36	
High Self & Family	MH2	1839.71	2028.74	189.03	1803.64	1988.96	185.32	
High Self Plus One	MH3	1757.92	1938.57	180.65	1723.45	1900.56	177.11	
Standard Self	MH4	686.51	736.84	50.33	673.05	722.39	49.34	
Standard Self & Family	MH5	1544.64	1657.88	113.24	1514.35	1625.37	111.02	
Standard Self Plus One	MH6	1475.99	1584.19	108.20	1447.05	1553.13	106.08	
Iowa Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Iowa Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
Iowa Aetna HealthFund CDHP and Aetna Value Plan								
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02	
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74	
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61	
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80	
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63	
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)			2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code				Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Iowa Health Alliance HMO								
Standard Self	K84	639.34	655.29	15.95	626.80	642.44	15.64	
Standard Self & Family	K85	1956.98	1769.30	-187.68	1918.61	1734.61	-184.00	
Standard Self Plus One	K86	1480.97	1518.00	37.03	1451.93	1488.24	36.31	
Iowa HealthPartners								
High Self	V31	788.80	806.12	17.32	773.33	790.31	16.98	
High Self & Family	V32	1921.51	1963.71	42.20	1883.83	1925.21	41.38	
High Self Plus One	V33	1743.23	1781.50	38.27	1709.05	1746.57	37.52	
Standard Self	V34	466.64	436.65	-29.99	457.49	428.09	-29.40	
Standard Self & Family	V35	1136.76	1063.68	-73.08	1114.47	1042.82	-71.65	
Standard Self Plus One	V36	1031.30	965.00	-66.30	1011.08	946.08	-65.00	
Iowa UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))								
HDHP Self	N71	511.84	542.80	30.96	501.80	532.16	30.36	
HDHP Self & Family	N72	1279.59	1248.41	-31.18	1254.50	1223.93	-30.57	
HDHP Self Plus One	N73	1100.45	1166.99	66.54	1078.87	1144.11	65.24	
Iowa UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO								
High Self	LJ1	622.91	685.39	62.48	610.70	671.95	61.25	
High Self & Family	LJ2	1557.30	1713.46	156.16	1526.76	1679.86	153.10	
High Self Plus One	LJ3	1339.28	1473.58	134.30	1313.02	1444.69	131.67	
Kansas Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Kansas Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Kansas Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70
Kansas Aetna Open Access							
High Self	HA1	742.92	898.63	155.71	728.35	881.01	152.66
High Self & Family	HA2	1754.87	2122.73	367.86	1720.46	2081.11	360.65
High Self Plus One	HA3	1737.55	2101.75	364.20	1703.48	2060.54	357.06
Standard Self	HA4	623.44	722.01	98.57	611.22	707.85	96.63
Standard Self & Family	HA5	1471.55	1704.20	232.65	1442.70	1670.78	228.08
Standard Self Plus One	HA6	1456.99	1687.34	230.35	1428.42	1654.25	225.83
Kansas Humana CoverageFirst and Humana Value Plan							
CDHP Self	PH1	587.75	612.97	25.22	576.23	600.95	24.72
CDHP Self & Family	PH2	1322.42	1379.17	56.75	1296.49	1352.13	55.64
CDHP Self Plus One	PH3	1263.66	1317.89	54.23	1238.88	1292.05	53.17
Value Self	PH4	427.15	436.92	9.77	418.77	428.35	9.58
Value Self & Family	PH5	961.13	983.10	21.97	942.28	963.82	21.54
Value Self Plus One	PH6	918.39	939.38	20.99	900.38	920.96	20.58
Kansas Humana Health Plan, Inc.							
High Self	MS1	1654.01	1658.14	4.13	1621.58	1625.63	4.05
High Self & Family	MS2	3721.51	3730.81	9.30	3648.54	3657.66	9.12
High Self Plus One	MS3	3556.11	3564.99	8.88	3486.38	3495.09	8.71
Standard Self	MS4	888.84	971.83	82.99	871.41	952.77	81.36
Standard Self & Family	MS5	1999.91	2186.67	186.76	1960.70	2143.79	183.09
Standard Self Plus One	MS6	1911.03	2089.47	178.44	1873.56	2048.50	174.94
Kentucky Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Kentucky Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Kentucky Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Kentucky Humana CoverageFirst and Humana Value Plan							
CDHP Self	6N1	596.77	646.31	49.54	585.07	633.64	48.57
CDHP Self & Family	6N2	1342.71	1454.20	111.49	1316.38	1425.69	109.31
CDHP Self Plus One	6N3	1283.04	1389.56	106.52	1257.88	1362.31	104.43
Kentucky Humana CoverageFirst and Humana Value Plan							
CDHP Self	TC1	614.36	634.56	20.20	602.31	622.12	19.81
CDHP Self & Family	TC2	1382.33	1427.75	45.42	1355.23	1399.75	44.52
CDHP Self Plus One	TC3	1320.90	1364.30	43.40	1295.00	1337.55	42.55
Kentucky Humana CoverageFirst and Humana Value Plan							
CDHP Self	X31	New Plan	698.34	New Plan	New Plan	684.65	New Plan
CDHP Self & Family	X32	New Plan	1571.29	New Plan	New Plan	1540.48	New Plan
CDHP Self Plus One	X33	New Plan	1501.45	New Plan	New Plan	1472.01	New Plan
Value Self	X34	New Plan	581.68	New Plan	New Plan	570.27	New Plan
Value Self & Family	X35	New Plan	1308.78	New Plan	New Plan	1283.12	New Plan
Value Self Plus One	X36	New Plan	1250.59	New Plan	New Plan	1226.07	New Plan
Kentucky Humana Health Plan of Ohio, Inc.							
High Self	A61	1065.29	1196.09	130.80	1044.40	1172.64	128.24
High Self & Family	A62	2396.90	2691.25	294.35	2349.90	2638.48	288.58
High Self Plus One	A63	2290.38	2571.64	281.26	2245.47	2521.22	275.75
Standard Self	A64	852.60	948.89	96.29	835.88	930.28	94.40
Standard Self & Family	A65	1918.34	2135.03	216.69	1880.73	2093.17	212.44
Standard Self Plus One	A66	1833.08	2040.16	207.08	1797.14	2000.16	203.02

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Kentucky Humana Health Plan of Ohio, Inc.							
Basic Self	W61	New Plan	597.50	New Plan	New Plan	585.78	New Plan
Basic Self & Family	W62	New Plan	1344.37	New Plan	New Plan	1318.01	New Plan
Basic Self Plus One	W63	New Plan	1284.61	New Plan	New Plan	1259.42	New Plan

Kentucky Humana Health Plan, Inc.							
High Self	MH1	817.65	901.66	84.01	801.62	883.98	82.36
High Self & Family	MH2	1839.71	2028.74	189.03	1803.64	1988.96	185.32
High Self Plus One	MH3	1757.92	1938.57	180.65	1723.45	1900.56	177.11
Standard Self	MH4	686.51	736.84	50.33	673.05	722.39	49.34
Standard Self & Family	MH5	1544.64	1657.88	113.24	1514.35	1625.37	111.02
Standard Self Plus One	MH6	1475.99	1584.19	108.20	1447.05	1553.13	106.08

Kentucky Humana Health Plan, Inc.							
High Self	MI1	1020.32	1145.60	125.28	1000.31	1123.14	122.83
High Self & Family	MI2	2295.66	2577.57	281.91	2250.65	2527.03	276.38
High Self Plus One	MI3	2193.64	2463.00	269.36	2150.63	2414.71	264.08
Standard Self	MI4	778.85	828.16	49.31	763.58	811.92	48.34
Standard Self & Family	MI5	1752.44	1863.34	110.90	1718.08	1826.80	108.72
Standard Self Plus One	MI6	1674.54	1780.53	105.99	1641.71	1745.62	103.91

Kentucky UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	N71	511.84	542.80	30.96	501.80	532.16	30.36
HDHP Self & Family	N72	1279.59	1248.41	-31.18	1254.50	1223.93	-30.57
HDHP Self Plus One	N73	1100.45	1166.99	66.54	1078.87	1144.11	65.24

Kentucky UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	LJ1	622.91	685.39	62.48	610.70	671.95	61.25
High Self & Family	LJ2	1557.30	1713.46	156.16	1526.76	1679.86	153.10
High Self Plus One	LJ3	1339.28	1473.58	134.30	1313.02	1444.69	131.67

