

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Alabama Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Alabama Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Alabama Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Alabama Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
Alabama UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93
Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Alabama UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Alaska Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Alaska Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Alaska Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Alaska Aetna HealthFund HDHP							
HDHP Self	Z24	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	Z25	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	Z26	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Arizona Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Arizona Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	2019 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment
Arizona Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	683.99	726.98	42.99	670.58	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	269.53
Arizona Aetna HealthFund HDHP						
HDHP Self	224	672.90	743.38	70.48	659.71	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	149.41
Arizona Aetna Open Access						
High Self	WQ1	1147.52	1184.38	36.86	1125.02	36.14
High Self & Family	WQ2	2786.15	2875.66	89.51	2731.52	87.75
High Self Plus One	WQ3	2758.55	2847.17	88.62	2704.46	86.88
Arizona Humana CoverageFirst and Humana Value Plan						
CDHP Self	R61	691.66	733.17	41.51	678.10	40.69
CDHP Self & Family	R62	1556.21	1649.62	93.41	1525.70	91.57
CDHP Self Plus One	R63	1487.07	1576.29	89.22	1457.91	87.47
Value Self	R64	552.85	586.03	33.18	542.01	32.53
Value Self & Family	R65	1243.90	1318.53	74.63	1219.51	73.17
Value Self Plus One	R66	1188.63	1259.94	71.31	1165.32	69.92
Arizona Humana CoverageFirst and Humana Value Plan						
Value Self	R94	504.03	534.29	30.26	494.15	29.66
Value Self & Family	R95	1134.09	1202.13	68.04	1111.85	66.71
Value Self Plus One	R96	1083.70	1148.71	65.01	1062.45	63.74
CDHP Self	R91	633.05	671.05	38.00	620.64	37.25
CDHP Self & Family	R92	1424.35	1509.80	85.45	1396.42	83.78
CDHP Self Plus One	R93	1361.03	1442.69	81.66	1334.34	80.06

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Humana Health Plan, Inc.							
Standard Self	C74	741.10	799.78	58.68	726.57	784.10	57.53
Standard Self & Family	C75	1667.42	1799.47	132.05	1634.73	1764.19	129.46
Standard Self Plus One	C76	1593.30	1719.44	126.14	1562.06	1685.73	123.67
High Self	C71	879.84	1038.24	158.40	862.59	1017.88	155.29
High Self & Family	C72	1979.66	2335.99	356.33	1940.84	2290.19	349.35
High Self Plus One	C73	1891.67	2232.17	340.50	1854.58	2188.40	333.82
Arizona Humana Health Plan, Inc.							
High Self	BF1	1388.66	1458.09	69.43	1361.43	1429.50	68.07
High Self & Family	BF2	3124.41	3280.60	156.19	3063.15	3216.27	153.12
High Self Plus One	BF3	2985.53	3134.82	149.29	2926.99	3073.35	146.36
Standard Self	BF4	934.39	1177.34	242.95	916.07	1154.25	238.18
Standard Self & Family	BF5	2102.39	2649.02	546.63	2061.17	2597.08	535.91
Standard Self Plus One	BF6	2008.96	2531.29	522.33	1969.57	2481.66	512.09
Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LU1	459.33	452.72	-6.61	450.32	443.84	-6.48
HDHP Self & Family	LU2	1056.44	1041.27	-15.17	1035.73	1020.85	-14.88
HDHP Self Plus One	LU3	987.56	973.36	-14.20	968.20	954.27	-13.93
Arizona UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KT1	692.77	739.27	46.50	679.19	724.77	45.58
High Self & Family	KT2	1731.91	1848.14	116.23	1697.95	1811.90	113.95
High Self Plus One	KT3	1489.43	1589.42	99.99	1460.23	1558.25	98.02
Arizona UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	WF1	New Plan	533.32	New Plan	New Plan	522.86	New Plan
High Self & Family	WF2	New Plan	1261.12	New Plan	New Plan	1236.39	New Plan
High Self Plus One	WF3	New Plan	1146.53	New Plan	New Plan	1124.05	New Plan
Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	VD1	New Plan	532.46	New Plan	New Plan	522.02	New Plan
High Self & Family	VD2	New Plan	1259.06	New Plan	New Plan	1234.37	New Plan
High Self Plus One	VD3	New Plan	1144.67	New Plan	New Plan	1122.23	New Plan
Arkansas Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

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Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Arkansas Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Arkansas Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Arkansas Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Arkansas QualChoice							
High Self	DH1	730.70	767.24	36.54	716.37	752.20	35.83
High Self & Family	DH2	1905.86	2001.20	95.34	1868.49	1961.96	93.47
High Self Plus One	DH3	1419.39	1490.40	71.01	1391.56	1461.18	69.62
Standard Self	DH4	570.49	599.00	28.51	559.30	587.25	27.95
Standard Self & Family	DH5	1488.00	1562.39	74.39	1458.82	1531.75	72.93
Standard Self Plus One	DH6	1108.18	1163.59	55.41	1086.45	1140.77	54.32
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
California Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
California Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
California Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
California Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
California Aetna Open Access							
High Self	2X1	779.20	898.14	118.94	763.92	880.53	116.61
High Self & Family	2X2	1829.31	2108.58	279.27	1793.44	2067.24	273.80
High Self Plus One	2X3	1793.44	2067.23	273.79	1758.27	2026.70	268.43
California Anthem Blue Cross Select HMO							
High Self	B31	785.70	789.61	3.91	770.29	774.13	3.84
High Self & Family	B32	1767.84	1804.29	36.45	1733.18	1768.91	35.73
High Self Plus One	B33	1642.14	1673.98	31.84	1609.94	1641.16	31.22

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California Blue Shield of California							
Access + HMO Self	SI1	794.88	850.52	55.64	779.29	833.84	54.55
Access + HMO Self & Family	SI2	1828.25	1956.21	127.96	1792.40	1917.85	125.45
Access + HMO Self Plus One	SI3	1748.73	1871.14	122.41	1714.44	1834.45	120.01
TRIO HMO Self	SI4	719.18	755.14	35.96	705.08	740.33	35.25
TRIO HMO Self & Family	SI5	1654.12	1736.82	82.70	1621.69	1702.76	81.07
TRIO HMO Self Plus One	SI6	1582.20	1661.30	79.10	1551.18	1628.73	77.55
California Health Net of California							
Basic Self	P61	339.02	330.86	-8.16	332.37	324.37	-8.00
Basic Self & Family	P62	813.65	794.03	-19.62	797.70	778.46	-19.24
Basic Self Plus One	P63	745.85	727.86	-17.99	731.23	713.59	-17.64
California Health Net of California							
Standard Self	LP4	964.55	1033.58	69.03	945.64	1013.31	67.67
Standard Self & Family	LP5	2314.93	2480.59	165.66	2269.54	2431.95	162.41
Standard Self Plus One	LP6	2122.02	2273.87	151.85	2080.41	2229.28	148.87
High Self	LP1	1012.91	1069.33	56.42	993.05	1048.36	55.31
High Self & Family	LP2	2431.00	2566.38	135.38	2383.33	2516.06	132.73
High Self Plus One	LP3	2228.41	2352.53	124.12	2184.72	2306.40	121.68
California Health Net of California							
High Self	LB1	1388.63	1540.77	152.14	1361.40	1510.56	149.16
High Self & Family	LB2	3332.73	3697.89	365.16	3267.38	3625.38	358.00
High Self Plus One	LB3	3054.99	3389.73	334.74	2995.09	3323.26	328.17
Standard Self	LB4	1315.20	1367.35	52.15	1289.41	1340.54	51.13
Standard Self & Family	LB5	3156.48	3281.63	125.15	3094.59	3217.28	122.69
Standard Self Plus One	LB6	2893.44	3008.16	114.72	2836.71	2949.18	112.47
California Health Net of California							
Basic Self	T41	806.10	899.47	93.37	790.29	881.83	91.54
Basic Self & Family	T42	1934.63	2158.73	224.10	1896.70	2116.40	219.70
Basic Self Plus One	T43	1773.39	1978.86	205.47	1738.62	1940.06	201.44
California Kaiser Foundation Health Plan, Inc. Northern California Region							
Basic Self	KC1	653.63	665.12	11.49	640.81	652.08	11.27
Basic Self & Family	KC2	1529.43	1556.37	26.94	1499.44	1525.85	26.41
Basic Self Plus One	KC3	1529.43	1556.37	26.94	1499.44	1525.85	26.41

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California Kaiser Foundation Health Plan, Inc. Northern California Region							
High Self	591	1012.34	1020.47	8.13	992.49	1000.46	7.97
High Self & Family	592	2416.52	2435.97	19.45	2369.14	2388.21	19.07
High Self Plus One	593	2416.52	2435.97	19.45	2369.14	2388.21	19.07
Standard Self	594	813.52	826.08	12.56	797.57	809.88	12.31
Standard Self & Family	595	1903.61	1932.98	29.37	1866.28	1895.08	28.80
Standard Self Plus One	596	1903.61	1932.98	29.37	1866.28	1895.08	28.80
California Kaiser Foundation Health Plan, Inc. Northern California Region: Fresno							
Standard Self	NZ4	545.36	578.14	32.78	534.67	566.80	32.13
Standard Self & Family	NZ5	1260.43	1336.15	75.72	1235.72	1309.95	74.23
Standard Self Plus One	NZ6	1260.43	1336.15	75.72	1235.72	1309.95	74.23
High Self	NZ1	745.65	792.46	46.81	731.03	776.92	45.89
High Self & Family	NZ2	1723.34	1831.58	108.24	1689.55	1795.67	106.12
High Self Plus One	NZ3	1723.34	1831.58	108.24	1689.55	1795.67	106.12
California Kaiser Foundation Health Plan, Inc. Southern California Region							
Standard Self	624	439.99	475.64	35.65	431.36	466.31	34.95
Standard Self & Family	625	1016.87	1099.25	82.38	996.93	1077.70	80.77
Standard Self Plus One	626	1016.87	1099.25	82.38	996.93	1077.70	80.77
High Self	621	700.94	750.12	49.18	687.20	735.41	48.21
High Self & Family	622	1620.02	1733.65	113.63	1588.25	1699.66	111.41
High Self Plus One	623	1620.02	1733.65	113.63	1588.25	1699.66	111.41
Colorado Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Colorado Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
Colorado Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
Colorado Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Colorado BlueAdvantageHMO on the Pathway HMO Network							
High Self	WW1	606.60	649.08	42.48	594.71	636.35	41.64
High Self & Family	WW2	1477.07	1580.48	103.41	1448.11	1549.49	101.38
High Self Plus One	WW3	1380.01	1476.61	96.60	1352.95	1447.66	94.71
Colorado Humana Health Plan, Inc.							
High Self	NR1	710.14	837.94	127.80	696.22	821.51	125.29
High Self & Family	NR2	1597.79	1885.38	287.59	1566.46	1848.41	281.95
High Self Plus One	NR3	1526.78	1801.60	274.82	1496.84	1766.27	269.43
Standard Self	NR4	532.75	580.70	47.95	522.30	569.31	47.01
Standard Self & Family	NR5	1198.70	1306.60	107.90	1175.20	1280.98	105.78
Standard Self Plus One	NR6	1145.40	1248.50	103.10	1122.94	1224.02	101.08
Colorado Humana Health Plan, Inc.							
Basic Self	RZ1	506.89	532.24	25.35	496.95	521.80	24.85
Basic Self & Family	RZ2	1140.49	1197.51	57.02	1118.13	1174.03	55.90
Basic Self Plus One	RZ3	1089.84	1144.34	54.50	1068.47	1121.90	53.43
Colorado Humana Health Plan, Inc.							
High Self	NT1	639.40	780.07	140.67	626.86	764.77	137.91
High Self & Family	NT2	1438.69	1755.21	316.52	1410.48	1720.79	310.31
High Self Plus One	NT3	1374.71	1677.17	302.46	1347.75	1644.28	296.53
Standard Self	NT4	511.44	552.35	40.91	501.41	541.52	40.11
Standard Self & Family	NT5	1150.77	1242.82	92.05	1128.21	1218.45	90.24
Standard Self Plus One	NT6	1099.65	1187.64	87.99	1078.09	1164.35	86.26

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Colorado Humana Health Plan, Inc.							
Basic Self	R21	501.61	541.74	40.13	491.77	531.12	39.35
Basic Self & Family	R22	1128.63	1218.90	90.27	1106.50	1195.00	88.50
Basic Self Plus One	R23	1078.46	1164.74	86.28	1057.31	1141.90	84.59
Colorado Kaiser Foundation Health Plan of Colorado							
Standard Self	654	598.40	684.73	86.33	586.67	671.30	84.63
Standard Self & Family	655	1352.43	1547.46	195.03	1325.91	1517.12	191.21
Standard Self Plus One	656	1352.43	1547.46	195.03	1325.91	1517.12	191.21
High Self	651	753.72	804.95	51.23	738.94	789.17	50.23
High Self & Family	652	1703.45	1819.18	115.73	1670.05	1783.51	113.46
High Self Plus One	653	1703.45	1819.18	115.73	1670.05	1783.51	113.46
Colorado Kaiser Foundation Health Plan of Colorado							
Basic Self	N41	438.45	494.47	56.02	429.85	484.77	54.92
Basic Self & Family	N42	990.86	1117.51	126.65	971.43	1095.60	124.17
Basic Self Plus One	N43	990.86	1117.51	126.65	971.43	1095.60	124.17
Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LU1	459.33	452.72	-6.61	450.32	443.84	-6.48
HDHP Self & Family	LU2	1056.44	1041.27	-15.17	1035.73	1020.85	-14.88
HDHP Self Plus One	LU3	987.56	973.36	-14.20	968.20	954.27	-13.93
Colorado UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KT1	692.77	739.27	46.50	679.19	724.77	45.58
High Self & Family	KT2	1731.91	1848.14	116.23	1697.95	1811.90	113.95
High Self Plus One	KT3	1489.43	1589.42	99.99	1460.23	1558.25	98.02
Connecticut Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Connecticut Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2020 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	2019 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Connecticut Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	140.53	
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	321.86	
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	315.53	
CDHP Self	EP1	935.14	1097.27	162.13	916.80	158.95	
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	362.49	
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	358.91	
Connecticut Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	69.09	
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	152.40	
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	149.41	
Delaware Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Delaware Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	55.32	
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	139.47	
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	121.29	
Delaware Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	140.53	
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	321.86	
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	315.53	
CDHP Self	EP1	935.14	1097.27	162.13	916.80	158.95	
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	362.49	
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	358.91	
Delaware Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	69.09	
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	152.40	
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	149.41	

