

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Alabama Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Alabama Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Alabama Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
Alabama UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50
Alabama UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37
Alaska Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Alaska Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Alaska Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88

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Arizona Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Arizona Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Arizona Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66
Arizona Aetna Open Access											
High Self	WQ1	522.74	519.24	230.18	289.06	-4.43	1132.60	1125.02	498.72	626.30	-9.59
High Self & Family	WQ2	1269.17	1260.70	525.32	735.38	-12.21	2749.87	2731.52	1138.19	1593.33	-26.45
High Self Plus One	WQ3	1256.60	1248.21	492.27	755.94	-9.66	2722.63	2704.46	1066.59	1637.87	-20.93
Arizona Humana CoverageFirst and Humana Value Plan											
CDHP Self	R61	294.43	312.97	230.18	82.79	9.18	637.93	678.10	498.72	179.38	19.90
CDHP Self & Family	R62	662.48	704.17	525.32	178.85	13.23	1435.37	1525.70	1138.19	387.51	28.67
CDHP Self Plus One	R63	633.04	672.88	492.27	180.61	22.35	1371.59	1457.91	1066.59	391.32	48.42
Value Self	R64	239.86	250.16	187.62	62.54	2.58	519.70	542.01	406.51	135.50	5.58
Value Self & Family	R65	539.68	562.85	422.14	140.71	5.79	1169.31	1219.51	914.63	304.88	12.55
Value Self Plus One	R66	515.68	537.84	403.38	134.46	5.54	1117.31	1165.32	873.99	291.33	12.00
Arizona Humana CoverageFirst and Humana Value Plan											
CDHP Self	R91	285.64	286.45	214.84	71.61	0.20	618.89	620.64	465.48	155.16	0.44
CDHP Self & Family	R92	642.68	644.50	483.38	161.12	0.45	1392.47	1396.42	1047.32	349.10	0.98
CDHP Self Plus One	R93	614.12	615.85	461.89	153.96	0.43	1330.59	1334.34	1000.76	333.58	0.93
Value Self	R94	227.43	228.07	171.05	57.02	0.16	492.77	494.15	370.61	123.54	0.35
Value Self & Family	R95	511.71	513.16	384.87	128.29	0.36	1108.71	1111.85	833.89	277.96	0.78
Value Self Plus One	R96	488.97	490.36	367.77	122.59	0.35	1059.44	1062.45	796.84	265.61	0.75
Arizona Humana Health Plan, Inc.											
High Self	BF1	522.31	628.35	230.18	398.17	105.11	1131.67	1361.43	498.72	862.71	227.75
High Self & Family	BF2	1175.19	1413.76	525.32	888.44	234.83	2546.25	3063.15	1138.19	1924.96	508.80
High Self Plus One	BF3	1122.96	1350.92	492.27	858.65	226.69	2433.08	2926.99	1066.59	1860.40	491.15
Standard Self	BF4	366.52	422.80	230.18	192.62	55.35	794.13	916.07	498.72	417.35	119.93
Standard Self & Family	BF5	824.67	951.31	525.32	425.99	122.90	1786.79	2061.17	1138.19	922.98	266.28
Standard Self Plus One	BF6	788.01	909.03	492.27	416.76	119.75	1707.36	1969.57	1066.59	902.98	259.45