Louisiana Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Louisiana Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Louisiana Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62
Louisiana Humana Health Benefit Plan of Louisiana, Inc.							
High Self	AE1	806.54	881.33	74.79	790.73	864.05	73.32
High Self & Family	AE2	1814.67	1982.94	168.27	1779.09	1944.06	164.97
High Self Plus One	AE3	1734.03	1894.83	160.80	1700.03	1857.68	157.65
Standard Self	AE4	697.59	748.73	51.14	683.91	734.05	50.14
Standard Self & Family	AE5	1569.59	1684.66	115.07	1538.81	1651.63	112.82
Standard Self Plus One	AE6	1499.82	1609.78	109.96	1470.41	1578.22	107.81
Louisiana Humana Health Benefit Plan of Louisiana, Inc.							
High Self	BC1	707.59	766.12	58.53	693.72	751.10	57.38
High Self & Family	BC2	1592.15	1723.82	131.67	1560.93	1690.02	129.09
High Self Plus One	BC3	1521.39	1647.20	125.81	1491.56	1614.90	123.34
Standard Self	BC4	583.29	608.50	25.21	571.85	596.57	24.72
Standard Self & Family	BC5	1312.41	1369.14	56.73	1286.68	1342.29	55.61
Standard Self Plus One	BC6	1254.09	1308.27	54.18	1229.50	1282.62	53.12
Louisiana UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	LS1	447.02	427.08	-19.94	438.25	418.71	-19.54
HDHP Self & Family	LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54
HDHP Self Plus One	LS3	961.08	918.26	-42.82	942.24	900.25	-41.99
Louisiana UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	KK1	607.25	692.61	85.36	595.34	679.03	83.69
High Self & Family	KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32
High Self Plus One	KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Maine Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Maine Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Maine Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
Maryland Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Maryland Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Maryland Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Maryland Aetna Open Access							
High Self	JN1	1125.15	1141.51	16.36	1103.09	1119.13	16.04
High Self & Family	JN2	2529.55	2566.30	36.75	2479.95	2515.98	36.03
High Self Plus One	JN3	2504.49	2540.86	36.37	2455.38	2491.04	35.66
Basic Self	JN4	676.11	694.07	17.96	662.85	680.46	17.61
Basic Self & Family	JN5	1547.29	1588.40	41.11	1516.95	1557.25	40.30
Basic Self Plus One	JN6	1420.85	1458.60	37.75	1392.99	1430.00	37.01
Maryland CareFirst BlueChoice							
Standard Self	2G4	707.49	813.63	106.14	693.62	797.68	104.06
Standard Self & Family	2G5	1681.01	1933.16	252.15	1648.05	1895.25	247.20
Standard Self Plus One	2G6	1415.00	1627.25	212.25	1387.25	1595.34	208.09
Maryland CareFirst BlueChoice							
HDHP Self	B61	621.91	528.64	-93.27	609.72	518.27	-91.45
HDHP Self & Family	B62	1477.65	1256.01	-221.64	1448.68	1231.38	-217.30
HDHP Self Plus One	B63	1243.83	1057.24	-186.59	1219.44	1036.51	-182.93
Maryland Kaiser Foundation Health Plan Mid-Atlantic States							
High Self	E31	673.57	706.53	32.96	660.36	692.68	32.32
High Self & Family	E32	1549.21	1625.01	75.80	1518.83	1593.15	74.32
High Self Plus One	E33	1549.21	1625.01	75.80	1518.83	1593.15	74.32
Standard Self	E34	515.06	532.20	17.14	504.96	521.76	16.80
Standard Self & Family	E35	1184.72	1223.99	39.27	1161.49	1199.99	38.50
Standard Self Plus One	E36	1184.72	1223.99	39.27	1161.49	1199.99	38.50
Maryland Kaiser Foundation Health Plan Mid-Atlantic States							
Basic Self	T71	469.23	428.52	-40.71	460.03	420.12	-39.91
Basic Self & Family	T72	1126.59	1046.68	-79.91	1104.50	1026.16	-78.34
Basic Self Plus One	T73	1026.34	953.60	-72.74	1006.22	934.90	-71.32
Maryland M.D. IPA							
High Self	JP1	732.13	806.68	74.55	717.77	790.86	73.09
High Self & Family	JP2	2052.91	2261.89	208.98	2012.66	2217.54	204.88
High Self Plus One	JP3	1429.85	1575.42	145.57	1401.81	1544.53	142.72

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Maryland UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	V41	578.31	505.60	-72.71	566.97	495.69	-71.28
HDHP Self & Family	V42	1445.83	1162.86	-282.97	1417.48	1140.06	-277.42
HDHP Self Plus One	V43	1243.39	1087.03	-156.36	1219.01	1065.72	-153.29
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	LR1	620.15	681.30	61.15	607.99	667.94	59.95
High Self & Family	LR2	1550.40	1614.65	64.25	1520.00	1582.99	62.99
High Self Plus One	LR3	1333.33	1464.77	131.44	1307.19	1436.05	128.86
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)							
Value Self	L91	472.59	445.80	-26.79	463.32	437.06	-26.26
Value Self & Family	L92	1325.16	1250.00	-75.16	1299.18	1225.49	-73.69
Value Self Plus One	L93	922.99	870.63	-52.36	904.89	853.56	-51.33
Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
Michigan Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Michigan Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Michigan Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70
Michigan Bluecare Network of MI							
High Self	K51	946.37	962.32	15.95	927.81	943.45	15.64
High Self & Family	K52	2309.10	2347.99	38.89	2263.82	2301.95	38.13
High Self Plus One	K53	2176.65	2213.30	36.65	2133.97	2169.90	35.93
Michigan Bluecare Network of MI							
High Self	LX1	681.34	749.41	68.07	667.98	734.72	66.74
High Self & Family	LX2	1662.43	1828.49	166.06	1629.83	1792.64	162.81
High Self Plus One	LX3	1567.09	1723.61	156.52	1536.36	1689.81	153.45
Michigan Health Alliance Plan							
High Self	521	722.38	779.12	56.74	708.22	763.84	55.62
High Self & Family	522	1762.61	1900.99	138.38	1728.05	1863.72	135.67
High Self Plus One	523	1661.48	1791.96	130.48	1628.90	1756.82	127.92
Michigan Health Alliance Plan							
Standard Self	GY4	575.20	610.32	35.12	563.92	598.35	34.43
Standard Self & Family	GY5	1403.48	1489.21	85.73	1375.96	1460.01	84.05
Standard Self Plus One	GY6	1322.95	1403.74	80.79	1297.01	1376.22	79.21
Michigan Priority Health							
High Self	LE1	830.08	930.34	100.26	813.80	912.10	98.30
High Self & Family	LE2	1950.66	2186.31	235.65	1912.41	2143.44	231.03
High Self Plus One	LE3	1826.15	2046.77	220.62	1790.34	2006.64	216.30
Standard Self	LE4	605.19	514.53	-90.66	593.32	504.44	-88.88
Standard Self & Family	LE5	1422.21	1209.16	-213.05	1394.32	1185.45	-208.87
Standard Self Plus One	LE6	1331.42	1131.99	-199.43	1305.31	1109.79	-195.52

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Minnesota Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Minnesota Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Minnesota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80

Minnesota HealthPartners							
High Self	V31	788.80	806.12	17.32	773.33	790.31	16.98
High Self & Family	V32	1921.51	1963.71	42.20	1883.83	1925.21	41.38
High Self Plus One	V33	1743.23	1781.50	38.27	1709.05	1746.57	37.52
Standard Self	V34	466.64	436.65	-29.99	457.49	428.09	-29.40
Standard Self & Family	V35	1136.76	1063.68	-73.08	1114.47	1042.82	-71.65
Standard Self Plus One	V36	1031.30	965.00	-66.30	1011.08	946.08	-65.00

