

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Alabama Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Alabama Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Alabama Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Alabama United Healthcare Insurance Company, Inc.						
High Self	KK1	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	1036.71	1200.90	900.68	300.22	41.04
Alabama United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
Alaska Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

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Alaska Aetna HealthFund CDHP and Value Plan					
CDHP Self JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One JS6	1475.59	1578.89	1030.88	548.01	71.30
Alaska Aetna HealthFund HDHP					
HDHP Self 224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64
Arizona Aetna Direct					
CDHP Self N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79
Arizona Aetna HealthFund CDHP and Value Plan					
CDHP Self G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One G56	1200.98	1200.98	900.74	300.24	0.00
Arizona Aetna HealthFund HDHP					
HDHP Self 224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64

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Arizona Aetna Open Access						
High Self	WQ1	878.84	937.95	480.29	457.66	41.12
High Self & Family	WQ2	2133.82	2277.34	1094.64	1182.70	107.30
High Self Plus One	WQ3	2112.67	2254.79	1030.88	1223.91	110.12
Arizona Health Net of Arizona, Inc.						
Standard Self	A74	683.84	745.85	480.29	265.56	44.02
Standard Self & Family	A75	1731.43	1888.49	1094.64	793.85	120.84
Standard Self Plus One	A76	1731.43	1888.49	1030.88	857.61	125.06
Arizona Humana Health Plan, Inc.						
High Self	BF1	756.21	905.32	480.29	425.03	131.12
High Self & Family	BF2	1701.48	2036.97	1094.64	942.33	299.27
High Self Plus One	BF3	1625.87	1946.45	1030.88	915.57	288.58
Standard Self	BF4	658.97	690.52	480.29	210.23	13.56
Standard Self & Family	BF5	1482.67	1553.67	1094.64	459.03	34.78
Standard Self Plus One	BF6	1416.76	1484.60	1030.88	453.72	35.84
Arizona Humana Health Plan, Inc.						
High Self	C71	672.19	738.23	480.29	257.94	48.05
High Self & Family	C72	1512.44	1661.05	1094.64	566.41	112.39
High Self Plus One	C73	1445.21	1587.21	1030.88	556.33	110.00
Standard Self	C74	627.16	650.87	480.29	170.58	5.72
Standard Self & Family	C75	1411.15	1464.47	1094.64	369.83	17.04
Standard Self Plus One	C76	1348.43	1399.39	1030.88	368.51	18.96
Arizona United Healthcare Insurance Company, Inc.						
High Self	KT1	530.79	557.09	417.82	139.27	6.57
High Self & Family	KT2	1488.35	1392.73	1044.55	348.18	-81.75
High Self Plus One	KT3	1036.64	1197.73	898.30	299.43	40.27

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Arizona United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	LU1	512.96	492.35	369.26	123.09	-5.15
HDHP Self & Family	LU2	1438.28	1230.88	923.16	307.72	-72.14
HDHP Self Plus One	LU3	1001.76	1058.57	793.93	264.64	14.20
Arkansas Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Arkansas Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Arkansas Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Arkansas QualChoice						
High Self	DH1	677.76	713.09	480.29	232.80	17.34
High Self & Family	DH2	1767.78	1859.95	1094.64	765.31	55.95
High Self Plus One	DH3	1316.55	1385.19	1030.88	354.31	25.17
Standard Self	DH4	528.62	556.18	417.14	139.04	6.89
Standard Self & Family	DH5	1378.80	1450.67	1088.00	362.67	17.97
Standard Self Plus One	DH6	1026.85	1080.39	810.29	270.10	13.39

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Arkansas United Healthcare Insurance Company, Inc.						
High Self	KK1	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	1036.71	1200.90	900.68	300.22	41.04
Arkansas United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
California Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
California Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
California Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
California Aetna Open Access						
High Self	2X1	625.32	679.19	480.29	198.90	35.88
High Self & Family	2X2	1468.03	1594.45	1094.64	499.81	90.20
High Self Plus One	2X3	1439.25	1563.21	1030.88	532.33	91.96

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California Anthem Blue Cross Select HMO						
High Self	B31	730.32	755.95	480.29	275.66	7.64
High Self & Family	B32	1550.53	1636.61	1094.64	541.97	49.86
High Self Plus One	B33	1460.79	1534.56	1030.88	503.68	41.77
California Blue Shield of CA Access+HMO						
High Self	SI1	717.95	742.17	480.29	261.88	6.23
High Self & Family	SI2	1615.40	1707.03	1094.64	612.39	55.41
High Self Plus One	SI3	1579.50	1632.80	1030.88	601.92	21.30
California Health Net of California						
High Self	LB1	1301.30	1357.72	480.29	877.43	38.43
High Self & Family	LB2	3123.14	3258.49	1094.64	2163.85	99.13
High Self Plus One	LB3	2862.88	2986.97	1030.88	1956.09	92.09
Standard Self	LB4	1235.93	1289.43	480.29	809.14	35.51
Standard Self & Family	LB5	2966.25	3094.61	1094.64	1999.97	92.14
Standard Self Plus One	LB6	2719.06	2836.75	1030.88	1805.87	85.69
California Health Net of California						
High Self	LP1	758.81	823.36	480.29	343.07	46.56
High Self & Family	LP2	1821.13	1976.02	1094.64	881.38	118.67
High Self Plus One	LP3	1669.35	1811.33	1030.88	780.45	109.98
Standard Self	LP4	719.77	783.71	480.29	303.42	45.95
Standard Self & Family	LP5	1727.48	1880.91	1094.64	786.27	117.21
Standard Self Plus One	LP6	1583.51	1724.17	1030.88	693.29	108.66
California Health Net of California						
Basic Self	P61	287.76	306.32	229.74	76.58	4.64
Basic Self & Family	P62	690.58	735.17	551.38	183.79	11.15
Basic Self Plus One	P63	633.04	673.90	505.43	168.47	10.21

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California Kaiser Foundation Health Plan						
High Self	591	817.33	858.98	480.29	378.69	23.66
High Self & Family	592	1951.08	2050.45	1094.64	955.81	63.15
High Self Plus One	593	1951.08	2050.45	1030.88	1019.57	67.37
Standard Self	594	683.17	718.84	480.29	238.55	17.68
Standard Self & Family	595	1598.63	1682.11	1094.64	587.47	47.26
Standard Self Plus One	596	1598.63	1682.11	1030.88	651.23	51.48
California Kaiser Foundation Health Plan						
High Self	621	597.74	631.26	473.45	157.81	8.38
High Self & Family	622	1381.49	1458.99	1094.24	364.75	19.38
High Self Plus One	623	1381.49	1458.99	1030.88	428.11	45.50
Standard Self	624	387.64	405.97	304.48	101.49	4.58
Standard Self & Family	625	895.92	938.25	703.69	234.56	10.58
Standard Self Plus One	626	895.92	938.25	703.69	234.56	10.58
California Kaiser Foundation Health Plan						
Basic Self	KC1	609.55	640.75	480.29	160.46	8.07
Basic Self & Family	KC2	1426.34	1499.36	1094.64	404.72	36.80
Basic Self Plus One	KC3	1426.34	1499.36	1030.88	468.48	41.02
California Kaiser Foundation Health Plan Fresno						
High Self	NZ1	605.35	676.15	480.29	195.86	44.52
High Self & Family	NZ2	1399.08	1562.73	1094.64	468.09	118.32
High Self Plus One	NZ3	1399.08	1562.73	1030.88	531.85	131.65
Standard Self	NZ4	392.73	469.82	352.37	117.45	19.27
Standard Self & Family	NZ5	907.70	1085.80	814.35	271.45	44.53
Standard Self Plus One	NZ6	907.70	1085.80	814.35	271.45	44.53

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California UnitedHealthcare of California						
High Self	CY1	620.40	658.06	480.29	177.77	19.67
High Self & Family	CY2	1739.57	1845.11	1094.64	750.47	69.32
High Self Plus One	CY3	1211.62	1285.14	963.86	321.28	18.38
Standard Self	CY4	557.85	613.08	459.81	153.27	13.81
Standard Self & Family	CY5	1564.27	1719.12	1094.64	624.48	118.63
Standard Self Plus One	CY6	1089.51	1197.39	898.04	299.35	26.97
Colorado Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Colorado Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
Colorado Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

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Colorado Humana Health Plan, Inc.						
High Self	NR1	536.68	535.38	401.54	133.84	-0.33
High Self & Family	NR2	1207.53	1204.60	903.45	301.15	-0.73
High Self Plus One	NR3	1153.84	1151.06	863.30	287.76	-0.70
Standard Self	NR4	492.85	491.66	368.75	122.91	-0.30
Standard Self & Family	NR5	1108.90	1106.26	829.70	276.56	-0.66
Standard Self Plus One	NR6	1059.63	1057.07	792.80	264.27	-0.64
Colorado Humana Health Plan, Inc.						
High Self	NT1	569.83	568.45	426.34	142.11	-0.35
High Self & Family	NT2	1282.10	1279.03	959.27	319.76	-0.76
High Self Plus One	NT3	1225.14	1222.20	916.65	305.55	-0.73
Standard Self	NT4	517.40	516.17	387.13	129.04	-0.31
Standard Self & Family	NT5	1164.19	1161.40	871.05	290.35	-0.70
Standard Self Plus One	NT6	1112.45	1109.77	832.33	277.44	-0.67
Colorado Kaiser Foundation Health Plan of Colorado						
High Self	651	689.48	687.85	480.29	207.56	-19.62
High Self & Family	652	1558.22	1554.61	1094.64	459.97	-39.83
High Self Plus One	653	1558.22	1554.61	1030.88	523.73	-35.61
Standard Self	654	465.62	473.01	354.76	118.25	1.85
Standard Self & Family	655	1052.26	1068.99	801.74	267.25	4.19
Standard Self Plus One	656	1052.26	1068.99	801.74	267.25	4.19
Colorado Kaiser Foundation Health Plan of Colorado						
Basic Self	N41	351.00	367.14	275.36	91.78	4.03
Basic Self & Family	N42	793.26	829.73	622.30	207.43	9.12
Basic Self Plus One	N43	793.26	829.73	622.30	207.43	9.12