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Open Access							
Basic Self	P34	1324.43	1336.28	11.85	1298.46	1310.08	11.62
Basic Self & Family	P35	3074.03	3101.49	27.46	3013.75	3040.68	26.93
Basic Self Plus One	P36	3043.57	3070.75	27.18	2983.89	3010.54	26.65
High Self	P31	1514.91	1485.74	-29.17	1485.21	1456.61	-28.60
High Self & Family	P32	3672.93	3602.17	-70.76	3600.91	3531.54	-69.37
High Self Plus One	P33	3636.56	3566.48	-70.08	3565.25	3496.55	-68.70
District Of Columbia Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
District Of Columbia Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
District Of Columbia Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
District Of Columbia Aetna Open Access							
High Self	JN1	1141.51	1160.32	18.81	1119.13	1137.57	18.44
High Self & Family	JN2	2566.30	2608.58	42.28	2515.98	2557.43	41.45
High Self Plus One	JN3	2540.86	2582.74	41.88	2491.04	2532.10	41.06
Basic Self	JN4	694.07	711.04	16.97	680.46	697.10	16.64
Basic Self & Family	JN5	1588.40	1627.25	38.85	1557.25	1595.34	38.09
Basic Self Plus One	JN6	1458.60	1494.29	35.69	1430.00	1464.99	34.99

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Saver							
Saver Self	QQ4	New Plan	607.11	New Plan	New Plan	595.21	New Plan
Saver Self & Family	QQ5	New Plan	1389.38	New Plan	New Plan	1362.14	New Plan
Saver Self Plus One	QQ6	New Plan	1275.84	New Plan	New Plan	1250.82	New Plan
District Of Columbia CareFirst BlueChoice							
Standard Self	2G4	813.63	862.45	48.82	797.68	845.54	47.86
Standard Self & Family	2G5	1933.16	2049.14	115.98	1895.25	2008.96	113.71
Standard Self Plus One	2G6	1627.25	1724.88	97.63	1595.34	1691.06	95.72
District Of Columbia CareFirst BlueChoice							
HDHP Self	B61	528.64	581.49	52.85	518.27	570.09	51.82
HDHP Self & Family	B62	1256.01	1381.60	125.59	1231.38	1354.51	123.13
HDHP Self Plus One	B63	1057.24	1162.97	105.73	1036.51	1140.17	103.66
Blue Value Plus Self	B64	New Plan	720.11	New Plan	New Plan	705.99	New Plan
Blue Value Plus Self & Family	B65	New Plan	1711.01	New Plan	New Plan	1677.46	New Plan
Blue Value Plus Self Plus One	B66	New Plan	1440.26	New Plan	New Plan	1412.02	New Plan
District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.							
Basic Self	T71	428.52	428.52	0.00	420.12	420.12	0.00
Basic Self & Family	T72	1046.68	1046.68	0.00	1026.16	1026.16	0.00
Basic Self Plus One	T73	953.60	953.60	0.00	934.90	934.90	0.00
District Of Columbia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.							
Standard Self	E34	532.20	582.98	50.78	521.76	571.55	49.79
Standard Self & Family	E35	1223.99	1340.79	116.80	1199.99	1314.50	114.51
Standard Self Plus One	E36	1223.99	1340.79	116.80	1199.99	1314.50	114.51
High Self	E31	706.53	737.28	30.75	692.68	722.82	30.14
High Self & Family	E32	1625.01	1695.78	70.77	1593.15	1662.53	69.38
High Self Plus One	E33	1625.01	1695.78	70.77	1593.15	1662.53	69.38
District Of Columbia M.D. IPA							
High Self	JP1	806.68	894.14	87.46	790.86	876.61	85.75
High Self & Family	JP2	2261.89	2507.20	245.31	2217.54	2458.04	240.50
High Self Plus One	JP3	1575.42	1746.28	170.86	1544.53	1712.04	167.51
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	V41	505.60	496.30	-9.30	495.69	486.57	-9.12
HDHP Self & Family	V42	1162.86	1141.49	-21.37	1140.06	1119.11	-20.95
HDHP Self Plus One	V43	1087.03	1067.05	-19.98	1065.72	1046.13	-19.59

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	Total Former Spouse Premium		Change in Former Spouse payment	
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	LR1	681.30	729.19	47.89	667.94	714.89	46.95
High Self & Family	LR2	1614.65	1728.18	113.53	1582.99	1694.29	111.30
High Self Plus One	LR3	1464.77	1567.73	102.96	1436.05	1536.99	100.94
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	L91	445.80	531.93	86.13	437.06	521.50	84.44
Value Self & Family	L92	1250.00	1491.51	241.51	1225.49	1462.26	236.77
Value Self Plus One	L93	870.63	1038.83	168.20	853.56	1018.46	164.90
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Florida Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Florida Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Florida Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Florida AvMed							
HDHP Self	WZ1	829.57	821.26	-8.31	813.30	805.16	-8.14
HDHP Self & Family	WZ2	2043.39	1908.78	-134.61	2003.32	1871.35	-131.97
HDHP Self Plus One	WZ3	1592.83	1654.79	61.96	1561.60	1622.34	60.74
Florida AvMed							
Standard Self	ML4	723.40	723.42	0.02	709.22	709.24	0.02
Standard Self & Family	ML5	1873.79	1761.35	-112.44	1837.05	1726.81	-110.24
Standard Self Plus One	ML6	1446.80	1519.16	72.36	1418.43	1489.37	70.94
Florida Capital Health Plan							
High Self	EA1	704.22	694.23	-9.99	690.41	680.62	-9.79
High Self & Family	EA2	1760.60	1608.88	-151.72	1726.08	1577.33	-148.75
High Self Plus One	EA3	1514.10	1518.18	4.08	1484.41	1488.41	4.00
Florida Humana CoverageFirst and Humana Value Plan							
Value Self	W94	494.93	523.86	28.93	485.23	513.59	28.36
Value Self & Family	W95	1113.62	1178.68	65.06	1091.78	1155.57	63.79
Value Self Plus One	W96	1064.12	1126.28	62.16	1043.25	1104.20	60.95
CDHP Self	W91	585.05	619.24	34.19	573.58	607.10	33.52
CDHP Self & Family	W92	1316.39	1393.27	76.88	1290.58	1365.95	75.37
CDHP Self Plus One	W93	1257.86	1331.38	73.52	1233.20	1305.27	72.07
Florida Humana CoverageFirst and Humana Value Plan							
CDHP Self	QP1	697.70	739.55	41.85	684.02	725.05	41.03
CDHP Self & Family	QP2	1571.91	1666.21	94.30	1541.09	1633.54	92.45
CDHP Self Plus One	QP3	1502.03	1592.15	90.12	1472.58	1560.93	88.35
Value Self	QP4	499.75	529.74	29.99	489.95	519.35	29.40
Value Self & Family	QP5	1124.41	1191.85	67.44	1102.36	1168.48	66.12
Value Self Plus One	QP6	1074.44	1138.90	64.46	1053.37	1116.57	63.20

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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							
Value Self	MJ4	514.58	530.00	15.42	504.49	519.61	15.12
Value Self & Family	MJ5	1157.80	1192.51	34.71	1135.10	1169.13	34.03
Value Self Plus One	MJ6	1106.32	1139.52	33.20	1084.63	1117.18	32.55
CDHP Self	MJ1	871.18	967.03	95.85	854.10	948.07	93.97
CDHP Self & Family	MJ2	1960.19	2175.81	215.62	1921.75	2133.15	211.40
CDHP Self Plus One	MJ3	1873.09	2079.13	206.04	1836.36	2038.36	202.00
Florida Humana CoverageFirst and Humana Value Plan							
Value Self	X24	479.71	503.04	23.33	470.30	493.18	22.88
Value Self & Family	X25	1079.32	1131.85	52.53	1058.16	1109.66	51.50
Value Self Plus One	X26	1031.36	1081.56	50.20	1011.14	1060.35	49.21
CDHP Self	X21	567.04	594.65	27.61	555.92	582.99	27.07
CDHP Self & Family	X22	1275.84	1337.97	62.13	1250.82	1311.74	60.92
CDHP Self Plus One	X23	1219.14	1278.51	59.37	1195.24	1253.44	58.20
Florida Humana Medical Plan, Inc.							
Standard Self	LL4	884.25	1096.45	212.20	866.91	1074.95	208.04
Standard Self & Family	LL5	1989.49	2466.98	477.49	1950.48	2418.61	468.13
Standard Self Plus One	LL6	1901.09	2357.34	456.25	1863.81	2311.12	447.31
High Self	LL1	1643.03	1692.33	49.30	1610.81	1659.15	48.34
High Self & Family	LL2	3696.80	3807.72	110.92	3624.31	3733.06	108.75
High Self Plus One	LL3	3532.50	3638.48	105.98	3463.24	3567.14	103.90
Florida Humana Medical Plan, Inc.							
High Self	EE1	932.33	1137.44	205.11	914.05	1115.14	201.09
High Self & Family	EE2	2097.75	2559.25	461.50	2056.62	2509.07	452.45
High Self Plus One	EE3	2004.56	2445.54	440.98	1965.25	2397.59	432.34
Standard Self	EE4	833.66	1017.06	183.40	817.31	997.12	179.81
Standard Self & Family	EE5	1875.70	2288.37	412.67	1838.92	2243.50	404.58
Standard Self Plus One	EE6	1792.33	2186.67	394.34	1757.19	2143.79	386.60

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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.							
Standard Self	E24	646.31	730.34	84.03	633.64	716.02	82.38
Standard Self & Family	E25	1454.18	1643.22	189.04	1425.67	1611.00	185.33
Standard Self Plus One	E26	1389.54	1570.19	180.65	1362.29	1539.40	177.11
High Self	E21	1005.49	1226.70	221.21	985.77	1202.65	216.88
High Self & Family	E22	2262.29	2759.98	497.69	2217.93	2705.86	487.93
High Self Plus One	E23	2161.74	2637.32	475.58	2119.35	2585.61	466.26
Florida Humana Medical Plan, Inc.							
High Self	EX1	759.40	911.27	151.87	744.51	893.40	148.89
High Self & Family	EX2	1708.59	2050.30	341.71	1675.09	2010.10	335.01
High Self Plus One	EX3	1632.64	1959.19	326.55	1600.63	1920.77	320.14
Standard Self	EX4	666.85	746.87	80.02	653.77	732.23	78.46
Standard Self & Family	EX5	1500.39	1680.46	180.07	1470.97	1647.51	176.54
Standard Self Plus One	EX6	1433.71	1605.77	172.06	1405.60	1574.28	168.68
Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
Florida UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	LV1	675.27	715.47	40.20	662.03	701.44	39.41
Value Self & Family	LV2	2025.82	2146.38	120.56	1986.10	2104.29	118.19
Value Self Plus One	LV3	1451.84	1538.23	86.39	1423.37	1508.07	84.70
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Florida UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Georgia Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Georgia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Georgia Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Georgia Aetna Open Access							
High Self	2U1	1615.98	1768.03	152.05	1584.29	1733.36	149.07
High Self & Family	2U2	3722.35	4072.54	350.19	3649.36	3992.69	343.33
High Self Plus One	2U3	3685.48	4032.21	346.73	3613.22	3953.15	339.93
Georgia Blue Open Access POS							
High Self	QM1	607.31	637.67	30.36	595.40	625.17	29.77
High Self & Family	QM2	1608.93	1673.28	64.35	1577.38	1640.47	63.09
High Self Plus One	QM3	1344.77	1405.29	60.52	1318.40	1377.74	59.34
Georgia Humana CoverageFirst and Humana Value Plan							
Value Self	S94	531.06	562.93	31.87	520.65	551.89	31.24
Value Self & Family	S95	1194.90	1266.57	71.67	1171.47	1241.74	70.27
Value Self Plus One	S96	1141.80	1210.31	68.51	1119.41	1186.58	67.17
CDHP Self	S91	667.00	707.00	40.00	653.92	693.14	39.22
CDHP Self & Family	S92	1500.75	1590.80	90.05	1471.32	1559.61	88.29
CDHP Self Plus One	S93	1434.05	1520.09	86.04	1405.93	1490.28	84.35

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Georgia Humana CoverageFirst and Humana Value Plan						
Value Self	AD4	671.69	752.28	80.59	658.52	79.01
Value Self & Family	AD5	1511.24	1692.60	181.36	1481.61	177.80
Value Self Plus One	AD6	1444.09	1617.39	173.30	1415.77	169.91
CDHP Self	AD1	813.79	992.85	179.06	797.83	175.55
CDHP Self & Family	AD2	1831.03	2233.87	402.84	1795.13	394.94
CDHP Self Plus One	AD3	1749.66	2134.59	384.93	1715.35	377.39
Georgia Humana CoverageFirst and Humana Value Plan						
CDHP Self	LM1	644.34	692.81	48.47	631.71	47.52
CDHP Self & Family	LM2	1449.85	1558.87	109.02	1421.42	106.88
CDHP Self Plus One	LM3	1385.40	1489.57	104.17	1358.24	102.12
Value Self	LM4	524.30	655.40	131.10	514.02	128.53
Value Self & Family	LM5	1179.70	1474.62	294.92	1156.57	289.14
Value Self Plus One	LM6	1127.27	1409.10	281.83	1105.17	276.30
Georgia Humana Employers Health Plan of Georgia, Inc.						
Basic Self	RM1	606.89	661.50	54.61	594.99	53.54
Basic Self & Family	RM2	1365.51	1488.41	122.90	1338.74	120.49
Basic Self Plus One	RM3	1304.82	1422.25	117.43	1279.24	115.12
Georgia Humana Employers Health Plan of Georgia, Inc.						
Standard Self	DN4	698.63	740.55	41.92	684.93	41.10
Standard Self & Family	DN5	1571.88	1666.19	94.31	1541.06	92.46
Standard Self Plus One	DN6	1502.03	1592.15	90.12	1472.58	88.35
High Self	DN1	751.14	796.22	45.08	736.41	44.20
High Self & Family	DN2	1690.08	1791.50	101.42	1656.94	99.43
High Self Plus One	DN3	1614.98	1711.87	96.89	1583.31	94.99
Georgia Humana Employers Health Plan of Georgia, Inc.						
Basic Self	RJ1	575.52	610.05	34.53	564.24	33.85
Basic Self & Family	RJ2	1294.95	1372.63	77.68	1269.56	76.16
Basic Self Plus One	RJ3	1237.38	1311.64	74.26	1213.12	72.80
Georgia Humana Employers Health Plan of Georgia, Inc.						
Basic Self	Q71	632.57	778.06	145.49	620.17	142.63
Basic Self & Family	Q72	1423.29	1750.66	327.37	1395.38	320.95
Basic Self Plus One	Q73	1360.02	1672.82	312.80	1333.35	306.67