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Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Arizona Humana Health Plan, Inc.												
	High Self	C71	378.22	398.12	230.18	167.94	18.97	819.48	862.59	498.72	363.87	41.10
	High Self & Family	C72	850.99	895.77	525.32	370.45	41.04	1843.81	1940.84	1138.19	802.65	88.93
	High Self Plus One	C73	813.17	855.96	492.27	363.69	41.52	1761.87	1854.58	1066.59	787.99	89.95
	Standard Self	C74	312.43	335.34	230.18	105.16	21.98	676.93	726.57	498.72	227.85	47.63
	Standard Self & Family	C75	702.95	754.49	525.32	229.17	47.80	1523.06	1634.73	1138.19	496.54	103.57
	Standard Self Plus One	C76	671.70	720.95	492.27	228.68	47.98	1455.35	1562.06	1066.59	495.47	103.95
Arizona UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
	HDHP Self	LU1	222.88	207.84	155.88	51.96	-3.76	482.91	450.32	337.74	112.58	-8.15
	HDHP Self & Family	LU2	557.19	478.03	358.52	119.51	-19.79	1207.25	1035.73	776.80	258.93	-42.88
	HDHP Self Plus One	LU3	479.19	446.86	335.15	111.71	-8.09	1038.25	968.20	726.15	242.05	-17.51
Arizona UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
	High Self	KT1	281.85	313.47	230.18	83.29	12.83	610.68	679.19	498.72	180.47	27.80
	High Self & Family	KT2	704.63	783.67	525.32	258.35	75.30	1526.70	1697.95	1138.19	559.76	163.15
	High Self Plus One	KT3	605.98	673.95	492.27	181.68	30.19	1312.96	1460.23	1066.59	393.64	65.40
Arkansas Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Arkansas Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Arkansas Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
	CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
	CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
	Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
	Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
	Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
Arkansas QualChoice												
	High Self	DH1	338.58	330.63	230.18	100.45	-8.88	733.59	716.37	498.72	217.65	-19.23
	High Self & Family	DH2	883.13	862.38	525.32	337.06	-24.49	1913.45	1868.49	1138.19	730.30	-53.06
	High Self Plus One	DH3	657.71	642.26	481.70	160.56	-6.15	1425.04	1391.56	1043.67	347.89	-13.32
	Standard Self	DH4	264.05	258.14	193.61	64.53	-1.48	572.11	559.30	419.48	139.82	-3.21
	Standard Self & Family	DH5	688.71	673.30	504.98	168.32	-3.86	1492.21	1458.82	1094.12	364.70	-8.35
	Standard Self Plus One	DH6	512.92	501.44	376.08	125.36	-2.87	1111.33	1086.45	814.84	271.61	-6.22

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Arkansas UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
HDHP Self	LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88	
HDHP Self & Family	LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13	
HDHP Self Plus One	LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50	
Arkansas UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
High Self	KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48	
High Self & Family	KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36	
High Self Plus One	KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37	
California Aetna HealthFund HDHP and Aetna Direct Plan												
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
California Aetna HealthFund HDHP and Aetna Direct Plan												
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
California Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08	
CDHP Self & Family	JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79	
CDHP Self Plus One	JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98	
Value Self	JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64	
Value Self & Family	JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43	
Value Self Plus One	JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88	
California Aetna Open Access												
High Self	2X1	346.80	352.58	230.18	122.40	4.85	751.40	763.92	498.72	265.20	10.51	
High Self & Family	2X2	814.15	827.74	525.32	302.42	9.85	1763.99	1793.44	1138.19	655.25	21.35	
High Self Plus One	2X3	798.19	811.51	492.27	319.24	12.05	1729.41	1758.27	1066.59	691.68	26.10	
California Anthem Blue Cross Select HMO of CA												
High Self	B31	359.25	355.52	230.18	125.34	-4.66	778.38	770.29	498.72	271.57	-10.10	
High Self & Family	B32	786.75	799.93	525.32	274.61	9.44	1704.63	1733.18	1138.19	594.99	20.45	
High Self Plus One	B33	736.46	743.05	492.27	250.78	5.32	1595.66	1609.94	1066.59	543.35	11.52	
California Blue Shield of CA Access+HMO												
High Self	SI1	342.54	359.67	230.18	129.49	16.20	742.17	779.29	498.72	280.57	35.11	
High Self & Family	SI2	787.86	827.26	525.32	301.94	35.66	1707.03	1792.40	1138.19	654.21	77.27	
High Self Plus One	SI3	753.60	791.28	492.27	299.01	36.41	1632.80	1714.44	1066.59	647.85	78.88	
Standard Self	SI4	New Plan	325.42	230.18	95.24	New Plan	New Plan	705.08	498.72	206.36	New Plan	
Standard Self & Family	SI5	New Plan	748.47	525.32	223.15	New Plan	New Plan	1621.69	1138.19	483.50	New Plan	
Standard Self Plus One	SI6	New Plan	715.93	492.27	223.66	New Plan	New Plan	1551.18	1066.59	484.59	New Plan	