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Colorado United Healthcare Insurance Company, Inc.						
High Self	KT1	530.79	557.09	417.82	139.27	6.57
High Self & Family	KT2	1488.35	1392.73	1044.55	348.18	-81.75
High Self Plus One	KT3	1036.64	1197.73	898.30	299.43	40.27
Colorado United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	LU1	512.96	492.35	369.26	123.09	-5.15
HDHP Self & Family	LU2	1438.28	1230.88	923.16	307.72	-72.14
HDHP Self Plus One	LU3	1001.76	1058.57	793.93	264.64	14.20
Connecticut Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Connecticut Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
Connecticut Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Delaware Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
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Delaware Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
Delaware Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Delaware Aetna Open Access						
High Self	P31	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	2531.51	2733.53	1030.88	1702.65	170.02
District of Columbia Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
District of Columbia Aetna HealthFund CDHP and Value Plan						
CDHP Self F51	647.57	716.97	480.29	236.68	51.41	
CDHP Self & Family F52	1476.52	1634.79	1094.64	540.15	122.05	
CDHP Self Plus One F53	1461.89	1618.59	1030.88	587.71	124.70	
Value Self F54	543.05	559.35	419.51	139.84	4.08	
Value Self & Family F55	1243.52	1280.85	960.64	320.21	9.33	
Value Self Plus One F56	1219.14	1255.71	941.78	313.93	9.15	
District of Columbia Aetna HealthFund HDHP						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
District of Columbia Aetna Open Access						
High Self JN1	959.51	1016.34	480.29	536.05	38.84	
High Self & Family JN2	2157.13	2284.92	1094.64	1190.28	91.57	
High Self Plus One JN3	2135.79	2262.30	1030.88	1231.42	94.51	
Basic Self JN4	597.91	637.35	478.01	159.34	9.86	
Basic Self & Family JN5	1345.85	1439.86	1079.90	359.96	23.50	
Basic Self Plus One JN6	1319.46	1373.99	1030.49	343.50	13.64	
District of Columbia CareFirst BlueChoice						
High Self 2G1	697.17	777.34	480.29	297.05	62.18	
High Self & Family 2G2	1656.42	1846.93	1094.64	752.29	154.29	
High Self Plus One 2G3	1394.32	1554.67	1030.88	523.79	128.35	
Standard Self 2G4	623.20	660.60	480.29	180.31	19.41	
Standard Self & Family 2G5	1480.70	1569.56	1094.64	474.92	52.64	
Standard Self Plus One 2G6	1246.42	1321.19	990.89	330.30	18.70	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
District of Columbia CareFirst BlueChoice						
HDHP Self	B61	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	1183.93	1219.44	914.58	304.86	8.88
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	1052.57	1093.89	820.42	273.47	10.33
District of Columbia M.D. IPA						
High Self	JP1	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	1251.97	1349.01	1011.76	337.25	24.26
District of Columbia United Healthcare Insurance Company, Inc.						
High Self	LR1	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	1037.27	1242.52	931.89	310.63	51.31
District of Columbia UnitedHealthcare Insurance Company						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58
Florida Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Florida Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Florida Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Florida AvMed Health Plans						
High Self	ML1	752.07	828.86	480.29	348.57	58.80
High Self & Family	ML2	1948.09	2147.06	1094.64	1052.42	162.75
High Self Plus One	ML3	1504.14	1657.78	1030.88	626.90	121.64
Standard Self	ML4	591.13	647.66	480.29	167.37	19.59
Standard Self & Family	ML5	1531.27	1677.61	1094.64	582.97	110.12
Standard Self Plus One	ML6	1182.33	1295.30	971.48	323.82	28.24
Florida Capital Health Plan						
High Self	EA1	551.46	633.06	474.80	158.26	20.40
High Self & Family	EA2	1488.91	1709.24	1094.64	614.60	184.11
High Self Plus One	EA3	1102.90	1266.07	949.55	316.52	40.80

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Florida Humana CoverageFirst and Value Plan					
CDHP Self MJ1	662.52	698.71	480.29	218.42	18.20
CDHP Self & Family MJ2	1490.71	1572.13	1094.64	477.49	45.20
CDHP Self Plus One MJ3	1424.48	1502.26	1030.88	471.38	45.78
Value Self MJ4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family MJ5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One MJ6	1002.82	1000.42	750.32	250.10	-0.60
Florida Humana CoverageFirst and Value Plan					
CDHP Self QP1	577.29	559.85	419.89	139.96	-4.36
CDHP Self & Family QP2	1298.85	1261.67	946.25	315.42	-9.29
CDHP Self Plus One QP3	1241.13	1205.60	904.20	301.40	-8.88
Value Self QP4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family QP5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One QP6	1002.82	1000.42	750.32	250.10	-0.60
Florida Humana Medical Plan, Inc.					
High Self E21	601.42	731.94	480.29	251.65	101.30
High Self & Family E22	1353.17	1646.93	1094.64	552.29	214.00
High Self Plus One E23	1293.02	1573.72	1030.88	542.84	219.59
Standard Self E24	569.53	568.17	426.13	142.04	-0.34
Standard Self & Family E25	1281.43	1278.36	958.77	319.59	-0.77
Standard Self Plus One E26	1224.49	1221.52	916.14	305.38	-0.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Florida Humana Medical Plan, Inc.						
High Self	EE1	844.59	867.99	480.29	387.70	5.41
High Self & Family	EE2	1900.34	1952.99	1094.64	858.35	16.43
High Self Plus One	EE3	1815.88	1866.19	1030.88	835.31	18.31
Standard Self	EE4	680.29	746.59	480.29	266.30	48.31
Standard Self & Family	EE5	1530.62	1679.84	1094.64	585.20	113.00
Standard Self Plus One	EE6	1462.59	1605.18	1030.88	574.30	110.59
Florida Humana Medical Plan, Inc.						
High Self	EX1	649.74	674.14	480.29	193.85	6.41
High Self & Family	EX2	1461.94	1516.75	1094.64	422.11	18.59
High Self Plus One	EX3	1396.96	1449.35	1030.88	418.47	20.39
Standard Self	EX4	593.06	591.63	443.72	147.91	-0.35
Standard Self & Family	EX5	1334.39	1331.18	998.39	332.79	-0.81
Standard Self Plus One	EX6	1275.06	1272.03	954.02	318.01	-0.75
Florida Humana Medical Plan, Inc.						
High Self	LL1	1314.63	1348.17	480.29	867.88	15.55
High Self & Family	LL2	2957.93	3033.40	1094.64	1938.76	39.25
High Self Plus One	LL3	2826.44	2898.55	1030.88	1867.67	40.11
Standard Self	LL4	692.81	785.03	480.29	304.74	74.23
Standard Self & Family	LL5	1558.81	1766.25	1094.64	671.61	171.22
Standard Self Plus One	LL6	1489.56	1687.75	1030.88	656.87	166.19
Florida UnitedHealthcare Insurance Company						
Basic Self	LV1	526.07	576.90	432.68	144.22	12.70
Basic Self & Family	LV2	1475.13	1617.68	1094.64	523.04	106.33
Basic Self Plus One	LV3	1027.43	1126.71	845.03	281.68	24.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Georgia Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Georgia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Georgia Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Georgia Aetna Open Access						
High Self	2U1	1095.14	1139.54	480.29	659.25	26.41
High Self & Family	2U2	2522.59	2624.83	1094.64	1530.19	66.02
High Self Plus One	2U3	2497.60	2598.85	1030.88	1567.97	69.25
Georgia Humana CoverageFirst and Value Plan						
CDHP Self	AD1	614.10	612.60	459.45	153.15	-0.37
CDHP Self & Family	AD2	1381.73	1378.37	1033.78	344.59	-0.84
CDHP Self Plus One	AD3	1320.30	1317.14	987.86	329.28	-0.79
Value Self	AD4	466.44	521.15	390.86	130.29	13.68
Value Self & Family	AD5	1049.47	1172.60	879.45	293.15	30.78
Value Self Plus One	AD6	1002.82	1120.47	840.35	280.12	29.42

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Georgia Humana CoverageFirst and Value Plan						
CDHP Self	LM1	589.66	588.23	441.17	147.06	-0.35
CDHP Self & Family	LM2	1326.72	1323.51	992.63	330.88	-0.80
CDHP Self Plus One	LM3	1267.74	1264.71	948.53	316.18	-0.75
Value Self	LM4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	LM5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	LM6	1002.82	1000.42	750.32	250.10	-0.60
Georgia Humana Employers Health of Georgia, Inc.						
High Self	CB1	680.98	760.85	480.29	280.56	61.88
High Self & Family	CB2	1532.20	1711.88	1094.64	617.24	143.46
High Self Plus One	CB3	1464.10	1635.77	1030.88	604.89	139.67
Standard Self	CB4	646.45	677.73	480.29	197.44	13.29
Standard Self & Family	CB5	1454.51	1524.88	1094.64	430.24	34.15
Standard Self Plus One	CB6	1389.85	1457.13	1030.88	426.25	35.28
Georgia Humana Employers Health of Georgia, Inc.						
High Self	DG1	810.59	1059.46	480.29	579.17	230.88
High Self & Family	DG2	1823.86	2383.77	1094.64	1289.13	523.69
High Self Plus One	DG3	1742.76	2277.82	1030.88	1246.94	503.06
Standard Self	DG4	676.07	765.25	480.29	284.96	71.19
Standard Self & Family	DG5	1521.15	1721.79	1094.64	627.15	164.42
Standard Self Plus One	DG6	1453.55	1645.28	1030.88	614.40	159.73