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Employers Health Plan of Georgia, Inc.							
Standard Self	CB4	996.45	1275.46	279.01	976.91	1250.45	273.54
Standard Self & Family	CB5	2242.02	2869.77	627.75	2198.06	2813.50	615.44
Standard Self Plus One	CB6	2142.38	2742.24	599.86	2100.37	2688.47	588.10
High Self	CB1	1010.17	1171.54	161.37	990.36	1148.57	158.21
High Self & Family	CB2	2272.99	2636.09	363.10	2228.42	2584.40	355.98
High Self Plus One	CB3	2171.93	2519.00	347.07	2129.34	2469.61	340.27
Georgia Humana Employers Health Plan of Georgia, Inc.							
High Self	DG1	1309.10	1348.37	39.27	1283.43	1321.93	38.50
High Self & Family	DG2	2945.46	3033.83	88.37	2887.71	2974.34	86.63
High Self Plus One	DG3	2814.59	2899.03	84.44	2759.40	2842.19	82.79
Standard Self	DG4	956.67	1195.28	238.61	937.91	1171.84	233.93
Standard Self & Family	DG5	2152.50	2689.43	536.93	2110.29	2636.70	526.41
Standard Self Plus One	DG6	2056.83	2569.96	513.13	2016.50	2519.57	503.07
Georgia Kaiser Foundation Health Plan of Georgia, Inc.							
High Self	F81	710.01	744.64	34.63	696.09	730.04	33.95
High Self & Family	F82	1604.61	1682.87	78.26	1573.15	1649.87	76.72
High Self Plus One	F83	1604.61	1682.87	78.26	1573.15	1649.87	76.72
Standard Self	F84	536.72	563.38	26.66	526.20	552.33	26.13
Standard Self & Family	F85	1213.00	1273.23	60.23	1189.22	1248.26	59.04
Standard Self Plus One	F86	1213.00	1273.23	60.23	1189.22	1248.26	59.04
Georgia Kaiser Foundation Health Plan of Georgia, Inc.							
Basic Self	LA1	New Plan	401.23	New Plan	New Plan	393.36	New Plan
Basic Self & Family	LA2	New Plan	906.76	New Plan	New Plan	888.98	New Plan
Basic Self Plus One	LA3	New Plan	906.76	New Plan	New Plan	888.98	New Plan
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	LV1	675.27	715.47	40.20	662.03	701.44	39.41
Value Self & Family	LV2	2025.82	2146.38	120.56	1986.10	2104.29	118.19
Value Self Plus One	LV3	1451.84	1538.23	86.39	1423.37	1508.07	84.70
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2020 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	2019 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Georgia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Guam Calvo's SelectCare							
Standard Self	B44	411.57	404.67	-6.90	403.50	396.74	-6.76
Standard Self & Family	B45	1195.81	1175.78	-20.03	1172.36	1152.73	-19.63
Standard Self Plus One	B46	811.34	797.74	-13.60	795.43	782.10	-13.33
High Self	B41	528.45	501.38	-27.07	518.09	491.55	-26.54
High Self & Family	B42	1399.66	1327.93	-71.73	1372.22	1301.89	-70.33
High Self Plus One	B43	1031.25	978.41	-52.84	1011.03	959.23	-51.80
Guam TakeCare							
HDHP Self	KX1	105.79	126.72	20.93	103.72	124.24	20.52
HDHP Self & Family	KX2	283.61	346.11	62.50	278.05	339.32	61.27
HDHP Self Plus One	KX3	255.46	312.23	56.77	250.45	306.11	55.66
Guam TakeCare							
Standard Self	JK4	397.61	397.02	-0.59	389.81	389.24	-0.57
Standard Self & Family	JK5	1125.95	1124.36	-1.59	1103.87	1102.31	-1.56
Standard Self Plus One	JK6	783.60	782.49	-1.11	768.24	767.15	-1.09
High Self	JK1	481.30	502.20	20.90	471.86	492.35	20.49
High Self & Family	JK2	1148.03	1197.89	49.86	1125.52	1174.40	48.88
High Self Plus One	JK3	950.87	992.18	41.31	932.23	972.73	40.50
Hawaii Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Hawaii Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Hawaii Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Hawaii Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Hawaii HMSA Plan							
High Self	871	619.09	643.86	24.77	606.95	631.24	24.29
High Self & Family	872	1391.73	1447.40	55.67	1364.44	1419.02	54.58
High Self Plus One	873	1356.48	1410.73	54.25	1329.88	1383.07	53.19
Standard Self	874	New Plan	439.59	New Plan	New Plan	430.97	New Plan
Standard Self & Family	875	New Plan	988.21	New Plan	New Plan	968.83	New Plan
Standard Self Plus One	876	New Plan	963.11	New Plan	New Plan	944.23	New Plan
Hawaii Kaiser Foundation Health Plan, Inc. Hawaii Region							
High Self	631	671.75	689.06	17.31	658.58	675.55	16.97
High Self & Family	632	1498.00	1536.64	38.64	1468.63	1506.51	37.88
High Self Plus One	633	1498.00	1536.64	38.64	1468.63	1506.51	37.88
Standard Self	634	453.58	490.77	37.19	444.69	481.15	36.46
Standard Self & Family	635	1011.47	1094.44	82.97	991.64	1072.98	81.34
Standard Self Plus One	636	1011.47	1094.44	82.97	991.64	1072.98	81.34
Idaho Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Idaho Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Idaho Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Idaho Altius Health Plan							
High Self	9K1	953.94	1029.24	75.30	935.24	1009.06	73.82
High Self & Family	9K2	2109.63	2276.15	166.52	2068.26	2231.52	163.26
High Self Plus One	9K3	2088.74	2253.61	164.87	2047.78	2209.42	161.64
HDHP Self	9K4	517.05	539.81	22.76	506.91	529.23	22.32
HDHP Self & Family	9K5	1080.60	1128.16	47.56	1059.41	1106.04	46.63
HDHP Self Plus One	9K6	1059.41	1106.06	46.65	1038.64	1084.37	45.73
Idaho Altius Health Plan							
Standard Self	DK4	726.69	776.53	49.84	712.44	761.30	48.86
Standard Self & Family	DK5	1604.77	1714.85	110.08	1573.30	1681.23	107.93
Standard Self Plus One	DK6	1588.85	1697.85	109.00	1557.70	1664.56	106.86
Idaho Kaiser Foundation Health Plan of Washington							
Standard Self	544	596.87	616.21	19.34	585.17	604.13	18.96
Standard Self & Family	545	1372.83	1417.32	44.49	1345.91	1389.53	43.62
Standard Self Plus One	546	1372.83	1417.32	44.49	1345.91	1389.53	43.62
High Self	541	831.71	862.65	30.94	815.40	845.74	30.34
High Self & Family	542	1829.79	1897.86	68.07	1793.91	1860.65	66.74
High Self Plus One	543	1829.79	1897.86	68.07	1793.91	1860.65	66.74
Illinois Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Illinois Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Illinois Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Illinois Blue Preferred							
High Self	9G1	798.01	849.87	51.86	782.36	833.21	50.85
High Self & Family	9G2	1714.69	1896.05	181.36	1681.07	1858.87	177.80
High Self Plus One	9G3	1623.65	1795.80	172.15	1591.81	1760.59	168.78
Standard Self	9G4	569.89	612.63	42.74	558.72	600.62	41.90
Standard Self & Family	9G5	1619.67	1741.15	121.48	1587.91	1707.01	119.10
Standard Self Plus One	9G6	1464.74	1574.58	109.84	1436.02	1543.71	107.69
Illinois Health Alliance HMO							
Standard Self	K84	655.29	681.50	26.21	642.44	668.14	25.70
Standard Self & Family	K85	1769.30	1840.07	70.77	1734.61	1803.99	69.38
Standard Self Plus One	K86	1518.00	1578.74	60.74	1488.24	1547.78	59.54
Illinois Humana CoverageFirst and Humana Value Plan							
Value Self	GB4	628.70	773.30	144.60	616.37	758.14	141.77
Value Self & Family	GB5	1414.56	1739.89	325.33	1386.82	1705.77	318.95
Value Self Plus One	GB6	1351.68	1662.56	310.88	1325.18	1629.96	304.78
CDHP Self	GB1	955.65	1204.14	248.49	936.91	1180.53	243.62
CDHP Self & Family	GB2	2150.20	2709.26	559.06	2108.04	2656.14	548.10
CDHP Self Plus One	GB3	2054.66	2588.88	534.22	2014.37	2538.12	523.75

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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							
Value Self	MW4	620.99	770.01	149.02	608.81	754.91	146.10
Value Self & Family	MW5	1397.19	1732.49	335.30	1369.79	1698.52	328.73
Value Self Plus One	MW6	1335.11	1655.51	320.40	1308.93	1623.05	314.12
CDHP Self	MW1	772.20	934.34	162.14	757.06	916.02	158.96
CDHP Self & Family	MW2	1737.48	2102.37	364.89	1703.41	2061.15	357.74
CDHP Self Plus One	MW3	1660.22	2008.89	348.67	1627.67	1969.50	341.83
Illinois Humana Health Plan, Inc.							
Standard Self	754	872.77	970.94	98.17	855.66	951.90	96.24
Standard Self & Family	755	1963.74	2184.61	220.87	1925.24	2141.77	216.53
Standard Self Plus One	756	1876.46	2087.52	211.06	1839.67	2046.59	206.92
High Self	751	1236.30	1263.72	27.42	1212.06	1238.94	26.88
High Self & Family	752	2781.68	2843.36	61.68	2727.14	2787.61	60.47
High Self Plus One	753	2658.04	2717.01	58.97	2605.92	2663.74	57.82
Illinois Humana Health Plan, Inc.							
High Self	9F1	1734.28	1977.09	242.81	1700.27	1938.32	238.05
High Self & Family	9F2	3902.11	4448.42	546.31	3825.60	4361.20	535.60
High Self Plus One	9F3	3728.67	4250.70	522.03	3655.56	4167.35	511.79
Illinois Humana Health Plan, Inc.							
Standard Self	AB4	1116.67	1172.52	55.85	1094.77	1149.53	54.76
Standard Self & Family	AB5	2512.55	2638.17	125.62	2463.28	2586.44	123.16
Standard Self Plus One	AB6	2400.86	2520.93	120.07	2353.78	2471.50	117.72
Basic Self	AB1	627.46	771.77	144.31	615.16	756.64	141.48
Basic Self & Family	AB2	1411.83	1736.55	324.72	1384.15	1702.50	318.35
Basic Self Plus One	AB3	1349.09	1659.38	310.29	1322.64	1626.84	304.20
Illinois Humana Health Plan, Inc.							
Basic Self	RW1	636.02	763.20	127.18	623.55	748.24	124.69
Basic Self & Family	RW2	1431.02	1717.21	286.19	1402.96	1683.54	280.58
Basic Self Plus One	RW3	1367.44	1640.90	273.46	1340.63	1608.73	268.10

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 MercyCare Health Plans							
High Self	EY1	779.33	801.64	22.31	764.05	785.92	21.87
High Self & Family	EY2	2033.89	2092.01	58.12	1994.01	2050.99	56.98
High Self Plus One	EY3	1675.67	1723.58	47.91	1642.81	1689.78	46.97
Standard Self	EY4	New Plan	621.78	New Plan	New Plan	609.59	New Plan
Standard Self & Family	EY5	New Plan	1622.67	New Plan	New Plan	1590.85	New Plan
Standard Self Plus One	EY6	New Plan	1336.89	New Plan	New Plan	1310.68	New Plan
Illinois Union Health Service							
High Self	761	695.37	758.96	63.59	681.74	744.08	62.34
High Self & Family	762	1745.94	1939.67	193.73	1711.71	1901.64	189.93
High Self Plus One	763	1541.45	1701.70	160.25	1511.23	1668.33	157.10
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	L91	445.80	531.93	86.13	437.06	521.50	84.44
Value Self & Family	L92	1250.00	1491.51	241.51	1225.49	1462.26	236.77
Value Self Plus One	L93	870.63	1038.83	168.20	853.56	1018.46	164.90
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Illinois UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Indiana Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Indiana Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Indiana Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Indiana Health Alliance HMO							
Standard Self	K84	655.29	681.50	26.21	642.44	668.14	25.70
Standard Self & Family	K85	1769.30	1840.07	70.77	1734.61	1803.99	69.38
Standard Self Plus One	K86	1518.00	1578.74	60.74	1488.24	1547.78	59.54
Indiana Humana CoverageFirst							
CDHP Self	TC1	634.56	672.66	38.10	622.12	659.47	37.35
CDHP Self & Family	TC2	1427.75	1513.40	85.65	1399.75	1483.73	83.98
CDHP Self Plus One	TC3	1364.30	1446.18	81.88	1337.55	1417.82	80.27
Indiana Humana CoverageFirst and Humana Value Plan							
Value Self	MW4	620.99	770.01	149.02	608.81	754.91	146.10
Value Self & Family	MW5	1397.19	1732.49	335.30	1369.79	1698.52	328.73
Value Self Plus One	MW6	1335.11	1655.51	320.40	1308.93	1623.05	314.12
CDHP Self	MW1	772.20	934.34	162.14	757.06	916.02	158.96
CDHP Self & Family	MW2	1737.48	2102.37	364.89	1703.41	2061.15	357.74
CDHP Self Plus One	MW3	1660.22	2008.89	348.67	1627.67	1969.50	341.83
Indiana Humana CoverageFirst and Humana Value Plan							
Value Self	X34	581.68	627.42	45.74	570.27	615.12	44.85
Value Self & Family	X35	1308.78	1411.73	102.95	1283.12	1384.05	100.93
Value Self Plus One	X36	1250.59	1348.98	98.39	1226.07	1322.53	96.46
CDHP Self	X31	698.34	815.43	117.09	684.65	799.44	114.79
CDHP Self & Family	X32	1571.29	1834.75	263.46	1540.48	1798.77	258.29
CDHP Self Plus One	X33	1501.45	1753.20	251.75	1472.01	1718.82	246.81