Mississippi Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Mississippi Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Mississippi Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Mississippi UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	LS1	447.02	427.08	-19.94	438.25	418.71	-19.54
HDHP Self & Family	LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54
HDHP Self Plus One	LS3	961.08	918.26	-42.82	942.24	900.25	-41.99
Mississippi UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	KK1	607.25	692.61	85.36	595.34	679.03	83.69
High Self & Family	KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32
High Self Plus One	KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00
Missouri Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Missouri Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Missouri Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment		
Missouri Aetna Open Access								
High Self	HA1	742.92	898.63	155.71	728.35	881.01	152.66	
High Self & Family	HA2	1754.87	2122.73	367.86	1720.46	2081.11	360.65	
High Self Plus One	HA3	1737.55	2101.75	364.20	1703.48	2060.54	357.06	
Standard Self	HA4	623.44	722.01	98.57	611.22	707.85	96.63	
Standard Self & Family	HA5	1471.55	1704.20	232.65	1442.70	1670.78	228.08	
Standard Self Plus One	HA6	1456.99	1687.34	230.35	1428.42	1654.25	225.83	
Missouri Blue Preferred								
High Self	9G1	748.60	798.01	49.41	733.92	782.36	48.44	
High Self & Family	9G2	1620.71	1714.69	93.98	1588.93	1681.07	92.14	
High Self Plus One	9G3	1534.62	1623.65	89.03	1504.53	1591.81	87.28	
Standard Self	9G4	542.75	569.89	27.14	532.11	558.72	26.61	
Standard Self & Family	9G5	1560.38	1619.67	59.29	1529.78	1587.91	58.13	
Standard Self Plus One	9G6	1411.13	1464.74	53.61	1383.46	1436.02	52.56	
Missouri Humana CoverageFirst and Humana Value Plan								
CDHP Self	PH1	587.75	612.97	25.22	576.23	600.95	24.72	
CDHP Self & Family	PH2	1322.42	1379.17	56.75	1296.49	1352.13	55.64	
CDHP Self Plus One	PH3	1263.66	1317.89	54.23	1238.88	1292.05	53.17	
Value Self	PH4	427.15	436.92	9.77	418.77	428.35	9.58	
Value Self & Family	PH5	961.13	983.10	21.97	942.28	963.82	21.54	
Value Self Plus One	PH6	918.39	939.38	20.99	900.38	920.96	20.58	
Missouri Humana Health Plan, Inc.								
High Self	MS1	1654.01	1658.14	4.13	1621.58	1625.63	4.05	
High Self & Family	MS2	3721.51	3730.81	9.30	3648.54	3657.66	9.12	
High Self Plus One	MS3	3556.11	3564.99	8.88	3486.38	3495.09	8.71	
Standard Self	MS4	888.84	971.83	82.99	871.41	952.77	81.36	
Standard Self & Family	MS5	1999.91	2186.67	186.76	1960.70	2143.79	183.09	
Standard Self Plus One	MS6	1911.03	2089.47	178.44	1873.56	2048.50	174.94	
Montana Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Montana Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Montana Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Nebraska Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Nebraska Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Nebraska Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Nevada Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Nevada Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Nevada Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Nevada Health Plan of Nevada							
High Self	NM1	619.68	671.71	52.03	607.53	658.54	51.01
High Self & Family	NM2	1468.59	1591.88	123.29	1439.79	1560.67	120.88
High Self Plus One	NM3	1177.40	1276.28	98.88	1154.31	1251.25	96.94
Nevada UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	LU1	492.57	459.33	-33.24	482.91	450.32	-32.59
HDHP Self & Family	LU2	1231.40	1056.44	-174.96	1207.25	1035.73	-171.52
HDHP Self Plus One	LU3	1059.02	987.56	-71.46	1038.25	968.20	-70.05
Nevada UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	KT1	622.89	692.77	69.88	610.68	679.19	68.51
High Self & Family	KT2	1557.23	1731.91	174.68	1526.70	1697.95	171.25
High Self Plus One	KT3	1339.22	1489.43	150.21	1312.96	1460.23	147.27
New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
New Jersey Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
New Jersey Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
New Jersey Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
New Jersey Aetna Open Access							
High Self	JR1	1473.15	1437.99	-35.16	1444.26	1409.79	-34.47
High Self & Family	JR2	3402.82	3321.59	-81.23	3336.10	3256.46	-79.64
High Self Plus One	JR3	3369.12	3288.68	-80.44	3303.06	3224.20	-78.86
Basic Self	JR4	1187.11	1186.68	-0.43	1163.83	1163.41	-0.42
Basic Self & Family	JR5	2751.18	2750.26	-0.92	2697.24	2696.33	-0.91
Basic Self Plus One	JR6	2723.96	2723.01	-0.95	2670.55	2669.62	-0.93
New Jersey Aetna Open Access							
High Self	P31	1603.87	1514.91	-88.96	1572.42	1485.21	-87.21
High Self & Family	P32	3888.59	3672.93	-215.66	3812.34	3600.91	-211.43
High Self Plus One	P33	3850.06	3636.56	-213.50	3774.57	3565.25	-209.32
Basic Self	P34	1375.04	1324.43	-50.61	1348.08	1298.46	-49.62
Basic Self & Family	P35	3191.46	3074.03	-117.43	3128.88	3013.75	-115.13
Basic Self Plus One	P36	3159.86	3043.57	-116.29	3097.90	2983.89	-114.01
New Jersey GHI Health Plan -							
Standard Self	804	725.21	944.49	219.28	710.99	925.97	214.98
Standard Self & Family	805	2149.43	2291.40	141.97	2107.28	2246.47	139.19
Standard Self Plus One	806	1707.45	2196.92	489.47	1673.97	2153.84	479.87
New Mexico Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
New Mexico Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
New Mexico Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self G51	765.28	800.84	35.56	750.27	785.14	34.87	
CDHP Self & Family G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54	
CDHP Self Plus One G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76	
Value Self G54	560.59	683.99	123.40	549.60	670.58	120.98	
Value Self & Family G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13	
Value Self Plus One G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70	
New Mexico Presbyterian Health Plan							
High Self P21	786.60	755.12	-31.48	771.18	740.31	-30.87	
High Self & Family P22	1848.54	1774.55	-73.99	1812.29	1739.75	-72.54	
High Self Plus One P23	1785.63	1714.14	-71.49	1750.62	1680.53	-70.09	
New Mexico Presbyterian Health Plan							
Standard Self PS4	662.91	635.11	-27.80	649.91	622.66	-27.25	
Standard Self & Family PS5	1557.90	1492.55	-65.35	1527.35	1463.28	-64.07	
Standard Self Plus One PS6	1504.86	1441.72	-63.14	1475.35	1413.45	-61.90	
New York Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
New York Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
New York Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self EP1	916.57	935.14	18.57	898.60	916.80	18.20	
CDHP Self & Family EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51	
CDHP Self Plus One EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08	
Value Self EP4	576.70	631.46	54.76	565.39	619.08	53.69	
Value Self & Family EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94	
Value Self Plus One EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53	
New York Aetna Open Access							
High Self JC1	1188.32	1329.12	140.80	1165.02	1303.06	138.04	
High Self & Family JC2	2936.29	3284.24	347.95	2878.72	3219.84	341.12	
High Self Plus One JC3	2907.28	3251.75	344.47	2850.27	3187.99	337.72	
Basic Self JC4	902.19	1084.47	182.28	884.50	1063.21	178.71	
Basic Self & Family JC5	2200.61	2645.24	444.63	2157.46	2593.37	435.91	
Basic Self Plus One JC6	2178.84	2619.07	440.23	2136.12	2567.72	431.60	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
New York CDPHP Universal Benefits, Inc.							
High Self SG1	821.90	887.70	65.80	805.78	870.29	64.51	
High Self & Family SG2	2465.61	2662.76	197.15	2417.26	2610.55	193.29	
High Self Plus One SG3	1643.84	1775.36	131.52	1611.61	1740.55	128.94	
Standard Self SG4	589.12	589.12	0.00	577.57	577.57	0.00	
Standard Self & Family SG5	1767.31	1767.31	0.00	1732.66	1732.66	0.00	
Standard Self Plus One SG6	1178.24	1178.24	0.00	1155.14	1155.14	0.00	
New York GHI Health Plan -							
Standard Self 804	725.21	944.49	219.28	710.99	925.97	214.98	
Standard Self & Family 805	2149.43	2291.40	141.97	2107.28	2246.47	139.19	
Standard Self Plus One 806	1707.45	2196.92	489.47	1673.97	2153.84	479.87	
New York HIP of Greater New York							
High Self 511	778.01	1005.07	227.06	762.75	985.36	222.61	
High Self & Family 512	2191.22	2877.82	686.60	2148.25	2821.39	673.14	
High Self Plus One 513	1386.47	1790.57	404.10	1359.28	1755.46	396.18	
New York HIP of Greater New York							
Standard Self YL4	New Plan	671.77	New Plan	New Plan	658.60	New Plan	
Standard Self & Family YL5	New Plan	1922.37	New Plan	New Plan	1884.68	New Plan	
Standard Self Plus One YL6	New Plan	1192.60	New Plan	New Plan	1169.22	New Plan	
New York Independent Health Assoc							
Standard Self C54	689.61	715.87	26.26	676.09	701.83	25.74	
Standard Self & Family C55	1861.93	1932.85	70.92	1825.42	1894.95	69.53	
Standard Self Plus One C56	1758.48	1825.44	66.96	1724.00	1789.65	65.65	
New York Independent Health Assoc							
High Self QA1	724.11	742.18	18.07	709.91	727.63	17.72	
High Self & Family QA2	1955.13	2003.85	48.72	1916.79	1964.56	47.77	
High Self Plus One QA3	1846.50	1892.54	46.04	1810.29	1855.43	45.14	
HDHP Self QA4	534.38	602.38	68.00	523.90	590.57	66.67	
HDHP Self & Family QA5	1371.57	1555.34	183.77	1344.68	1524.84	180.16	
HDHP Self Plus One QA6	1276.12	1449.62	173.50	1251.10	1421.20	170.10	
New York MVP Health Care							
Standard Self GA4	765.86	756.71	-9.15	750.84	741.87	-8.97	
Standard Self & Family GA5	1876.29	1853.90	-22.39	1839.50	1817.55	-21.95	
Standard Self Plus One GA6	1761.42	1740.40	-21.02	1726.88	1706.27	-20.61	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)			2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code				Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
New York MVP Health Care								
Standard Self	GV4	717.72	641.94	-75.78	703.65	629.35	-74.30	
Standard Self & Family	GV5	1758.37	1572.75	-185.62	1723.89	1541.91	-181.98	
Standard Self Plus One	GV6	1650.72	1476.48	-174.24	1618.35	1447.53	-170.82	
New York MVP Health Care								
Standard Self	M94	717.46	737.73	20.27	703.39	723.26	19.87	
Standard Self & Family	M95	1757.77	1807.45	49.68	1723.30	1772.01	48.71	
Standard Self Plus One	M96	1650.15	1696.75	46.60	1617.79	1663.48	45.69	
New York MVP Health Care								
Standard Self	MF4	986.17	1001.00	14.83	966.83	981.37	14.54	
Standard Self & Family	MF5	2416.10	2452.44	36.34	2368.73	2404.35	35.62	
Standard Self Plus One	MF6	2268.16	2302.31	34.15	2223.69	2257.17	33.48	
New York MVP Health Care								
Standard Self	MX4	865.95	896.02	30.07	848.97	878.45	29.48	
Standard Self & Family	MX5	2121.58	2195.23	73.65	2079.98	2152.19	72.21	
Standard Self Plus One	MX6	1991.69	2060.87	69.18	1952.64	2020.46	67.82	
North Carolina Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
North Carolina Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
North Carolina Aetna HealthFund CDHP and Aetna Value Plan								
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83	
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05	
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94	
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45	
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26	
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62	
North Carolina UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))								
HDHP Self	LS1	447.02	427.08	-19.94	438.25	418.71	-19.54	
HDHP Self & Family	LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54	
HDHP Self Plus One	LS3	961.08	918.26	-42.82	942.24	900.25	-41.99	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
North Carolina UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	KK1	607.25	692.61	85.36	595.34	679.03	83.69
High Self & Family	KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32
High Self Plus One	KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00
North Dakota Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
North Dakota Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
North Dakota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
North Dakota HealthPartners							
High Self	V31	788.80	806.12	17.32	773.33	790.31	16.98
High Self & Family	V32	1921.51	1963.71	42.20	1883.83	1925.21	41.38
High Self Plus One	V33	1743.23	1781.50	38.27	1709.05	1746.57	37.52
Standard Self	V34	466.64	436.65	-29.99	457.49	428.09	-29.40
Standard Self & Family	V35	1136.76	1063.68	-73.08	1114.47	1042.82	-71.65
Standard Self Plus One	V36	1031.30	965.00	-66.30	1011.08	946.08	-65.00
Ohio Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Ohio Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Ohio Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64
Ohio AultCare Insurance Company							
High Self	3A1	764.31	784.88	20.57	749.32	769.49	20.17
High Self & Family	3A2	1887.87	1938.68	50.81	1850.85	1900.67	49.82
High Self Plus One	3A3	1605.03	1648.26	43.23	1573.56	1615.94	42.38
HDHP Self	3A4	366.86	380.72	13.86	359.67	373.25	13.58
HDHP Self & Family	3A5	1179.83	1218.22	38.39	1156.70	1194.33	37.63
HDHP Self Plus One	3A6	695.35	723.31	27.96	681.72	709.13	27.41
Ohio Humana CoverageFirst and Humana Value Plan							
CDHP Self	X31	New Plan	698.34	New Plan	New Plan	684.65	New Plan
CDHP Self & Family	X32	New Plan	1571.29	New Plan	New Plan	1540.48	New Plan
CDHP Self Plus One	X33	New Plan	1501.45	New Plan	New Plan	1472.01	New Plan
Value Self	X34	New Plan	581.68	New Plan	New Plan	570.27	New Plan
Value Self & Family	X35	New Plan	1308.78	New Plan	New Plan	1283.12	New Plan
Value Self Plus One	X36	New Plan	1250.59	New Plan	New Plan	1226.07	New Plan
Ohio Humana Health Plan of Ohio, Inc.							
High Self	A61	1065.29	1196.09	130.80	1044.40	1172.64	128.24
High Self & Family	A62	2396.90	2691.25	294.35	2349.90	2638.48	288.58
High Self Plus One	A63	2290.38	2571.64	281.26	2245.47	2521.22	275.75
Standard Self	A64	852.60	948.89	96.29	835.88	930.28	94.40
Standard Self & Family	A65	1918.34	2135.03	216.69	1880.73	2093.17	212.44
Standard Self Plus One	A66	1833.08	2040.16	207.08	1797.14	2000.16	203.02
Ohio Humana Health Plan of Ohio, Inc.							
Basic Self	W61	New Plan	597.50	New Plan	New Plan	585.78	New Plan
Basic Self & Family	W62	New Plan	1344.37	New Plan	New Plan	1318.01	New Plan
Basic Self Plus One	W63	New Plan	1284.61	New Plan	New Plan	1259.42	New Plan
Ohio Medical Mutual of Ohio							
Standard Self	644	776.68	874.92	98.24	761.45	857.76	96.31
Standard Self & Family	645	1864.05	2099.79	235.74	1827.50	2058.62	231.12
Standard Self Plus One	646	1708.76	1924.78	216.02	1675.25	1887.04	211.79