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Georgia Humana Employers Health of Georgia, Inc.						
High Self	DN1	673.90	699.18	480.29	218.89	7.29
High Self & Family	DN2	1516.32	1573.17	1094.64	478.53	20.63
High Self Plus One	DN3	1448.92	1503.23	1030.88	472.35	22.31
Standard Self	DN4	645.23	669.41	480.29	189.12	6.19
Standard Self & Family	DN5	1451.78	1506.20	1094.64	411.56	18.20
Standard Self Plus One	DN6	1387.25	1439.27	1030.88	408.39	20.02
Georgia Kaiser Foundation Health Plan of Georgia						
High Self	F81	622.16	649.44	480.29	169.15	9.29
High Self & Family	F82	1421.70	1483.93	1094.64	389.29	26.01
High Self Plus One	F83	1381.27	1441.72	1030.88	410.84	28.45
Standard Self	F84	465.23	486.11	364.58	121.53	5.22
Standard Self & Family	F85	1069.97	1118.04	838.53	279.51	12.02
Standard Self Plus One	F86	1037.42	1084.01	813.01	271.00	11.65
Georgia UnitedHealthcare Insurance Company						
Basic Self	LV1	526.07	576.90	432.68	144.22	12.70
Basic Self & Family	LV2	1475.13	1617.68	1094.64	523.04	106.33
Basic Self Plus One	LV3	1027.43	1126.71	845.03	281.68	24.82
Guam Calvos Selectcare						
High Self	B41	387.38	426.10	319.58	106.52	9.68
High Self & Family	B42	1035.67	1139.23	854.42	284.81	25.89
High Self Plus One	B43	755.93	831.52	623.64	207.88	18.90
Standard Self	B44	356.48	392.12	294.09	98.03	8.91
Standard Self & Family	B45	953.10	1048.41	786.31	262.10	23.83
Standard Self Plus One	B46	695.65	765.20	573.90	191.30	17.39

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Guam TakeCare						
High Self	JK1	526.50	596.77	447.58	149.19	17.57
High Self & Family	JK2	1579.48	1423.48	1067.61	355.87	-165.19
High Self Plus One	JK3	1052.98	1179.04	884.28	294.76	31.52
Standard Self	JK4	362.31	378.50	283.88	94.62	4.04
Standard Self & Family	JK5	1083.36	1071.85	803.89	267.96	-2.88
Standard Self Plus One	JK6	721.02	745.94	559.46	186.48	6.23
Guam TakeCare						
HDHP Self	KX1	165.49	129.16	96.87	32.29	-9.08
HDHP Self & Family	KX2	485.20	381.42	286.07	95.35	-25.95
HDHP Self Plus One	KX3	345.54	305.41	229.06	76.35	-10.03
Hawaii Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Hawaii Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
Hawaii Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

2017 Monthly premium rates						
Health Management Organizations (HMO)			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Plan - Option - Enrollment Code	2016 Total Monthly Premium					
Hawaii HMSA						
High Self	871	562.01	606.95	455.21	151.74	11.24
High Self & Family	872	1263.38	1364.44	1023.33	341.11	25.27
High Self Plus One	873	1231.36	1329.88	997.41	332.47	24.63
Hawaii Kaiser Foundation Health Plan of Hawaii						
High Self	631	571.89	642.72	480.29	162.43	19.46
High Self & Family	632	1275.34	1433.27	1074.95	358.32	39.49
High Self Plus One	633	1275.34	1433.27	1030.88	402.39	83.56
Standard Self	634	392.60	440.64	330.48	110.16	12.01
Standard Self & Family	635	875.51	982.61	736.96	245.65	26.77
Standard Self Plus One	636	875.51	982.61	736.96	245.65	26.77
Idaho Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans						
High Self	9K1	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	755.95	771.10	578.33	192.77	3.78
Idaho Aetna Health of Utah, Inc. dba Altius Health Plans						
Standard Self	DK4	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	1089.47	1146.88	860.16	286.72	14.35

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Idaho Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Idaho Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Idaho Group Health Cooperative						
High Self	541	708.78	757.16	480.29	276.87	30.39
High Self & Family	542	1913.69	1968.61	1094.64	873.97	18.70
High Self Plus One	543	1417.54	1552.16	1030.88	521.28	102.62
Standard Self	544	507.15	568.84	426.63	142.21	15.42
Standard Self & Family	545	1369.36	1478.95	1094.64	384.31	41.97
Standard Self Plus One	546	1014.33	1166.10	874.58	291.52	37.94
Idaho Group Health Cooperative						
HDHP Self	PT1	473.85	506.00	379.50	126.50	8.04
HDHP Self & Family	PT2	1279.42	1315.64	986.73	328.91	9.06
HDHP Self Plus One	PT3	947.70	1037.34	778.01	259.33	22.41

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Idaho SelectHealth						
High Self	SF1	687.77	742.80	480.29	262.51	37.04
High Self & Family	SF2	1534.13	1656.87	1094.64	562.23	86.52
High Self Plus One	SF3	1534.13	1656.87	1030.88	625.99	90.74
Standard Self	SF4	512.33	537.94	403.46	134.48	6.40
Standard Self & Family	SF5	1137.67	1194.53	895.90	298.63	14.21
Standard Self Plus One	SF6	1137.67	1194.53	895.90	298.63	14.21
Illinois Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Illinois Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Illinois Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Illinois Blue Cross and Blue Shield of Illinois						
High Self	A21	730.62	757.25	480.29	276.96	8.64
High Self & Family	A22	1811.38	1867.39	1094.64	772.75	19.79
High Self Plus One	A23	1579.26	1628.08	1030.88	597.20	16.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Illinois Blue Preferred Plus POS						
High Self	9G1	675.96	698.49	480.29	218.20	4.54
High Self & Family	9G2	1441.05	1512.25	1094.64	417.61	34.98
High Self Plus One	9G3	1351.94	1410.98	1030.88	380.10	27.04
Standard Self	9G4	New Plan	519.13	389.35	129.78	New Plan
Standard Self & Family	9G5	New Plan	1469.15	1094.64	374.51	New Plan
Standard Self Plus One	9G6	New Plan	1349.75	1012.31	337.44	New Plan
Illinois Health Alliance HMO						
Standard Self	K84	624.91	606.17	454.63	151.54	-11.07
Standard Self & Family	K85	1734.11	1682.09	1094.64	587.45	-88.24
Standard Self Plus One	K86	1312.33	1272.96	954.72	318.24	-9.84
Illinois Humana CoverageFirst and Value Plan						
CDHP Self	GB1	632.60	719.42	480.29	239.13	68.83
CDHP Self & Family	GB2	1423.33	1618.70	1094.64	524.06	159.15
CDHP Self Plus One	GB3	1360.06	1546.76	1030.88	515.88	154.70
Value Self	GB4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	GB5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	GB6	1002.82	1000.42	750.32	250.10	-0.60
Illinois Humana CoverageFirst and Value Plan						
CDHP Self	MW1	669.05	698.23	480.29	217.94	11.19
CDHP Self & Family	MW2	1505.34	1571.03	1094.64	476.39	29.47
CDHP Self Plus One	MW3	1438.43	1501.20	1030.88	470.32	30.77
Value Self	MW4	466.44	488.56	366.42	122.14	5.53
Value Self & Family	MW5	1049.47	1099.28	824.46	274.82	12.45
Value Self Plus One	MW6	1002.82	1050.44	787.83	262.61	11.91

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Illinois Humana Health Plan, Inc.						
High Self	751	1200.77	1257.82	480.29	777.53	39.06
High Self & Family	752	2701.75	2830.06	1094.64	1735.42	92.09
High Self Plus One	753	2581.65	2704.26	1030.88	1673.38	90.61
Standard Self	754	747.22	879.69	480.29	399.40	114.48
Standard Self & Family	755	1681.25	1979.29	1094.64	884.65	261.82
Standard Self Plus One	756	1606.54	1891.31	1030.88	860.43	252.77
Illinois Humana Health Plan, Inc.						
High Self	9F1	1490.71	1539.59	480.29	1059.30	30.89
High Self & Family	9F2	3354.13	3464.09	1094.64	2369.45	73.74
High Self Plus One	9F3	3205.04	3310.13	1030.88	2279.25	73.09
Illinois Humana Health Plan, Inc.						
Standard Self	AB4	783.99	945.08	480.29	464.79	143.10
Standard Self & Family	AB5	1763.99	2126.37	1094.64	1031.73	326.16
Standard Self Plus One	AB6	1685.56	2031.88	1030.88	1001.00	314.32
Illinois MercyCare HMO						
High Self	EY1	662.16	727.68	480.29	247.39	47.53
High Self & Family	EY2	1986.49	1892.00	1094.64	797.36	-130.71
High Self Plus One	EY3	1324.33	1564.51	1030.88	533.63	202.55
Illinois Union Health Service						
High Self	761	597.83	625.86	469.40	156.46	7.00
High Self & Family	762	1485.81	1555.32	1094.64	460.68	33.29
High Self Plus One	763	1307.54	1368.68	1026.51	342.17	15.29
Illinois UnitedHealthcare Insurance Company						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Illinois UnitedHealthcare Plan of the River Valley Inc.						
High Self	YH1	624.37	642.59	480.29	162.30	0.23
High Self & Family	YH2	1750.75	1801.78	1094.64	707.14	14.81
High Self Plus One	YH3	1219.42	1254.98	941.24	313.74	8.89
Indiana Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Indiana Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
Indiana Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Indiana Health Alliance HMO						
Standard Self	K84	624.91	606.17	454.63	151.54	-11.07
Standard Self & Family	K85	1734.11	1682.09	1094.64	587.45	-88.24
Standard Self Plus One	K86	1312.33	1272.96	954.72	318.24	-9.84

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Indiana Humana CoverageFirst and Value Plan						
CDHP Self MW1	669.05	698.23	480.29	217.94	11.19	
CDHP Self & Family MW2	1505.34	1571.03	1094.64	476.39	29.47	
CDHP Self Plus One MW3	1438.43	1501.20	1030.88	470.32	30.77	
Value Self MW4	466.44	488.56	366.42	122.14	5.53	
Value Self & Family MW5	1049.47	1099.28	824.46	274.82	12.45	
Value Self Plus One MW6	1002.82	1050.44	787.83	262.61	11.91	
Indiana Humana Health Plan of Ohio						
High Self A61	756.21	985.23	480.29	504.94	211.03	
High Self & Family A62	1701.48	2216.76	1094.64	1122.12	479.06	
High Self Plus One A63	1625.87	2118.24	1030.88	1087.36	460.37	
Standard Self A64	638.58	776.71	480.29	296.42	120.14	
Standard Self & Family A65	1436.80	1747.55	1094.64	652.91	274.53	
Standard Self Plus One A66	1372.93	1669.87	1030.88	638.99	264.94	
Indiana Humana Health Plan, Inc.						
High Self 751	1200.77	1257.82	480.29	777.53	39.06	
High Self & Family 752	2701.75	2830.06	1094.64	1735.42	92.09	
High Self Plus One 753	2581.65	2704.26	1030.88	1673.38	90.61	
Standard Self 754	747.22	879.69	480.29	399.40	114.48	
Standard Self & Family 755	1681.25	1979.29	1094.64	884.65	261.82	
Standard Self Plus One 756	1606.54	1891.31	1030.88	860.43	252.77	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Indiana Humana Health Plan, Inc.						
High Self	MH1	690.13	715.74	480.29	235.45	7.62
High Self & Family	MH2	1552.79	1610.42	1094.64	515.78	21.41
High Self Plus One	MH3	1483.80	1538.85	1030.88	507.97	23.05
Standard Self	MH4	627.16	653.45	480.29	173.16	8.30
Standard Self & Family	MH5	1411.15	1470.26	1094.64	375.62	22.83
Standard Self Plus One	MH6	1348.43	1404.91	1030.88	374.03	24.48
Iowa Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Iowa Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Iowa Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Iowa Health Alliance HMO						
Standard Self	K84	624.91	606.17	454.63	151.54	-11.07
Standard Self & Family	K85	1734.11	1682.09	1094.64	587.45	-88.24
Standard Self Plus One	K86	1312.33	1272.96	954.72	318.24	-9.84