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 of Ohio, Inc.							
High Self	A61	1196.09	1531.00	334.91	1172.64	1500.98	328.34
High Self & Family	A62	2691.25	3444.77	753.52	2638.48	3377.23	738.75
High Self Plus One	A63	2571.64	3291.68	720.04	2521.22	3227.14	705.92
Standard Self	A64	948.89	1195.61	246.72	930.28	1172.17	241.89
Standard Self & Family	A65	2135.03	2690.17	555.14	2093.17	2637.42	544.25
Standard Self Plus One	A66	2040.16	2570.60	530.44	2000.16	2520.20	520.04
Indiana Humana Health Plan, Inc.							
Standard Self	754	872.77	970.94	98.17	855.66	951.90	96.24
Standard Self & Family	755	1963.74	2184.61	220.87	1925.24	2141.77	216.53
Standard Self Plus One	756	1876.46	2087.52	211.06	1839.67	2046.59	206.92
High Self	751	1236.30	1263.72	27.42	1212.06	1238.94	26.88
High Self & Family	752	2781.68	2843.36	61.68	2727.14	2787.61	60.47
High Self Plus One	753	2658.04	2717.01	58.97	2605.92	2663.74	57.82
Indiana Humana Health Plan, Inc.							
High Self	MH1	901.66	1127.06	225.40	883.98	1104.96	220.98
High Self & Family	MH2	2028.74	2535.91	507.17	1988.96	2486.19	497.23
High Self Plus One	MH3	1938.57	2423.20	484.63	1900.56	2375.69	475.13
Standard Self	MH4	736.84	876.84	140.00	722.39	859.65	137.26
Standard Self & Family	MH5	1657.88	1972.86	314.98	1625.37	1934.18	308.81
Standard Self Plus One	MH6	1584.19	1885.19	301.00	1553.13	1848.23	295.10
Iowa Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Iowa Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Iowa Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Iowa Health Alliance HMO							
Standard Self	K84	655.29	681.50	26.21	642.44	668.14	25.70
Standard Self & Family	K85	1769.30	1840.07	70.77	1734.61	1803.99	69.38
Standard Self Plus One	K86	1518.00	1578.74	60.74	1488.24	1547.78	59.54
Iowa HealthPartners							
Standard Self	V34	436.65	469.12	32.47	428.09	459.92	31.83
Standard Self & Family	V35	1063.68	1142.82	79.14	1042.82	1120.41	77.59
Standard Self Plus One	V36	965.00	1036.78	71.78	946.08	1016.45	70.37
High Self	V31	806.12	726.56	-79.56	790.31	712.31	-78.00
High Self & Family	V32	1963.71	1769.90	-193.81	1925.21	1735.20	-190.01
High Self Plus One	V33	1781.50	1605.69	-175.81	1746.57	1574.21	-172.36
Iowa UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	N71	542.80	622.63	79.83	532.16	610.42	78.26
HDHP Self & Family	N72	1248.41	1432.06	183.65	1223.93	1403.98	180.05
HDHP Self Plus One	N73	1166.99	1338.67	171.68	1144.11	1312.42	168.31
Iowa UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	LJ1	685.39	734.58	49.19	671.95	720.18	48.23
High Self & Family	LJ2	1713.46	1836.49	123.03	1679.86	1800.48	120.62
High Self Plus One	LJ3	1473.58	1579.38	105.80	1444.69	1548.41	103.72
Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2020 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	2019 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment	
Iowa UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Kansas Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Kansas Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Kansas Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
Kansas Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Kansas Aetna Open Access							
High Self	HA1	898.63	1121.93	223.30	881.01	1099.93	218.92
High Self & Family	HA2	2122.73	2650.14	527.41	2081.11	2598.18	517.07
High Self Plus One	HA3	2101.75	2623.98	522.23	2060.54	2572.53	511.99
Standard Self	HA4	722.01	730.70	8.69	707.85	716.37	8.52
Standard Self & Family	HA5	1704.20	1724.71	20.51	1670.78	1690.89	20.11
Standard Self Plus One	HA6	1687.34	1707.64	20.30	1654.25	1674.16	19.91

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Humana CoverageFirst and Humana Value Plan							
Value Self	PH4	436.92	493.71	56.79	428.35	484.03	55.68
Value Self & Family	PH5	983.10	1110.88	127.78	963.82	1089.10	125.28
Value Self Plus One	PH6	939.38	1061.48	122.10	920.96	1040.67	119.71
CDHP Self	PH1	612.97	729.41	116.44	600.95	715.11	114.16
CDHP Self & Family	PH2	1379.17	1641.21	262.04	1352.13	1609.03	256.90
CDHP Self Plus One	PH3	1317.89	1568.26	250.37	1292.05	1537.51	245.46
Kansas Humana Health Plan, Inc.							
High Self	MS1	1658.14	1757.63	99.49	1625.63	1723.17	97.54
High Self & Family	MS2	3730.81	3954.66	223.85	3657.66	3877.12	219.46
High Self Plus One	MS3	3564.99	3778.91	213.92	3495.09	3704.81	209.72
Standard Self	MS4	971.83	1088.34	116.51	952.77	1067.00	114.23
Standard Self & Family	MS5	2186.67	2448.80	262.13	2143.79	2400.78	256.99
Standard Self Plus One	MS6	2089.47	2339.97	250.50	2048.50	2294.09	245.59
Kentucky Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Kentucky Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Kentucky Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Kentucky Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Humana CoverageFirst							
CDHP Self	TC1	634.56	672.66	38.10	622.12	659.47	37.35
CDHP Self & Family	TC2	1427.75	1513.40	85.65	1399.75	1483.73	83.98
CDHP Self Plus One	TC3	1364.30	1446.18	81.88	1337.55	1417.82	80.27
Kentucky Humana CoverageFirst							
CDHP Self	6N1	646.31	782.03	135.72	633.64	766.70	133.06
CDHP Self & Family	6N2	1454.20	1759.58	305.38	1425.69	1725.08	299.39
CDHP Self Plus One	6N3	1389.56	1681.37	291.81	1362.31	1648.40	286.09
Kentucky Humana CoverageFirst and Humana Value Plan							
Value Self	X34	581.68	627.42	45.74	570.27	615.12	44.85
Value Self & Family	X35	1308.78	1411.73	102.95	1283.12	1384.05	100.93
Value Self Plus One	X36	1250.59	1348.98	98.39	1226.07	1322.53	96.46
CDHP Self	X31	698.34	815.43	117.09	684.65	799.44	114.79
CDHP Self & Family	X32	1571.29	1834.75	263.46	1540.48	1798.77	258.29
CDHP Self Plus One	X33	1501.45	1753.20	251.75	1472.01	1718.82	246.81
Kentucky Humana Health Plan of Ohio, Inc.							
High Self	A61	1196.09	1531.00	334.91	1172.64	1500.98	328.34
High Self & Family	A62	2691.25	3444.77	753.52	2638.48	3377.23	738.75
High Self Plus One	A63	2571.64	3291.68	720.04	2521.22	3227.14	705.92
Standard Self	A64	948.89	1195.61	246.72	930.28	1172.17	241.89
Standard Self & Family	A65	2135.03	2690.17	555.14	2093.17	2637.42	544.25
Standard Self Plus One	A66	2040.16	2570.60	530.44	2000.16	2520.20	520.04
Kentucky Humana Health Plan of Ohio, Inc.							
Basic Self	W61	597.50	620.79	23.29	585.78	608.62	22.84
Basic Self & Family	W62	1344.37	1396.83	52.46	1318.01	1369.44	51.43
Basic Self Plus One	W63	1284.61	1334.75	50.14	1259.42	1308.58	49.16
Kentucky Humana Health Plan, Inc.							
High Self	MI1	1145.60	1409.08	263.48	1123.14	1381.45	258.31
High Self & Family	MI2	2577.57	3170.40	592.83	2527.03	3108.24	581.21
High Self Plus One	MI3	2463.00	3029.49	566.49	2414.71	2970.09	555.38
Standard Self	MI4	828.16	902.70	74.54	811.92	885.00	73.08
Standard Self & Family	MI5	1863.34	2031.03	167.69	1826.80	1991.21	164.41
Standard Self Plus One	MI6	1780.53	1940.81	160.28	1745.62	1902.75	157.13

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Humana Health Plan, Inc.							
High Self	MH1	901.66	1127.06	225.40	883.98	1104.96	220.98
High Self & Family	MH2	2028.74	2535.91	507.17	1988.96	2486.19	497.23
High Self Plus One	MH3	1938.57	2423.20	484.63	1900.56	2375.69	475.13
Standard Self	MH4	736.84	876.84	140.00	722.39	859.65	137.26
Standard Self & Family	MH5	1657.88	1972.86	314.98	1625.37	1934.18	308.81
Standard Self Plus One	MH6	1584.19	1885.19	301.00	1553.13	1848.23	295.10
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	N71	542.80	622.63	79.83	532.16	610.42	78.26
HDHP Self & Family	N72	1248.41	1432.06	183.65	1223.93	1403.98	180.05
HDHP Self Plus One	N73	1166.99	1338.67	171.68	1144.11	1312.42	168.31
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	LJ1	685.39	734.58	49.19	671.95	720.18	48.23
High Self & Family	LJ2	1713.46	1836.49	123.03	1679.86	1800.48	120.62
High Self Plus One	LJ3	1473.58	1579.38	105.80	1444.69	1548.41	103.72
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Louisiana Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Louisiana Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Louisiana Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Louisiana Humana Health Benefit Plan of Louisiana, Inc.							
Standard Self	BC4	608.50	687.62	79.12	596.57	674.14	77.57
Standard Self & Family	BC5	1369.14	1547.14	178.00	1342.29	1516.80	174.51
Standard Self Plus One	BC6	1308.27	1478.36	170.09	1282.62	1449.37	166.75
High Self	BC1	766.12	919.36	153.24	751.10	901.33	150.23
High Self & Family	BC2	1723.82	2068.58	344.76	1690.02	2028.02	338.00
High Self Plus One	BC3	1647.20	1976.65	329.45	1614.90	1937.89	322.99
Louisiana Humana Health Benefit Plan of Louisiana, Inc.							
High Self	AE1	881.33	1092.85	211.52	864.05	1071.42	207.37
High Self & Family	AE2	1982.94	2458.84	475.90	1944.06	2410.63	466.57
High Self Plus One	AE3	1894.83	2349.58	454.75	1857.68	2303.51	445.83
Standard Self	AE4	748.73	823.60	74.87	734.05	807.45	73.40
Standard Self & Family	AE5	1684.66	1853.13	168.47	1651.63	1816.79	165.16
Standard Self Plus One	AE6	1609.78	1770.76	160.98	1578.22	1736.04	157.82
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Maine Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Maine Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Maine Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91
Maine Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Maryland Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Maryland Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Maryland Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Maryland Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Maryland Aetna Open Access							
High Self	JN1	1141.51	1160.32	18.81	1119.13	1137.57	18.44
High Self & Family	JN2	2566.30	2608.58	42.28	2515.98	2557.43	41.45
High Self Plus One	JN3	2540.86	2582.74	41.88	2491.04	2532.10	41.06
Basic Self	JN4	694.07	711.04	16.97	680.46	697.10	16.64
Basic Self & Family	JN5	1588.40	1627.25	38.85	1557.25	1595.34	38.09
Basic Self Plus One	JN6	1458.60	1494.29	35.69	1430.00	1464.99	34.99
Maryland Aetna Saver							
Saver Self	QQ4	New Plan	607.11	New Plan	New Plan	595.21	New Plan
Saver Self & Family	QQ5	New Plan	1389.38	New Plan	New Plan	1362.14	New Plan
Saver Self Plus One	QQ6	New Plan	1275.84	New Plan	New Plan	1250.82	New Plan
Maryland CareFirst BlueChoice							
Standard Self	2G4	813.63	862.45	48.82	797.68	845.54	47.86
Standard Self & Family	2G5	1933.16	2049.14	115.98	1895.25	2008.96	113.71
Standard Self Plus One	2G6	1627.25	1724.88	97.63	1595.34	1691.06	95.72

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 CareFirst BlueChoice								
	HDHP Self	B61	528.64	581.49	52.85	518.27	570.09	51.82
	HDHP Self & Family	B62	1256.01	1381.60	125.59	1231.38	1354.51	123.13
	HDHP Self Plus One	B63	1057.24	1162.97	105.73	1036.51	1140.17	103.66
	Blue Value Plus Self	B64	New Plan	720.11	New Plan	New Plan	705.99	New Plan
	Blue Value Plus Self & Family	B65	New Plan	1711.01	New Plan	New Plan	1677.46	New Plan
	Blue Value Plus Self Plus One	B66	New Plan	1440.26	New Plan	New Plan	1412.02	New Plan
Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.								
	Basic Self	T71	428.52	428.52	0.00	420.12	420.12	0.00
	Basic Self & Family	T72	1046.68	1046.68	0.00	1026.16	1026.16	0.00
	Basic Self Plus One	T73	953.60	953.60	0.00	934.90	934.90	0.00
Maryland Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.								
	Standard Self	E34	532.20	582.98	50.78	521.76	571.55	49.79
	Standard Self & Family	E35	1223.99	1340.79	116.80	1199.99	1314.50	114.51
	Standard Self Plus One	E36	1223.99	1340.79	116.80	1199.99	1314.50	114.51
	High Self	E31	706.53	737.28	30.75	692.68	722.82	30.14
	High Self & Family	E32	1625.01	1695.78	70.77	1593.15	1662.53	69.38
	High Self Plus One	E33	1625.01	1695.78	70.77	1593.15	1662.53	69.38
Maryland M.D. IPA								
	High Self	JP1	806.68	894.14	87.46	790.86	876.61	85.75
	High Self & Family	JP2	2261.89	2507.20	245.31	2217.54	2458.04	240.50
	High Self Plus One	JP3	1575.42	1746.28	170.86	1544.53	1712.04	167.51
Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP								
	HDHP Self	V41	505.60	496.30	-9.30	495.69	486.57	-9.12
	HDHP Self & Family	V42	1162.86	1141.49	-21.37	1140.06	1119.11	-20.95
	HDHP Self Plus One	V43	1087.03	1067.05	-19.98	1065.72	1046.13	-19.59
Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO								
	High Self	LR1	681.30	729.19	47.89	667.94	714.89	46.95
	High Self & Family	LR2	1614.65	1728.18	113.53	1582.99	1694.29	111.30
	High Self Plus One	LR3	1464.77	1567.73	102.96	1436.05	1536.99	100.94
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced								
	Value Self	L91	445.80	531.93	86.13	437.06	521.50	84.44
	Value Self & Family	L92	1250.00	1491.51	241.51	1225.49	1462.26	236.77
	Value Self Plus One	L93	870.63	1038.83	168.20	853.56	1018.46	164.90