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Ohio Medical Mutual of Ohio							
Basic Self	UX1	605.45	492.21	-113.24	593.58	482.56	-111.02
Basic Self & Family	UX2	1453.12	1181.31	-271.81	1424.63	1158.15	-266.48
Basic Self Plus One	UX3	1332.04	1082.88	-249.16	1305.92	1061.65	-244.27
Ohio Medical Mutual of Ohio							
Basic Self	X61	New Plan	470.95	New Plan	New Plan	461.72	New Plan
Basic Self & Family	X62	New Plan	1130.28	New Plan	New Plan	1108.12	New Plan
Basic Self Plus One	X63	New Plan	1036.10	New Plan	New Plan	1015.78	New Plan
Standard Self	X64	New Plan	822.08	New Plan	New Plan	805.96	New Plan
Standard Self & Family	X65	New Plan	1972.98	New Plan	New Plan	1934.29	New Plan
Standard Self Plus One	X66	New Plan	1808.53	New Plan	New Plan	1773.07	New Plan
Ohio Medical Mutual of Ohio							
Basic Self	YF1	New Plan	500.37	New Plan	New Plan	490.56	New Plan
Basic Self & Family	YF2	New Plan	1200.92	New Plan	New Plan	1177.37	New Plan
Basic Self Plus One	YF3	New Plan	1100.85	New Plan	New Plan	1079.26	New Plan
Standard Self	YF4	New Plan	938.24	New Plan	New Plan	919.84	New Plan
Standard Self & Family	YF5	New Plan	2251.75	New Plan	New Plan	2207.60	New Plan
Standard Self Plus One	YF6	New Plan	2064.07	New Plan	New Plan	2023.60	New Plan
Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Oklahoma GlobalHealth, Inc.							
High Self	IM1	579.27	631.38	52.11	567.91	619.00	51.09
High Self & Family	IM2	1448.12	1578.47	130.35	1419.73	1547.52	127.79
High Self Plus One	IM3	1158.51	1262.77	104.26	1135.79	1238.01	102.22
Standard Self	IM4	535.80	614.20	78.40	525.29	602.16	76.87
Standard Self & Family	IM5	1339.48	1535.51	196.03	1313.22	1505.40	192.18
Standard Self Plus One	IM6	1071.58	1228.41	156.83	1050.57	1204.32	153.75
Oregon Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Oregon Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Oregon Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Oregon Kaiser Foundation Health Plan of Northwest							
High Self	571	705.92	720.81	14.89	692.08	706.68	14.60
High Self & Family	572	1594.40	1628.08	33.68	1563.14	1596.16	33.02
High Self Plus One	573	1594.40	1628.08	33.68	1563.14	1596.16	33.02
Standard Self	574	612.26	632.71	20.45	600.25	620.30	20.05
Standard Self & Family	575	1406.56	1453.50	46.94	1378.98	1425.00	46.02
Standard Self Plus One	576	1406.56	1453.50	46.94	1378.98	1425.00	46.02
Oregon UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	LU1	492.57	459.33	-33.24	482.91	450.32	-32.59
HDHP Self & Family	LU2	1231.40	1056.44	-174.96	1207.25	1035.73	-171.52
HDHP Self Plus One	LU3	1059.02	987.56	-71.46	1038.25	968.20	-70.05
Oregon UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	KT1	622.89	692.77	69.88	610.68	679.19	68.51
High Self & Family	KT2	1557.23	1731.91	174.68	1526.70	1697.95	171.25
High Self Plus One	KT3	1339.22	1489.43	150.21	1312.96	1460.23	147.27