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Iowa HealthPartners High and Standard Option						
High Self V31	683.80	713.72	480.29	233.43	11.93	
High Self & Family V32	1665.71	1738.62	1094.64	643.98	36.69	
High Self Plus One V33	1511.19	1577.31	1030.88	546.43	34.12	
Standard Self V34	388.33	426.10	319.58	106.52	9.44	
Standard Self & Family V35	945.99	1038.01	778.51	259.50	23.00	
Standard Self Plus One V36	858.22	941.72	706.29	235.43	20.88	
Iowa United Healthcare Insurance Company, Inc.						
High Self LJ1	531.33	556.68	417.51	139.17	6.34	
High Self & Family LJ2	1489.87	1391.74	1043.81	347.93	-83.52	
High Self Plus One LJ3	1037.70	1196.89	897.67	299.22	39.80	
Iowa United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self N71	512.70	529.77	397.33	132.44	4.27	
HDHP Self & Family N72	1437.63	1324.46	993.35	331.11	-48.10	
HDHP Self Plus One N73	1001.30	1139.04	854.28	284.76	34.44	
Iowa UnitedHealthcare Plan of the River Valley Inc.						
High Self YH1	624.37	642.59	480.29	162.30	0.23	
High Self & Family YH2	1750.75	1801.78	1094.64	707.14	14.81	
High Self Plus One YH3	1219.42	1254.98	941.24	313.74	8.89	
Kansas Aetna Direct						
CDHP Self N61	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Kansas Aetna HealthFund CDHP and Value Plan					
CDHP Self G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One G56	1200.98	1200.98	900.74	300.24	0.00
Kansas Aetna HealthFund HDHP					
HDHP Self 224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64
Kansas Aetna Open Access					
High Self HA1	626.69	703.50	480.29	223.21	58.82
High Self & Family HA2	1480.40	1661.79	1094.64	567.15	145.17
High Self Plus One HA3	1465.75	1645.37	1030.88	614.49	147.62
Standard Self HA4	609.48	605.22	453.92	151.30	-1.07
Standard Self & Family HA5	1438.67	1428.59	1071.44	357.15	-23.10
Standard Self Plus One HA6	1424.43	1414.47	1030.88	383.59	-41.96
Kansas Humana CoverageFirst and Value Plan					
CDHP Self PH1	608.40	606.34	454.76	151.58	-0.52
CDHP Self & Family PH2	1368.94	1364.31	1023.23	341.08	-1.15
CDHP Self Plus One PH3	1308.10	1303.66	977.75	325.91	-1.11
Value Self PH4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family PH5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One PH6	1002.82	1000.42	750.32	250.10	-0.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Kansas Humana Health Plan, Inc.						
High Self	MS1	1462.91	1605.57	480.29	1125.28	124.67
High Self & Family	MS2	3291.54	3612.53	1094.64	2517.89	284.77
High Self Plus One	MS3	3145.22	3451.96	1030.88	2421.08	274.74
Standard Self	MS4	729.43	829.96	480.29	349.67	82.54
Standard Self & Family	MS5	1641.19	1867.45	1094.64	772.81	190.04
Standard Self Plus One	MS6	1568.26	1784.47	1030.88	753.59	184.21
Kentucky Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Kentucky Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Kentucky Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Kentucky Humana CoverageFirst and Value Plan						
CDHP Self	6N1	553.91	562.55	421.91	140.64	2.16
CDHP Self & Family	6N2	1246.29	1265.70	949.28	316.42	4.85
CDHP Self Plus One	6N3	1190.91	1209.43	907.07	302.36	4.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Kentucky Humana Health Plan of Ohio						
High Self	A61	756.21	985.23	480.29	504.94	211.03
High Self & Family	A62	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One	A63	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self	A64	638.58	776.71	480.29	296.42	120.14
Standard Self & Family	A65	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One	A66	1372.93	1669.87	1030.88	638.99	264.94
Kentucky Humana Health Plan, Inc.						
High Self	MH1	690.13	715.74	480.29	235.45	7.62
High Self & Family	MH2	1552.79	1610.42	1094.64	515.78	21.41
High Self Plus One	MH3	1483.80	1538.85	1030.88	507.97	23.05
Standard Self	MH4	627.16	653.45	480.29	173.16	8.30
Standard Self & Family	MH5	1411.15	1470.26	1094.64	375.62	22.83
Standard Self Plus One	MH6	1348.43	1404.91	1030.88	374.03	24.48
Kentucky Humana Health Plan, Inc.						
High Self	MI1	682.54	815.53	480.29	335.24	115.00
High Self & Family	MI2	1535.71	1834.91	1094.64	740.27	262.98
High Self Plus One	MI3	1467.46	1753.35	1030.88	722.47	253.89
Standard Self	MI4	648.18	734.26	480.29	253.97	68.09
Standard Self & Family	MI5	1458.41	1652.08	1094.64	557.44	157.45
Standard Self Plus One	MI6	1393.58	1578.66	1030.88	547.78	153.08
Kentucky United Healthcare Insurance Company, Inc.						
High Self	LJ1	531.33	556.68	417.51	139.17	6.34
High Self & Family	LJ2	1489.87	1391.74	1043.81	347.93	-83.52
High Self Plus One	LJ3	1037.70	1196.89	897.67	299.22	39.80

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Kentucky United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	N71	512.70	529.77	397.33	132.44	4.27
HDHP Self & Family	N72	1437.63	1324.46	993.35	331.11	-48.10
HDHP Self Plus One	N73	1001.30	1139.04	854.28	284.76	34.44
Louisiana Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Louisiana Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Louisiana Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
High Self	AE1	680.49	760.33	480.29	280.04	61.85
High Self & Family	AE2	1531.10	1710.71	1094.64	616.07	143.39
High Self Plus One	AE3	1463.04	1634.66	1030.88	603.78	139.62
Standard Self	AE4	645.80	670.50	480.29	190.21	6.71
Standard Self & Family	AE5	1454.09	1508.63	1094.64	413.99	18.32
Standard Self Plus One	AE6	1389.48	1441.59	1030.88	410.71	20.11

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Louisiana Humana Health Benefit Plan of Louisiana, Inc.						
High Self BC1	642.92	667.03	480.29	186.74	6.12	
High Self & Family BC2	1446.55	1500.81	1094.64	406.17	18.04	
High Self Plus One BC3	1382.27	1434.12	1030.88	403.24	19.85	
Standard Self BC4	573.24	571.85	428.89	142.96	-0.35	
Standard Self & Family BC5	1289.77	1286.68	965.01	321.67	-0.77	
Standard Self Plus One BC6	1232.44	1229.50	922.13	307.37	-0.74	
Louisiana United Healthcare Insurance Company, Inc.						
High Self KK1	530.83	558.57	418.93	139.64	6.93	
High Self & Family KK2	1488.46	1396.40	1047.30	349.10	-80.94	
High Self Plus One KK3	1036.71	1200.90	900.68	300.22	41.04	
Louisiana United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self LS1	508.50	461.13	345.85	115.28	-11.84	
HDHP Self & Family LS2	1425.78	1152.80	864.60	288.20	-79.16	
HDHP Self Plus One LS3	993.05	991.42	743.57	247.85	-0.41	
Maine Aetna Direct						
CDHP Self N61	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79	
Maine Aetna HealthFund CDHP and Value Plan						
CDHP Self EP1	765.14	811.22	480.29	330.93	28.09	
CDHP Self & Family EP2	1744.97	1850.03	1094.64	755.39	68.84	
CDHP Self Plus One EP3	1727.68	1831.72	1030.88	800.84	72.04	
Value Self EP4	526.50	542.30	406.73	135.57	3.95	
Value Self & Family EP5	1205.69	1241.85	931.39	310.46	9.04	
Value Self Plus One EP6	1182.03	1217.49	913.12	304.37	8.86	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Maine Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Maryland Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Maryland Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Maryland Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Maryland Aetna Open Access						
High Self	JN1	959.51	1016.34	480.29	536.05	38.84
High Self & Family	JN2	2157.13	2284.92	1094.64	1190.28	91.57
High Self Plus One	JN3	2135.79	2262.30	1030.88	1231.42	94.51
Basic Self	JN4	597.91	637.35	478.01	159.34	9.86
Basic Self & Family	JN5	1345.85	1439.86	1079.90	359.96	23.50
Basic Self Plus One	JN6	1319.46	1373.99	1030.49	343.50	13.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Maryland CareFirst BlueChoice						
High Self	2G1	697.17	777.34	480.29	297.05	62.18
High Self & Family	2G2	1656.42	1846.93	1094.64	752.29	154.29
High Self Plus One	2G3	1394.32	1554.67	1030.88	523.79	128.35
Standard Self	2G4	623.20	660.60	480.29	180.31	19.41
Standard Self & Family	2G5	1480.70	1569.56	1094.64	474.92	52.64
Standard Self Plus One	2G6	1246.42	1321.19	990.89	330.30	18.70
Maryland CareFirst BlueChoice						
HDHP Self	B61	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	1183.93	1219.44	914.58	304.86	8.88
Maryland Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	1052.57	1093.89	820.42	273.47	10.33
Maryland M.D. IPA						
High Self	JP1	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	1251.97	1349.01	1011.76	337.25	24.26
Maryland United Healthcare Insurance Company, Inc.						
High Self	LR1	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	1037.27	1242.52	931.89	310.63	51.31

