

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Alabama Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Alabama Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Alabama Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63
<b>Alabama UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50
<b>Alabama UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37
<b>Alaska Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Alaska Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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<b>Alaska Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Arizona Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Arizona Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Arizona Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66

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Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Arizona Aetna Open Access</b>						
High Self	WQ1	1132.60	1125.02	498.72	626.30	-9.59
High Self & Family	WQ2	2749.87	2731.52	1138.19	1593.33	-26.45
High Self Plus One	WQ3	2722.63	2704.46	1066.59	1637.87	-20.93
<b>Arizona Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	R61	637.93	678.10	498.72	179.38	19.90
CDHP Self & Family	R62	1435.37	1525.70	1138.19	387.51	28.67
CDHP Self Plus One	R63	1371.59	1457.91	1066.59	391.32	48.42
Value Self	R64	519.70	542.01	406.51	135.50	5.58
Value Self & Family	R65	1169.31	1219.51	914.63	304.88	12.55
Value Self Plus One	R66	1117.31	1165.32	873.99	291.33	12.00
<b>Arizona Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	R91	618.89	620.64	465.48	155.16	0.44
CDHP Self & Family	R92	1392.47	1396.42	1047.32	349.10	0.98
CDHP Self Plus One	R93	1330.59	1334.34	1000.76	333.58	0.93
Value Self	R94	492.77	494.15	370.61	123.54	0.35
Value Self & Family	R95	1108.71	1111.85	833.89	277.96	0.78
Value Self Plus One	R96	1059.44	1062.45	796.84	265.61	0.75
<b>Arizona Humana Health Plan, Inc.</b>						
High Self	BF1	1131.67	1361.43	498.72	862.71	227.75
High Self & Family	BF2	2546.25	3063.15	1138.19	1924.96	508.80
High Self Plus One	BF3	2433.08	2926.99	1066.59	1860.40	491.15
Standard Self	BF4	794.13	916.07	498.72	417.35	119.93
Standard Self & Family	BF5	1786.79	2061.17	1138.19	922.98	266.28
Standard Self Plus One	BF6	1707.36	1969.57	1066.59	902.98	259.45

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<b>Arizona Humana Health Plan, Inc.</b>						
High Self	C71	819.48	862.59	498.72	363.87	41.10
High Self & Family	C72	1843.81	1940.84	1138.19	802.65	88.93
High Self Plus One	C73	1761.87	1854.58	1066.59	787.99	89.95
Standard Self	C74	676.93	726.57	498.72	227.85	47.63
Standard Self & Family	C75	1523.06	1634.73	1138.19	496.54	103.57
Standard Self Plus One	C76	1455.35	1562.06	1066.59	495.47	103.95
<b>Arizona UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LU1	482.91	450.32	337.74	112.58	-8.15
HDHP Self & Family	LU2	1207.25	1035.73	776.80	258.93	-42.88
HDHP Self Plus One	LU3	1038.25	968.20	726.15	242.05	-17.51
<b>Arizona UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KT1	610.68	679.19	498.72	180.47	27.80
High Self & Family	KT2	1526.70	1697.95	1138.19	559.76	163.15
High Self Plus One	KT3	1312.96	1460.23	1066.59	393.64	65.40
<b>Arkansas Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Arkansas Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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**Arkansas Aetna HealthFund CDHP and Aetna Value Plan**

CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63

**Arkansas QualChoice**

High Self	DH1	733.59	716.37	498.72	217.65	-19.23
High Self & Family	DH2	1913.45	1868.49	1138.19	730.30	-53.06
High Self Plus One	DH3	1425.04	1391.56	1043.67	347.89	-13.32
Standard Self	DH4	572.11	559.30	419.48	139.82	-3.21
Standard Self & Family	DH5	1492.21	1458.82	1094.12	364.70	-8.35
Standard Self Plus One	DH6	1111.33	1086.45	814.84	271.61	-6.22

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

HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50

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

High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37

**California Aetna HealthFund HDHP and Aetna Direct Plan**

HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69

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<b>California Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>California Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>California Aetna Open Access</b>						
High Self	2X1	751.40	763.92	498.72	265.20	10.51
High Self & Family	2X2	1763.99	1793.44	1138.19	655.25	21.35
High Self Plus One	2X3	1729.41	1758.27	1066.59	691.68	26.10
<b>California Anthem Blue Cross Select HMO of CA</b>						
High Self	B31	778.38	770.29	498.72	271.57	-10.10
High Self & Family	B32	1704.63	1733.18	1138.19	594.99	20.45
High Self Plus One	B33	1595.66	1609.94	1066.59	543.35	11.52
<b>California Blue Shield of CA Access+HMO</b>						
High Self	SI1	742.17	779.29	498.72	280.57	35.11
High Self & Family	SI2	1707.03	1792.40	1138.19	654.21	77.27
High Self Plus One	SI3	1632.80	1714.44	1066.59	647.85	78.88
Standard Self	SI4	<b>New Plan</b>	705.08	498.72	206.36	<b>New Plan</b>
Standard Self & Family	SI5	<b>New Plan</b>	1621.69	1138.19	483.50	<b>New Plan</b>
Standard Self Plus One	SI6	<b>New Plan</b>	1551.18	1066.59	484.59	<b>New Plan</b>

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Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>California Health Net of California</b>						
High Self	LB1	1383.57	1361.40	498.72	862.68	-24.18
High Self & Family	LB2	3320.55	3267.38	1138.19	2129.19	-61.27
High Self Plus One	LB3	3043.86	2995.09	1066.59	1928.50	-51.53
Standard Self	LB4	1306.41	1289.41	498.72	790.69	-19.01
Standard Self & Family	LB5	3135.41	3094.59	1138.19	1956.40	-48.92
Standard Self Plus One	LB6	2874.13	2836.71	1066.59	1770.12	-40.18
<b>California Health Net of California</b>						
High Self	LP1	913.55	993.05	498.72	494.33	77.49
High Self & Family	LP2	2192.49	2383.33	1138.19	1245.14	182.74
High Self Plus One	LP3	2009.80	2184.72	1066.59	1118.13	172.16
Standard Self	LP4	875.55	945.64	498.72	446.92	68.08
Standard Self & Family	LP5	2101.36	2269.54	1138.19	1131.35	160.08
Standard Self Plus One	LP6	1926.23	2080.41	1066.59	1013.82	151.42
<b>California Health Net of California</b>						
Basic Self	P61	306.41	332.37	249.28	83.09	6.49
Basic Self & Family	P62	735.39	797.70	598.28	199.42	15.57
Basic Self Plus One	P63	674.14	731.23	548.42	182.81	14.28
<b>California Health Net of California</b>						
Basic Self	T41	787.17	790.29	498.72	291.57	1.11
Basic Self & Family	T42	1889.23	1896.70	1138.19	758.51	-0.63
Basic Self Plus One	T43	1731.77	1738.62	1066.59	672.03	4.09

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<b>California Kaiser Foundation Health Plan of California</b>						
High Self	591	920.49	992.49	498.72	493.77	69.99
High Self & Family	592	2197.33	2369.14	1138.19	1230.95	163.71
High Self Plus One	593	2197.33	2369.14	1066.59	1302.55	169.05
Standard Self	594	759.31	797.57	498.72	298.85	36.25
Standard Self & Family	595	1776.80	1866.28	1138.19	728.09	81.38
Standard Self Plus One	596	1776.80	1866.28	1066.59	799.69	86.72
<b>California Kaiser Foundation Health Plan of California</b>						
High Self	621	658.15	687.20	498.72	188.48	23.94
High Self & Family	622	1521.15	1588.25	1138.19	450.06	59.00
High Self Plus One	623	1521.15	1588.25	1066.59	521.66	64.34
Standard Self	624	415.78	431.36	323.52	107.84	3.90
Standard Self & Family	625	961.03	996.93	747.70	249.23	8.97
Standard Self Plus One	626	961.03	996.93	747.70	249.23	8.97
<b>California Kaiser Foundation Health Plan of California</b>						
Basic Self	KC1	645.39	640.81	480.61	160.20	-1.15
Basic Self & Family	KC2	1510.21	1499.44	1124.58	374.86	-5.26
Basic Self Plus One	KC3	1510.21	1499.44	1066.59	432.85	-13.53
<b>California Kaiser Foundation Health Plan of California</b>						
High Self	NZ1	713.81	731.03	498.72	232.31	15.21
High Self & Family	NZ2	1649.79	1689.55	1138.19	551.36	31.66
High Self Plus One	NZ3	1649.79	1689.55	1066.59	622.96	37.00
Standard Self	NZ4	511.64	534.67	401.00	133.67	5.76
Standard Self & Family	NZ5	1182.50	1235.72	926.79	308.93	13.31
Standard Self Plus One	NZ6	1182.50	1235.72	926.79	308.93	13.31



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HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Colorado Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Colorado Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>Colorado BlueAdvantage HMO on the Pathway HMO Network</b>						
High Self	WW1	<b>New Plan</b>	594.71	446.03	148.68	<b>New Plan</b>
High Self & Family	WW2	<b>New Plan</b>	1448.11	1086.08	362.03	<b>New Plan</b>
High Self Plus One	WW3	<b>New Plan</b>	1352.95	1014.71	338.24	<b>New Plan</b>
<b>Colorado Humana Health Plan, Inc.</b>						
High Self	NR1	637.13	696.22	498.72	197.50	38.22
High Self & Family	NR2	1433.53	1566.46	1138.19	428.27	69.89
High Self Plus One	NR3	1369.81	1496.84	1066.59	430.25	87.80
Standard Self	NR4	500.96	522.30	391.73	130.57	5.33
Standard Self & Family	NR5	1127.17	1175.20	881.40	293.80	12.01
Standard Self Plus One	NR6	1077.07	1122.94	842.21	280.73	11.46

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<b>Colorado Humana Health Plan, Inc.</b>						
High Self	NT1	625.32	626.86	470.15	156.71	0.38
High Self & Family	NT2	1406.97	1410.48	1057.86	352.62	0.88
High Self Plus One	NT3	1344.44	1347.75	1010.81	336.94	0.83
Standard Self	NT4	526.50	501.41	376.06	125.35	-6.27
Standard Self & Family	NT5	1184.63	1128.21	846.16	282.05	-14.11
Standard Self Plus One	NT6	1131.95	1078.09	808.57	269.52	-13.47
<b>Colorado Humana Health Plan, Inc.</b>						
Basic Self	R21	471.40	491.77	368.83	122.94	5.09
Basic Self & Family	R22	1060.65	1106.50	829.88	276.62	11.46
Basic Self Plus One	R23	1013.50	1057.31	792.98	264.33	10.96
<b>Colorado Humana Health Plan, Inc.</b>						
Basic Self	RZ1	495.41	496.95	372.71	124.24	0.39
Basic Self & Family	RZ2	1114.71	1118.13	838.60	279.53	0.85
Basic Self Plus One	RZ3	1065.16	1068.47	801.35	267.12	0.83
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>						
High Self	651	704.23	738.94	498.72	240.22	32.70
High Self & Family	652	1591.55	1670.05	1138.19	531.86	70.40
High Self Plus One	653	1591.55	1670.05	1066.59	603.46	75.74
Standard Self	654	511.10	586.67	440.00	146.67	18.90
Standard Self & Family	655	1155.09	1325.91	994.43	331.48	42.71
Standard Self Plus One	656	1155.09	1325.91	994.43	331.48	42.71
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>						
Basic Self	N41	401.48	429.85	322.39	107.46	7.09
Basic Self & Family	N42	907.36	971.43	728.57	242.86	16.02
Basic Self Plus One	N43	907.36	971.43	728.57	242.86	16.02