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80
Pennsylvania Aetna Open Access							
High Self	P31	1603.87	1514.91	-88.96	1572.42	1485.21	-87.21
High Self & Family	P32	3888.59	3672.93	-215.66	3812.34	3600.91	-211.43
High Self Plus One	P33	3850.06	3636.56	-213.50	3774.57	3565.25	-209.32
Basic Self	P34	1375.04	1324.43	-50.61	1348.08	1298.46	-49.62
Basic Self & Family	P35	3191.46	3074.03	-117.43	3128.88	3013.75	-115.13
Basic Self Plus One	P36	3159.86	3043.57	-116.29	3097.90	2983.89	-114.01
Pennsylvania Aetna Open Access							
High Self	YE1	938.50	956.88	18.38	920.10	938.12	18.02
High Self & Family	YE2	2356.59	2402.73	46.14	2310.38	2355.62	45.24
High Self Plus One	YE3	2333.25	2378.94	45.69	2287.50	2332.29	44.79
Pennsylvania Geisinger Health Plan							
Standard Self	GG4	697.76	743.75	45.99	684.08	729.17	45.09
Standard Self & Family	GG5	1597.52	1702.85	105.33	1566.20	1669.46	103.26
Standard Self Plus One	GG6	1507.66	1607.05	99.39	1478.10	1575.54	97.44
Pennsylvania Highmark Choice Company							
High Self	NP1	703.56	793.28	89.72	689.76	777.73	87.97
High Self & Family	NP2	1599.55	1803.14	203.59	1568.19	1767.78	199.59
High Self Plus One	NP3	1416.96	1595.27	178.31	1389.18	1563.99	174.81
Pennsylvania UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self	V41	578.31	505.60	-72.71	566.97	495.69	-71.28
HDHP Self & Family	V42	1445.83	1162.86	-282.97	1417.48	1140.06	-277.42
HDHP Self Plus One	V43	1243.39	1087.03	-156.36	1219.01	1065.72	-153.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self	LR1	620.15	681.30	61.15	607.99	667.94	59.95
High Self & Family	LR2	1550.40	1614.65	64.25	1520.00	1582.99	62.99
High Self Plus One	LR3	1333.33	1464.77	131.44	1307.19	1436.05	128.86
Pennsylvania UPMC Health Plan							
High Self	8W1	881.68	890.24	8.56	864.39	872.78	8.39
High Self & Family	8W2	2071.95	2092.34	20.39	2031.32	2051.31	19.99
High Self Plus One	8W3	1983.85	2003.41	19.56	1944.95	1964.13	19.18
HDHP Self	8W4	550.40	585.05	34.65	539.61	573.58	33.97
HDHP Self & Family	8W5	1262.33	1343.94	81.61	1237.58	1317.59	80.01
HDHP Self Plus One	8W6	1215.28	1293.40	78.12	1191.45	1268.04	76.59
Pennsylvania UPMC Health Plan							
Standard Self	UW4	636.99	664.90	27.91	624.50	651.86	27.36
Standard Self & Family	UW5	1496.86	1554.28	57.42	1467.51	1523.80	56.29
Standard Self Plus One	UW6	1433.21	1488.46	55.25	1405.11	1459.27	54.16
Puerto Rico Humana Health Plans of Puerto Rico, Inc.							
High Self	ZJ1	375.06	372.41	-2.65	367.71	365.11	-2.60
High Self & Family	ZJ2	843.85	837.92	-5.93	827.30	821.49	-5.81
High Self Plus One	ZJ3	806.34	800.68	-5.66	790.53	784.98	-5.55
Puerto Rico Triple-S Salud, Inc.							
High Self	891	415.53	415.53	0.00	407.38	407.38	0.00
High Self & Family	892	951.54	951.54	0.00	932.88	932.88	0.00
High Self Plus One	893	932.99	932.99	0.00	914.70	914.70	0.00
Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
South Carolina Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
South Carolina Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
South Carolina Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64
South Dakota Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
South Dakota Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
South Dakota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70
South Dakota HealthPartners							
High Self	V31	788.80	806.12	17.32	773.33	790.31	16.98
High Self & Family	V32	1921.51	1963.71	42.20	1883.83	1925.21	41.38
High Self Plus One	V33	1743.23	1781.50	38.27	1709.05	1746.57	37.52
Standard Self	V34	466.64	436.65	-29.99	457.49	428.09	-29.40
Standard Self & Family	V35	1136.76	1063.68	-73.08	1114.47	1042.82	-71.65
Standard Self Plus One	V36	1031.30	965.00	-66.30	1011.08	946.08	-65.00

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Tennessee Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Tennessee Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
Tennessee Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self F51	822.08	827.01	4.93	805.96	810.79	4.83	
CDHP Self & Family F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05	
CDHP Self Plus One F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94	
Value Self F54	594.65	722.61	127.96	582.99	708.44	125.45	
Value Self & Family F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26	
Value Self Plus One F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62	
Tennessee Aetna Open Access							
High Self UB1	1074.08	1014.73	-59.35	1053.02	994.83	-58.19	
High Self & Family UB2	2752.38	2600.25	-152.13	2698.41	2549.26	-149.15	
High Self Plus One UB3	2725.15	2574.54	-150.61	2671.72	2524.06	-147.66	
Tennessee Humana CoverageFirst and Humana Value Plan							
CDHP Self TT1	650.84	678.76	27.92	638.08	665.45	27.37	
CDHP Self & Family TT2	1464.39	1527.25	62.86	1435.68	1497.30	61.62	
CDHP Self Plus One TT3	1399.31	1459.38	60.07	1371.87	1430.76	58.89	
Value Self TT4	525.93	548.53	22.60	515.62	537.77	22.15	
Value Self & Family TT5	1183.36	1234.13	50.77	1160.16	1209.93	49.77	
Value Self Plus One TT6	1130.77	1179.28	48.51	1108.60	1156.16	47.56	
Tennessee Humana Health Plan, Inc.							
High Self GJ1	875.52	983.04	107.52	858.35	963.76	105.41	
High Self & Family GJ2	1969.86	2211.75	241.89	1931.24	2168.38	237.14	
High Self Plus One GJ3	1882.30	2113.45	231.15	1845.39	2072.01	226.62	
Standard Self GJ4	797.55	831.93	34.38	781.91	815.62	33.71	
Standard Self & Family GJ5	1794.48	1871.82	77.34	1759.29	1835.12	75.83	
Standard Self Plus One GJ6	1714.72	1788.62	73.90	1681.10	1753.55	72.45	
Tennessee UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self LS1	447.02	427.08	-19.94	438.25	418.71	-19.54	
HDHP Self & Family LS2	1117.53	982.34	-135.19	1095.62	963.08	-132.54	
HDHP Self Plus One LS3	961.08	918.26	-42.82	942.24	900.25	-41.99	
Tennessee UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self KK1	607.25	692.61	85.36	595.34	679.03	83.69	
High Self & Family KK2	1518.08	1731.58	213.50	1488.31	1697.63	209.32	
High Self Plus One KK3	1305.54	1489.14	183.60	1279.94	1459.94	180.00	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code						