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Maryland UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Massachusetts Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Massachusetts Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91
Massachusetts Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Michigan Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums		
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment	
Michigan Aetna Direct								
	CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
	CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
	CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Michigan Aetna HealthFund CDHP and Aetna Value Plan								
	Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
	Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
	Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
	CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
	CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
	CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
Michigan Aetna HealthFund HDHP								
	HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
	HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
	HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Michigan Blue Care Network of Michigan								
	High Self	LX1	749.41	757.72	8.31	734.72	742.86	8.14
	High Self & Family	LX2	1828.49	1848.84	20.35	1792.64	1812.59	19.95
	High Self Plus One	LX3	1723.61	1742.74	19.13	1689.81	1708.57	18.76
Michigan Blue Care Network of Michigan								
	High Self	K51	962.32	976.88	14.56	943.45	957.73	14.28
	High Self & Family	K52	2347.99	2383.56	35.57	2301.95	2336.82	34.87
	High Self Plus One	K53	2213.30	2246.77	33.47	2169.90	2202.72	32.82
Michigan Health Alliance Plan								
	High Self	521	779.12	803.65	24.53	763.84	787.89	24.05
	High Self & Family	522	1900.99	1960.89	59.90	1863.72	1922.44	58.72
	High Self Plus One	523	1791.96	1848.38	56.42	1756.82	1812.14	55.32
Michigan Health Alliance Plan								
	Standard Self	GY4	610.32	626.51	16.19	598.35	614.23	15.88
	Standard Self & Family	GY5	1489.21	1528.75	39.54	1460.01	1498.77	38.76
	Standard Self Plus One	GY6	1403.74	1441.04	37.30	1376.22	1412.78	36.56

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Michigan Priority Health							
High Self	LE1	930.34	937.97	7.63	912.10	919.58	7.48
High Self & Family	LE2	2186.31	2204.23	17.92	2143.44	2161.01	17.57
High Self Plus One	LE3	2046.77	2063.52	16.75	2006.64	2023.06	16.42
Standard Self	LE4	514.53	550.12	35.59	504.44	539.33	34.89
Standard Self & Family	LE5	1209.16	1292.79	83.63	1185.45	1267.44	81.99
Standard Self Plus One	LE6	1131.99	1210.26	78.27	1109.79	1186.53	76.74
Michigan Priority Health							
Value Self	Y41	New Plan	482.70	New Plan	New Plan	473.24	New Plan
Value Self & Family	Y42	New Plan	1134.37	New Plan	New Plan	1112.13	New Plan
Value Self Plus One	Y43	New Plan	1061.95	New Plan	New Plan	1041.13	New Plan
Minnesota Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Minnesota Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Minnesota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Minnesota Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Minnesota HealthPartners							
Standard Self	V34	436.65	469.12	32.47	428.09	459.92	31.83
Standard Self & Family	V35	1063.68	1142.82	79.14	1042.82	1120.41	77.59
Standard Self Plus One	V36	965.00	1036.78	71.78	946.08	1016.45	70.37
High Self	V31	806.12	726.56	-79.56	790.31	712.31	-78.00
High Self & Family	V32	1963.71	1769.90	-193.81	1925.21	1735.20	-190.01
High Self Plus One	V33	1781.50	1605.69	-175.81	1746.57	1574.21	-172.36
Mississippi Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Mississippi Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Mississippi Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Mississippi Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Missouri Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Missouri Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Missouri Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
Missouri Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Missouri Aetna Open Access							
High Self	HA1	898.63	1121.93	223.30	881.01	1099.93	218.92
High Self & Family	HA2	2122.73	2650.14	527.41	2081.11	2598.18	517.07
High Self Plus One	HA3	2101.75	2623.98	522.23	2060.54	2572.53	511.99
Standard Self	HA4	722.01	730.70	8.69	707.85	716.37	8.52
Standard Self & Family	HA5	1704.20	1724.71	20.51	1670.78	1690.89	20.11
Standard Self Plus One	HA6	1687.34	1707.64	20.30	1654.25	1674.16	19.91

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Blue Preferred							
High Self	9G1	798.01	849.87	51.86	782.36	833.21	50.85
High Self & Family	9G2	1714.69	1896.05	181.36	1681.07	1858.87	177.80
High Self Plus One	9G3	1623.65	1795.80	172.15	1591.81	1760.59	168.78
Standard Self	9G4	569.89	612.63	42.74	558.72	600.62	41.90
Standard Self & Family	9G5	1619.67	1741.15	121.48	1587.91	1707.01	119.10
Standard Self Plus One	9G6	1464.74	1574.58	109.84	1436.02	1543.71	107.69
Missouri Humana CoverageFirst and Humana Value Plan							
Value Self	PH4	436.92	493.71	56.79	428.35	484.03	55.68
Value Self & Family	PH5	983.10	1110.88	127.78	963.82	1089.10	125.28
Value Self Plus One	PH6	939.38	1061.48	122.10	920.96	1040.67	119.71
CDHP Self	PH1	612.97	729.41	116.44	600.95	715.11	114.16
CDHP Self & Family	PH2	1379.17	1641.21	262.04	1352.13	1609.03	256.90
CDHP Self Plus One	PH3	1317.89	1568.26	250.37	1292.05	1537.51	245.46
Missouri Humana Health Plan, Inc.							
High Self	MS1	1658.14	1757.63	99.49	1625.63	1723.17	97.54
High Self & Family	MS2	3730.81	3954.66	223.85	3657.66	3877.12	219.46
High Self Plus One	MS3	3564.99	3778.91	213.92	3495.09	3704.81	209.72
Standard Self	MS4	971.83	1088.34	116.51	952.77	1067.00	114.23
Standard Self & Family	MS5	2186.67	2448.80	262.13	2143.79	2400.78	256.99
Standard Self Plus One	MS6	2089.47	2339.97	250.50	2048.50	2294.09	245.59
Missouri UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Missouri UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Montana Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Montana Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Montana Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Montana Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Nebraska Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Nebraska Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Nebraska Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Nebraska Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Nevada Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Nevada Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Nevada Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
Nevada Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Nevada Health Plan of Nevada, Inc.							
High Self	NM1	671.71	721.12	49.41	658.54	706.98	48.44
High Self & Family	NM2	1591.88	1708.99	117.11	1560.67	1675.48	114.81
High Self Plus One	NM3	1276.28	1370.16	93.88	1251.25	1343.29	92.04
Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LU1	459.33	452.72	-6.61	450.32	443.84	-6.48
HDHP Self & Family	LU2	1056.44	1041.27	-15.17	1035.73	1020.85	-14.88
HDHP Self Plus One	LU3	987.56	973.36	-14.20	968.20	954.27	-13.93
Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KT1	692.77	739.27	46.50	679.19	724.77	45.58
High Self & Family	KT2	1731.91	1848.14	116.23	1697.95	1811.90	113.95
High Self Plus One	KT3	1489.43	1589.42	99.99	1460.23	1558.25	98.02

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)	2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code		Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment

Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage

High Self	WF1	New Plan	533.32	New Plan	New Plan	522.86	New Plan
High Self & Family	WF2	New Plan	1261.12	New Plan	New Plan	1236.39	New Plan
High Self Plus One	WF3	New Plan	1146.53	New Plan	New Plan	1124.05	New Plan

Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage

High Self	VD1	New Plan	532.46	New Plan	New Plan	522.02	New Plan
High Self & Family	VD2	New Plan	1259.06	New Plan	New Plan	1234.37	New Plan
High Self Plus One	VD3	New Plan	1144.67	New Plan	New Plan	1122.23	New Plan

New Hampshire Aetna Advantage

Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

New Hampshire Aetna Direct

CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

New Hampshire Aetna HealthFund CDHP and Aetna Value Plan

Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91

New Hampshire Aetna HealthFund HDHP

HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

New Jersey Aetna Advantage

Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
New Jersey Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91
New Jersey Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
New Jersey Aetna Open Access							
High Self	JR1	1437.99	1575.65	137.66	1409.79	1544.75	134.96
High Self & Family	JR2	3321.59	3639.56	317.97	3256.46	3568.20	311.74
High Self Plus One	JR3	3288.68	3603.50	314.82	3224.20	3532.84	308.64
Basic Self	JR4	1186.68	1400.75	214.07	1163.41	1373.28	209.87
Basic Self & Family	JR5	2750.26	3246.33	496.07	2696.33	3182.68	486.35
Basic Self Plus One	JR6	2723.01	3214.18	491.17	2669.62	3151.16	481.54
New Jersey Aetna Open Access							
Basic Self	P34	1324.43	1336.28	11.85	1298.46	1310.08	11.62
Basic Self & Family	P35	3074.03	3101.49	27.46	3013.75	3040.68	26.93
Basic Self Plus One	P36	3043.57	3070.75	27.18	2983.89	3010.54	26.65
High Self	P31	1514.91	1485.74	-29.17	1485.21	1456.61	-28.60
High Self & Family	P32	3672.93	3602.17	-70.76	3600.91	3531.54	-69.37
High Self Plus One	P33	3636.56	3566.48	-70.08	3565.25	3496.55	-68.70
New Jersey GHI Health Plan							
Standard Self	804	944.49	1024.75	80.26	925.97	1004.66	78.69
Standard Self & Family	805	2291.40	2486.16	194.76	2246.47	2437.41	190.94
Standard Self Plus One	806	2196.92	2383.66	186.74	2153.84	2336.92	183.08

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 GHI Health Plan							
HDHP Self	811	New Plan	689.88	New Plan	New Plan	676.35	New Plan
HDHP Self & Family	812	New Plan	1508.28	New Plan	New Plan	1478.71	New Plan
HDHP Self Plus One	813	New Plan	1479.09	New Plan	New Plan	1450.09	New Plan
New Mexico Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
New Mexico Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
New Mexico Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
New Mexico Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
New Mexico Presbyterian Health Plan							
High Self	P21	755.12	857.81	102.69	740.31	840.99	100.68
High Self & Family	P22	1774.55	2015.83	241.28	1739.75	1976.30	236.55
High Self Plus One	P23	1714.14	1947.21	233.07	1680.53	1909.03	228.50
New Mexico Presbyterian Health Plan							
Standard Self	PS4	635.11	724.49	89.38	622.66	710.28	87.62
Standard Self & Family	PS5	1492.55	1702.54	209.99	1463.28	1669.16	205.88
Standard Self Plus One	PS6	1441.72	1644.60	202.88	1413.45	1612.35	198.90
Wellness Self	PS1	New Plan	632.28	New Plan	New Plan	619.88	New Plan
Wellness Self & Family	PS2	New Plan	1485.90	New Plan	New Plan	1456.76	New Plan
Wellness Self Plus One	PS3	New Plan	1435.33	New Plan	New Plan	1407.19	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Mexico True Health New Mexico							
High Self	EL1	New Plan	632.57	New Plan	New Plan	620.17	New Plan
High Self & Family	EL2	New Plan	1493.76	New Plan	New Plan	1464.47	New Plan
High Self Plus One	EL3	New Plan	1415.79	New Plan	New Plan	1388.03	New Plan
New York Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
New York Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
New York Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91
New York Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
New York Aetna Open Access							
High Self	JC1	1329.12	1346.78	17.66	1303.06	1320.37	17.31
High Self & Family	JC2	3284.24	3327.82	43.58	3219.84	3262.57	42.73
High Self Plus One	JC3	3251.75	3294.87	43.12	3187.99	3230.26	42.27
Basic Self	JC4	1084.47	1124.47	40.00	1063.21	1102.42	39.21
Basic Self & Family	JC5	2645.24	2742.81	97.57	2593.37	2689.03	95.66
Basic Self Plus One	JC6	2619.07	2715.69	96.62	2567.72	2662.44	94.72