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<b>Colorado UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LU1	482.91	450.32	337.74	112.58	-8.15
HDHP Self & Family	LU2	1207.25	1035.73	776.80	258.93	-42.88
HDHP Self Plus One	LU3	1038.25	968.20	726.15	242.05	-17.51
<b>Colorado UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KT1	610.68	679.19	498.72	180.47	27.80
High Self & Family	KT2	1526.70	1697.95	1138.19	559.76	163.15
High Self Plus One	KT3	1312.96	1460.23	1066.59	393.64	65.40
<b>Connecticut Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Connecticut Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Connecticut Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Delaware Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Delaware Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Delaware Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13
<b>Delaware Aetna Open Access</b>						
High Self	P31	1572.42	1485.21	498.72	986.49	-89.22
High Self & Family	P32	3812.34	3600.91	1138.19	2462.72	-219.53
High Self Plus One	P33	3774.57	3565.25	1066.59	2498.66	-212.08
Basic Self	P34	1348.08	1298.46	498.72	799.74	-51.63
Basic Self & Family	P35	3128.88	3013.75	1138.19	1875.56	-123.23
Basic Self Plus One	P36	3097.90	2983.89	1066.59	1917.30	-116.77
<b>District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>District of Columbia Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63
<b>District of Columbia Aetna Open Access</b>						
High Self	JN1	1103.09	1119.13	498.72	620.41	14.03
High Self & Family	JN2	2479.95	2515.98	1138.19	1377.79	27.93
High Self Plus One	JN3	2455.38	2491.04	1066.59	1424.45	32.90
Basic Self	JN4	662.85	680.46	498.72	181.74	15.60
Basic Self & Family	JN5	1516.95	1557.25	1138.19	419.06	32.20
Basic Self Plus One	JN6	1392.99	1430.00	1066.59	363.41	15.16
<b>District of Columbia CareFirst BlueChoice</b>						
Standard Self	2G4	693.62	797.68	498.72	298.96	102.05
Standard Self & Family	2G5	1648.05	1895.25	1138.19	757.06	239.10
Standard Self Plus One	2G6	1387.25	1595.34	1066.59	528.75	181.94
<b>District of Columbia CareFirst BlueChoice</b>						
HDHP Self	B61	609.72	518.27	388.70	129.57	-22.86
HDHP Self & Family	B62	1448.68	1231.38	923.54	307.84	-54.33
HDHP Self Plus One	B63	1219.44	1036.51	777.38	259.13	-45.73

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>						
High Self	E31	660.36	692.68	498.72	193.96	28.87
High Self & Family	E32	1518.83	1593.15	1138.19	454.96	66.22
High Self Plus One	E33	1518.83	1593.15	1066.59	526.56	71.56
Standard Self	E34	504.96	521.76	391.32	130.44	4.20
Standard Self & Family	E35	1161.49	1199.99	899.99	300.00	9.63
Standard Self Plus One	E36	1161.49	1199.99	899.99	300.00	9.63
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>						
Basic Self	T71	460.03	420.12	315.09	105.03	-9.98
Basic Self & Family	T72	1104.50	1026.16	769.62	256.54	-19.58
Basic Self Plus One	T73	1006.22	934.90	701.18	233.72	-17.83
<b>District of Columbia M.D. IPA</b>						
High Self	JP1	717.77	790.86	498.72	292.14	71.08
High Self & Family	JP2	2012.66	2217.54	1138.19	1079.35	196.78
High Self Plus One	JP3	1401.81	1544.53	1066.59	477.94	127.49
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	V41	566.97	495.69	371.77	123.92	-17.82
HDHP Self & Family	V42	1417.48	1140.06	855.05	285.01	-69.36
HDHP Self Plus One	V43	1219.01	1065.72	799.29	266.43	-38.32
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	LR1	607.99	667.94	498.72	169.22	17.22
High Self & Family	LR2	1520.00	1582.99	1138.19	444.80	54.89
High Self Plus One	LR3	1307.19	1436.05	1066.59	369.46	42.66
<b>District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	L91	463.32	437.06	327.80	109.26	-6.57
Value Self & Family	L92	1299.18	1225.49	919.12	306.37	-18.42
Value Self Plus One	L93	904.89	853.56	640.17	213.39	-12.83
<b>Florida Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Florida Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Florida Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63
<b>Florida AvMed</b>						
Standard Self	ML4	684.71	709.22	498.72	210.50	22.50
Standard Self & Family	ML5	1773.63	1837.05	1138.19	698.86	55.32
Standard Self Plus One	ML6	1369.46	1418.43	1063.82	354.61	12.25
<b>Florida AvMed</b>						
HDHP Self	WZ1	<b>New Plan</b>	813.30	498.72	314.58	<b>New Plan</b>
HDHP Self & Family	WZ2	<b>New Plan</b>	2003.32	1138.19	865.13	<b>New Plan</b>
HDHP Self Plus One	WZ3	<b>New Plan</b>	1561.60	1066.59	495.01	<b>New Plan</b>
<b>Florida Capital Health Plan</b>						
High Self	EA1	665.04	690.41	498.72	191.69	23.36
High Self & Family	EA2	1795.69	1726.08	1138.19	587.89	-77.71
High Self Plus One	EA3	1330.14	1484.41	1066.59	417.82	85.29

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Florida Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	MJ1	803.51	854.10	498.72	355.38	48.58
CDHP Self & Family	MJ2	1807.91	1921.75	1138.19	783.56	105.74
CDHP Self Plus One	MJ3	1727.57	1836.36	1066.59	769.77	106.03
Value Self	MJ4	493.22	504.49	378.37	126.12	2.82
Value Self & Family	MJ5	1109.72	1135.10	851.33	283.77	6.34
Value Self Plus One	MJ6	1060.39	1084.63	813.47	271.16	6.06
<b>Florida Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	QP1	682.11	684.02	498.72	185.30	-0.10
CDHP Self & Family	QP2	1536.77	1541.09	1138.19	402.90	-3.78
CDHP Self Plus One	QP3	1468.48	1472.58	1066.59	405.99	1.34
Value Self	QP4	488.56	489.95	367.46	122.49	0.35
Value Self & Family	QP5	1099.26	1102.36	826.77	275.59	0.78
Value Self Plus One	QP6	1050.42	1053.37	790.03	263.34	0.74
<b>Florida Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	W91	<b>New Plan</b>	573.58	430.19	143.39	<b>New Plan</b>
CDHP Self & Family	W92	<b>New Plan</b>	1290.58	967.94	322.64	<b>New Plan</b>
CDHP Self Plus One	W93	<b>New Plan</b>	1233.20	924.90	308.30	<b>New Plan</b>
Value Self	W94	<b>New Plan</b>	485.23	363.92	121.31	<b>New Plan</b>
Value Self & Family	W95	<b>New Plan</b>	1091.78	818.84	272.94	<b>New Plan</b>
Value Self Plus One	W96	<b>New Plan</b>	1043.25	782.44	260.81	<b>New Plan</b>
<b>Florida Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	X21	<b>New Plan</b>	555.92	416.94	138.98	<b>New Plan</b>
CDHP Self & Family	X22	<b>New Plan</b>	1250.82	938.12	312.70	<b>New Plan</b>
CDHP Self Plus One	X23	<b>New Plan</b>	1195.24	896.43	298.81	<b>New Plan</b>
Value Self	X24	<b>New Plan</b>	470.30	352.73	117.57	<b>New Plan</b>
Value Self & Family	X25	<b>New Plan</b>	1058.16	793.62	264.54	<b>New Plan</b>
Value Self Plus One	X26	<b>New Plan</b>	1011.14	758.36	252.78	<b>New Plan</b>



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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Florida Humana Medical Plan, Inc.</b>						
High Self	E21	877.91	985.77	498.72	487.05	105.85
High Self & Family	E22	1975.31	2217.93	1138.19	1079.74	234.52
High Self Plus One	E23	1887.56	2119.35	1066.59	1052.76	229.03
Standard Self	E24	579.52	633.64	475.23	158.41	13.53
Standard Self & Family	E25	1303.92	1425.67	1069.25	356.42	30.44
Standard Self Plus One	E26	1245.96	1362.29	1021.72	340.57	29.08
<b>Florida Humana Medical Plan, Inc.</b>						
High Self	EE1	876.70	914.05	498.72	415.33	35.34
High Self & Family	EE2	1972.60	2056.62	1138.19	918.43	75.92
High Self Plus One	EE3	1884.91	1965.25	1066.59	898.66	77.58
Standard Self	EE4	761.48	817.31	498.72	318.59	53.82
Standard Self & Family	EE5	1713.29	1838.92	1138.19	700.73	117.53
Standard Self Plus One	EE6	1637.16	1757.19	1066.59	690.60	117.27
<b>Florida Humana Medical Plan, Inc.</b>						
High Self	EX1	687.64	744.51	498.72	245.79	54.86
High Self & Family	EX2	1547.13	1675.09	1138.19	536.90	119.86
High Self Plus One	EX3	1478.36	1600.63	1066.59	534.04	119.51
Standard Self	EX4	603.46	653.77	490.33	163.44	12.58
Standard Self & Family	EX5	1357.81	1470.97	1103.23	367.74	28.29
Standard Self Plus One	EX6	1297.47	1405.60	1054.20	351.40	27.03
<b>Florida Humana Medical Plan, Inc.</b>						
High Self	LL1	1361.69	1610.81	498.72	1112.09	247.11
High Self & Family	LL2	3063.80	3624.31	1138.19	2486.12	552.41
High Self Plus One	LL3	2927.62	3463.24	1066.59	2396.65	532.86
Standard Self	LL4	792.85	866.91	498.72	368.19	72.05
Standard Self & Family	LL5	1783.90	1950.48	1138.19	812.29	158.48
Standard Self Plus One	LL6	1704.63	1863.81	1066.59	797.22	156.42

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Florida UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50
<b>Florida UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37
<b>Florida UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	LV1	630.05	662.03	496.52	165.51	8.00
Value Self & Family	LV2	1766.72	1986.10	1138.19	847.91	211.28
Value Self Plus One	LV3	1230.52	1423.37	1066.59	356.78	49.15
<b>Georgia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Georgia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Georgia Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Georgia Aetna Open Access</b>						
High Self	2U1	1211.43	1584.29	498.72	1085.57	370.85
High Self & Family	2U2	2790.49	3649.36	1138.19	2511.17	850.77
High Self Plus One	2U3	2762.85	3613.22	1066.59	2546.63	847.61
<b>Georgia Blue Open Access POS</b>						
High Self	QM1	572.50	595.40	446.55	148.85	5.73
High Self & Family	QM2	1531.44	1577.38	1138.19	439.19	37.84
High Self Plus One	QM3	1273.81	1318.40	988.80	329.60	11.15
<b>Georgia Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	AD1	716.76	797.83	498.72	299.11	79.06
CDHP Self & Family	AD2	1612.72	1795.13	1138.19	656.94	174.31
CDHP Self Plus One	AD3	1541.06	1715.35	1066.59	648.76	171.53
Value Self	AD4	547.21	658.52	493.89	164.63	27.83
Value Self & Family	AD5	1231.23	1481.61	1111.21	370.40	62.59
Value Self Plus One	AD6	1176.50	1415.77	1061.83	353.94	59.82
<b>Georgia Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	LM1	599.97	631.71	473.78	157.93	7.94
CDHP Self & Family	LM2	1349.92	1421.42	1066.07	355.35	17.87
CDHP Self Plus One	LM3	1289.95	1358.24	1018.68	339.56	17.07
Value Self	LM4	474.63	514.02	385.52	128.50	9.84
Value Self & Family	LM5	1067.91	1156.57	867.43	289.14	22.16
Value Self Plus One	LM6	1020.44	1105.17	828.88	276.29	21.18
<b>Georgia Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	S91	633.10	653.92	490.44	163.48	5.21
CDHP Self & Family	S92	1424.48	1471.32	1103.49	367.83	11.71
CDHP Self Plus One	S93	1361.14	1405.93	1054.45	351.48	11.20
Value Self	S94	504.08	520.65	390.49	130.16	4.14
Value Self & Family	S95	1134.16	1171.47	878.60	292.87	9.33
Value Self Plus One	S96	1083.77	1119.41	839.56	279.85	8.91