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Maryland UnitedHealthcare Insurance Company						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58
Massachusetts Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Massachusetts Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
Massachusetts Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Michigan Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Michigan Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
Michigan Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Michigan Bluecare Network of MI						
High Self	K51	708.63	845.91	480.29	365.62	119.29
High Self & Family	K52	1730.43	2063.95	1094.64	969.31	297.30
High Self Plus One	K53	1630.16	1945.58	1030.88	914.70	283.42
Michigan Bluecare Network of MI						
High Self	LX1	617.93	667.98	480.29	187.69	32.06
High Self & Family	LX2	1509.13	1629.90	1094.64	535.26	84.55
High Self Plus One	LX3	1421.44	1536.36	1030.88	505.48	82.92
Michigan Health Alliance Plan						
High Self	521	690.17	718.79	480.29	238.50	10.63
High Self & Family	522	1639.37	1753.83	1094.64	659.19	78.24
High Self Plus One	523	1604.63	1653.23	1030.88	622.35	16.60
Michigan Health Alliance Plan						
Standard Self	GY4	577.66	606.23	454.67	151.56	7.15
Standard Self & Family	GY5	1371.96	1479.23	1094.64	384.59	41.60
Standard Self Plus One	GY6	1343.10	1394.34	1030.88	363.46	19.24

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Michigan Priority Health						
High Self	LE1	638.58	682.46	480.29	202.17	25.89
High Self & Family	LE2	1596.44	1603.79	1094.64	509.15	-28.87
High Self Plus One	LE3	1404.85	1501.41	1030.88	470.53	64.56
Standard Self	LE4	500.07	546.69	410.02	136.67	11.65
Standard Self & Family	LE5	1250.17	1284.77	963.58	321.19	8.65
Standard Self Plus One	LE6	1100.15	1202.74	902.06	300.68	25.64
Minnesota Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Minnesota Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Minnesota Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Minnesota HealthPartners High and Standard Option						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88
Mississippi Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Mississippi Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Mississippi Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Mississippi United Healthcare Insurance Company, Inc.						
High Self	KK1	530.83	558.57	418.93	139.64	6.93
High Self & Family	KK2	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One	KK3	1036.71	1200.90	900.68	300.22	41.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Mississippi United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
Missouri Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Missouri Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
Missouri Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Missouri Aetna Open Access						
High Self	HA1	626.69	703.50	480.29	223.21	58.82
High Self & Family	HA2	1480.40	1661.79	1094.64	567.15	145.17
High Self Plus One	HA3	1465.75	1645.37	1030.88	614.49	147.62
Standard Self	HA4	609.48	605.22	453.92	151.30	-1.07
Standard Self & Family	HA5	1438.67	1428.59	1071.44	357.15	-23.10
Standard Self Plus One	HA6	1424.43	1414.47	1030.88	383.59	-41.96

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Missouri Blue Preferred Plus POS						
High Self	9G1	675.96	698.49	480.29	218.20	4.54
High Self & Family	9G2	1441.05	1512.25	1094.64	417.61	34.98
High Self Plus One	9G3	1351.94	1410.98	1030.88	380.10	27.04
Standard Self	9G4	New Plan	519.13	389.35	129.78	New Plan
Standard Self & Family	9G5	New Plan	1469.15	1094.64	374.51	New Plan
Standard Self Plus One	9G6	New Plan	1349.75	1012.31	337.44	New Plan
Missouri Humana CoverageFirst and Value Plan						
CDHP Self	PH1	608.40	606.34	454.76	151.58	-0.52
CDHP Self & Family	PH2	1368.94	1364.31	1023.23	341.08	-1.15
CDHP Self Plus One	PH3	1308.10	1303.66	977.75	325.91	-1.11
Value Self	PH4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family	PH5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One	PH6	1002.82	1000.42	750.32	250.10	-0.60
Missouri Humana Health Plan, Inc.						
High Self	MS1	1462.91	1605.57	480.29	1125.28	124.67
High Self & Family	MS2	3291.54	3612.53	1094.64	2517.89	284.77
High Self Plus One	MS3	3145.22	3451.96	1030.88	2421.08	274.74
Standard Self	MS4	729.43	829.96	480.29	349.67	82.54
Standard Self & Family	MS5	1641.19	1867.45	1094.64	772.81	190.04
Standard Self Plus One	MS6	1568.26	1784.47	1030.88	753.59	184.21
Montana Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Montana Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Montana Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Nebraska Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Nebraska Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Nebraska Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Nevada Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Nevada Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
Nevada Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Nevada Health Plan of Nevada						
High Self	NM1	505.98	534.52	400.89	133.63	7.14
High Self & Family	NM2	1199.21	1266.76	950.07	316.69	16.89
High Self Plus One	NM3	961.39	1015.54	761.66	253.88	13.53
New Hampshire Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New Hampshire Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
New Hampshire Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
New Jersey Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
New Jersey Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
New Jersey Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New Jersey Aetna Open Access						
High Self	JR1	1371.87	1378.30	480.29	898.01	-11.56
High Self & Family	JR2	3168.95	3183.79	1094.64	2089.15	-21.38
High Self Plus One	JR3	3137.57	3152.26	1030.88	2121.38	-17.31
Basic Self	JR4	1087.82	1059.67	480.29	579.38	-46.14
Basic Self & Family	JR5	2521.05	2455.87	1094.64	1361.23	-101.40
Basic Self Plus One	JR6	2496.09	2431.54	1030.88	1400.66	-96.55
New Jersey Aetna Open Access						
High Self	P31	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	2531.51	2733.53	1030.88	1702.65	170.02
New Jersey GHI Health Plan						
High Self	801	853.26	955.63	480.29	475.34	84.38
High Self & Family	802	2520.74	2592.46	1094.64	1497.82	35.50
High Self Plus One	803	1634.86	2327.13	1030.88	1296.25	660.27
Standard Self	804	658.34	710.99	480.29	230.70	34.66
Standard Self & Family	805	1782.76	1695.85	1094.64	601.21	-123.13
Standard Self Plus One	806	1083.07	1625.20	1030.88	594.32	323.55
New Mexico Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New Mexico Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
New Mexico Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
New Mexico New Mexico BlueHMO Preferred						
High Self	Q11	701.26	725.21	480.29	244.92	5.96
High Self & Family	Q12	1729.28	1788.37	1094.64	693.73	22.87
High Self Plus One	Q13	1507.68	1559.20	1030.88	528.32	19.52
Standard Self	Q14	New Plan	642.40	480.29	162.11	New Plan
Standard Self & Family	Q15	New Plan	1584.14	1094.64	489.50	New Plan
Standard Self Plus One	Q16	New Plan	1381.16	1030.88	350.28	New Plan
New Mexico Presbyterian Health Plan						
High Self	P21	679.81	677.56	480.29	197.27	-20.24
High Self & Family	P22	1597.57	1592.31	1094.64	497.67	-41.48
High Self Plus One	P23	1543.19	1538.10	1030.88	507.22	-37.09
New Mexico Presbyterian Health Plan						
Standard Self	PS4	577.01	567.08	425.31	141.77	-2.48
Standard Self & Family	PS5	1355.94	1332.67	999.50	333.17	-5.81
Standard Self Plus One	PS6	1309.79	1287.30	965.48	321.82	-5.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New York Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
New York Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
New York Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
New York Aetna Open Access						
High Self	JC1	1040.48	1047.19	480.29	566.90	-11.28
High Self & Family	JC2	2571.08	2587.63	1094.64	1492.99	-19.67
High Self Plus One	JC3	2545.62	2562.04	1030.88	1531.16	-15.58
Basic Self	JC4	750.32	804.48	480.29	324.19	36.17
Basic Self & Family	JC5	1830.16	1962.26	1094.64	867.62	95.88
Basic Self Plus One	JC6	1812.05	1942.87	1030.88	911.99	98.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
New York CDPHP Universal Benefits, Inc.					
High Self	SG1	749.49	480.29	269.20	-17.99
High Self & Family	SG2	2248.46	1094.64	1153.82	-36.22
High Self Plus One	SG3	1499.01	1030.88	468.13	-32.00
Standard Self	SG4	529.84	397.38	132.46	0.00
Standard Self & Family	SG5	1589.40	1094.64	494.76	-36.22
Standard Self Plus One	SG6	1059.63	794.72	264.91	0.00
New York GHI Health Plan					
High Self	801	853.26	480.29	475.34	84.38
High Self & Family	802	2520.74	1094.64	1497.82	35.50
High Self Plus One	803	1634.86	1030.88	1296.25	660.27
Standard Self	804	658.34	480.29	230.70	34.66
Standard Self & Family	805	1782.76	1094.64	601.21	-123.13
Standard Self Plus One	806	1083.07	1030.88	594.32	323.55
New York HIP Health of Greater New York					
High Self	511	656.67	480.29	241.51	47.14
High Self & Family	512	1883.44	1094.64	1012.34	187.32
High Self Plus One	513	1165.58	1030.88	392.43	101.04
New York Independent Health Assoc					
High Self	QA1	620.08	480.29	208.93	51.15
High Self & Family	QA2	1674.18	1094.64	766.27	150.51
High Self Plus One	QA3	1581.17	1030.88	726.66	144.37
HDHP Self	QA4	448.96	337.28	112.43	0.19
HDHP Self & Family	QA5	1189.91	893.98	297.99	0.51
HDHP Self Plus One	QA6	1099.69	826.23	275.41	0.49