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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							
Standard Self	SG4	589.12	642.20	53.08	577.57	629.61	52.04
Standard Self & Family	SG5	1767.31	1828.49	61.18	1732.66	1792.64	59.98
Standard Self Plus One	SG6	1178.24	1329.32	151.08	1155.14	1303.25	148.11
High Self	SG1	887.70	1011.08	123.38	870.29	991.25	120.96
High Self & Family	SG2	2662.76	2881.55	218.79	2610.55	2825.05	214.50
High Self Plus One	SG3	1775.36	2092.92	317.56	1740.55	2051.88	311.33
New York GHI Health Plan							
Standard Self	804	944.49	1024.75	80.26	925.97	1004.66	78.69
Standard Self & Family	805	2291.40	2486.16	194.76	2246.47	2437.41	190.94
Standard Self Plus One	806	2196.92	2383.66	186.74	2153.84	2336.92	183.08
New York GHI Health Plan							
HDHP Self	811	New Plan	689.88	New Plan	New Plan	676.35	New Plan
HDHP Self & Family	812	New Plan	1508.28	New Plan	New Plan	1478.71	New Plan
HDHP Self Plus One	813	New Plan	1479.09	New Plan	New Plan	1450.09	New Plan
New York HIP of Greater NY							
Standard Self	YL4	671.77	830.15	158.38	658.60	813.87	155.27
Standard Self & Family	YL5	1922.37	2386.78	464.41	1884.68	2339.98	455.30
Standard Self Plus One	YL6	1192.60	1509.86	317.26	1169.22	1480.25	311.03
New York HIP of Greater NY							
High Self	511	1005.07	1092.47	87.40	985.36	1071.05	85.69
High Self & Family	512	2877.82	3143.62	265.80	2821.39	3081.98	260.59
High Self Plus One	513	1790.57	1987.52	196.95	1755.46	1948.55	193.09
New York Independent Health							
Standard Self	C54	715.87	725.85	9.98	701.83	711.62	9.79
Standard Self & Family	C55	1932.85	1959.81	26.96	1894.95	1921.38	26.43
Standard Self Plus One	C56	1825.44	1850.90	25.46	1789.65	1814.61	24.96
New York Independent Health							
High Self	QA1	742.18	777.92	35.74	727.63	762.67	35.04
High Self & Family	QA2	2003.85	2100.36	96.51	1964.56	2059.18	94.62
High Self Plus One	QA3	1892.54	1983.70	91.16	1855.43	1944.80	89.37
HDHP Self	QA4	602.38	604.73	2.35	590.57	592.87	2.30
HDHP Self & Family	QA5	1555.34	1563.79	8.45	1524.84	1533.13	8.29
HDHP Self Plus One	QA6	1449.62	1458.20	8.58	1421.20	1429.61	8.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
North Carolina Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
North Carolina Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
North Carolina Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
North Dakota Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
North Dakota Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
North Dakota Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
North Dakota Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
North Dakota HealthPartners							
Standard Self	V34	436.65	469.12	32.47	428.09	459.92	31.83
Standard Self & Family	V35	1063.68	1142.82	79.14	1042.82	1120.41	77.59
Standard Self Plus One	V36	965.00	1036.78	71.78	946.08	1016.45	70.37
High Self	V31	806.12	726.56	-79.56	790.31	712.31	-78.00
High Self & Family	V32	1963.71	1769.90	-193.81	1925.21	1735.20	-190.01
High Self Plus One	V33	1781.50	1605.69	-175.81	1746.57	1574.21	-172.36
Ohio Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Ohio Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Ohio Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Ohio AultCare Insurance Company							
High Self	3A1	784.88	858.87	73.99	769.49	842.03	72.54
High Self & Family	3A2	1938.68	2121.38	182.70	1900.67	2079.78	179.11
High Self Plus One	3A3	1648.26	1803.60	155.34	1615.94	1768.24	152.30
HDHP Self	3A4	380.72	446.37	65.65	373.25	437.62	64.37
HDHP Self & Family	3A5	1218.22	1429.28	211.06	1194.33	1401.25	206.92
HDHP Self Plus One	3A6	723.31	848.60	125.29	709.13	831.96	122.83
Ohio Humana CoverageFirst and Humana Value Plan							
Value Self	X34	581.68	627.42	45.74	570.27	615.12	44.85
Value Self & Family	X35	1308.78	1411.73	102.95	1283.12	1384.05	100.93
Value Self Plus One	X36	1250.59	1348.98	98.39	1226.07	1322.53	96.46
CDHP Self	X31	698.34	815.43	117.09	684.65	799.44	114.79
CDHP Self & Family	X32	1571.29	1834.75	263.46	1540.48	1798.77	258.29
CDHP Self Plus One	X33	1501.45	1753.20	251.75	1472.01	1718.82	246.81

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Humana Health Plan of Ohio, Inc.							
High Self	A61	1196.09	1531.00	334.91	1172.64	1500.98	328.34
High Self & Family	A62	2691.25	3444.77	753.52	2638.48	3377.23	738.75
High Self Plus One	A63	2571.64	3291.68	720.04	2521.22	3227.14	705.92
Standard Self	A64	948.89	1195.61	246.72	930.28	1172.17	241.89
Standard Self & Family	A65	2135.03	2690.17	555.14	2093.17	2637.42	544.25
Standard Self Plus One	A66	2040.16	2570.60	530.44	2000.16	2520.20	520.04
Ohio Humana Health Plan of Ohio, Inc.							
Basic Self	W61	597.50	620.79	23.29	585.78	608.62	22.84
Basic Self & Family	W62	1344.37	1396.83	52.46	1318.01	1369.44	51.43
Basic Self Plus One	W63	1284.61	1334.75	50.14	1259.42	1308.58	49.16
Ohio Medical Mutual of Ohio							
Standard Self	644	874.92	1048.34	173.42	857.76	1027.78	170.02
Standard Self & Family	645	2099.79	2516.04	416.25	2058.62	2466.71	408.09
Standard Self Plus One	646	1924.78	2306.38	381.60	1887.04	2261.16	374.12
Ohio Medical Mutual of Ohio							
Standard Self	X64	822.08	866.41	44.33	805.96	849.42	43.46
Standard Self & Family	X65	1972.98	2079.37	106.39	1934.29	2038.60	104.31
Standard Self Plus One	X66	1808.53	1906.08	97.55	1773.07	1868.71	95.64
Basic Self	X61	470.95	448.79	-22.16	461.72	439.99	-21.73
Basic Self & Family	X62	1130.28	1077.07	-53.21	1108.12	1055.95	-52.17
Basic Self Plus One	X63	1036.10	987.32	-48.78	1015.78	967.96	-47.82
Ohio Medical Mutual of Ohio							
Basic Self	UX1	492.21	448.94	-43.27	482.56	440.14	-42.42
Basic Self & Family	UX2	1181.31	1077.47	-103.84	1158.15	1056.34	-101.81
Basic Self Plus One	UX3	1082.88	987.70	-95.18	1061.65	968.33	-93.32
Ohio Medical Mutual of Ohio							
Basic Self	YF1	500.37	448.94	-51.43	490.56	440.14	-50.42
Basic Self & Family	YF2	1200.92	1077.47	-123.45	1177.37	1056.34	-121.03
Basic Self Plus One	YF3	1100.85	987.70	-113.15	1079.26	968.33	-110.93
Standard Self	YF4	938.24	988.36	50.12	919.84	968.98	49.14
Standard Self & Family	YF5	2251.75	2372.06	120.31	2207.60	2325.55	117.95
Standard Self Plus One	YF6	2064.07	2174.37	110.30	2023.60	2131.74	108.14

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Oklahoma Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Oklahoma Aetna HealthFund HDHP							
HDHP Self	Z24	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	Z25	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	Z26	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Oklahoma GlobalHealth							
Standard Self	IM4	614.20	635.40	21.20	602.16	622.94	20.78
Standard Self & Family	IM5	1535.51	1588.53	53.02	1505.40	1557.38	51.98
Standard Self Plus One	IM6	1228.41	1270.82	42.41	1204.32	1245.90	41.58
High Self	IM1	631.38	672.46	41.08	619.00	659.27	40.27
High Self & Family	IM2	1578.47	1681.12	102.65	1547.52	1648.16	100.64
High Self Plus One	IM3	1262.77	1344.90	82.13	1238.01	1318.53	80.52
Oregon Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Oregon Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Oregon Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Oregon Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Oregon Kaiser Foundation Health Plan of the Northwest							
Standard Self	574	632.71	660.92	28.21	620.30	647.96	27.66
Standard Self & Family	575	1453.50	1518.31	64.81	1425.00	1488.54	63.54
Standard Self Plus One	576	1453.50	1518.31	64.81	1425.00	1488.54	63.54
High Self	571	720.81	744.53	23.72	706.68	729.93	23.25
High Self & Family	572	1628.08	1681.67	53.59	1596.16	1648.70	52.54
High Self Plus One	573	1628.08	1681.67	53.59	1596.16	1648.70	52.54
Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LU1	459.33	452.72	-6.61	450.32	443.84	-6.48
HDHP Self & Family	LU2	1056.44	1041.27	-15.17	1035.73	1020.85	-14.88
HDHP Self Plus One	LU3	987.56	973.36	-14.20	968.20	954.27	-13.93
Oregon UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KT1	692.77	739.27	46.50	679.19	724.77	45.58
High Self & Family	KT2	1731.91	1848.14	116.23	1697.95	1811.90	113.95
High Self Plus One	KT3	1489.43	1589.42	99.99	1460.23	1558.25	98.02
Oregon UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	WF1	New Plan	533.32	New Plan	New Plan	522.86	New Plan
High Self & Family	WF2	New Plan	1261.12	New Plan	New Plan	1236.39	New Plan
High Self Plus One	WF3	New Plan	1146.53	New Plan	New Plan	1124.05	New Plan
Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	VD1	New Plan	532.46	New Plan	New Plan	522.02	New Plan
High Self & Family	VD2	New Plan	1259.06	New Plan	New Plan	1234.37	New Plan
High Self Plus One	VD3	New Plan	1144.67	New Plan	New Plan	1122.23	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Pennsylvania Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Pennsylvania Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Pennsylvania Aetna Open Access							
High Self	YE1	956.88	1239.43	282.55	938.12	1215.13	277.01
High Self & Family	YE2	2402.73	3112.21	709.48	2355.62	3051.19	695.57
High Self Plus One	YE3	2378.94	3081.40	702.46	2332.29	3020.98	688.69
Pennsylvania Aetna Open Access							
Basic Self	P34	1324.43	1336.28	11.85	1298.46	1310.08	11.62
Basic Self & Family	P35	3074.03	3101.49	27.46	3013.75	3040.68	26.93
Basic Self Plus One	P36	3043.57	3070.75	27.18	2983.89	3010.54	26.65
High Self	P31	1514.91	1485.74	-29.17	1485.21	1456.61	-28.60
High Self & Family	P32	3672.93	3602.17	-70.76	3600.91	3531.54	-69.37
High Self Plus One	P33	3636.56	3566.48	-70.08	3565.25	3496.55	-68.70
Pennsylvania Geisinger Health Plan							
Standard Self	GG4	743.75	839.18	95.43	729.17	822.73	93.56
Standard Self & Family	GG5	1702.85	1921.35	218.50	1669.46	1883.68	214.22
Standard Self Plus One	GG6	1607.05	1813.26	206.21	1575.54	1777.71	202.17

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 HDHP								
	HDHP Self	V41	505.60	496.30	-9.30	495.69	486.57	-9.12
	HDHP Self & Family	V42	1162.86	1141.49	-21.37	1140.06	1119.11	-20.95
	HDHP Self Plus One	V43	1087.03	1067.05	-19.98	1065.72	1046.13	-19.59
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO								
	High Self	LR1	681.30	729.19	47.89	667.94	714.89	46.95
	High Self & Family	LR2	1614.65	1728.18	113.53	1582.99	1694.29	111.30
	High Self Plus One	LR3	1464.77	1567.73	102.96	1436.05	1536.99	100.94
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage								
	High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
	High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
	High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage								
	High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
	High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
	High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Pennsylvania UPMC Health Plan								
	Standard Self	YT4	New Plan	922.17	New Plan	New Plan	904.09	New Plan
	Standard Self & Family	YT5	New Plan	2164.41	New Plan	New Plan	2121.97	New Plan
	Standard Self Plus One	YT6	New Plan	2073.11	New Plan	New Plan	2032.46	New Plan
Pennsylvania UPMC Health Plan								
	HDHP Self	YS4	New Plan	791.32	New Plan	New Plan	775.80	New Plan
	HDHP Self & Family	YS5	New Plan	1826.87	New Plan	New Plan	1791.05	New Plan
	HDHP Self Plus One	YS6	New Plan	1756.15	New Plan	New Plan	1721.72	New Plan
	High Self	YS1	New Plan	1165.20	New Plan	New Plan	1142.35	New Plan
	High Self & Family	YS2	New Plan	2738.57	New Plan	New Plan	2684.87	New Plan
	High Self Plus One	YS3	New Plan	2622.10	New Plan	New Plan	2570.69	New Plan
Pennsylvania UPMC Health Plan								
	HDHP Self	8W4	585.05	622.84	37.79	573.58	610.63	37.05
	HDHP Self & Family	8W5	1343.94	1433.10	89.16	1317.59	1405.00	87.41
	HDHP Self Plus One	8W6	1293.40	1378.66	85.26	1268.04	1351.63	83.59
	High Self	8W1	890.24	955.12	64.88	872.78	936.39	63.61
	High Self & Family	8W2	2092.34	2244.86	152.52	2051.31	2200.84	149.53
	High Self Plus One	8W3	2003.41	2149.43	146.02	1964.13	2107.28	143.15

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Pennsylvania UPMC Health Plan							
Standard Self	UW4	664.90	687.15	22.25	651.86	673.68	21.82
Standard Self & Family	UW5	1554.28	1612.35	58.07	1523.80	1580.74	56.94
Standard Self Plus One	UW6	1488.46	1544.48	56.02	1459.27	1514.20	54.93
Puerto Rico Humana Health Plans of Puerto Rico, Inc.							
High Self	ZJ1	372.41	398.04	25.63	365.11	390.24	25.13
High Self & Family	ZJ2	837.92	895.62	57.70	821.49	878.06	56.57
High Self Plus One	ZJ3	800.68	855.80	55.12	784.98	839.02	54.04
Puerto Rico Triple-S Salud Inc. Puerto Rico							
High Self	891	415.53	397.84	-17.69	407.38	390.04	-17.34
High Self & Family	892	951.54	911.07	-40.47	932.88	893.21	-39.67
High Self Plus One	893	932.99	893.31	-39.68	914.70	875.79	-38.91
Rhode Island Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Rhode Island Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91
Rhode Island Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
South Carolina Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
South Carolina Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
South Carolina Aetna HealthFund HDHP							
HDHP Self	Z24	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	Z25	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	Z26	1455.22	1607.62	152.40	1426.69	1576.10	149.41
South Dakota Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
South Dakota Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
South Dakota Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
South Dakota Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
South Dakota HealthPartners							
Standard Self	V34	436.65	469.12	32.47	428.09	459.92	31.83
Standard Self & Family	V35	1063.68	1142.82	79.14	1042.82	1120.41	77.59
Standard Self Plus One	V36	965.00	1036.78	71.78	946.08	1016.45	70.37
High Self	V31	806.12	726.56	-79.56	790.31	712.31	-78.00
High Self & Family	V32	1963.71	1769.90	-193.81	1925.21	1735.20	-190.01
High Self Plus One	V33	1781.50	1605.69	-175.81	1746.57	1574.21	-172.36
Tennessee Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Tennessee Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Tennessee Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Tennessee Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Tennessee Aetna Open Access							
High Self	UB1	1014.73	1082.41	67.68	994.83	1061.19	66.36
High Self & Family	UB2	2600.25	2773.69	173.44	2549.26	2719.30	170.04
High Self Plus One	UB3	2574.54	2746.26	171.72	2524.06	2692.41	168.35