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>						
High Self	CB1	905.39	990.36	498.72	491.64	82.96
High Self & Family	CB2	2037.14	2228.42	1138.19	1090.23	183.18
High Self Plus One	CB3	1946.62	2129.34	1066.59	1062.75	179.96
Standard Self	CB4	834.47	976.91	498.72	478.19	140.43
Standard Self & Family	CB5	1877.57	2198.06	1138.19	1059.87	312.39
Standard Self Plus One	CB6	1794.13	2100.37	1066.59	1033.78	303.48
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>						
High Self	DG1	1207.77	1283.43	498.72	784.71	73.65
High Self & Family	DG2	2717.46	2887.71	1138.19	1749.52	162.15
High Self Plus One	DG3	2596.71	2759.40	1066.59	1692.81	159.93
Standard Self	DG4	834.21	937.91	498.72	439.19	101.69
Standard Self & Family	DG5	1876.92	2110.29	1138.19	972.10	225.27
Standard Self Plus One	DG6	1793.50	2016.50	1066.59	949.91	220.24
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>						
High Self	DN1	713.18	736.41	498.72	237.69	21.22
High Self & Family	DN2	1604.63	1656.94	1138.19	518.75	44.21
High Self Plus One	DN3	1533.33	1583.31	1066.59	516.72	47.22
Standard Self	DN4	682.80	684.93	498.72	186.21	0.12
Standard Self & Family	DN5	1536.32	1541.06	1138.19	402.87	-3.36
Standard Self Plus One	DN6	1468.03	1472.58	1066.59	405.99	1.79
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>						
Basic Self	Q71	588.81	620.17	465.13	155.04	7.84
Basic Self & Family	Q72	1324.85	1395.38	1046.54	348.84	17.63
Basic Self Plus One	Q73	1265.96	1333.35	1000.01	333.34	16.85
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>						
Basic Self	RJ1	546.11	564.24	423.18	141.06	4.53
Basic Self & Family	RJ2	1228.76	1269.56	952.17	317.39	10.20
Basic Self Plus One	RJ3	1174.14	1213.12	909.84	303.28	9.75

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Georgia Humana Employers Health Plan of Georgia, Inc</b>						
Basic Self	RM1	570.35	594.99	446.24	148.75	6.16
Basic Self & Family	RM2	1283.32	1338.74	1004.06	334.68	13.85
Basic Self Plus One	RM3	1226.29	1279.24	959.43	319.81	13.24
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>						
High Self	F81	682.11	696.09	498.72	197.37	11.97
High Self & Family	F82	1541.61	1573.15	1138.19	434.96	23.44
High Self Plus One	F83	1541.61	1573.15	1066.59	506.56	28.78
Standard Self	F84	512.98	526.20	394.65	131.55	3.31
Standard Self & Family	F85	1159.32	1189.22	891.92	297.30	7.47
Standard Self Plus One	F86	1159.32	1189.22	891.92	297.30	7.47
<b>Georgia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	LV1	630.05	662.03	496.52	165.51	8.00
Value Self & Family	LV2	1766.72	1986.10	1138.19	847.91	211.28
Value Self Plus One	LV3	1230.52	1423.37	1066.59	356.78	49.15
<b>Guam Calvo's Selectcare</b>						
High Self	B41	468.72	518.09	388.57	129.52	12.34
High Self & Family	B42	1253.18	1372.22	1029.17	343.05	29.76
High Self Plus One	B43	914.68	1011.03	758.27	252.76	24.09
Standard Self	B44	411.73	403.50	302.63	100.87	-2.06
Standard Self & Family	B45	1100.82	1172.36	879.27	293.09	17.89
Standard Self Plus One	B46	803.47	795.43	596.57	198.86	-2.01
<b>Guam TakeCare</b>						
High Self	JK1	584.63	471.86	353.90	117.96	-28.20
High Self & Family	JK2	1394.49	1125.52	844.14	281.38	-67.24
High Self Plus One	JK3	1155.03	932.23	699.17	233.06	-55.70
Standard Self	JK4	405.17	389.81	292.36	97.45	-3.84
Standard Self & Family	JK5	1147.40	1103.87	827.90	275.97	-10.88
Standard Self Plus One	JK6	798.55	768.24	576.18	192.06	-7.58

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Guam TakeCare</b>						
HDHP Self	KX1	127.92	103.72	77.79	25.93	-6.05
HDHP Self & Family	KX2	342.96	278.05	208.54	69.51	-16.23
HDHP Self Plus One	KX3	308.75	250.45	187.84	62.61	-14.58
<b>Hawaii Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Hawaii Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Hawaii Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Hawaii HMSA</b>						
High Self	871	606.95	606.95	455.21	151.74	0.00
High Self & Family	872	1364.44	1364.44	1023.33	341.11	0.00
High Self Plus One	873	1329.88	1329.88	997.41	332.47	0.00
<b>Hawaii Kaiser Foundation Health Plan of Hawaii</b>						
High Self	631	658.58	658.58	493.94	164.64	0.00
High Self & Family	632	1468.63	1468.63	1101.47	367.16	0.00
High Self Plus One	633	1468.63	1468.63	1066.59	402.04	-2.76
Standard Self	634	444.69	444.69	333.52	111.17	0.00
Standard Self & Family	635	991.64	991.64	743.73	247.91	0.00
Standard Self Plus One	636	991.64	991.64	743.73	247.91	0.00

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Idaho Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Idaho Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Idaho Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>Idaho Altius Health Plans</b>						
High Self	9K1	848.08	935.24	498.72	436.52	85.15
High Self & Family	9K2	1875.47	2068.26	1138.19	930.07	184.69
High Self Plus One	9K3	1856.90	2047.78	1066.59	981.19	188.12
HDHP Self	9K4	420.70	506.91	380.18	126.73	21.56
HDHP Self & Family	9K5	879.23	1059.41	794.56	264.85	45.04
HDHP Self Plus One	9K6	861.99	1038.64	778.98	259.66	44.16
<b>Idaho Altius Health Plans</b>						
Standard Self	DK4	593.60	712.44	498.72	213.72	65.32
Standard Self & Family	DK5	1310.81	1573.30	1138.19	435.11	107.41
Standard Self Plus One	DK6	1297.83	1557.70	1066.59	491.11	166.65

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Idaho Kaiser Foundation Health Plan of Washington</b>						
High Self	541	825.59	815.40	498.72	316.68	-12.20
High Self & Family	542	1816.32	1793.91	1138.19	655.72	-30.51
High Self Plus One	543	1816.32	1793.91	1066.59	727.32	-25.17
Standard Self	544	608.99	585.17	438.88	146.29	-5.96
Standard Self & Family	545	1400.66	1345.91	1009.43	336.48	-13.68
Standard Self Plus One	546	1400.66	1345.91	1009.43	336.48	-13.68
<b>Illinois Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Illinois Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Illinois Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>Illinois Blue Preferred</b>						
High Self	9G1	733.92	782.36	498.72	283.64	46.43
High Self & Family	9G2	1588.93	1681.07	1138.19	542.88	84.04
High Self Plus One	9G3	1504.53	1591.81	1066.59	525.22	84.52
Standard Self	9G4	532.11	558.72	419.04	139.68	6.65
Standard Self & Family	9G5	1529.78	1587.91	1138.19	449.72	50.03
Standard Self Plus One	9G6	1383.46	1436.02	1066.59	369.43	23.57



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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Illinois Health Alliance HMO</b>						
Standard Self	K84	626.80	642.44	481.83	160.61	3.91
Standard Self & Family	K85	1918.61	1734.61	1138.19	596.42	-192.10
Standard Self Plus One	K86	1451.93	1488.24	1066.59	421.65	33.55
<b>Illinois Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	GB1	873.17	936.91	498.72	438.19	61.73
CDHP Self & Family	GB2	1964.60	2108.04	1138.19	969.85	135.34
CDHP Self Plus One	GB3	1877.29	2014.37	1066.59	947.78	134.32
Value Self	GB4	516.51	616.37	462.28	154.09	24.96
Value Self & Family	GB5	1162.14	1386.82	1040.12	346.70	56.17
Value Self Plus One	GB6	1110.53	1325.18	993.89	331.29	53.66
<b>Illinois Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	MW1	712.21	757.06	498.72	258.34	42.84
CDHP Self & Family	MW2	1602.51	1703.41	1138.19	565.22	92.80
CDHP Self Plus One	MW3	1531.27	1627.67	1066.59	561.08	93.64
Value Self	MW4	556.99	608.81	456.61	152.20	12.95
Value Self & Family	MW5	1253.18	1369.79	1027.34	342.45	29.16
Value Self Plus One	MW6	1197.50	1308.93	981.70	327.23	27.86
<b>Illinois Humana Health Plan, Inc.</b>						
High Self	751	1261.67	1212.06	498.72	713.34	-51.62
High Self & Family	752	2838.72	2727.14	1138.19	1588.95	-119.68
High Self Plus One	753	2712.56	2605.92	1066.59	1539.33	-109.40
Standard Self	754	881.49	855.66	498.72	356.94	-27.84
Standard Self & Family	755	1983.35	1925.24	1138.19	787.05	-66.21
Standard Self Plus One	756	1895.16	1839.67	1066.59	773.08	-58.25
<b>Illinois Humana Health Plan, Inc.</b>						
High Self	9F1	1570.38	1700.27	498.72	1201.55	127.88
High Self & Family	9F2	3533.38	3825.60	1138.19	2687.41	284.12
High Self Plus One	9F3	3376.32	3655.56	1066.59	2588.97	276.48