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California Health Net of California											
High Self	LB1	638.57	628.34	230.18	398.16	-11.16	1383.57	1361.40	498.72	862.68	-24.18
High Self & Family	LB2	1532.56	1508.02	525.32	982.70	-28.28	3320.55	3267.38	1138.19	2129.19	-61.27
High Self Plus One	LB3	1404.86	1382.35	492.27	890.08	-23.78	3043.86	2995.09	1066.59	1928.50	-51.53
Standard Self	LB4	602.96	595.11	230.18	364.93	-8.78	1306.41	1289.41	498.72	790.69	-19.01
Standard Self & Family	LB5	1447.11	1428.27	525.32	902.95	-22.58	3135.41	3094.59	1138.19	1956.40	-48.92
Standard Self Plus One	LB6	1326.52	1309.25	492.27	816.98	-18.54	2874.13	2836.71	1066.59	1770.12	-40.18
California Health Net of California											
High Self	LP1	421.64	458.33	230.18	228.15	35.76	913.55	993.05	498.72	494.33	77.49
High Self & Family	LP2	1011.92	1100.00	525.32	574.68	84.34	2192.49	2383.33	1138.19	1245.14	182.74
High Self Plus One	LP3	927.60	1008.33	492.27	516.06	79.46	2009.80	2184.72	1066.59	1118.13	172.16
Standard Self	LP4	404.10	436.45	230.18	206.27	31.42	875.55	945.64	498.72	446.92	68.08
Standard Self & Family	LP5	969.86	1047.48	525.32	522.16	73.88	2101.36	2269.54	1138.19	1131.35	160.08
Standard Self Plus One	LP6	889.03	960.19	492.27	467.92	69.89	1926.23	2080.41	1066.59	1013.82	151.42
California Health Net of California											
Basic Self	P61	141.42	153.40	115.05	38.35	3.00	306.41	332.37	249.28	83.09	6.49
Basic Self & Family	P62	339.41	368.17	276.13	92.04	7.19	735.39	797.70	598.28	199.42	15.57
Basic Self Plus One	P63	311.14	337.49	253.12	84.37	6.59	674.14	731.23	548.42	182.81	14.28
California Health Net of California											
Basic Self	T41	363.31	364.75	230.18	134.57	0.51	787.17	790.29	498.72	291.57	1.11
Basic Self & Family	T42	871.95	875.40	525.32	350.08	-0.29	1889.23	1896.70	1138.19	758.51	-0.63
Basic Self Plus One	T43	799.28	802.44	492.27	310.17	1.89	1731.77	1738.62	1066.59	672.03	4.09
California Kaiser Foundation Health Plan of California											
High Self	591	424.84	458.07	230.18	227.89	32.30	920.49	992.49	498.72	493.77	69.99
High Self & Family	592	1014.15	1093.45	525.32	568.13	75.56	2197.33	2369.14	1138.19	1230.95	163.71
High Self Plus One	593	1014.15	1093.45	492.27	601.18	78.03	2197.33	2369.14	1066.59	1302.55	169.05
Standard Self	594	350.45	368.11	230.18	137.93	16.73	759.31	797.57	498.72	298.85	36.25
Standard Self & Family	595	820.06	861.36	525.32	336.04	37.56	1776.80	1866.28	1138.19	728.09	81.38
Standard Self Plus One	596	820.06	861.36	492.27	369.09	40.03	1776.80	1866.28	1066.59	799.69	86.72
California Kaiser Foundation Health Plan of California											
High Self	621	303.76	317.17	230.18	86.99	11.05	658.15	687.20	498.72	188.48	23.94
High Self & Family	622	702.07	733.04	525.32	207.72	27.23	1521.15	1588.25	1138.19	450.06	59.00
High Self Plus One	623	702.07	733.04	492.27	240.77	29.70	1521.15	1588.25	1066.59	521.66	64.34
Standard Self	624	191.90	199.09	149.32	49.77	1.80	415.78	431.36	323.52	107.84	3.90
Standard Self & Family	625	443.55	460.12	345.09	115.03	4.14	961.03	996.93	747.70	249.23	8.97
Standard Self Plus One	626	443.55	460.12	345.09	115.03	4.14	961.03	996.93	747.70	249.23	8.97