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Tennessee Humana CoverageFirst and Humana Value Plan							
CDHP Self	TT1	678.76	760.22	81.46	665.45	745.31	79.86
CDHP Self & Family	TT2	1527.25	1710.52	183.27	1497.30	1676.98	179.68
CDHP Self Plus One	TT3	1459.38	1634.50	175.12	1430.76	1602.45	171.69
Value Self	TT4	548.53	696.62	148.09	537.77	682.96	145.19
Value Self & Family	TT5	1234.13	1567.35	333.22	1209.93	1536.62	326.69
Value Self Plus One	TT6	1179.28	1497.68	318.40	1156.16	1468.31	312.15
Tennessee Humana Health Plan, Inc.							
High Self	GJ1	983.04	1199.31	216.27	963.76	1175.79	212.03
High Self & Family	GJ2	2211.75	2698.35	486.60	2168.38	2645.44	477.06
High Self Plus One	GJ3	2113.45	2578.41	464.96	2072.01	2527.85	455.84
Standard Self	GJ4	831.93	887.53	55.60	815.62	870.13	54.51
Standard Self & Family	GJ5	1871.82	1996.94	125.12	1835.12	1957.78	122.66
Standard Self Plus One	GJ6	1788.62	1908.19	119.57	1753.55	1870.77	117.22
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LS1	427.08	463.83	36.75	418.71	454.74	36.03
HDHP Self & Family	LS2	982.34	1066.84	84.50	963.08	1045.92	82.84
HDHP Self Plus One	LS3	918.26	997.26	79.00	900.25	977.71	77.46
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KK1	692.61	728.15	35.54	679.03	713.87	34.84
High Self & Family	KK2	1731.58	1820.40	88.82	1697.63	1784.71	87.08
High Self Plus One	KK3	1489.14	1565.57	76.43	1459.94	1534.87	74.93
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan
Texas Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Aetna Direct								
	CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
	CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
	CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Texas Aetna HealthFund CDHP and Aetna Value Plan								
	Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
	Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
	Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
	CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
	CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
	CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Texas Aetna HealthFund HDHP								
	HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
	HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
	HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Texas Humana CoverageFirst and Humana Value Plan								
	Value Self	T34	508.22	538.73	30.51	498.25	528.17	29.92
	Value Self & Family	T35	1143.50	1212.10	68.60	1121.08	1188.33	67.25
	Value Self Plus One	T36	1092.70	1158.24	65.54	1071.27	1135.53	64.26
	CDHP Self	T31	667.18	773.93	106.75	654.10	758.75	104.65
	CDHP Self & Family	T32	1501.12	1741.30	240.18	1471.69	1707.16	235.47
	CDHP Self Plus One	T33	1434.43	1663.96	229.53	1406.30	1631.33	225.03
Texas Humana CoverageFirst and Humana Value Plan								
	CDHP Self	TV1	721.74	858.87	137.13	707.59	842.03	134.44
	CDHP Self & Family	TV2	1623.93	1932.49	308.56	1592.09	1894.60	302.51
	CDHP Self Plus One	TV3	1551.78	1846.61	294.83	1521.35	1810.40	289.05
	Value Self	TV4	590.71	679.31	88.60	579.13	665.99	86.86
	Value Self & Family	TV5	1329.12	1528.48	199.36	1303.06	1498.51	195.45
	Value Self Plus One	TV6	1270.04	1460.57	190.53	1245.14	1431.93	186.79

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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							
Value Self	TU4	518.80	538.26	19.46	508.63	527.71	19.08
Value Self & Family	TU5	1167.28	1211.13	43.85	1144.39	1187.38	42.99
Value Self Plus One	TU6	1115.43	1157.31	41.88	1093.56	1134.62	41.06
CDHP Self	TU1	652.17	658.70	6.53	639.38	645.78	6.40
CDHP Self & Family	TU2	1467.42	1482.07	14.65	1438.65	1453.01	14.36
CDHP Self Plus One	TU3	1402.18	1416.21	14.03	1374.69	1388.44	13.75
Texas Humana CoverageFirst and Humana Value Plan							
CDHP Self	TP1	603.31	736.04	132.73	591.48	721.61	130.13
CDHP Self & Family	TP2	1357.45	1656.08	298.63	1330.83	1623.61	292.78
CDHP Self Plus One	TP3	1297.13	1582.52	285.39	1271.70	1551.49	279.79
Value Self	TP4	406.91	431.33	24.42	398.93	422.87	23.94
Value Self & Family	TP5	915.54	970.48	54.94	897.59	951.45	53.86
Value Self Plus One	TP6	874.87	927.36	52.49	857.72	909.18	51.46
Texas Humana Health Plan of Texas							
Standard Self	UC4	815.87	856.67	40.80	799.87	839.87	40.00
Standard Self & Family	UC5	1835.69	1927.45	91.76	1799.70	1889.66	89.96
Standard Self Plus One	UC6	1754.10	1841.79	87.69	1719.71	1805.68	85.97
High Self	UC1	997.49	1117.18	119.69	977.93	1095.27	117.34
High Self & Family	UC2	2244.37	2513.70	269.33	2200.36	2464.41	264.05
High Self Plus One	UC3	2144.61	2401.96	257.35	2102.56	2354.86	252.30
Texas Humana Health Plan of Texas							
Basic Self	QX1	631.59	764.25	132.66	619.21	749.26	130.05
Basic Self & Family	QX2	1421.07	1719.56	298.49	1393.21	1685.84	292.63
Basic Self Plus One	QX3	1357.92	1643.14	285.22	1331.29	1610.92	279.63
Texas Humana Health Plan of Texas							
Standard Self	EW4	789.48	852.64	63.16	774.00	835.92	61.92
Standard Self & Family	EW5	1776.31	1918.44	142.13	1741.48	1880.82	139.34
Standard Self Plus One	EW6	1697.37	1833.15	135.78	1664.09	1797.21	133.12
High Self	EW1	1049.64	1154.59	104.95	1029.06	1131.95	102.89
High Self & Family	EW2	2361.72	2597.88	236.16	2315.41	2546.94	231.53
High Self Plus One	EW3	2256.76	2482.43	225.67	2212.51	2433.75	221.24

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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							
Basic Self	QY1	625.94	776.18	150.24	613.67	760.96	147.29
Basic Self & Family	QY2	1408.37	1746.36	337.99	1380.75	1712.12	331.37
Basic Self Plus One	QY3	1345.78	1668.77	322.99	1319.39	1636.05	316.66
Texas Humana Health Plan of Texas							
Basic Self	Q21	609.45	749.63	140.18	597.50	734.93	137.43
Basic Self & Family	Q22	1371.24	1686.63	315.39	1344.35	1653.56	309.21
Basic Self Plus One	Q23	1310.26	1611.64	301.38	1284.57	1580.04	295.47
Texas Humana Health Plan of Texas							
Basic Self	Q61	600.70	636.75	36.05	588.92	624.26	35.34
Basic Self & Family	Q62	1351.61	1432.70	81.09	1325.11	1404.61	79.50
Basic Self Plus One	Q63	1291.52	1369.03	77.51	1266.20	1342.19	75.99
Texas Humana Health Plan of Texas							
Standard Self	UU4	1323.42	1693.99	370.57	1297.47	1660.77	363.30
Standard Self & Family	UU5	2977.71	3811.45	833.74	2919.32	3736.72	817.40
Standard Self Plus One	UU6	2845.35	3642.03	796.68	2789.56	3570.62	781.06
High Self	UU1	1500.63	1575.65	75.02	1471.21	1544.75	73.54
High Self & Family	UU2	3376.35	3545.17	168.82	3310.15	3475.66	165.51
High Self Plus One	UU3	3226.31	3387.62	161.31	3163.05	3321.20	158.15
Texas Humana Health Plan of Texas							
Standard Self	UR4	908.71	999.61	90.90	890.89	980.01	89.12
Standard Self & Family	UR5	2044.63	2249.10	204.47	2004.54	2205.00	200.46
Standard Self Plus One	UR6	1953.75	2149.14	195.39	1915.44	2107.00	191.56
High Self	UR1	1317.67	1409.94	92.27	1291.83	1382.29	90.46
High Self & Family	UR2	2964.78	3172.32	207.54	2906.65	3110.12	203.47
High Self Plus One	UR3	2833.00	3031.35	198.35	2777.45	2971.91	194.46
Texas Scott and White Health Plan							
Basic Self	A81	618.01	671.26	53.25	605.89	658.10	52.21
Basic Self & Family	A82	1449.96	1575.09	125.13	1421.53	1544.21	122.68
Basic Self Plus One	A83	1369.87	1488.06	118.19	1343.01	1458.88	115.87
Standard Self	A84	753.45	801.13	47.68	738.68	785.42	46.74
Standard Self & Family	A85	1768.31	1880.36	112.05	1733.64	1843.49	109.85
Standard Self Plus One	A86	1670.59	1776.42	105.83	1637.83	1741.59	103.76

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2020 Temporary Continuation of Coverage Monthly Premium			2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code	2019 TCC Premium	Total TCC Premium	Change in enrollee payment	2019 Former Spouse Premium	Total Former Spouse Premium	Change in Former Spouse payment
Texas Scott and White Health Plan						
Basic Self	P81	693.54	691.93	-1.61	679.94	-1.58
Basic Self & Family	P82	1627.51	1623.73	-3.78	1595.60	-3.71
Basic Self Plus One	P83	1537.57	1534.01	-3.56	1507.42	-3.49
Standard Self	P84	843.41	841.44	-1.97	826.87	-1.93
Standard Self & Family	P85	1979.66	1975.04	-4.62	1940.84	-4.53
Standard Self Plus One	P86	1870.26	1865.89	-4.37	1833.59	-4.29
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced						
Value Self	L91	445.80	531.93	86.13	437.06	84.44
Value Self & Family	L92	1250.00	1491.51	241.51	1225.49	236.77
Value Self Plus One	L93	870.63	1038.83	168.20	853.56	164.90
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage						
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42
Texas UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage						
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38
Utah Aetna Advantage						
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44
Utah Aetna Direct						
CDHP Self	N61	568.48	624.90	56.42	557.33	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	121.29
Utah Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	683.99	726.98	42.99	670.58	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	269.53

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Plan - Option - Enrollment Code							
Utah Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Utah Altius Health Plan							
High Self	9K1	953.94	1029.24	75.30	935.24	1009.06	73.82
High Self & Family	9K2	2109.63	2276.15	166.52	2068.26	2231.52	163.26
High Self Plus One	9K3	2088.74	2253.61	164.87	2047.78	2209.42	161.64
HDHP Self	9K4	517.05	539.81	22.76	506.91	529.23	22.32
HDHP Self & Family	9K5	1080.60	1128.16	47.56	1059.41	1106.04	46.63
HDHP Self Plus One	9K6	1059.41	1106.06	46.65	1038.64	1084.37	45.73
Utah Altius Health Plan							
Standard Self	DK4	726.69	776.53	49.84	712.44	761.30	48.86
Standard Self & Family	DK5	1604.77	1714.85	110.08	1573.30	1681.23	107.93
Standard Self Plus One	DK6	1588.85	1697.85	109.00	1557.70	1664.56	106.86
Utah SelectHealth Plan							
Standard Self	SF4	631.59	617.10	-14.49	619.21	605.00	-14.21
Standard Self & Family	SF5	1439.49	1406.45	-33.04	1411.26	1378.87	-32.39
Standard Self Plus One	SF6	1439.49	1406.45	-33.04	1411.26	1378.87	-32.39
Utah SelectHealth Plan							
HDHP Self	WX1	517.05	537.73	20.68	506.91	527.19	20.28
HDHP Self & Family	WX2	1178.42	1225.56	47.14	1155.31	1201.53	46.22
HDHP Self Plus One	WX3	1178.42	1225.56	47.14	1155.31	1201.53	46.22
Vermont Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Vermont Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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							
Value Self	EP4	631.46	774.80	143.34	619.08	759.61	140.53
Value Self & Family	EP5	1446.00	1774.30	328.30	1417.65	1739.51	321.86
Value Self Plus One	EP6	1417.65	1739.49	321.84	1389.85	1705.38	315.53
CDHP Self	EP1	935.14	1097.27	162.13	916.80	1075.75	158.95
CDHP Self & Family	EP2	2132.65	2502.39	369.74	2090.83	2453.32	362.49
CDHP Self Plus One	EP3	2111.52	2477.61	366.09	2070.12	2429.03	358.91
Vermont Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands							
High Self	851	672.44	692.61	20.17	659.25	679.03	19.78
High Self & Family	852	1539.90	1586.12	46.22	1509.71	1555.02	45.31
High Self Plus One	853	1509.88	1555.17	45.29	1480.27	1524.68	44.41
Virginia Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Virginia Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Virginia Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
Virginia Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Virginia Aetna Open Access							
High Self	JN1	1141.51	1160.32	18.81	1119.13	1137.57	18.44
High Self & Family	JN2	2566.30	2608.58	42.28	2515.98	2557.43	41.45
High Self Plus One	JN3	2540.86	2582.74	41.88	2491.04	2532.10	41.06
Basic Self	JN4	694.07	711.04	16.97	680.46	697.10	16.64
Basic Self & Family	JN5	1588.40	1627.25	38.85	1557.25	1595.34	38.09
Basic Self Plus One	JN6	1458.60	1494.29	35.69	1430.00	1464.99	34.99
Virginia Aetna Saver							
Saver Self	QQ4	New Plan	607.11	New Plan	New Plan	595.21	New Plan
Saver Self & Family	QQ5	New Plan	1389.38	New Plan	New Plan	1362.14	New Plan
Saver Self Plus One	QQ6	New Plan	1275.84	New Plan	New Plan	1250.82	New Plan
Virginia CareFirst BlueChoice							
Standard Self	2G4	813.63	862.45	48.82	797.68	845.54	47.86
Standard Self & Family	2G5	1933.16	2049.14	115.98	1895.25	2008.96	113.71
Standard Self Plus One	2G6	1627.25	1724.88	97.63	1595.34	1691.06	95.72
Virginia CareFirst BlueChoice							
HDHP Self	B61	528.64	581.49	52.85	518.27	570.09	51.82
HDHP Self & Family	B62	1256.01	1381.60	125.59	1231.38	1354.51	123.13
HDHP Self Plus One	B63	1057.24	1162.97	105.73	1036.51	1140.17	103.66
Blue Value Plus Self	B64	New Plan	720.11	New Plan	New Plan	705.99	New Plan
Blue Value Plus Self & Family	B65	New Plan	1711.01	New Plan	New Plan	1677.46	New Plan
Blue Value Plus Self Plus One	B66	New Plan	1440.26	New Plan	New Plan	1412.02	New Plan
Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.							
Basic Self	T71	428.52	428.52	0.00	420.12	420.12	0.00
Basic Self & Family	T72	1046.68	1046.68	0.00	1026.16	1026.16	0.00
Basic Self Plus One	T73	953.60	953.60	0.00	934.90	934.90	0.00
Virginia Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.							
Standard Self	E34	532.20	582.98	50.78	521.76	571.55	49.79
Standard Self & Family	E35	1223.99	1340.79	116.80	1199.99	1314.50	114.51
Standard Self Plus One	E36	1223.99	1340.79	116.80	1199.99	1314.50	114.51
High Self	E31	706.53	737.28	30.75	692.68	722.82	30.14
High Self & Family	E32	1625.01	1695.78	70.77	1593.15	1662.53	69.38
High Self Plus One	E33	1625.01	1695.78	70.77	1593.15	1662.53	69.38