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Illinois Humana Health Plan, Inc.</b>						
Basic Self	AB1	584.07	615.16	461.37	153.79	7.77
Basic Self & Family	AB2	1314.15	1384.15	1038.11	346.04	17.50
Basic Self Plus One	AB3	1255.74	1322.64	991.98	330.66	16.73
Standard Self	AB4	1020.61	1094.77	498.72	596.05	72.15
Standard Self & Family	AB5	2296.39	2463.28	1138.19	1325.09	158.79
Standard Self Plus One	AB6	2194.31	2353.78	1066.59	1287.19	156.71
<b>Illinois Humana Health Plan, Inc.</b>						
Basic Self	RW1	592.02	623.55	467.66	155.89	7.89
Basic Self & Family	RW2	1332.05	1402.96	1052.22	350.74	17.73
Basic Self Plus One	RW3	1272.83	1340.63	1005.47	335.16	16.95
<b>Illinois MercyCare Health Plans</b>						
High Self	EY1	766.48	764.05	498.72	265.33	-4.44
High Self & Family	EY2	2000.27	1994.01	1138.19	855.82	-14.36
High Self Plus One	EY3	1647.95	1642.81	1066.59	576.22	-7.90
<b>Illinois Union Health Service</b>						
High Self	761	671.10	681.74	498.72	183.02	8.63
High Self & Family	762	1680.97	1711.71	1138.19	573.52	22.64
High Self Plus One	763	1474.16	1511.23	1066.59	444.64	34.31
<b>Illinois UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	L91	463.32	437.06	327.80	109.26	-6.57
Value Self & Family	L92	1299.18	1225.49	919.12	306.37	-18.42
Value Self Plus One	L93	904.89	853.56	640.17	213.39	-12.83
<b>Indiana Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Indiana Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Indiana Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Indiana Health Alliance HMO</b>						
Standard Self	K84	626.80	642.44	481.83	160.61	3.91
Standard Self & Family	K85	1918.61	1734.61	1138.19	596.42	-192.10
Standard Self Plus One	K86	1451.93	1488.24	1066.59	421.65	33.55
<b>Indiana Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	MW1	712.21	757.06	498.72	258.34	42.84
CDHP Self & Family	MW2	1602.51	1703.41	1138.19	565.22	92.80
CDHP Self Plus One	MW3	1531.27	1627.67	1066.59	561.08	93.64
Value Self	MW4	556.99	608.81	456.61	152.20	12.95
Value Self & Family	MW5	1253.18	1369.79	1027.34	342.45	29.16
Value Self Plus One	MW6	1197.50	1308.93	981.70	327.23	27.86
<b>Indiana Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	TC1	602.31	622.12	466.59	155.53	4.95
CDHP Self & Family	TC2	1355.23	1399.75	1049.81	349.94	11.13
CDHP Self Plus One	TC3	1295.00	1337.55	1003.16	334.39	10.64

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

Health Management Organizations (HMO)	2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
<b>Indiana Humana CoverageFirst and Humana Value Plan</b>					
CDHP Self X31	<b>New Plan</b>	684.65	498.72	185.93	<b>New Plan</b>
CDHP Self & Family X32	<b>New Plan</b>	1540.48	1138.19	402.29	<b>New Plan</b>
CDHP Self Plus One X33	<b>New Plan</b>	1472.01	1066.59	405.42	<b>New Plan</b>
Value Self X34	<b>New Plan</b>	570.27	427.70	142.57	<b>New Plan</b>
Value Self & Family X35	<b>New Plan</b>	1283.12	962.34	320.78	<b>New Plan</b>
Value Self Plus One X36	<b>New Plan</b>	1226.07	919.55	306.52	<b>New Plan</b>
<b>Indiana Humana Health Plan of Ohio, Inc.</b>					
High Self A61	1044.40	1172.64	498.72	673.92	126.23
High Self & Family A62	2349.90	2638.48	1138.19	1500.29	280.48
High Self Plus One A63	2245.47	2521.22	1066.59	1454.63	272.99
Standard Self A64	835.88	930.28	498.72	431.56	92.39
Standard Self & Family A65	1880.73	2093.17	1138.19	954.98	204.34
Standard Self Plus One A66	1797.14	2000.16	1066.59	933.57	200.26
<b>Indiana Humana Health Plan, Inc.</b>					
High Self 751	1261.67	1212.06	498.72	713.34	-51.62
High Self & Family 752	2838.72	2727.14	1138.19	1588.95	-119.68
High Self Plus One 753	2712.56	2605.92	1066.59	1539.33	-109.40
Standard Self 754	881.49	855.66	498.72	356.94	-27.84
Standard Self & Family 755	1983.35	1925.24	1138.19	787.05	-66.21
Standard Self Plus One 756	1895.16	1839.67	1066.59	773.08	-58.25
<b>Indiana Humana Health Plan, Inc.</b>					
High Self MH1	801.62	883.98	498.72	385.26	80.35
High Self & Family MH2	1803.64	1988.96	1138.19	850.77	177.22
High Self Plus One MH3	1723.45	1900.56	1066.59	833.97	174.35
Standard Self MH4	673.05	722.39	498.72	223.67	47.33
Standard Self & Family MH5	1514.35	1625.37	1138.19	487.18	102.92
Standard Self Plus One MH6	1447.05	1553.13	1066.59	486.54	103.32

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Iowa Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Iowa Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Iowa Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>Iowa Health Alliance HMO</b>						
Standard Self	K84	626.80	642.44	481.83	160.61	3.91
Standard Self & Family	K85	1918.61	1734.61	1138.19	596.42	-192.10
Standard Self Plus One	K86	1451.93	1488.24	1066.59	421.65	33.55
<b>Iowa HealthPartners</b>						
High Self	V31	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	1011.08	946.08	709.56	236.52	-16.25
<b>Iowa UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	N71	501.80	532.16	399.12	133.04	7.59
HDHP Self & Family	N72	1254.50	1223.93	917.95	305.98	-7.64
HDHP Self Plus One	N73	1078.87	1144.11	858.08	286.03	16.31

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Iowa UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	LJ1	610.70	671.95	498.72	173.23	20.56
High Self & Family	LJ2	1526.76	1679.86	1138.19	541.67	145.00
High Self Plus One	LJ3	1313.02	1444.69	1066.59	378.10	49.85
<b>Kansas Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Kansas Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Kansas Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>Kansas Aetna Open Access</b>						
High Self	HA1	728.35	881.01	498.72	382.29	150.65
High Self & Family	HA2	1720.46	2081.11	1138.19	942.92	352.55
High Self Plus One	HA3	1703.48	2060.54	1066.59	993.95	354.30
Standard Self	HA4	611.22	707.85	498.72	209.13	56.33
Standard Self & Family	HA5	1442.70	1670.78	1138.19	532.59	171.92
Standard Self Plus One	HA6	1428.42	1654.25	1066.59	587.66	223.07

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Kansas Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	PH1	576.23	600.95	450.71	150.24	6.18
CDHP Self & Family	PH2	1296.49	1352.13	1014.10	338.03	13.91
CDHP Self Plus One	PH3	1238.88	1292.05	969.04	323.01	13.29
Value Self	PH4	418.77	428.35	321.26	107.09	2.40
Value Self & Family	PH5	942.28	963.82	722.87	240.95	5.38
Value Self Plus One	PH6	900.38	920.96	690.72	230.24	5.15
<b>Kansas Humana Health Plan, Inc.</b>						
High Self	MS1	1621.58	1625.63	498.72	1126.91	2.04
High Self & Family	MS2	3648.54	3657.66	1138.19	2519.47	1.02
High Self Plus One	MS3	3486.38	3495.09	1066.59	2428.50	5.95
Standard Self	MS4	871.41	952.77	498.72	454.05	79.35
Standard Self & Family	MS5	1960.70	2143.79	1138.19	1005.60	174.99
Standard Self Plus One	MS6	1873.56	2048.50	1066.59	981.91	172.18
<b>Kentucky Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Kentucky Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Kentucky Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Kentucky Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	6N1	585.07	633.64	475.23	158.41	12.14
CDHP Self & Family	6N2	1316.38	1425.69	1069.27	356.42	27.33
CDHP Self Plus One	6N3	1257.88	1362.31	1021.73	340.58	26.11
<b>Kentucky Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	TC1	602.31	622.12	466.59	155.53	4.95
CDHP Self & Family	TC2	1355.23	1399.75	1049.81	349.94	11.13
CDHP Self Plus One	TC3	1295.00	1337.55	1003.16	334.39	10.64
<b>Kentucky Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	X31	<b>New Plan</b>	684.65	498.72	185.93	<b>New Plan</b>
CDHP Self & Family	X32	<b>New Plan</b>	1540.48	1138.19	402.29	<b>New Plan</b>
CDHP Self Plus One	X33	<b>New Plan</b>	1472.01	1066.59	405.42	<b>New Plan</b>
Value Self	X34	<b>New Plan</b>	570.27	427.70	142.57	<b>New Plan</b>
Value Self & Family	X35	<b>New Plan</b>	1283.12	962.34	320.78	<b>New Plan</b>
Value Self Plus One	X36	<b>New Plan</b>	1226.07	919.55	306.52	<b>New Plan</b>
<b>Kentucky Humana Health Plan of Ohio, Inc.</b>						
High Self	A61	1044.40	1172.64	498.72	673.92	126.23
High Self & Family	A62	2349.90	2638.48	1138.19	1500.29	280.48
High Self Plus One	A63	2245.47	2521.22	1066.59	1454.63	272.99
Standard Self	A64	835.88	930.28	498.72	431.56	92.39
Standard Self & Family	A65	1880.73	2093.17	1138.19	954.98	204.34
Standard Self Plus One	A66	1797.14	2000.16	1066.59	933.57	200.26
<b>Kentucky Humana Health Plan of Ohio, Inc.</b>						
Basic Self	W61	<b>New Plan</b>	585.78	439.34	146.44	<b>New Plan</b>
Basic Self & Family	W62	<b>New Plan</b>	1318.01	988.51	329.50	<b>New Plan</b>
Basic Self Plus One	W63	<b>New Plan</b>	1259.42	944.57	314.85	<b>New Plan</b>