Texas Aetna HealthFund HDHP and Aetna Direct Plan

HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06

Texas Aetna HealthFund HDHP and Aetna Direct Plan

CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Texas Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64

Texas Humana CoverageFirst and Humana Value Plan

CDHP Self	T31	645.94	667.18	21.24	633.27	654.10	20.83
CDHP Self & Family	T32	1453.37	1501.12	47.75	1424.87	1471.69	46.82
CDHP Self Plus One	T33	1388.79	1434.43	45.64	1361.56	1406.30	44.74
Value Self	T34	492.04	508.22	16.18	482.39	498.25	15.86
Value Self & Family	T35	1107.10	1143.50	36.40	1085.39	1121.08	35.69
Value Self Plus One	T36	1057.88	1092.70	34.82	1037.14	1071.27	34.13

Texas Humana CoverageFirst and Humana Value Plan

CDHP Self	TP1	601.63	603.31	1.68	589.83	591.48	1.65
CDHP Self & Family	TP2	1353.67	1357.45	3.78	1327.13	1330.83	3.70
CDHP Self Plus One	TP3	1293.51	1297.13	3.62	1268.15	1271.70	3.55
Value Self	TP4	427.13	406.91	-20.22	418.75	398.93	-19.82
Value Self & Family	TP5	961.06	915.54	-45.52	942.22	897.59	-44.63
Value Self Plus One	TP6	918.35	874.87	-43.48	900.34	857.72	-42.62

Texas Humana CoverageFirst and Humana Value Plan

CDHP Self	TU1	650.36	652.17	1.81	637.61	639.38	1.77
CDHP Self & Family	TU2	1463.33	1467.42	4.09	1434.64	1438.65	4.01
CDHP Self Plus One	TU3	1398.27	1402.18	3.91	1370.85	1374.69	3.84
Value Self	TU4	517.34	518.80	1.46	507.20	508.63	1.43
Value Self & Family	TU5	1164.03	1167.28	3.25	1141.21	1144.39	3.18
Value Self Plus One	TU6	1112.32	1115.43	3.11	1090.51	1093.56	3.05

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Texas Humana CoverageFirst and Humana Value Plan							
CDHP Self	TV1	679.00	721.74	42.74	665.69	707.59	41.90
CDHP Self & Family	TV2	1527.76	1623.93	96.17	1497.80	1592.09	94.29
CDHP Self Plus One	TV3	1459.86	1551.78	91.92	1431.24	1521.35	90.11
Value Self	TV4	550.53	590.71	40.18	539.74	579.13	39.39
Value Self & Family	TV5	1238.71	1329.12	90.41	1214.42	1303.06	88.64
Value Self Plus One	TV6	1183.66	1270.04	86.38	1160.45	1245.14	84.69
Texas Humana Health Plan of Texas							
High Self	EW1	943.28	1049.64	106.36	924.78	1029.06	104.28
High Self & Family	EW2	2122.38	2361.72	239.34	2080.76	2315.41	234.65
High Self Plus One	EW3	2028.03	2256.76	228.73	1988.26	2212.51	224.25
Standard Self	EW4	756.77	789.48	32.71	741.93	774.00	32.07
Standard Self & Family	EW5	1702.72	1776.31	73.59	1669.33	1741.48	72.15
Standard Self Plus One	EW6	1627.04	1697.37	70.33	1595.14	1664.09	68.95
Texas Humana Health Plan of Texas							
Basic Self	Q21	578.63	609.45	30.82	567.28	597.50	30.22
Basic Self & Family	Q22	1301.91	1371.24	69.33	1276.38	1344.35	67.97
Basic Self Plus One	Q23	1244.03	1310.26	66.23	1219.64	1284.57	64.93
Texas Humana Health Plan of Texas							
Basic Self	Q61	575.82	600.70	24.88	564.53	588.92	24.39
Basic Self & Family	Q62	1295.59	1351.61	56.02	1270.19	1325.11	54.92
Basic Self Plus One	Q63	1238.03	1291.52	53.49	1213.75	1266.20	52.45
Texas Humana Health Plan of Texas							
Basic Self	QX1	599.66	631.59	31.93	587.90	619.21	31.31
Basic Self & Family	QX2	1349.23	1421.07	71.84	1322.77	1393.21	70.44
Basic Self Plus One	QX3	1289.27	1357.92	68.65	1263.99	1331.29	67.30
Texas Humana Health Plan of Texas							
Basic Self	QY1	594.29	625.94	31.65	582.64	613.67	31.03
Basic Self & Family	QY2	1337.16	1408.37	71.21	1310.94	1380.75	69.81
Basic Self Plus One	QY3	1277.75	1345.78	68.03	1252.70	1319.39	66.69
Texas Humana Health Plan of Texas							
High Self	UC1	947.63	997.49	49.86	929.05	977.93	48.88
High Self & Family	UC2	2132.17	2244.37	112.20	2090.36	2200.36	110.00
High Self Plus One	UC3	2037.40	2144.61	107.21	1997.45	2102.56	105.11
Standard Self	UC4	760.13	815.87	55.74	745.23	799.87	54.64
Standard Self & Family	UC5	1710.27	1835.69	125.42	1676.74	1799.70	122.96
Standard Self Plus One	UC6	1634.27	1754.10	119.83	1602.23	1719.71	117.48