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Virginia M.D. IPA							
High Self	JP1	806.68	894.14	87.46	790.86	876.61	85.75
High Self & Family	JP2	2261.89	2507.20	245.31	2217.54	2458.04	240.50
High Self Plus One	JP3	1575.42	1746.28	170.86	1544.53	1712.04	167.51
Virginia Optima Health							
HDHP Self	PG4	617.29	657.30	40.01	605.19	644.41	39.22
HDHP Self & Family	PG5	1361.69	1449.92	88.23	1334.99	1421.49	86.50
HDHP Self Plus One	PG6	1334.98	1421.49	86.51	1308.80	1393.62	84.82
High Self	PG1	692.04	705.94	13.90	678.47	692.10	13.63
High Self & Family	PG2	1672.26	1705.81	33.55	1639.47	1672.36	32.89
High Self Plus One	PG3	1672.16	1705.67	33.51	1639.37	1672.23	32.86
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	V41	505.60	496.30	-9.30	495.69	486.57	-9.12
HDHP Self & Family	V42	1162.86	1141.49	-21.37	1140.06	1119.11	-20.95
HDHP Self Plus One	V43	1087.03	1067.05	-19.98	1065.72	1046.13	-19.59
Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	LR1	681.30	729.19	47.89	667.94	714.89	46.95
High Self & Family	LR2	1614.65	1728.18	113.53	1582.99	1694.29	111.30
High Self Plus One	LR3	1464.77	1567.73	102.96	1436.05	1536.99	100.94
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced							
Value Self	L91	445.80	531.93	86.13	437.06	521.50	84.44
Value Self & Family	L92	1250.00	1491.51	241.51	1225.49	1462.26	236.77
Value Self Plus One	L93	870.63	1038.83	168.20	853.56	1018.46	164.90
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	AS1	New Plan	536.33	New Plan	New Plan	525.81	New Plan
High Self & Family	AS2	New Plan	1268.23	New Plan	New Plan	1243.36	New Plan
High Self Plus One	AS3	New Plan	1153.03	New Plan	New Plan	1130.42	New Plan
Virginia UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	Y81	New Plan	516.87	New Plan	New Plan	506.74	New Plan
High Self & Family	Y82	New Plan	1222.19	New Plan	New Plan	1198.23	New Plan
High Self Plus One	Y83	New Plan	1111.17	New Plan	New Plan	1089.38	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Washington Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Washington Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Washington Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	G54	683.99	726.98	42.99	670.58	712.73	42.15
Value Self & Family	G55	1566.58	1665.02	98.44	1535.86	1632.37	96.51
Value Self Plus One	G56	1535.89	1632.38	96.49	1505.77	1600.37	94.60
CDHP Self	G51	800.84	922.59	121.75	785.14	904.50	119.36
CDHP Self & Family	G52	1826.70	2104.36	277.66	1790.88	2063.10	272.22
CDHP Self Plus One	G53	1808.64	2083.56	274.92	1773.18	2042.71	269.53
Washington Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Washington Kaiser Foundation Health Plan of the Northwest							
Standard Self	574	632.71	660.92	28.21	620.30	647.96	27.66
Standard Self & Family	575	1453.50	1518.31	64.81	1425.00	1488.54	63.54
Standard Self Plus One	576	1453.50	1518.31	64.81	1425.00	1488.54	63.54
High Self	571	720.81	744.53	23.72	706.68	729.93	23.25
High Self & Family	572	1628.08	1681.67	53.59	1596.16	1648.70	52.54
High Self Plus One	573	1628.08	1681.67	53.59	1596.16	1648.70	52.54
Washington Kaiser Foundation Health Plan of Washington							
Standard Self	544	596.87	616.21	19.34	585.17	604.13	18.96
Standard Self & Family	545	1372.83	1417.32	44.49	1345.91	1389.53	43.62
Standard Self Plus One	546	1372.83	1417.32	44.49	1345.91	1389.53	43.62
High Self	541	831.71	862.65	30.94	815.40	845.74	30.34
High Self & Family	542	1829.79	1897.86	68.07	1793.91	1860.65	66.74
High Self Plus One	543	1829.79	1897.86	68.07	1793.91	1860.65	66.74

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Washington Kaiser Permanente Washington Options Federal							
Standard Self	L11	711.78	742.45	30.67	697.82	727.89	30.07
Standard Self & Family	L12	1580.10	1648.22	68.12	1549.12	1615.90	66.78
Standard Self Plus One	L13	1580.10	1648.22	68.12	1549.12	1615.90	66.78
HDHP Self	L14	598.91	658.49	59.58	587.17	645.58	58.41
HDHP Self & Family	L15	1329.56	1461.80	132.24	1303.49	1433.14	129.65
HDHP Self Plus One	L16	1329.56	1461.80	132.24	1303.49	1433.14	129.65
Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP							
HDHP Self	LU1	459.33	452.72	-6.61	450.32	443.84	-6.48
HDHP Self & Family	LU2	1056.44	1041.27	-15.17	1035.73	1020.85	-14.88
HDHP Self Plus One	LU3	987.56	973.36	-14.20	968.20	954.27	-13.93
Washington UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO							
High Self	KT1	692.77	739.27	46.50	679.19	724.77	45.58
High Self & Family	KT2	1731.91	1848.14	116.23	1697.95	1811.90	113.95
High Self Plus One	KT3	1489.43	1589.42	99.99	1460.23	1558.25	98.02
Washington UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage							
High Self	WF1	New Plan	533.32	New Plan	New Plan	522.86	New Plan
High Self & Family	WF2	New Plan	1261.12	New Plan	New Plan	1236.39	New Plan
High Self Plus One	WF3	New Plan	1146.53	New Plan	New Plan	1124.05	New Plan
Washington UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage							
High Self	VD1	New Plan	532.46	New Plan	New Plan	522.02	New Plan
High Self & Family	VD2	New Plan	1259.06	New Plan	New Plan	1234.37	New Plan
High Self Plus One	VD3	New Plan	1144.67	New Plan	New Plan	1122.23	New Plan
West Virginia Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
West Virginia Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 CDHP and Aetna Value Plan							
CDHP Self	F51	827.01	845.81	18.80	810.79	829.23	18.44
CDHP Self & Family	F52	1885.68	1928.53	42.85	1848.71	1890.72	42.01
CDHP Self Plus One	F53	1867.01	1909.44	42.43	1830.40	1872.00	41.60
Value Self	F54	722.61	836.38	113.77	708.44	819.98	111.54
Value Self & Family	F55	1654.70	1915.16	260.46	1622.25	1877.61	255.36
Value Self Plus One	F56	1622.23	1877.60	255.37	1590.42	1840.78	250.36
West Virginia Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Wisconsin Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Wisconsin Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan							
Value Self	JS4	820.07	1094.95	274.88	803.99	1073.48	269.49
Value Self & Family	JS5	1872.12	2499.60	627.48	1835.41	2450.59	615.18
Value Self Plus One	JS6	1853.60	2474.85	621.25	1817.25	2426.32	609.07
CDHP Self	JS1	1070.02	1024.07	-45.95	1049.04	1003.99	-45.05
CDHP Self & Family	JS2	2439.18	2334.42	-104.76	2391.35	2288.65	-102.70
CDHP Self Plus One	JS3	2415.04	2311.31	-103.73	2367.69	2265.99	-101.70
Wisconsin Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 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 Dean Health Plan, Inc.							
High Self	WD1	1119.08	1170.02	50.94	1097.14	1147.08	49.94
High Self & Family	WD2	2573.86	2691.03	117.17	2523.39	2638.26	114.87
High Self Plus One	WD3	2350.05	2457.04	106.99	2303.97	2408.86	104.89
Standard Self	WD4	658.58	695.20	36.62	645.67	681.57	35.90
Standard Self & Family	WD5	1580.61	1668.49	87.88	1549.62	1635.77	86.15
Standard Self Plus One	WD6	1448.92	1529.45	80.53	1420.51	1499.46	78.95
Wisconsin Group Health Cooperative of South Central Wisconsin							
High Self	WJ1	745.65	875.12	129.47	731.03	857.96	126.93
High Self & Family	WJ2	1938.70	2275.38	336.68	1900.69	2230.76	330.07
High Self Plus One	WJ3	1640.44	1925.31	284.87	1608.27	1887.56	279.29
Wisconsin HealthPartners							
Standard Self	V34	436.65	469.12	32.47	428.09	459.92	31.83
Standard Self & Family	V35	1063.68	1142.82	79.14	1042.82	1120.41	77.59
Standard Self Plus One	V36	965.00	1036.78	71.78	946.08	1016.45	70.37
High Self	V31	806.12	726.56	-79.56	790.31	712.31	-78.00
High Self & Family	V32	1963.71	1769.90	-193.81	1925.21	1735.20	-190.01
High Self Plus One	V33	1781.50	1605.69	-175.81	1746.57	1574.21	-172.36
Wisconsin MercyCare Health Plans							
High Self	EY1	779.33	801.64	22.31	764.05	785.92	21.87
High Self & Family	EY2	2033.89	2092.01	58.12	1994.01	2050.99	56.98
High Self Plus One	EY3	1675.67	1723.58	47.91	1642.81	1689.78	46.97
Standard Self	EY4	New Plan	621.78	New Plan	New Plan	609.59	New Plan
Standard Self & Family	EY5	New Plan	1622.67	New Plan	New Plan	1590.85	New Plan
Standard Self Plus One	EY6	New Plan	1336.89	New Plan	New Plan	1310.68	New Plan
Wisconsin Quartz Health Benefit Plans Corporation							
High Self	TF1	New Plan	1030.57	New Plan	New Plan	1010.36	New Plan
High Self & Family	TF2	New Plan	2473.39	New Plan	New Plan	2424.89	New Plan
High Self Plus One	TF3	New Plan	2318.82	New Plan	New Plan	2273.35	New Plan
Standard Self	TF4	New Plan	626.56	New Plan	New Plan	614.27	New Plan
Standard Self & Family	TF5	New Plan	1503.78	New Plan	New Plan	1474.29	New Plan
Standard Self Plus One	TF6	New Plan	1378.47	New Plan	New Plan	1351.44	New Plan

Temporary Continuation of Coverage Premium Rates and Former Spouse Premiums

Health Management Organizations (HMO)		2019 TCC Premium	2020 Temporary Continuation of Coverage Monthly Premium		2019 Former Spouse Premium	2020 Former Spouse Monthly Premiums	
Plan - Option - Enrollment Code			Total TCC Premium	Change in enrollee payment		Total Former Spouse Premium	Change in Former Spouse payment
Wyoming Aetna Advantage							
Advantage Self	Z24	New Plan	473.12	New Plan	New Plan	463.84	New Plan
Advantage Self & Family	Z25	New Plan	1253.75	New Plan	New Plan	1229.17	New Plan
Advantage Self Plus One	Z26	New Plan	1040.85	New Plan	New Plan	1020.44	New Plan
Wyoming Aetna Direct							
CDHP Self	N61	568.48	624.90	56.42	557.33	612.65	55.32
CDHP Self & Family	N62	1433.65	1575.91	142.26	1405.54	1545.01	139.47
CDHP Self Plus One	N63	1246.71	1370.42	123.71	1222.26	1343.55	121.29
Wyoming Aetna HealthFund CDHP and Aetna Value Plan							
CDHP Self	H41	845.44	845.04	-0.40	828.86	828.47	-0.39
CDHP Self & Family	H42	1927.17	1926.22	-0.95	1889.38	1888.45	-0.93
CDHP Self Plus One	H43	1908.09	1907.32	-0.77	1870.68	1869.92	-0.76
Value Self	H44	628.86	823.18	194.32	616.53	807.04	190.51
Value Self & Family	H45	1443.29	1889.22	445.93	1414.99	1852.18	437.19
Value Self Plus One	H46	1415.00	1852.18	437.18	1387.25	1815.86	428.61
Wyoming Aetna HealthFund HDHP							
HDHP Self	224	672.90	743.38	70.48	659.71	728.80	69.09
HDHP Self & Family	225	1484.30	1639.75	155.45	1455.20	1607.60	152.40
HDHP Self Plus One	226	1455.22	1607.62	152.40	1426.69	1576.10	149.41
Wyoming Altius Health Plan							
High Self	9K1	953.94	1029.24	75.30	935.24	1009.06	73.82
High Self & Family	9K2	2109.63	2276.15	166.52	2068.26	2231.52	163.26
High Self Plus One	9K3	2088.74	2253.61	164.87	2047.78	2209.42	161.64
HDHP Self	9K4	517.05	539.81	22.76	506.91	529.23	22.32
HDHP Self & Family	9K5	1080.60	1128.16	47.56	1059.41	1106.04	46.63
HDHP Self Plus One	9K6	1059.41	1106.06	46.65	1038.64	1084.37	45.73
Wyoming Altius Health Plan							
Standard Self	DK4	726.69	776.53	49.84	712.44	761.30	48.86
Standard Self & Family	DK5	1604.77	1714.85	110.08	1573.30	1681.23	107.93
Standard Self Plus One	DK6	1588.85	1697.85	109.00	1557.70	1664.56	106.86