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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Kentucky Humana Health Plan, Inc.</b>						
High Self	MH1	801.62	883.98	498.72	385.26	80.35
High Self & Family	MH2	1803.64	1988.96	1138.19	850.77	177.22
High Self Plus One	MH3	1723.45	1900.56	1066.59	833.97	174.35
Standard Self	MH4	673.05	722.39	498.72	223.67	47.33
Standard Self & Family	MH5	1514.35	1625.37	1138.19	487.18	102.92
Standard Self Plus One	MH6	1447.05	1553.13	1066.59	486.54	103.32
<b>Kentucky Humana Health Plan, Inc.</b>						
High Self	MI1	1000.31	1123.14	498.72	624.42	120.82
High Self & Family	MI2	2250.65	2527.03	1138.19	1388.84	268.28
High Self Plus One	MI3	2150.63	2414.71	1066.59	1348.12	261.32
Standard Self	MI4	763.58	811.92	498.72	313.20	46.33
Standard Self & Family	MI5	1718.08	1826.80	1138.19	688.61	100.62
Standard Self Plus One	MI6	1641.71	1745.62	1066.59	679.03	101.15
<b>Kentucky UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	N71	501.80	532.16	399.12	133.04	7.59
HDHP Self & Family	N72	1254.50	1223.93	917.95	305.98	-7.64
HDHP Self Plus One	N73	1078.87	1144.11	858.08	286.03	16.31
<b>Kentucky UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	LJ1	610.70	671.95	498.72	173.23	20.56
High Self & Family	LJ2	1526.76	1679.86	1138.19	541.67	145.00
High Self Plus One	LJ3	1313.02	1444.69	1066.59	378.10	49.85
<b>Louisiana Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Louisiana Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Louisiana Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>						
High Self	AE1	790.73	864.05	498.72	365.33	71.31
High Self & Family	AE2	1779.09	1944.06	1138.19	805.87	156.87
High Self Plus One	AE3	1700.03	1857.68	1066.59	791.09	154.89
Standard Self	AE4	683.91	734.05	498.72	235.33	48.13
Standard Self & Family	AE5	1538.81	1651.63	1138.19	513.44	104.72
Standard Self Plus One	AE6	1470.41	1578.22	1066.59	511.63	105.05
<b>Louisiana Humana Health Benefit Plan of Louisiana, Inc.</b>						
High Self	BC1	693.72	751.10	498.72	252.38	55.37
High Self & Family	BC2	1560.93	1690.02	1138.19	551.83	120.99
High Self Plus One	BC3	1491.56	1614.90	1066.59	548.31	120.58
Standard Self	BC4	571.85	596.57	447.43	149.14	6.18
Standard Self & Family	BC5	1286.68	1342.29	1006.72	335.57	13.90
Standard Self Plus One	BC6	1229.50	1282.62	961.97	320.65	13.28
<b>Louisiana UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50
<b>Louisiana UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Maine Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Maine Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Maine Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13
<b>Maryland Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Maryland Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Maryland Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Maryland Aetna Open Access</b>						
High Self	JN1	1103.09	1119.13	498.72	620.41	14.03
High Self & Family	JN2	2479.95	2515.98	1138.19	1377.79	27.93
High Self Plus One	JN3	2455.38	2491.04	1066.59	1424.45	32.90
Basic Self	JN4	662.85	680.46	498.72	181.74	15.60
Basic Self & Family	JN5	1516.95	1557.25	1138.19	419.06	32.20
Basic Self Plus One	JN6	1392.99	1430.00	1066.59	363.41	15.16
<b>Maryland CareFirst BlueChoice</b>						
Standard Self	2G4	693.62	797.68	498.72	298.96	102.05
Standard Self & Family	2G5	1648.05	1895.25	1138.19	757.06	239.10
Standard Self Plus One	2G6	1387.25	1595.34	1066.59	528.75	181.94
<b>Maryland CareFirst BlueChoice</b>						
HDHP Self	B61	609.72	518.27	388.70	129.57	-22.86
HDHP Self & Family	B62	1448.68	1231.38	923.54	307.84	-54.33
HDHP Self Plus One	B63	1219.44	1036.51	777.38	259.13	-45.73
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>						
High Self	E31	660.36	692.68	498.72	193.96	28.87
High Self & Family	E32	1518.83	1593.15	1138.19	454.96	66.22
High Self Plus One	E33	1518.83	1593.15	1066.59	526.56	71.56
Standard Self	E34	504.96	521.76	391.32	130.44	4.20
Standard Self & Family	E35	1161.49	1199.99	899.99	300.00	9.63
Standard Self Plus One	E36	1161.49	1199.99	899.99	300.00	9.63
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>						
Basic Self	T71	460.03	420.12	315.09	105.03	-9.98
Basic Self & Family	T72	1104.50	1026.16	769.62	256.54	-19.58
Basic Self Plus One	T73	1006.22	934.90	701.18	233.72	-17.83
<b>Maryland M.D. IPA</b>						
High Self	JP1	717.77	790.86	498.72	292.14	71.08
High Self & Family	JP2	2012.66	2217.54	1138.19	1079.35	196.78
High Self Plus One	JP3	1401.81	1544.53	1066.59	477.94	127.49

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Maryland UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	V41	566.97	495.69	371.77	123.92	-17.82
HDHP Self & Family	V42	1417.48	1140.06	855.05	285.01	-69.36
HDHP Self Plus One	V43	1219.01	1065.72	799.29	266.43	-38.32
<b>Maryland UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	LR1	607.99	667.94	498.72	169.22	17.22
High Self & Family	LR2	1520.00	1582.99	1138.19	444.80	54.89
High Self Plus One	LR3	1307.19	1436.05	1066.59	369.46	42.66
<b>Maryland UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	L91	463.32	437.06	327.80	109.26	-6.57
Value Self & Family	L92	1299.18	1225.49	919.12	306.37	-18.42
Value Self Plus One	L93	904.89	853.56	640.17	213.39	-12.83
<b>Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Massachusetts Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Michigan Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Michigan Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Michigan Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>Michigan Bluecare Network of MI</b>						
High Self	K51	927.81	943.45	498.72	444.73	13.63
High Self & Family	K52	2263.82	2301.95	1138.19	1163.76	30.03
High Self Plus One	K53	2133.97	2169.90	1066.59	1103.31	33.17
<b>Michigan Bluecare Network of MI</b>						
High Self	LX1	667.98	734.72	498.72	236.00	64.73
High Self & Family	LX2	1629.83	1792.64	1138.19	654.45	154.71
High Self Plus One	LX3	1536.36	1689.81	1066.59	623.22	150.69
<b>Michigan Health Alliance Plan</b>						
High Self	521	708.22	763.84	498.72	265.12	53.61
High Self & Family	522	1728.05	1863.72	1138.19	725.53	127.57
High Self Plus One	523	1628.90	1756.82	1066.59	690.23	125.16

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Michigan Health Alliance Plan</b>						
Standard Self	GY4	563.92	598.35	448.76	149.59	8.61
Standard Self & Family	GY5	1375.96	1460.01	1095.01	365.00	21.01
Standard Self Plus One	GY6	1297.01	1376.22	1032.17	344.05	19.80
<b>Michigan Priority Health</b>						
High Self	LE1	813.80	912.10	498.72	413.38	96.29
High Self & Family	LE2	1912.41	2143.44	1138.19	1005.25	222.93
High Self Plus One	LE3	1790.34	2006.64	1066.59	940.05	213.54
Standard Self	LE4	593.32	504.44	378.33	126.11	-22.22
Standard Self & Family	LE5	1394.32	1185.45	889.09	296.36	-52.22
Standard Self Plus One	LE6	1305.31	1109.79	832.34	277.45	-48.88
<b>Minnesota Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Minnesota Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Minnesota Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Minnesota HealthPartners</b>						
High Self	V31	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	1011.08	946.08	709.56	236.52	-16.25
<b>Mississippi Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Mississippi Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Mississippi Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>Mississippi UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50
<b>Mississippi UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37



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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Missouri Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Missouri Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Missouri Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>Missouri Aetna Open Access</b>						
High Self	HA1	728.35	881.01	498.72	382.29	150.65
High Self & Family	HA2	1720.46	2081.11	1138.19	942.92	352.55
High Self Plus One	HA3	1703.48	2060.54	1066.59	993.95	354.30
Standard Self	HA4	611.22	707.85	498.72	209.13	56.33
Standard Self & Family	HA5	1442.70	1670.78	1138.19	532.59	171.92
Standard Self Plus One	HA6	1428.42	1654.25	1066.59	587.66	223.07
<b>Missouri Blue Preferred</b>						
High Self	9G1	733.92	782.36	498.72	283.64	46.43
High Self & Family	9G2	1588.93	1681.07	1138.19	542.88	84.04
High Self Plus One	9G3	1504.53	1591.81	1066.59	525.22	84.52
Standard Self	9G4	532.11	558.72	419.04	139.68	6.65
Standard Self & Family	9G5	1529.78	1587.91	1138.19	449.72	50.03
Standard Self Plus One	9G6	1383.46	1436.02	1066.59	369.43	23.57

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Missouri Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	PH1	576.23	600.95	450.71	150.24	6.18
CDHP Self & Family	PH2	1296.49	1352.13	1014.10	338.03	13.91
CDHP Self Plus One	PH3	1238.88	1292.05	969.04	323.01	13.29
Value Self	PH4	418.77	428.35	321.26	107.09	2.40
Value Self & Family	PH5	942.28	963.82	722.87	240.95	5.38
Value Self Plus One	PH6	900.38	920.96	690.72	230.24	5.15
<b>Missouri Humana Health Plan, Inc.</b>						
High Self	MS1	1621.58	1625.63	498.72	1126.91	2.04
High Self & Family	MS2	3648.54	3657.66	1138.19	2519.47	1.02
High Self Plus One	MS3	3486.38	3495.09	1066.59	2428.50	5.95
Standard Self	MS4	871.41	952.77	498.72	454.05	79.35
Standard Self & Family	MS5	1960.70	2143.79	1138.19	1005.60	174.99
Standard Self Plus One	MS6	1873.56	2048.50	1066.59	981.91	172.18
<b>Montana Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Montana Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Montana Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2019 Monthly premium rates			
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Nebraska Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Nebraska Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Nebraska Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>Nevada Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Nevada Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Nevada Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Nevada Health Plan of Nevada</b>						
High Self	NM1	607.53	658.54	493.91	164.63	12.75
High Self & Family	NM2	1439.79	1560.67	1138.19	422.48	62.53
High Self Plus One	NM3	1154.31	1251.25	938.44	312.81	24.23
<b>Nevada UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LU1	482.91	450.32	337.74	112.58	-8.15
HDHP Self & Family	LU2	1207.25	1035.73	776.80	258.93	-42.88
HDHP Self Plus One	LU3	1038.25	968.20	726.15	242.05	-17.51
<b>Nevada UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KT1	610.68	679.19	498.72	180.47	27.80
High Self & Family	KT2	1526.70	1697.95	1138.19	559.76	163.15
High Self Plus One	KT3	1312.96	1460.23	1066.59	393.64	65.40
<b>New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>New Hampshire Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New Jersey Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>New Jersey Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>New Jersey Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13
<b>New Jersey Aetna Open Access</b>						
High Self	JR1	1444.26	1409.79	498.72	911.07	-36.48
High Self & Family	JR2	3336.10	3256.46	1138.19	2118.27	-87.74
High Self Plus One	JR3	3303.06	3224.20	1066.59	2157.61	-81.62
Basic Self	JR4	1163.83	1163.41	498.72	664.69	-2.43
Basic Self & Family	JR5	2697.24	2696.33	1138.19	1558.14	-9.01
Basic Self Plus One	JR6	2670.55	2669.62	1066.59	1603.03	-3.69
<b>New Jersey Aetna Open Access</b>						
High Self	P31	1572.42	1485.21	498.72	986.49	-89.22
High Self & Family	P32	3812.34	3600.91	1138.19	2462.72	-219.53
High Self Plus One	P33	3774.57	3565.25	1066.59	2498.66	-212.08
Basic Self	P34	1348.08	1298.46	498.72	799.74	-51.63
Basic Self & Family	P35	3128.88	3013.75	1138.19	1875.56	-123.23
Basic Self Plus One	P36	3097.90	2983.89	1066.59	1917.30	-116.77

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New Jersey GHI Health Plan -</b>						
Standard Self	804	710.99	925.97	498.72	427.25	212.97
Standard Self & Family	805	2107.28	2246.47	1138.19	1108.28	131.09
Standard Self Plus One	806	1673.97	2153.84	1066.59	1087.25	477.11
<b>New Mexico Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>New Mexico Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>New Mexico Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>New Mexico Presbyterian Health Plan</b>						
High Self	P21	771.18	740.31	498.72	241.59	-32.88
High Self & Family	P22	1812.29	1739.75	1138.19	601.56	-80.64
High Self Plus One	P23	1750.62	1680.53	1066.59	613.94	-72.85
<b>New Mexico Presbyterian Health Plan</b>						
Standard Self	PS4	649.91	622.66	467.00	155.66	-6.82
Standard Self & Family	PS5	1527.35	1463.28	1097.46	365.82	-31.44
Standard Self Plus One	PS6	1475.35	1413.45	1060.09	353.36	-58.16