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Texas Humana Health Plan of Texas							
High Self	UR1	1398.31	1317.67	-80.64	1370.89	1291.83	-79.06
High Self & Family	UR2	3146.18	2964.78	-181.40	3084.49	2906.65	-177.84
High Self Plus One	UR3	3006.38	2833.00	-173.38	2947.43	2777.45	-169.98
Standard Self	UR4	905.92	908.71	2.79	888.16	890.89	2.73
Standard Self & Family	UR5	2038.31	2044.63	6.32	1998.34	2004.54	6.20
Standard Self Plus One	UR6	1947.72	1953.75	6.03	1909.53	1915.44	5.91
Texas Humana Health Plan of Texas							
High Self	UU1	1482.03	1500.63	18.60	1452.97	1471.21	18.24
High Self & Family	UU2	3334.58	3376.35	41.77	3269.20	3310.15	40.95
High Self Plus One	UU3	3186.38	3226.31	39.93	3123.90	3163.05	39.15
Standard Self	UU4	1210.37	1323.42	113.05	1186.64	1297.47	110.83
Standard Self & Family	UU5	2723.41	2977.71	254.30	2670.01	2919.32	249.31
Standard Self Plus One	UU6	2602.37	2845.35	242.98	2551.34	2789.56	238.22
Texas Scott and White Health Plan							
Basic Self	A81	672.99	618.01	-54.98	659.79	605.89	-53.90
Basic Self & Family	A82	1576.97	1449.96	-127.01	1546.05	1421.53	-124.52
Basic Self Plus One	A83	1319.13	1369.87	50.74	1293.26	1343.01	49.75
Standard Self	A84	796.77	753.45	-43.32	781.15	738.68	-42.47
Standard Self & Family	A85	1867.41	1768.31	-99.10	1830.79	1733.64	-97.15
Standard Self Plus One	A86	1562.01	1670.59	108.58	1531.38	1637.83	106.45
Texas Scott and White Health Plan							
Basic Self	P81	753.55	693.54	-60.01	738.77	679.94	-58.83
Basic Self & Family	P82	1765.99	1627.51	-138.48	1731.36	1595.60	-135.76
Basic Self Plus One	P83	1477.20	1537.57	60.37	1448.24	1507.42	59.18
Standard Self	P84	892.17	843.41	-48.76	874.68	826.87	-47.81
Standard Self & Family	P85	2091.31	1979.66	-111.65	2050.30	1940.84	-109.46
Standard Self Plus One	P86	1749.24	1870.26	121.02	1714.94	1833.59	118.65
Texas UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)							
Value Self	L91	472.59	445.80	-26.79	463.32	437.06	-26.26
Value Self & Family	L92	1325.16	1250.00	-75.16	1299.18	1225.49	-73.69
Value Self Plus One	L93	922.99	870.63	-52.36	904.89	853.56	-51.33
Utah Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Utah Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Utah Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	G51	765.28	800.84	35.56	750.27	785.14	34.87
CDHP Self & Family	G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54
CDHP Self Plus One	G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76
Value Self	G54	560.59	683.99	123.40	549.60	670.58	120.98
Value Self & Family	G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13
Value Self Plus One	G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70
Utah Altius Health Plans							
High Self	9K1	865.04	953.94	88.90	848.08	935.24	87.16
High Self & Family	9K2	1912.98	2109.63	196.65	1875.47	2068.26	192.79
High Self Plus One	9K3	1894.04	2088.74	194.70	1856.90	2047.78	190.88
HDHP Self	9K4	429.11	517.05	87.94	420.70	506.91	86.21
HDHP Self & Family	9K5	896.81	1080.60	183.79	879.23	1059.41	180.18
HDHP Self Plus One	9K6	879.23	1059.41	180.18	861.99	1038.64	176.65
Utah Altius Health Plans							
Standard Self	DK4	605.47	726.69	121.22	593.60	712.44	118.84
Standard Self & Family	DK5	1337.03	1604.77	267.74	1310.81	1573.30	262.49
Standard Self Plus One	DK6	1323.79	1588.85	265.06	1297.83	1557.70	259.87
Utah SelectHealth Plan							
High Self	SF1	993.15	1065.35	72.20	973.68	1044.46	70.78
High Self & Family	SF2	2263.59	2428.15	164.56	2219.21	2380.54	161.33
High Self Plus One	SF3	2263.59	2428.15	164.56	2219.21	2380.54	161.33
Standard Self	SF4	607.33	631.59	24.26	595.42	619.21	23.79
Standard Self & Family	SF5	1384.19	1439.49	55.30	1357.05	1411.26	54.21
Standard Self Plus One	SF6	1384.19	1439.49	55.30	1357.05	1411.26	54.21
Utah SelectHealth Plan							
HDHP Self	WX1	New Plan	517.05	New Plan	New Plan	506.91	New Plan
HDHP Self & Family	WX2	New Plan	1178.42	New Plan	New Plan	1155.31	New Plan
HDHP Self Plus One	WX3	New Plan	1178.42	New Plan	New Plan	1155.31	New Plan
Vermont Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Vermont Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Vermont Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	EP1	916.57	935.14	18.57	898.60	916.80	18.20
CDHP Self & Family	EP2	2090.31	2132.65	42.34	2049.32	2090.83	41.51
CDHP Self Plus One	EP3	2069.62	2111.52	41.90	2029.04	2070.12	41.08
Value Self	EP4	576.70	631.46	54.76	565.39	619.08	53.69
Value Self & Family	EP5	1320.60	1446.00	125.40	1294.71	1417.65	122.94
Value Self Plus One	EP6	1294.71	1417.65	122.94	1269.32	1389.85	120.53
Virgin Islands Triple-S Salud, Inc.							
High Self	851	640.44	672.44	32.00	627.88	659.25	31.37
High Self & Family	852	1466.58	1539.90	73.32	1437.82	1509.71	71.89
High Self Plus One	853	1437.99	1509.88	71.89	1409.79	1480.27	70.48
Virginia Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Virginia Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Virginia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62
Virginia Aetna Open Access							
High Self	JN1	1125.15	1141.51	16.36	1103.09	1119.13	16.04
High Self & Family	JN2	2529.55	2566.30	36.75	2479.95	2515.98	36.03
High Self Plus One	JN3	2504.49	2540.86	36.37	2455.38	2491.04	35.66
Basic Self	JN4	676.11	694.07	17.96	662.85	680.46	17.61
Basic Self & Family	JN5	1547.29	1588.40	41.11	1516.95	1557.25	40.30
Basic Self Plus One	JN6	1420.85	1458.60	37.75	1392.99	1430.00	37.01
Virginia CareFirst BlueChoice							
Standard Self	2G4	707.49	813.63	106.14	693.62	797.68	104.06
Standard Self & Family	2G5	1681.01	1933.16	252.15	1648.05	1895.25	247.20
Standard Self Plus One	2G6	1415.00	1627.25	212.25	1387.25	1595.34	208.09
Virginia CareFirst BlueChoice							
HDHP Self	B61	621.91	528.64	-93.27	609.72	518.27	-91.45
HDHP Self & Family	B62	1477.65	1256.01	-221.64	1448.68	1231.38	-217.30
HDHP Self Plus One	B63	1243.83	1057.24	-186.59	1219.44	1036.51	-182.93

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)			2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment		
Virginia Kaiser Foundation Health Plan Mid-Atlantic States								
High Self E31	673.57	706.53	32.96	660.36	692.68	32.32		
High Self & Family E32	1549.21	1625.01	75.80	1518.83	1593.15	74.32		
High Self Plus One E33	1549.21	1625.01	75.80	1518.83	1593.15	74.32		
Standard Self E34	515.06	532.20	17.14	504.96	521.76	16.80		
Standard Self & Family E35	1184.72	1223.99	39.27	1161.49	1199.99	38.50		
Standard Self Plus One E36	1184.72	1223.99	39.27	1161.49	1199.99	38.50		
Virginia Kaiser Foundation Health Plan Mid-Atlantic States								
Basic Self T71	469.23	428.52	-40.71	460.03	420.12	-39.91		
Basic Self & Family T72	1126.59	1046.68	-79.91	1104.50	1026.16	-78.34		
Basic Self Plus One T73	1026.34	953.60	-72.74	1006.22	934.90	-71.32		
Virginia M.D. IPA								
High Self JP1	732.13	806.68	74.55	717.77	790.86	73.09		
High Self & Family JP2	2052.91	2261.89	208.98	2012.66	2217.54	204.88		
High Self Plus One JP3	1429.85	1575.42	145.57	1401.81	1544.53	142.72		
Virginia Optima Health								
High Self PG1	664.31	692.04	27.73	651.28	678.47	27.19		
High Self & Family PG2	1605.28	1672.26	66.98	1573.80	1639.47	65.67		
High Self Plus One PG3	1605.16	1672.16	67.00	1573.69	1639.37	65.68		
HDHP Self PG4	New Plan	617.29	New Plan	New Plan	605.19	New Plan		
HDHP Self & Family PG5	New Plan	1361.69	New Plan	New Plan	1334.99	New Plan		
HDHP Self Plus One PG6	New Plan	1334.98	New Plan	New Plan	1308.80	New Plan		
Virginia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))								
HDHP Self V41	578.31	505.60	-72.71	566.97	495.69	-71.28		
HDHP Self & Family V42	1445.83	1162.86	-282.97	1417.48	1140.06	-277.42		
HDHP Self Plus One V43	1243.39	1087.03	-156.36	1219.01	1065.72	-153.29		
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO								
High Self LR1	620.15	681.30	61.15	607.99	667.94	59.95		
High Self & Family LR2	1550.40	1614.65	64.25	1520.00	1582.99	62.99		
High Self Plus One LR3	1333.33	1464.77	131.44	1307.19	1436.05	128.86		
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)								
Value Self L91	472.59	445.80	-26.79	463.32	437.06	-26.26		
Value Self & Family L92	1325.16	1250.00	-75.16	1299.18	1225.49	-73.69		
Value Self Plus One L93	922.99	870.63	-52.36	904.89	853.56	-51.33		
Washington Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28		
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29		
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06		
Washington Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self N61	538.22	568.48	30.26	527.67	557.33	29.66		
CDHP Self & Family N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84		
CDHP Self Plus One N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09		