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New York Independent Health Association						
Standard Self	C54	593.99	654.94	480.29	174.65	26.15
Standard Self & Family	C55	1603.81	1768.33	1094.64	673.69	128.30
Standard Self Plus One	C56	1514.72	1670.09	1030.88	639.21	123.37
New York MVP Health Care						
High Self	GA1	678.93	757.34	480.29	277.05	60.42
High Self & Family	GA2	1665.84	1855.51	1094.64	760.87	153.45
High Self Plus One	GA3	1562.90	1741.89	1030.88	711.01	146.99
Standard Self	GA4	619.65	695.74	480.29	215.45	58.10
Standard Self & Family	GA5	1515.35	1704.54	1094.64	609.90	152.97
Standard Self Plus One	GA6	1433.27	1600.19	1030.88	569.31	134.92
New York MVP Health Care						
High Self	GV1	635.68	683.89	480.29	203.60	30.22
High Self & Family	GV2	1559.00	1675.48	1094.64	580.84	80.26
High Self Plus One	GV3	1462.15	1572.91	1030.88	542.03	78.76
Standard Self	GV4	562.42	610.42	457.82	152.60	12.00
Standard Self & Family	GV5	1379.26	1495.52	1094.64	400.88	56.07
Standard Self Plus One	GV6	1293.57	1403.96	1030.88	373.08	49.69
New York MVP Health Care						
High Self	M91	674.92	701.76	480.29	221.47	8.85
High Self & Family	M92	1656.24	1719.25	1094.64	624.61	26.79
High Self Plus One	M93	1557.51	1614.02	1030.88	583.14	24.51
Standard Self	M94	641.62	686.27	480.29	205.98	26.66
Standard Self & Family	M95	1575.73	1681.40	1094.64	586.76	69.45
Standard Self Plus One	M96	1479.27	1578.44	1030.88	547.56	67.17

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
New York MVP Health Care						
High Self	MF1	772.46	938.88	480.29	458.59	148.43
High Self & Family	MF2	1894.40	2300.20	1094.64	1205.56	369.58
High Self Plus One	MF3	1776.69	2159.37	1030.88	1128.49	350.68
Standard Self	MF4	745.38	875.77	480.29	395.48	112.40
Standard Self & Family	MF5	1827.95	2145.61	1094.64	1050.97	281.44
Standard Self Plus One	MF6	1714.33	2014.24	1030.88	983.36	267.91
New York MVP Health Care						
High Self	MX1	720.87	826.61	480.29	346.32	87.75
High Self & Family	MX2	1767.31	2025.25	1094.64	930.61	221.72
High Self Plus One	MX3	1656.68	1901.23	1030.88	870.35	212.55
Standard Self	MX4	684.86	803.40	480.29	323.11	100.55
Standard Self & Family	MX5	1679.47	1968.33	1094.64	873.69	252.64
Standard Self Plus One	MX6	1582.36	1847.82	1030.88	816.94	233.46
North Carolina Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
North Carolina Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
North Carolina Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
North Dakota Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
North Dakota Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
North Dakota Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
North Dakota HealthPartners High and Standard Option						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Ohio Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Ohio Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
Ohio Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Ohio AultCare HMO						
High Self	3A1	688.33	714.68	480.29	234.39	8.36
High Self & Family	3A2	2202.59	1765.18	1094.64	670.54	-473.63
High Self Plus One	3A3	1307.80	1500.81	1030.88	469.93	142.98
HDHP Self	3A4	315.23	350.18	262.64	87.54	8.73
HDHP Self & Family	3A5	1008.63	1120.49	840.37	280.12	27.96
HDHP Self Plus One	3A6	598.89	665.30	498.98	166.32	16.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Ohio HealthSpan Integrated Care						
High Self	641	788.75	872.26	480.29	391.97	65.52
High Self & Family	642	1893.00	2093.43	1094.64	998.79	164.21
High Self Plus One	643	1735.26	1918.97	1030.88	888.09	151.71
Standard Self	644	576.20	731.16	480.29	250.87	106.82
Standard Self & Family	645	1382.90	1754.81	1094.64	660.17	314.45
Standard Self Plus One	646	1267.63	1608.58	1030.88	577.70	260.79
Ohio Humana Health Plan of Ohio						
High Self	A61	756.21	985.23	480.29	504.94	211.03
High Self & Family	A62	1701.48	2216.76	1094.64	1122.12	479.06
High Self Plus One	A63	1625.87	2118.24	1030.88	1087.36	460.37
Standard Self	A64	638.58	776.71	480.29	296.42	120.14
Standard Self & Family	A65	1436.80	1747.55	1094.64	652.91	274.53
Standard Self Plus One	A66	1372.93	1669.87	1030.88	638.99	264.94
Ohio Paramount Health Care						
Standard Self	N81	579.48	622.27	466.70	155.57	10.70
Standard Self & Family	N82	1524.01	1636.53	1094.64	541.89	76.30
Standard Self Plus One	N83	1158.95	1244.51	933.38	311.13	21.39
Oklahoma Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Oklahoma Aetna HealthFund CDHP and Value Plan						
CDHP Self JS1	874.36	965.49	480.29	485.20	73.14	
CDHP Self & Family JS2	1993.12	2200.86	1094.64	1106.22	171.52	
CDHP Self Plus One JS3	1973.38	2179.08	1030.88	1148.20	173.70	
Value Self JS4	652.84	698.53	480.29	218.24	27.70	
Value Self & Family JS5	1490.36	1594.69	1094.64	500.05	68.11	
Value Self Plus One JS6	1475.59	1578.89	1030.88	548.01	71.30	
Oklahoma Aetna HealthFund HDHP						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
Oklahoma Globalhealth, Inc.						
High Self IM1	598.72	567.34	425.51	141.83	-7.85	
High Self & Family IM2	1496.82	1418.39	1063.79	354.60	-83.80	
High Self Plus One IM3	1197.45	1134.71	851.03	283.68	-15.68	
Standard Self IM4	New Plan	525.24	393.93	131.31	New Plan	
Standard Self & Family IM5	New Plan	1313.15	984.86	328.29	New Plan	
Standard Self Plus One IM6	New Plan	1050.53	787.90	262.63	New Plan	
Oregon Aetna Direct						
CDHP Self N61	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Oregon Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Oregon Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Oregon Kaiser Foundation Health Plan of Northwest						
High Self	571	647.70	686.92	480.29	206.63	21.23
High Self & Family	572	1462.96	1551.59	1094.64	456.95	52.41
High Self Plus One	573	1462.96	1551.59	1030.88	520.71	56.63
Standard Self	574	565.98	593.84	445.38	148.46	6.97
Standard Self & Family	575	1300.22	1364.22	1023.17	341.05	16.00
Standard Self Plus One	576	1300.22	1364.22	1023.17	341.05	16.00
Pennsylvania Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Pennsylvania Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Pennsylvania Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Pennsylvania Aetna Open Access						
High Self	P31	1367.71	1419.69	480.29	939.40	33.99
High Self & Family	P32	3316.02	3442.05	1094.64	2347.41	89.81
High Self Plus One	P33	3283.19	3407.97	1030.88	2377.09	92.78
Basic Self	P34	1101.58	1189.52	480.29	709.23	69.95
Basic Self & Family	P35	2556.82	2760.88	1094.64	1666.24	167.84
Basic Self Plus One	P36	2531.51	2733.53	1030.88	1702.65	170.02
Pennsylvania Aetna Open Access						
High Self	YE1	709.84	810.27	480.29	329.98	82.44
High Self & Family	YE2	1782.41	2034.63	1094.64	939.99	216.00
High Self Plus One	YE3	1764.79	2014.46	1030.88	983.58	217.67
Pennsylvania Geisinger Health Plan						
Standard Self	GG4	648.38	664.56	480.29	184.27	-1.81
Standard Self & Family	GG5	1491.30	1521.52	1094.64	426.88	-6.00
Standard Self Plus One	GG6	1491.30	1435.92	1030.88	405.04	-87.38