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>New York Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>New York Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13
<b>New York Aetna Open Access</b>						
High Self	JC1	1165.02	1303.06	498.72	804.34	136.03
High Self & Family	JC2	2878.72	3219.84	1138.19	2081.65	333.02
High Self Plus One	JC3	2850.27	3187.99	1066.59	2121.40	334.96
Basic Self	JC4	884.50	1063.21	498.72	564.49	176.70
Basic Self & Family	JC5	2157.46	2593.37	1138.19	1455.18	427.81
Basic Self Plus One	JC6	2136.12	2567.72	1066.59	1501.13	428.84
<b>New York CDPHP Universal Benefits, Inc.</b>						
High Self	SG1	805.78	870.29	498.72	371.57	62.50
High Self & Family	SG2	2417.26	2610.55	1138.19	1472.36	185.19
High Self Plus One	SG3	1611.61	1740.55	1066.59	673.96	126.18
Standard Self	SG4	577.57	577.57	433.18	144.39	0.00
Standard Self & Family	SG5	1732.66	1732.66	1138.19	594.47	-8.10
Standard Self Plus One	SG6	1155.14	1155.14	866.36	288.78	0.00

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York GHI Health Plan -</b>						
Standard Self	804	710.99	925.97	498.72	427.25	212.97
Standard Self & Family	805	2107.28	2246.47	1138.19	1108.28	131.09
Standard Self Plus One	806	1673.97	2153.84	1066.59	1087.25	477.11
<b>New York HIP of Greater New York</b>						
High Self	511	762.75	985.36	498.72	486.64	220.60
High Self & Family	512	2148.25	2821.39	1138.19	1683.20	665.04
High Self Plus One	513	1359.28	1755.46	1066.59	688.87	349.05
<b>New York HIP of Greater New York</b>						
Standard Self	YL4	<b>New Plan</b>	658.60	493.95	164.65	<b>New Plan</b>
Standard Self & Family	YL5	<b>New Plan</b>	1884.68	1138.19	746.49	<b>New Plan</b>
Standard Self Plus One	YL6	<b>New Plan</b>	1169.22	876.92	292.30	<b>New Plan</b>
<b>New York Independent Health Assoc</b>						
Standard Self	C54	676.09	701.83	498.72	203.11	23.73
Standard Self & Family	C55	1825.42	1894.95	1138.19	756.76	61.43
Standard Self Plus One	C56	1724.00	1789.65	1066.59	723.06	62.89
<b>New York Independent Health Assoc</b>						
High Self	QA1	709.91	727.63	498.72	228.91	15.71
High Self & Family	QA2	1916.79	1964.56	1138.19	826.37	39.67
High Self Plus One	QA3	1810.29	1855.43	1066.59	788.84	42.38
HDHP Self	QA4	523.90	590.57	442.93	147.64	16.67
HDHP Self & Family	QA5	1344.68	1524.84	1138.19	386.65	50.48
HDHP Self Plus One	QA6	1251.10	1421.20	1065.90	355.30	42.53
<b>New York MVP Health Care</b>						
Standard Self	GA4	750.84	741.87	498.72	243.15	-10.98
Standard Self & Family	GA5	1839.50	1817.55	1138.19	679.36	-30.05
Standard Self Plus One	GA6	1726.88	1706.27	1066.59	639.68	-23.37



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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>New York MVP Health Care</b>						
Standard Self	GV4	703.65	629.35	472.01	157.34	-49.60
Standard Self & Family	GV5	1723.89	1541.91	1138.19	403.72	-190.08
Standard Self Plus One	GV6	1618.35	1447.53	1066.59	380.94	-173.58
<b>New York MVP Health Care</b>						
Standard Self	M94	703.39	723.26	498.72	224.54	17.86
Standard Self & Family	M95	1723.30	1772.01	1138.19	633.82	40.61
Standard Self Plus One	M96	1617.79	1663.48	1066.59	596.89	42.93
<b>New York MVP Health Care</b>						
Standard Self	MF4	966.83	981.37	498.72	482.65	12.53
Standard Self & Family	MF5	2368.73	2404.35	1138.19	1266.16	27.52
Standard Self Plus One	MF6	2223.69	2257.17	1066.59	1190.58	30.72
<b>New York MVP Health Care</b>						
Standard Self	MX4	848.97	878.45	498.72	379.73	27.47
Standard Self & Family	MX5	2079.98	2152.19	1138.19	1014.00	64.11
Standard Self Plus One	MX6	1952.64	2020.46	1066.59	953.87	65.06
<b>North Carolina Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>North Carolina Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>North Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>North Carolina UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50
<b>North Carolina UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37
<b>North Dakota Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>North Dakota Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>North Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>North Dakota HealthPartners</b>						
High Self	V31	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	1011.08	946.08	709.56	236.52	-16.25

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Ohio Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Ohio Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Ohio Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Ohio AultCare Insurance Company</b>						
High Self	3A1	749.32	769.49	498.72	270.77	18.16
High Self & Family	3A2	1850.85	1900.67	1138.19	762.48	41.72
High Self Plus One	3A3	1573.56	1615.94	1066.59	549.35	39.62
HDHP Self	3A4	359.67	373.25	279.94	93.31	3.39
HDHP Self & Family	3A5	1156.70	1194.33	895.75	298.58	9.41
HDHP Self Plus One	3A6	681.72	709.13	531.85	177.28	6.85
<b>Ohio Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	X31	<b>New Plan</b>	684.65	498.72	185.93	<b>New Plan</b>
CDHP Self & Family	X32	<b>New Plan</b>	1540.48	1138.19	402.29	<b>New Plan</b>
CDHP Self Plus One	X33	<b>New Plan</b>	1472.01	1066.59	405.42	<b>New Plan</b>
Value Self	X34	<b>New Plan</b>	570.27	427.70	142.57	<b>New Plan</b>
Value Self & Family	X35	<b>New Plan</b>	1283.12	962.34	320.78	<b>New Plan</b>
Value Self Plus One	X36	<b>New Plan</b>	1226.07	919.55	306.52	<b>New Plan</b>

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Ohio Humana Health Plan of Ohio, Inc.</b>						
High Self	A61	1044.40	1172.64	498.72	673.92	126.23
High Self & Family	A62	2349.90	2638.48	1138.19	1500.29	280.48
High Self Plus One	A63	2245.47	2521.22	1066.59	1454.63	272.99
Standard Self	A64	835.88	930.28	498.72	431.56	92.39
Standard Self & Family	A65	1880.73	2093.17	1138.19	954.98	204.34
Standard Self Plus One	A66	1797.14	2000.16	1066.59	933.57	200.26
<b>Ohio Humana Health Plan of Ohio, Inc.</b>						
Basic Self	W61	<b>New Plan</b>	585.78	439.34	146.44	<b>New Plan</b>
Basic Self & Family	W62	<b>New Plan</b>	1318.01	988.51	329.50	<b>New Plan</b>
Basic Self Plus One	W63	<b>New Plan</b>	1259.42	944.57	314.85	<b>New Plan</b>
<b>Ohio Medical Mutual of Ohio</b>						
Standard Self	644	761.45	857.76	498.72	359.04	94.30
Standard Self & Family	645	1827.50	2058.62	1138.19	920.43	223.02
Standard Self Plus One	646	1675.25	1887.04	1066.59	820.45	209.03
<b>Ohio Medical Mutual of Ohio</b>						
Basic Self	UX1	593.58	482.56	361.92	120.64	-27.75
Basic Self & Family	UX2	1424.63	1158.15	868.61	289.54	-66.62
Basic Self Plus One	UX3	1305.92	1061.65	796.24	265.41	-61.07
<b>Ohio Medical Mutual of Ohio</b>						
Basic Self	X61	<b>New Plan</b>	461.72	346.29	115.43	<b>New Plan</b>
Basic Self & Family	X62	<b>New Plan</b>	1108.12	831.09	277.03	<b>New Plan</b>
Basic Self Plus One	X63	<b>New Plan</b>	1015.78	761.84	253.94	<b>New Plan</b>
Standard Self	X64	<b>New Plan</b>	805.96	498.72	307.24	<b>New Plan</b>
Standard Self & Family	X65	<b>New Plan</b>	1934.29	1138.19	796.10	<b>New Plan</b>
Standard Self Plus One	X66	<b>New Plan</b>	1773.07	1066.59	706.48	<b>New Plan</b>
<b>Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Oklahoma Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Oklahoma GlobalHealth, Inc.</b>						
High Self	IM1	567.91	619.00	464.25	154.75	12.77
High Self & Family	IM2	1419.73	1547.52	1138.19	409.33	54.40
High Self Plus One	IM3	1135.79	1238.01	928.51	309.50	25.55
Standard Self	IM4	525.29	602.16	451.62	150.54	19.22
Standard Self & Family	IM5	1313.22	1505.40	1129.05	376.35	48.05
Standard Self Plus One	IM6	1050.57	1204.32	903.24	301.08	38.44
<b>Oregon Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Oregon Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Oregon Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self H41	822.84	828.86	498.72	330.14	4.01	
CDHP Self & Family H42	1875.64	1889.38	1138.19	751.19	5.64	
CDHP Self Plus One H43	1857.07	1870.68	1066.59	804.09	10.85	
Value Self H44	575.73	616.53	462.40	154.13	10.20	
Value Self & Family H45	1321.36	1414.99	1061.24	353.75	23.41	
Value Self Plus One H46	1295.45	1387.25	1040.44	346.81	22.95	
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>						
High Self 571	692.08	706.68	498.72	207.96	12.59	
High Self & Family 572	1563.14	1596.16	1138.19	457.97	24.92	
High Self Plus One 573	1563.14	1596.16	1066.59	529.57	30.26	
Standard Self 574	600.25	620.30	465.23	155.07	5.01	
Standard Self & Family 575	1378.98	1425.00	1068.75	356.25	11.51	
Standard Self Plus One 576	1378.98	1425.00	1066.59	358.41	13.67	
<b>Oregon UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self LU1	482.91	450.32	337.74	112.58	-8.15	
HDHP Self & Family LU2	1207.25	1035.73	776.80	258.93	-42.88	
HDHP Self Plus One LU3	1038.25	968.20	726.15	242.05	-17.51	
<b>Oregon UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self KT1	610.68	679.19	498.72	180.47	27.80	
High Self & Family KT2	1526.70	1697.95	1138.19	559.76	163.15	
High Self Plus One KT3	1312.96	1460.23	1066.59	393.64	65.40	
<b>Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self 224	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	1313.63	1426.69	1066.59	360.10	31.69	
<b>Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self N61	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	1157.17	1222.26	916.70	305.56	16.27	