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2019 Temporary Continuation of			2019 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2018 TCC Premium	Total TCC Premium	Change in enrollee payment	2018 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Washington Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self G51	765.28	800.84	35.56	750.27	785.14	34.87	
CDHP Self & Family G52	1745.57	1826.70	81.13	1711.34	1790.88	79.54	
CDHP Self Plus One G53	1728.31	1808.64	80.33	1694.42	1773.18	78.76	
Value Self G54	560.59	683.99	123.40	549.60	670.58	120.98	
Value Self & Family G55	1283.90	1566.58	282.68	1258.73	1535.86	277.13	
Value Self Plus One G56	1258.75	1535.89	277.14	1234.07	1505.77	271.70	
Washington Kaiser Foundation Health Plan of Northwest							
High Self 571	705.92	720.81	14.89	692.08	706.68	14.60	
High Self & Family 572	1594.40	1628.08	33.68	1563.14	1596.16	33.02	
High Self Plus One 573	1594.40	1628.08	33.68	1563.14	1596.16	33.02	
Standard Self 574	612.26	632.71	20.45	600.25	620.30	20.05	
Standard Self & Family 575	1406.56	1453.50	46.94	1378.98	1425.00	46.02	
Standard Self Plus One 576	1406.56	1453.50	46.94	1378.98	1425.00	46.02	
Washington Kaiser Foundation Health Plan of Washington							
High Self 541	842.10	831.71	-10.39	825.59	815.40	-10.19	
High Self & Family 542	1852.65	1829.79	-22.86	1816.32	1793.91	-22.41	
High Self Plus One 543	1852.65	1829.79	-22.86	1816.32	1793.91	-22.41	
Standard Self 544	621.17	596.87	-24.30	608.99	585.17	-23.82	
Standard Self & Family 545	1428.67	1372.83	-55.84	1400.66	1345.91	-54.75	
Standard Self Plus One 546	1428.67	1372.83	-55.84	1400.66	1345.91	-54.75	
Washington Kaiser Permanente Washington Options Federal							
Standard Self L11	677.85	711.78	33.93	664.56	697.82	33.26	
Standard Self & Family L12	1504.82	1580.10	75.28	1475.31	1549.12	73.81	
Standard Self Plus One L13	1504.82	1580.10	75.28	1475.31	1549.12	73.81	
HDHP Self L14	536.31	598.91	62.60	525.79	587.17	61.38	
HDHP Self & Family L15	1190.60	1329.56	138.96	1167.25	1303.49	136.24	
HDHP Self Plus One L16	1190.60	1329.56	138.96	1167.25	1303.49	136.24	
Washington UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))							
HDHP Self LU1	492.57	459.33	-33.24	482.91	450.32	-32.59	
HDHP Self & Family LU2	1231.40	1056.44	-174.96	1207.25	1035.73	-171.52	
HDHP Self Plus One LU3	1059.02	987.56	-71.46	1038.25	968.20	-70.05	
Washington UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO							
High Self KT1	622.89	692.77	69.88	610.68	679.19	68.51	
High Self & Family KT2	1557.23	1731.91	174.68	1526.70	1697.95	171.25	
High Self Plus One KT3	1339.22	1489.43	150.21	1312.96	1460.23	147.27	
West Virginia Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self 224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family 225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One 226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums							
Health Management Organizations (HMO)		2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	Total TCC Premium		Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
West Virginia Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
West Virginia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	822.08	827.01	4.93	805.96	810.79	4.83
CDHP Self & Family	F52	1874.41	1885.68	11.27	1837.66	1848.71	11.05
CDHP Self Plus One	F53	1855.85	1867.01	11.16	1819.46	1830.40	10.94
Value Self	F54	594.65	722.61	127.96	582.99	708.44	125.45
Value Self & Family	F55	1361.69	1654.70	293.01	1334.99	1622.25	287.26
Value Self Plus One	F56	1334.98	1622.23	287.25	1308.80	1590.42	281.62
Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan							
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06
Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan							
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	JS1	1063.81	1070.02	6.21	1042.95	1049.04	6.09
CDHP Self & Family	JS2	2425.01	2439.18	14.17	2377.46	2391.35	13.89
CDHP Self Plus One	JS3	2401.03	2415.04	14.01	2353.95	2367.69	13.74
Value Self	JS4	779.63	820.07	40.44	764.34	803.99	39.65
Value Self & Family	JS5	1779.78	1872.12	92.34	1744.88	1835.41	90.53
Value Self Plus One	JS6	1762.16	1853.60	91.44	1727.61	1817.25	89.64
Wisconsin Dean Health Plan							
High Self	WD1	1088.78	1119.08	30.30	1067.43	1097.14	29.71
High Self & Family	WD2	2504.15	2573.86	69.71	2455.05	2523.39	68.34
High Self Plus One	WD3	2286.40	2350.05	63.65	2241.57	2303.97	62.40
Standard Self	WD4	655.86	658.58	2.72	643.00	645.67	2.67
Standard Self & Family	WD5	1574.07	1580.61	6.54	1543.21	1549.62	6.41
Standard Self Plus One	WD6	1442.91	1448.92	6.01	1414.62	1420.51	5.89
Wisconsin Group Health Cooperative							
High Self	WJ1	711.11	745.65	34.54	697.17	731.03	33.86
High Self & Family	WJ2	2119.10	1938.70	-180.40	2077.55	1900.69	-176.86
High Self Plus One	WJ3	1407.99	1640.44	232.45	1380.38	1608.27	227.89

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums								
Health Management Organizations (HMO)			2018 TCC Premium	2019 Temporary Continuation of		2018 Former Spouse Premium	2019 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code				Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Wisconsin HealthPartners								
High Self	V31	788.80	806.12	17.32	773.33	790.31	16.98	
High Self & Family	V32	1921.51	1963.71	42.20	1883.83	1925.21	41.38	
High Self Plus One	V33	1743.23	1781.50	38.27	1709.05	1746.57	37.52	
Standard Self	V34	466.64	436.65	-29.99	457.49	428.09	-29.40	
Standard Self & Family	V35	1136.76	1063.68	-73.08	1114.47	1042.82	-71.65	
Standard Self Plus One	V36	1031.30	965.00	-66.30	1011.08	946.08	-65.00	
Wisconsin MercyCare Health Plans								
High Self	EY1	781.81	779.33	-2.48	766.48	764.05	-2.43	
High Self & Family	EY2	2040.28	2033.89	-6.39	2000.27	1994.01	-6.26	
High Self Plus One	EY3	1680.91	1675.67	-5.24	1647.95	1642.81	-5.14	
Wyoming Aetna HealthFund HDHP and Aetna Direct Plan								
HDHP Self	224	619.58	672.90	53.32	607.43	659.71	52.28	
HDHP Self & Family	225	1366.71	1484.30	117.59	1339.91	1455.20	115.29	
HDHP Self Plus One	226	1339.90	1455.22	115.32	1313.63	1426.69	113.06	
Wyoming Aetna HealthFund HDHP and Aetna Direct Plan								
CDHP Self	N61	538.22	568.48	30.26	527.67	557.33	29.66	
CDHP Self & Family	N62	1357.31	1433.65	76.34	1330.70	1405.54	74.84	
CDHP Self Plus One	N63	1180.31	1246.71	66.40	1157.17	1222.26	65.09	
Wyoming Aetna HealthFund CDHP and Aetna Value Plan								
CDHP Self	H41	839.30	845.44	6.14	822.84	828.86	6.02	
CDHP Self & Family	H42	1913.15	1927.17	14.02	1875.64	1889.38	13.74	
CDHP Self Plus One	H43	1894.21	1908.09	13.88	1857.07	1870.68	13.61	
Value Self	H44	587.24	628.86	41.62	575.73	616.53	40.80	
Value Self & Family	H45	1347.79	1443.29	95.50	1321.36	1414.99	93.63	
Value Self Plus One	H46	1321.36	1415.00	93.64	1295.45	1387.25	91.80	
Wyoming Altius Health Plans								
High Self	9K1	865.04	953.94	88.90	848.08	935.24	87.16	
High Self & Family	9K2	1912.98	2109.63	196.65	1875.47	2068.26	192.79	
High Self Plus One	9K3	1894.04	2088.74	194.70	1856.90	2047.78	190.88	
HDHP Self	9K4	429.11	517.05	87.94	420.70	506.91	86.21	
HDHP Self & Family	9K5	896.81	1080.60	183.79	879.23	1059.41	180.18	
HDHP Self Plus One	9K6	879.23	1059.41	180.18	861.99	1038.64	176.65	
Wyoming Altius Health Plans								
Standard Self	DK4	605.47	726.69	121.22	593.60	712.44	118.84	
Standard Self & Family	DK5	1337.03	1604.77	267.74	1310.81	1573.30	262.49	
Standard Self Plus One	DK6	1323.79	1588.85	265.06	1297.83	1557.70	259.87	