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Pennsylvania Highmark Choice Company						
High Self	NP1	546.50	619.21	464.41	154.80	18.18
High Self & Family	NP2	1239.70	1404.37	1053.28	351.09	41.17
High Self Plus One	NP3	1028.47	1165.36	874.02	291.34	34.22
Pennsylvania UPMC Health Plan						
High Self	8W1	772.09	769.73	480.29	289.44	-20.35
High Self & Family	8W2	1814.35	1808.80	1094.64	714.16	-41.77
High Self Plus One	8W3	1737.19	1731.88	1030.88	701.00	-37.31
HDHP Self	8W4	513.00	511.96	383.97	127.99	-0.26
HDHP Self & Family	8W5	1182.59	1172.71	879.53	293.18	-2.47
HDHP Self Plus One	8W6	1137.22	1129.35	847.01	282.34	-1.96
Pennsylvania UPMC Health Plan						
Standard Self	UW4	579.58	599.82	449.87	149.95	5.06
Standard Self & Family	UW5	1361.92	1409.53	1057.15	352.38	11.90
Standard Self Plus One	UW6	1304.01	1349.62	1012.22	337.40	11.40
Puerto Rico Humana Health Plans of Puerto Rico, Inc.						
High Self	ZJ1	350.63	364.67	273.50	91.17	3.51
High Self & Family	ZJ2	788.97	820.52	615.39	205.13	7.89
High Self Plus One	ZJ3	753.89	784.07	588.05	196.02	7.55
Puerto Rico Triple-S Salud, Inc.						
High Self	891	389.98	407.38	305.54	101.84	4.35
High Self & Family	892	893.06	932.88	699.66	233.22	9.96
High Self Plus One	893	875.64	914.70	686.03	228.67	9.76
Rhode Island Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Rhode Island Aetna HealthFund CDHP and Value Plan						
CDHP Self EP1	765.14	811.22	480.29	330.93	28.09	
CDHP Self & Family EP2	1744.97	1850.03	1094.64	755.39	68.84	
CDHP Self Plus One EP3	1727.68	1831.72	1030.88	800.84	72.04	
Value Self EP4	526.50	542.30	406.73	135.57	3.95	
Value Self & Family EP5	1205.69	1241.85	931.39	310.46	9.04	
Value Self Plus One EP6	1182.03	1217.49	913.12	304.37	8.86	
Rhode Island Aetna HealthFund HDHP						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
South Carolina Aetna Direct						
CDHP Self N61	473.31	480.22	360.17	120.05	1.72	
CDHP Self & Family N62	1193.68	1211.10	908.33	302.77	4.35	
CDHP Self Plus One N63	1038.01	1053.17	789.88	263.29	3.79	
South Carolina Aetna HealthFund CDHP and Value Plan						
CDHP Self JS1	874.36	965.49	480.29	485.20	73.14	
CDHP Self & Family JS2	1993.12	2200.86	1094.64	1106.22	171.52	
CDHP Self Plus One JS3	1973.38	2179.08	1030.88	1148.20	173.70	
Value Self JS4	652.84	698.53	480.29	218.24	27.70	
Value Self & Family JS5	1490.36	1594.69	1094.64	500.05	68.11	
Value Self Plus One JS6	1475.59	1578.89	1030.88	548.01	71.30	
South Carolina Aetna HealthFund HDHP						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
South Dakota Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
South Dakota Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
South Dakota Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
South Dakota HealthPartners High and Standard Option						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88
Tennessee Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Tennessee Aetna HealthFund CDHP and Value Plan					
CDHP Self F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One F56	1219.14	1255.71	941.78	313.93	9.15
Tennessee Aetna HealthFund HDHP					
HDHP Self 224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64
Tennessee Aetna Open Access					
High Self UB1	831.00	862.46	480.29	382.17	13.47
High Self & Family UB2	2129.49	2210.09	1094.64	1115.45	44.38
High Self Plus One UB3	2108.41	2188.20	1030.88	1157.32	47.79
Tennessee Humana Health Plan, Inc.					
High Self GJ1	642.37	723.95	480.29	243.66	63.59
High Self & Family GJ2	1445.36	1628.94	1094.64	534.30	147.36
High Self Plus One GJ3	1381.14	1556.53	1030.88	525.65	143.39
Standard Self GJ4	586.06	717.36	480.29	237.07	90.56
Standard Self & Family GJ5	1318.66	1614.06	1094.64	519.42	189.76
Standard Self Plus One GJ6	1260.05	1542.34	1030.88	511.46	196.45
Tennessee United Healthcare Insurance Company, Inc.					
High Self KK1	530.83	558.57	418.93	139.64	6.93
High Self & Family KK2	1488.46	1396.40	1047.30	349.10	-80.94
High Self Plus One KK3	1036.71	1200.90	900.68	300.22	41.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code	Total Premium		Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Tennessee United Healthcare Insurance Company, Inc. (HDHP)						
HDHP Self	LS1	508.50	461.13	345.85	115.28	-11.84
HDHP Self & Family	LS2	1425.78	1152.80	864.60	288.20	-79.16
HDHP Self Plus One	LS3	993.05	991.42	743.57	247.85	-0.41
Texas Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Texas Aetna HealthFund CDHP and Value Plan						
CDHP Self	JS1	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	1475.59	1578.89	1030.88	548.01	71.30
Texas Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Texas Aetna Whole Health						
Basic Self	ES1	552.24	612.89	459.67	153.22	15.16
Basic Self & Family	ES2	1462.09	1622.60	1094.64	527.96	124.29
Basic Self Plus One	ES3	1447.64	1606.56	1030.88	575.68	126.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Texas Humana CoverageFirst and Value Plan					
CDHP Self TP1	640.99	655.33	480.29	175.04	-3.65
CDHP Self & Family TP2	1442.22	1474.50	1094.64	379.86	-3.94
CDHP Self Plus One TP3	1378.11	1408.96	1030.88	378.08	-1.15
Value Self TP4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family TP5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One TP6	1002.82	1000.42	750.32	250.10	-0.60
Texas Humana CoverageFirst and Value Plan					
CDHP Self TU1	628.53	637.61	478.21	159.40	-6.83
CDHP Self & Family TU2	1414.16	1434.64	1075.98	358.66	2.92
CDHP Self Plus One TU3	1351.33	1370.85	1028.14	342.71	-9.74
Value Self TU4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family TU5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One TU6	1002.82	1000.42	750.32	250.10	-0.60
Texas Humana CoverageFirst and Value Plan					
CDHP Self TV1	650.72	652.60	480.29	172.31	-16.11
CDHP Self & Family TV2	1464.10	1468.37	1094.64	373.73	-31.95
CDHP Self Plus One TV3	1399.02	1403.11	1030.88	372.23	-27.91
Value Self TV4	466.44	465.31	348.98	116.33	-0.28
Value Self & Family TV5	1049.47	1046.93	785.20	261.73	-0.64
Value Self Plus One TV6	1002.82	1000.42	750.32	250.10	-0.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Texas Humana Health Plan of Texas						
High Self	EW1	649.35	777.34	480.29	297.05	110.00
High Self & Family	EW2	1460.98	1749.00	1094.64	654.36	251.80
High Self Plus One	EW3	1396.07	1671.26	1030.88	640.38	243.19
Standard Self	EW4	592.30	668.42	480.29	188.13	40.06
Standard Self & Family	EW5	1332.70	1503.93	1094.64	409.29	76.12
Standard Self Plus One	EW6	1273.46	1437.06	1030.88	406.18	87.82
Texas Humana Health Plan of Texas						
High Self	UC1	681.44	794.06	480.29	313.77	94.63
High Self & Family	UC2	1533.22	1786.63	1094.64	691.99	217.19
High Self Plus One	UC3	1465.06	1707.23	1030.88	676.35	210.17
Standard Self	UC4	644.02	642.42	480.29	162.13	-19.59
Standard Self & Family	UC5	1449.05	1445.51	1084.13	361.38	-29.25
Standard Self Plus One	UC6	1384.65	1381.25	1030.88	350.37	-35.40
Texas Humana Health Plan of Texas						
High Self	UR1	1307.74	1330.90	480.29	850.61	5.17
High Self & Family	UR2	2942.40	2994.53	1094.64	1899.89	15.91
High Self Plus One	UR3	2811.62	2861.41	1030.88	1830.53	17.79
Standard Self	UR4	679.99	746.33	480.29	266.04	48.35
Standard Self & Family	UR5	1529.97	1679.25	1094.64	584.61	113.06
Standard Self Plus One	UR6	1461.96	1604.59	1030.88	573.71	110.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Texas Humana Health Plan of Texas						
High Self	UU1	1088.79	1171.76	480.29	691.47	64.98
High Self & Family	UU2	2449.76	2636.44	1094.64	1541.80	150.46
High Self Plus One	UU3	2340.87	2519.27	1030.88	1488.39	146.40
Standard Self	UU4	759.55	972.68	480.29	492.39	195.14
Standard Self & Family	UU5	1709.05	2188.51	1094.64	1093.87	443.24
Standard Self Plus One	UU6	1633.08	2091.22	1030.88	1060.34	426.14
Texas Scott and White Health Plan						
Standard Self	A84	589.36	678.47	480.29	198.18	50.84
Standard Self & Family	A85	1382.72	1589.90	1094.64	495.26	149.58
Standard Self Plus One	A86	1235.80	1421.12	1030.88	390.24	81.29
Texas Scott and White Health Plan						
Standard Self	P84	New Plan	759.50	480.29	279.21	New Plan
Standard Self & Family	P85	New Plan	1780.29	1094.64	685.65	New Plan
Standard Self Plus One	P86	New Plan	1591.27	1030.88	560.39	New Plan
Texas UnitedHealthcare Benefits of Texas, Inc.						
High Self	GF1	858.59	945.73	480.29	465.44	69.15
High Self & Family	GF2	2407.47	2651.81	1094.64	1557.17	208.12
High Self Plus One	GF3	1676.81	1847.00	1030.88	816.12	138.19
Texas UnitedHealthcare Insurance Company						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58
Utah Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Monthly premium rates					
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Utah Aetna Health of Utah, Inc. dba Altius Health Plans						
High Self	9K1	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	755.95	771.10	578.33	192.77	3.78
Utah Aetna Health of Utah, Inc. dba Altius Health Plans						
Standard Self	DK4	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	1089.47	1146.88	860.16	286.72	14.35
Utah Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
Utah Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Utah SelectHealth						
High Self	SF1	687.77	742.80	480.29	262.51	37.04
High Self & Family	SF2	1534.13	1656.87	1094.64	562.23	86.52
High Self Plus One	SF3	1534.13	1656.87	1030.88	625.99	90.74
Standard Self	SF4	512.33	537.94	403.46	134.48	6.40
Standard Self & Family	SF5	1137.67	1194.53	895.90	298.63	14.21
Standard Self Plus One	SF6	1137.67	1194.53	895.90	298.63	14.21
Vermont Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Vermont Aetna HealthFund CDHP and Value Plan						
CDHP Self	EP1	765.14	811.22	480.29	330.93	28.09
CDHP Self & Family	EP2	1744.97	1850.03	1094.64	755.39	68.84
CDHP Self Plus One	EP3	1727.68	1831.72	1030.88	800.84	72.04
Value Self	EP4	526.50	542.30	406.73	135.57	3.95
Value Self & Family	EP5	1205.69	1241.85	931.39	310.46	9.04
Value Self Plus One	EP6	1182.03	1217.49	913.12	304.37	8.86
Vermont Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Virgin Islands Triple-S Salud, Inc.						
High Self	851	493.68	597.96	448.47	149.49	26.07
High Self & Family	852	1130.57	1369.33	1027.00	342.33	59.69
High Self Plus One	853	1108.51	1342.62	1006.97	335.65	58.52

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Virginia Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Virginia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
Virginia Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Virginia Aetna Open Access						
High Self	JN1	959.51	1016.34	480.29	536.05	38.84
High Self & Family	JN2	2157.13	2284.92	1094.64	1190.28	91.57
High Self Plus One	JN3	2135.79	2262.30	1030.88	1231.42	94.51
Basic Self	JN4	597.91	637.35	478.01	159.34	9.86
Basic Self & Family	JN5	1345.85	1439.86	1079.90	359.96	23.50
Basic Self Plus One	JN6	1319.46	1373.99	1030.49	343.50	13.64
Virginia Aetna Whole Health						
Basic Self	J91	557.70	641.38	480.29	161.09	21.67
Basic Self & Family	J92	1458.30	1677.02	1094.64	582.38	182.50
Basic Self Plus One	J93	1443.85	1660.45	1030.88	629.57	184.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Virginia CareFirst BlueChoice						
High Self	2G1	697.17	777.34	480.29	297.05	62.18
High Self & Family	2G2	1656.42	1846.93	1094.64	752.29	154.29
High Self Plus One	2G3	1394.32	1554.67	1030.88	523.79	128.35
Standard Self	2G4	623.20	660.60	480.29	180.31	19.41
Standard Self & Family	2G5	1480.70	1569.56	1094.64	474.92	52.64
Standard Self Plus One	2G6	1246.42	1321.19	990.89	330.30	18.70
Virginia CareFirst BlueChoice						
HDHP Self	B61	591.96	609.72	457.29	152.43	4.44
HDHP Self & Family	B62	1406.49	1448.68	1086.51	362.17	10.55
HDHP Self Plus One	B63	1183.93	1219.44	914.58	304.86	8.88
Virginia Innovation Health Plan						
High Self	LQ1	548.10	586.47	439.85	146.62	9.60
High Self & Family	LQ2	1289.86	1380.15	1035.11	345.04	22.58
High Self Plus One	LQ3	1277.08	1366.47	1024.85	341.62	22.35
Virginia Kaiser Foundation Health Plan Mid-Atlantic States						
High Self	E31	618.54	641.70	480.29	161.41	5.17
High Self & Family	E32	1447.36	1501.63	1094.64	406.99	18.05
High Self Plus One	E33	1397.87	1450.28	1030.88	419.40	20.41
Standard Self	E34	465.75	484.03	363.02	121.01	4.57
Standard Self & Family	E35	1089.86	1132.63	849.47	283.16	10.70
Standard Self Plus One	E36	1052.57	1093.89	820.42	273.47	10.33
Virginia M.D. IPA						
High Self	JP1	641.05	690.73	480.29	210.44	31.69
High Self & Family	JP2	1797.51	1936.81	1094.64	842.17	103.08
High Self Plus One	JP3	1251.97	1349.01	1011.76	337.25	24.26