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95
<b>Pennsylvania Aetna Open Access</b>						
High Self	P31	1572.42	1485.21	498.72	986.49	-89.22
High Self & Family	P32	3812.34	3600.91	1138.19	2462.72	-219.53
High Self Plus One	P33	3774.57	3565.25	1066.59	2498.66	-212.08
Basic Self	P34	1348.08	1298.46	498.72	799.74	-51.63
Basic Self & Family	P35	3128.88	3013.75	1138.19	1875.56	-123.23
Basic Self Plus One	P36	3097.90	2983.89	1066.59	1917.30	-116.77
<b>Pennsylvania Aetna Open Access</b>						
High Self	YE1	920.10	938.12	498.72	439.40	16.01
High Self & Family	YE2	2310.38	2355.62	1138.19	1217.43	37.14
High Self Plus One	YE3	2287.50	2332.29	1066.59	1265.70	42.03
<b>Pennsylvania Geisinger Health Plan</b>						
Standard Self	GG4	684.08	729.17	498.72	230.45	43.08
Standard Self & Family	GG5	1566.20	1669.46	1138.19	531.27	95.16
Standard Self Plus One	GG6	1478.10	1575.54	1066.59	508.95	94.68
<b>Pennsylvania Highmark Choice Company</b>						
High Self	NP1	689.76	777.73	498.72	279.01	85.96
High Self & Family	NP2	1568.19	1767.78	1138.19	629.59	191.49
High Self Plus One	NP3	1389.18	1563.99	1066.59	497.40	150.11
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	V41	566.97	495.69	371.77	123.92	-17.82
HDHP Self & Family	V42	1417.48	1140.06	855.05	285.01	-69.36
HDHP Self Plus One	V43	1219.01	1065.72	799.29	266.43	-38.32

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

Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	LR1	607.99	667.94	498.72	169.22	17.22
High Self & Family	LR2	1520.00	1582.99	1138.19	444.80	54.89
High Self Plus One	LR3	1307.19	1436.05	1066.59	369.46	42.66
<b>Pennsylvania UPMC Health Plan</b>						
High Self	8W1	864.39	872.78	498.72	374.06	6.38
High Self & Family	8W2	2031.32	2051.31	1138.19	913.12	11.89
High Self Plus One	8W3	1944.95	1964.13	1066.59	897.54	16.42
HDHP Self	8W4	539.61	573.58	430.19	143.39	8.49
HDHP Self & Family	8W5	1237.58	1317.59	988.19	329.40	20.01
HDHP Self Plus One	8W6	1191.45	1268.04	951.03	317.01	19.15
<b>Pennsylvania UPMC Health Plan</b>						
Standard Self	UW4	624.50	651.86	488.90	162.96	6.84
Standard Self & Family	UW5	1467.51	1523.80	1138.19	385.61	18.73
Standard Self Plus One	UW6	1405.11	1459.27	1066.59	392.68	41.40
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>						
High Self	ZI1	367.71	365.11	273.83	91.28	-0.65
High Self & Family	ZI2	827.30	821.49	616.12	205.37	-1.45
High Self Plus One	ZI3	790.53	784.98	588.74	196.24	-1.39
<b>Puerto Rico Triple-S Salud, Inc.</b>						
High Self	891	407.38	407.38	305.54	101.84	0.00
High Self & Family	892	932.88	932.88	699.66	233.22	0.00
High Self Plus One	893	914.70	914.70	686.03	228.67	0.00
<b>Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27



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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Rhode Island Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13
<b>South Carolina Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>South Carolina Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>South Carolina Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>South Dakota Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>South Dakota Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>South Dakota Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>South Dakota HealthPartners</b>						
High Self	V31	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	1011.08	946.08	709.56	236.52	-16.25
<b>Tennessee Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Tennessee Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Tennessee Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Tennessee Aetna Open Access</b>						
High Self	UB1	1053.02	994.83	498.72	496.11	-60.20
High Self & Family	UB2	2698.41	2549.26	1138.19	1411.07	-157.25
High Self Plus One	UB3	2671.72	2524.06	1066.59	1457.47	-150.42
<b>Tennessee Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	TT1	638.08	665.45	498.72	166.73	7.21
CDHP Self & Family	TT2	1435.68	1497.30	1122.98	374.32	15.40
CDHP Self Plus One	TT3	1371.87	1430.76	1066.59	364.17	21.20
Value Self	TT4	515.62	537.77	403.33	134.44	5.54
Value Self & Family	TT5	1160.16	1209.93	907.45	302.48	12.44
Value Self Plus One	TT6	1108.60	1156.16	867.12	289.04	11.89
<b>Tennessee Humana Health Plan, Inc.</b>						
High Self	GJ1	858.35	963.76	498.72	465.04	103.40
High Self & Family	GJ2	1931.24	2168.38	1138.19	1030.19	229.04
High Self Plus One	GJ3	1845.39	2072.01	1066.59	1005.42	223.86
Standard Self	GJ4	781.91	815.62	498.72	316.90	31.70
Standard Self & Family	GJ5	1759.29	1835.12	1138.19	696.93	67.73
Standard Self Plus One	GJ6	1681.10	1753.55	1066.59	686.96	69.69
<b>Tennessee UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LS1	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	942.24	900.25	675.19	225.06	-10.50
<b>Tennessee UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KK1	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	1279.94	1459.94	1066.59	393.35	73.37
<b>Texas Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Texas Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Texas Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Texas Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	T31	633.27	654.10	490.58	163.52	5.20
CDHP Self & Family	T32	1424.87	1471.69	1103.77	367.92	11.70
CDHP Self Plus One	T33	1361.56	1406.30	1054.73	351.57	11.18
Value Self	T34	482.39	498.25	373.69	124.56	3.96
Value Self & Family	T35	1085.39	1121.08	840.81	280.27	8.92
Value Self Plus One	T36	1037.14	1071.27	803.45	267.82	8.54
<b>Texas Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	TP1	589.83	591.48	443.61	147.87	0.41
CDHP Self & Family	TP2	1327.13	1330.83	998.12	332.71	0.93
CDHP Self Plus One	TP3	1268.15	1271.70	953.78	317.92	0.88
Value Self	TP4	418.75	398.93	299.20	99.73	-4.96
Value Self & Family	TP5	942.22	897.59	673.19	224.40	-11.15
Value Self Plus One	TP6	900.34	857.72	643.29	214.43	-10.65

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Texas Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	TU1	637.61	639.38	479.54	159.84	0.44
CDHP Self & Family	TU2	1434.64	1438.65	1078.99	359.66	1.00
CDHP Self Plus One	TU3	1370.85	1374.69	1031.02	343.67	0.96
Value Self	TU4	507.20	508.63	381.47	127.16	0.36
Value Self & Family	TU5	1141.21	1144.39	858.29	286.10	0.80
Value Self Plus One	TU6	1090.51	1093.56	820.17	273.39	0.76
<b>Texas Humana CoverageFirst and Humana Value Plan</b>						
CDHP Self	TV1	665.69	707.59	498.72	208.87	39.89
CDHP Self & Family	TV2	1497.80	1592.09	1138.19	453.90	79.45
CDHP Self Plus One	TV3	1431.24	1521.35	1066.59	454.76	87.35
Value Self	TV4	539.74	579.13	434.35	144.78	9.85
Value Self & Family	TV5	1214.42	1303.06	977.30	325.76	22.16
Value Self Plus One	TV6	1160.45	1245.14	933.86	311.28	21.17
<b>Texas Humana Health Plan of Texas</b>						
High Self	EW1	924.78	1029.06	498.72	530.34	102.27
High Self & Family	EW2	2080.76	2315.41	1138.19	1177.22	226.55
High Self Plus One	EW3	1988.26	2212.51	1066.59	1145.92	221.49
Standard Self	EW4	741.93	774.00	498.72	275.28	30.06
Standard Self & Family	EW5	1669.33	1741.48	1138.19	603.29	64.05
Standard Self Plus One	EW6	1595.14	1664.09	1066.59	597.50	66.19
<b>Texas Humana Health Plan of Texas</b>						
Basic Self	Q21	567.28	597.50	448.13	149.37	7.55
Basic Self & Family	Q22	1276.38	1344.35	1008.26	336.09	17.00
Basic Self Plus One	Q23	1219.64	1284.57	963.43	321.14	16.23
<b>Texas Humana Health Plan of Texas</b>						
Basic Self	Q61	564.53	588.92	441.69	147.23	6.10
Basic Self & Family	Q62	1270.19	1325.11	993.83	331.28	13.73
Basic Self Plus One	Q63	1213.75	1266.20	949.65	316.55	13.11

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Texas Humana Health Plan of Texas</b>						
Basic Self	QX1	587.90	619.21	464.41	154.80	7.83
Basic Self & Family	QX2	1322.77	1393.21	1044.91	348.30	17.61
Basic Self Plus One	QX3	1263.99	1331.29	998.47	332.82	16.82
<b>Texas Humana Health Plan of Texas</b>						
Basic Self	QY1	582.64	613.67	460.25	153.42	7.76
Basic Self & Family	QY2	1310.94	1380.75	1035.56	345.19	17.46
Basic Self Plus One	QY3	1252.70	1319.39	989.54	329.85	16.68
<b>Texas Humana Health Plan of Texas</b>						
High Self	UC1	929.05	977.93	498.72	479.21	46.87
High Self & Family	UC2	2090.36	2200.36	1138.19	1062.17	101.90
High Self Plus One	UC3	1997.45	2102.56	1066.59	1035.97	102.35
Standard Self	UC4	745.23	799.87	498.72	301.15	52.63
Standard Self & Family	UC5	1676.74	1799.70	1138.19	661.51	114.86
Standard Self Plus One	UC6	1602.23	1719.71	1066.59	653.12	114.72
<b>Texas Humana Health Plan of Texas</b>						
High Self	UR1	1370.89	1291.83	498.72	793.11	-81.07
High Self & Family	UR2	3084.49	2906.65	1138.19	1768.46	-185.94
High Self Plus One	UR3	2947.43	2777.45	1066.59	1710.86	-172.74
Standard Self	UR4	888.16	890.89	498.72	392.17	0.72
Standard Self & Family	UR5	1998.34	2004.54	1138.19	866.35	-1.90
Standard Self Plus One	UR6	1909.53	1915.44	1066.59	848.85	3.15
<b>Texas Humana Health Plan of Texas</b>						
High Self	UU1	1452.97	1471.21	498.72	972.49	16.23
High Self & Family	UU2	3269.20	3310.15	1138.19	2171.96	32.85
High Self Plus One	UU3	3123.90	3163.05	1066.59	2096.46	36.39
Standard Self	UU4	1186.64	1297.47	498.72	798.75	108.82
Standard Self & Family	UU5	2670.01	2919.32	1138.19	1781.13	241.21
Standard Self Plus One	UU6	2551.34	2789.56	1066.59	1722.97	235.46