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Virginia Optima Health Plan						
High Self	PG1	521.84	569.55	427.16	142.39	11.93
High Self & Family	PG2	1364.07	1403.81	1052.86	350.95	9.93
High Self Plus One	PG3	1295.86	1389.77	1030.88	358.89	34.93
Virginia United Healthcare Insurance Company, Inc.						
High Self	LR1	531.12	606.10	454.58	151.52	18.74
High Self & Family	LR2	1489.26	1515.26	1094.64	420.62	-10.22
High Self Plus One	LR3	1037.27	1242.52	931.89	310.63	51.31
Virginia UnitedHealthcare Insurance Company						
Basic Self	L91	460.87	433.07	324.80	108.27	-6.95
Basic Self & Family	L92	1292.31	1214.35	910.76	303.59	-19.49
Basic Self Plus One	L93	900.10	845.78	634.34	211.44	-13.58
Washington Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
Washington Aetna HealthFund CDHP and Value Plan						
CDHP Self	G51	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	1200.98	1200.98	900.74	300.24	0.00
Washington Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment
Washington Aetna Open Access						
High Self	C31	660.88	857.81	480.29	377.52	178.94
High Self & Family	C32	1812.18	2352.16	1094.64	1257.52	503.76
High Self Plus One	C33	1794.24	2328.86	1030.88	1297.98	502.62
Washington Group Health Cooperative						
High Self	541	708.78	757.16	480.29	276.87	30.39
High Self & Family	542	1913.69	1968.61	1094.64	873.97	18.70
High Self Plus One	543	1417.54	1552.16	1030.88	521.28	102.62
Standard Self	544	507.15	568.84	426.63	142.21	15.42
Standard Self & Family	545	1369.36	1478.95	1094.64	384.31	41.97
Standard Self Plus One	546	1014.33	1166.10	874.58	291.52	37.94
Washington Group Health Cooperative						
HDHP Self	PT1	473.85	506.00	379.50	126.50	8.04
HDHP Self & Family	PT2	1279.42	1315.64	986.73	328.91	9.06
HDHP Self Plus One	PT3	947.70	1037.34	778.01	259.33	22.41
Washington Group Health Options						
Standard Self	L11	618.22	638.24	478.68	159.56	3.64
Standard Self & Family	L12	1483.73	1531.79	1094.64	437.15	11.84
Standard Self Plus One	L13	1298.29	1340.34	1005.26	335.08	10.51
HDHP Self	L14	487.09	512.74	384.56	128.18	6.41
HDHP Self & Family	L15	1141.38	1201.53	901.15	300.38	15.04
HDHP Self Plus One	L16	1015.99	1069.53	802.15	267.38	13.38
Washington Group Health Options						
High Self	VT1	856.90	921.16	480.29	440.87	46.27
High Self & Family	VT2	2056.54	2210.76	1094.64	1116.12	118.00
High Self Plus One	VT3	1799.46	1934.40	1030.88	903.52	102.94

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Washington Kaiser Foundation Health Plan of Northwest						
High Self	571	647.70	686.92	480.29	206.63	21.23
High Self & Family	572	1462.96	1551.59	1094.64	456.95	52.41
High Self Plus One	573	1462.96	1551.59	1030.88	520.71	56.63
Standard Self	574	565.98	593.84	445.38	148.46	6.97
Standard Self & Family	575	1300.22	1364.22	1023.17	341.05	16.00
Standard Self Plus One	576	1300.22	1364.22	1023.17	341.05	16.00
West Virginia Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79
West Virginia Aetna HealthFund CDHP and Value Plan						
CDHP Self	F51	647.57	716.97	480.29	236.68	51.41
CDHP Self & Family	F52	1476.52	1634.79	1094.64	540.15	122.05
CDHP Self Plus One	F53	1461.89	1618.59	1030.88	587.71	124.70
Value Self	F54	543.05	559.35	419.51	139.84	4.08
Value Self & Family	F55	1243.52	1280.85	960.64	320.21	9.33
Value Self Plus One	F56	1219.14	1255.71	941.78	313.93	9.15
West Virginia Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64
Wisconsin Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Wisconsin Aetna HealthFund CDHP and Value Plan						
CDHP Self JS1	874.36	965.49	480.29	485.20	73.14	
CDHP Self & Family JS2	1993.12	2200.86	1094.64	1106.22	171.52	
CDHP Self Plus One JS3	1973.38	2179.08	1030.88	1148.20	173.70	
Value Self JS4	652.84	698.53	480.29	218.24	27.70	
Value Self & Family JS5	1490.36	1594.69	1094.64	500.05	68.11	
Value Self Plus One JS6	1475.59	1578.89	1030.88	548.01	71.30	
Wisconsin Aetna HealthFund HDHP						
HDHP Self 224	520.33	554.80	416.10	138.70	8.62	
HDHP Self & Family 225	1147.75	1223.80	917.85	305.95	19.01	
HDHP Self Plus One 226	1125.24	1199.81	899.86	299.95	18.64	
Wisconsin Aetna Whole Health						
Basic Self F71	458.55	521.76	391.32	130.44	15.80	
Basic Self & Family F72	1268.82	1443.69	1082.77	360.92	43.72	
Basic Self Plus One F73	1256.28	1429.39	1030.88	398.51	84.44	
Wisconsin Dean Health Plan						
High Self WD1	842.44	907.27	480.29	426.98	46.84	
High Self & Family WD2	1937.67	2086.70	1094.64	992.06	112.81	
High Self Plus One WD3	1769.19	1905.24	1030.88	874.36	104.05	
Standard Self WD4	585.65	600.28	450.21	150.07	3.66	
Standard Self & Family WD5	1405.54	1440.66	1080.50	360.16	8.78	
Standard Self Plus One WD6	1288.41	1320.61	990.46	330.15	8.05	
Wisconsin Group Health Cooperative						
High Self WJ1	641.07	673.62	480.29	193.33	14.56	
High Self & Family WJ2	1910.42	2007.40	1094.64	912.76	60.76	
High Self Plus One WJ3	1269.34	1333.80	1000.35	333.45	16.12	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2017 Monthly premium rates				
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Wisconsin HealthPartners High and Standard Option						
High Self	V31	683.80	713.72	480.29	233.43	11.93
High Self & Family	V32	1665.71	1738.62	1094.64	643.98	36.69
High Self Plus One	V33	1511.19	1577.31	1030.88	546.43	34.12
Standard Self	V34	388.33	426.10	319.58	106.52	9.44
Standard Self & Family	V35	945.99	1038.01	778.51	259.50	23.00
Standard Self Plus One	V36	858.22	941.72	706.29	235.43	20.88
Wisconsin MercyCare HMO						
High Self	EY1	662.16	727.68	480.29	247.39	47.53
High Self & Family	EY2	1986.49	1892.00	1094.64	797.36	-130.71
High Self Plus One	EY3	1324.33	1564.51	1030.88	533.63	202.55
Wisconsin Physicians Plus						
High Self	LW1	656.93	652.75	480.29	172.46	-22.17
High Self & Family	LW2	1673.92	1736.28	1094.64	641.64	26.14
High Self Plus One	LW3	1571.07	1631.85	1030.88	600.97	28.78
Standard Self	LW4	582.08	586.34	439.76	146.58	1.06
Standard Self & Family	LW5	1483.19	1559.68	1094.64	465.04	40.27
Standard Self Plus One	LW6	1392.04	1465.86	1030.88	434.98	41.82
Wyoming Aetna Direct						
CDHP Self	N61	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	1038.01	1053.17	789.88	263.29	3.79

Tribal Premium Rates for the Federal Employees Health Benefits Program

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)			2017 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Monthly Premium	Total Premium	Minimum Tribal Employer Pays	Maximum Tribal Employee Pays	Change in employee payment	
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans						
High Self	9K1	682.05	746.35	480.29	266.06	46.31
High Self & Family	9K2	1508.30	1650.50	1094.64	555.86	105.98
High Self Plus One	9K3	1493.38	1634.17	1030.88	603.29	108.79
HDHP Self	9K4	368.94	376.33	282.25	94.08	1.85
HDHP Self & Family	9K5	771.07	786.50	589.88	196.62	3.85
HDHP Self Plus One	9K6	755.95	771.10	578.33	192.77	3.78
Wyoming Aetna Health of Utah, Inc. dba Altius Health Plans						
Standard Self	DK4	498.29	524.55	393.41	131.14	6.57
Standard Self & Family	DK5	1100.34	1158.37	868.78	289.59	14.51
Standard Self Plus One	DK6	1089.47	1146.88	860.16	286.72	14.35
Wyoming Aetna HealthFund CDHP and Value Plan						
CDHP Self	H41	677.47	752.20	480.29	271.91	56.74
CDHP Self & Family	H42	1544.31	1714.68	1094.64	620.04	134.15
CDHP Self Plus One	H43	1529.02	1697.71	1030.88	666.83	136.69
Value Self	H44	536.73	558.20	418.65	139.55	5.37
Value Self & Family	H45	1231.84	1281.11	960.83	320.28	12.32
Value Self Plus One	H46	1207.68	1256.00	942.00	314.00	12.08
Wyoming Aetna HealthFund HDHP						
HDHP Self	224	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	1125.24	1199.81	899.86	299.95	18.64