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Texas Scott and White Health Plan</b>						
Basic Self	A81	659.79	605.89	454.42	151.47	-13.48
Basic Self & Family	A82	1546.05	1421.53	1066.15	355.38	-60.58
Basic Self Plus One	A83	1293.26	1343.01	1007.26	335.75	12.44
Standard Self	A84	781.15	738.68	498.72	239.96	-44.48
Standard Self & Family	A85	1830.79	1733.64	1138.19	595.45	-105.25
Standard Self Plus One	A86	1531.38	1637.83	1066.59	571.24	103.69
<b>Texas Scott and White Health Plan</b>						
Basic Self	P81	738.77	679.94	498.72	181.22	-60.84
Basic Self & Family	P82	1731.36	1595.60	1138.19	457.41	-143.86
Basic Self Plus One	P83	1448.24	1507.42	1066.59	440.83	56.42
Standard Self	P84	874.68	826.87	498.72	328.15	-49.82
Standard Self & Family	P85	2050.30	1940.84	1138.19	802.65	-117.56
Standard Self Plus One	P86	1714.94	1833.59	1066.59	767.00	115.89
<b>Texas UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	L91	463.32	437.06	327.80	109.26	-6.57
Value Self & Family	L92	1299.18	1225.49	919.12	306.37	-18.42
Value Self Plus One	L93	904.89	853.56	640.17	213.39	-12.83
<b>Utah Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Utah Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)	2019 Monthly premium rates					
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Utah Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>Utah Altius Health Plans</b>						
High Self	9K1	848.08	935.24	498.72	436.52	85.15
High Self & Family	9K2	1875.47	2068.26	1138.19	930.07	184.69
High Self Plus One	9K3	1856.90	2047.78	1066.59	981.19	188.12
HDHP Self	9K4	420.70	506.91	380.18	126.73	21.56
HDHP Self & Family	9K5	879.23	1059.41	794.56	264.85	45.04
HDHP Self Plus One	9K6	861.99	1038.64	778.98	259.66	44.16
<b>Utah Altius Health Plans</b>						
Standard Self	DK4	593.60	712.44	498.72	213.72	65.32
Standard Self & Family	DK5	1310.81	1573.30	1138.19	435.11	107.41
Standard Self Plus One	DK6	1297.83	1557.70	1066.59	491.11	166.65
<b>Utah SelectHealth Plan</b>						
High Self	SF1	973.68	1044.46	498.72	545.74	68.77
High Self & Family	SF2	2219.21	2380.54	1138.19	1242.35	153.23
High Self Plus One	SF3	2219.21	2380.54	1066.59	1313.95	158.57
Standard Self	SF4	595.42	619.21	464.41	154.80	5.95
Standard Self & Family	SF5	1357.05	1411.26	1058.45	352.81	13.55
Standard Self Plus One	SF6	1357.05	1411.26	1058.45	352.81	13.55
<b>Utah SelectHealth Plan</b>						
HDHP Self	WX1	<b>New Plan</b>	506.91	380.18	126.73	<b>New Plan</b>
HDHP Self & Family	WX2	<b>New Plan</b>	1155.31	866.48	288.83	<b>New Plan</b>
HDHP Self Plus One	WX3	<b>New Plan</b>	1155.31	866.48	288.83	<b>New Plan</b>



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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Vermont Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Vermont Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Vermont Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	EP1	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	1269.32	1389.85	1042.39	347.46	30.13
<b>Virgin Islands Triple-S Salud, Inc.</b>						
High Self	851	627.88	659.25	494.44	164.81	7.84
High Self & Family	852	1437.82	1509.71	1132.28	377.43	17.98
High Self Plus One	853	1409.79	1480.27	1066.59	413.68	61.23
<b>Virginia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Virginia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Virginia Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63
<b>Virginia Aetna Open Access</b>						
High Self	JN1	1103.09	1119.13	498.72	620.41	14.03
High Self & Family	JN2	2479.95	2515.98	1138.19	1377.79	27.93
High Self Plus One	JN3	2455.38	2491.04	1066.59	1424.45	32.90
Basic Self	JN4	662.85	680.46	498.72	181.74	15.60
Basic Self & Family	JN5	1516.95	1557.25	1138.19	419.06	32.20
Basic Self Plus One	JN6	1392.99	1430.00	1066.59	363.41	15.16
<b>Virginia CareFirst BlueChoice</b>						
Standard Self	2G4	693.62	797.68	498.72	298.96	102.05
Standard Self & Family	2G5	1648.05	1895.25	1138.19	757.06	239.10
Standard Self Plus One	2G6	1387.25	1595.34	1066.59	528.75	181.94
<b>Virginia CareFirst BlueChoice</b>						
HDHP Self	B61	609.72	518.27	388.70	129.57	-22.86
HDHP Self & Family	B62	1448.68	1231.38	923.54	307.84	-54.33
HDHP Self Plus One	B63	1219.44	1036.51	777.38	259.13	-45.73
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>						
High Self	E31	660.36	692.68	498.72	193.96	28.87
High Self & Family	E32	1518.83	1593.15	1138.19	454.96	66.22
High Self Plus One	E33	1518.83	1593.15	1066.59	526.56	71.56
Standard Self	E34	504.96	521.76	391.32	130.44	4.20
Standard Self & Family	E35	1161.49	1199.99	899.99	300.00	9.63
Standard Self Plus One	E36	1161.49	1199.99	899.99	300.00	9.63

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Virginia Kaiser Foundation Health Plan Mid-Atlantic States</b>						
Basic Self	T71	460.03	420.12	315.09	105.03	-9.98
Basic Self & Family	T72	1104.50	1026.16	769.62	256.54	-19.58
Basic Self Plus One	T73	1006.22	934.90	701.18	233.72	-17.83
<b>Virginia M.D. IPA</b>						
High Self	JP1	717.77	790.86	498.72	292.14	71.08
High Self & Family	JP2	2012.66	2217.54	1138.19	1079.35	196.78
High Self Plus One	JP3	1401.81	1544.53	1066.59	477.94	127.49
<b>Virginia Optima Health</b>						
High Self	PG1	651.28	678.47	498.72	179.75	16.93
High Self & Family	PG2	1573.80	1639.47	1138.19	501.28	57.57
High Self Plus One	PG3	1573.69	1639.37	1066.59	572.78	62.92
HDHP Self	PG4	<b>New Plan</b>	605.19	453.89	151.30	<b>New Plan</b>
HDHP Self & Family	PG5	<b>New Plan</b>	1334.99	1001.24	333.75	<b>New Plan</b>
HDHP Self Plus One	PG6	<b>New Plan</b>	1308.80	981.60	327.20	<b>New Plan</b>
<b>Virginia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	V41	566.97	495.69	371.77	123.92	-17.82
HDHP Self & Family	V42	1417.48	1140.06	855.05	285.01	-69.36
HDHP Self Plus One	V43	1219.01	1065.72	799.29	266.43	-38.32
<b>Virginia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	LR1	607.99	667.94	498.72	169.22	17.22
High Self & Family	LR2	1520.00	1582.99	1138.19	444.80	54.89
High Self Plus One	LR3	1307.19	1436.05	1066.59	369.46	42.66
<b>Virginia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)</b>						
Value Self	L91	463.32	437.06	327.80	109.26	-6.57
Value Self & Family	L92	1299.18	1225.49	919.12	306.37	-18.42
Value Self Plus One	L93	904.89	853.56	640.17	213.39	-12.83

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Washington Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Washington Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Washington Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	G51	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	1234.07	1505.77	1066.59	439.18	130.66
<b>Washington Kaiser Foundation Health Plan of Northwest</b>						
High Self	571	692.08	706.68	498.72	207.96	12.59
High Self & Family	572	1563.14	1596.16	1138.19	457.97	24.92
High Self Plus One	573	1563.14	1596.16	1066.59	529.57	30.26
Standard Self	574	600.25	620.30	465.23	155.07	5.01
Standard Self & Family	575	1378.98	1425.00	1068.75	356.25	11.51
Standard Self Plus One	576	1378.98	1425.00	1066.59	358.41	13.67
<b>Washington Kaiser Foundation Health Plan of Washington</b>						
High Self	541	825.59	815.40	498.72	316.68	-12.20
High Self & Family	542	1816.32	1793.91	1138.19	655.72	-30.51
High Self Plus One	543	1816.32	1793.91	1066.59	727.32	-25.17
Standard Self	544	608.99	585.17	438.88	146.29	-5.96
Standard Self & Family	545	1400.66	1345.91	1009.43	336.48	-13.68
Standard Self Plus One	546	1400.66	1345.91	1009.43	336.48	-13.68

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Washington Kaiser Permanente Washington Options Federal</b>						
Standard Self	L11	664.56	697.82	498.72	199.10	31.25
Standard Self & Family	L12	1475.31	1549.12	1138.19	410.93	42.10
Standard Self Plus One	L13	1475.31	1549.12	1066.59	482.53	71.05
HDHP Self	L14	525.79	587.17	440.38	146.79	15.34
HDHP Self & Family	L15	1167.25	1303.49	977.62	325.87	34.06
HDHP Self Plus One	L16	1167.25	1303.49	977.62	325.87	34.06
<b>Washington UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))</b>						
HDHP Self	LU1	482.91	450.32	337.74	112.58	-8.15
HDHP Self & Family	LU2	1207.25	1035.73	776.80	258.93	-42.88
HDHP Self Plus One	LU3	1038.25	968.20	726.15	242.05	-17.51
<b>Washington UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO</b>						
High Self	KT1	610.68	679.19	498.72	180.47	27.80
High Self & Family	KT2	1526.70	1697.95	1138.19	559.76	163.15
High Self Plus One	KT3	1312.96	1460.23	1066.59	393.64	65.40
<b>West Virginia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>West Virginia Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>West Virginia Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	F51	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	1308.80	1590.42	1066.59	523.83	196.63

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Wisconsin Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	JS1	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	1727.61	1817.25	1066.59	750.66	86.88
<b>Wisconsin Dean Health Plan</b>						
High Self	WD1	1067.43	1097.14	498.72	598.42	27.70
High Self & Family	WD2	2455.05	2523.39	1138.19	1385.20	60.24
High Self Plus One	WD3	2241.57	2303.97	1066.59	1237.38	59.64
Standard Self	WD4	643.00	645.67	484.25	161.42	0.67
Standard Self & Family	WD5	1543.21	1549.62	1138.19	411.43	-1.69
Standard Self Plus One	WD6	1414.62	1420.51	1065.38	355.13	1.48
<b>Wisconsin Group Health Cooperative</b>						
High Self	WJ1	697.17	731.03	498.72	232.31	31.85
High Self & Family	WJ2	2077.55	1900.69	1138.19	762.50	-184.96
High Self Plus One	WJ3	1380.38	1608.27	1066.59	541.68	196.59

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

Health Management Organizations (HMO)		2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
<b>Wisconsin HealthPartners</b>						
High Self	V31	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	1011.08	946.08	709.56	236.52	-16.25
<b>Wisconsin MercyCare Health Plans</b>						
High Self	EY1	766.48	764.05	498.72	265.33	-4.44
High Self & Family	EY2	2000.27	1994.01	1138.19	855.82	-14.36
High Self Plus One	EY3	1647.95	1642.81	1066.59	576.22	-7.90
<b>Wyoming Aetna HealthFund HDHP and Aetna Direct Plan</b>						
HDHP Self	224	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	1313.63	1426.69	1066.59	360.10	31.69
<b>Wyoming Aetna HealthFund HDHP and Aetna Direct Plan</b>						
CDHP Self	N61	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	1157.17	1222.26	916.70	305.56	16.27
<b>Wyoming Aetna HealthFund CDHP and Aetna Value Plan</b>						
CDHP Self	H41	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	1295.45	1387.25	1040.44	346.81	22.95

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

Health Management Organizations (HMO)	2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment

**Wyoming Altius Health Plans**

High Self	9K1	848.08	935.24	498.72	436.52	85.15
High Self & Family	9K2	1875.47	2068.26	1138.19	930.07	184.69
High Self Plus One	9K3	1856.90	2047.78	1066.59	981.19	188.12
HDHP Self	9K4	420.70	506.91	380.18	126.73	21.56
HDHP Self & Family	9K5	879.23	1059.41	794.56	264.85	45.04
HDHP Self Plus One	9K6	861.99	1038.64	778.98	259.66	44.16

**Wyoming Altius Health Plans**

Standard Self	DK4	593.60	712.44	498.72	213.72	65.32
Standard Self & Family	DK5	1310.81	1573.30	1138.19	435.11	107.41
Standard Self Plus One	DK6	1297.83	1557.70	1066.59	491.11	166.65