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
California Kaiser Foundation Health Plan of California												
Basic Self KC1	297.87	295.76	221.82	73.94	-0.53	645.39	640.81	480.61	160.20	-1.15		
Basic Self & Family KC2	697.02	692.05	519.04	173.01	-2.43	1510.21	1499.44	1124.58	374.86	-5.26		
Basic Self Plus One KC3	697.02	692.05	492.27	199.78	-6.24	1510.21	1499.44	1066.59	432.85	-13.53		
California Kaiser Foundation Health Plan of California												
High Self NZ1	329.45	337.40	230.18	107.22	7.02	713.81	731.03	498.72	232.31	15.21		
High Self & Family NZ2	761.44	779.79	525.32	254.47	14.61	1649.79	1689.55	1138.19	551.36	31.66		
High Self Plus One NZ3	761.44	779.79	492.27	287.52	17.08	1649.79	1689.55	1066.59	622.96	37.00		
Standard Self NZ4	236.14	246.77	185.08	61.69	2.66	511.64	534.67	401.00	133.67	5.76		
Standard Self & Family NZ5	545.77	570.33	427.75	142.58	6.14	1182.50	1235.72	926.79	308.93	13.31		
Standard Self Plus One NZ6	545.77	570.33	427.75	142.58	6.14	1182.50	1235.72	926.79	308.93	13.31		
Colorado Aetna HealthFund HDHP and Aetna Direct Plan												
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07		
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82		
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69		
Colorado Aetna HealthFund HDHP and Aetna Direct Plan												
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41		
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71		
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27		
Colorado Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86		
CDHP Self & Family G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44		
CDHP Self Plus One G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00		
Value Self G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46		
Value Self & Family G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99		
Value Self Plus One G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66		
Colorado BlueAdvantage HMO on the Pathway HMO Network												
High Self WW1	New Plan	274.48	205.86	68.62	New Plan	New Plan	594.71	446.03	148.68	New Plan		
High Self & Family WW2	New Plan	668.36	501.27	167.09	New Plan	New Plan	1448.11	1086.08	362.03	New Plan		
High Self Plus One WW3	New Plan	624.44	468.33	156.11	New Plan	New Plan	1352.95	1014.71	338.24	New Plan		
Colorado Humana Health Plan, Inc.												
High Self NR1	294.06	321.33	230.18	91.15	17.64	637.13	696.22	498.72	197.50	38.22		
High Self & Family NR2	661.63	722.98	525.32	197.66	32.25	1433.53	1566.46	1138.19	428.27	69.89		
High Self Plus One NR3	632.22	690.85	492.27	198.58	40.53	1369.81	1496.84	1066.59	430.25	87.80		
Standard Self NR4	231.21	241.06	180.80	60.26	2.46	500.96	522.30	391.73	130.57	5.33		
Standard Self & Family NR5	520.23	542.40	406.80	135.60	5.54	1127.17	1175.20	881.40	293.80	12.01		
Standard Self Plus One NR6	497.11	518.28	388.71	129.57	5.29	1077.07	1122.94	842.21	280.73	11.46		

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Colorado Humana Health Plan, Inc.											
High Self	NT1	288.61	289.32	216.99	72.33	0.18	625.32	626.86	470.15	156.71	0.38
High Self & Family	NT2	649.37	650.99	488.24	162.75	0.41	1406.97	1410.48	1057.86	352.62	0.88
High Self Plus One	NT3	620.51	622.04	466.53	155.51	0.38	1344.44	1347.75	1010.81	336.94	0.83
Standard Self	NT4	243.00	231.42	173.57	57.85	-2.90	526.50	501.41	376.06	125.35	-6.27
Standard Self & Family	NT5	546.75	520.71	390.53	130.18	-6.51	1184.63	1128.21	846.16	282.05	-14.11
Standard Self Plus One	NT6	522.44	497.58	373.19	124.39	-6.22	1131.95	1078.09	808.57	269.52	-13.47
Colorado Humana Health Plan, Inc.											
Basic Self	R21	217.57	226.97	170.23	56.74	2.35	471.40	491.77	368.83	122.94	5.09
Basic Self & Family	R22	489.53	510.69	383.02	127.67	5.29	1060.65	1106.50	829.88	276.62	11.46
Basic Self Plus One	R23	467.77	487.99	365.99	122.00	5.06	1013.50	1057.31	792.98	264.33	10.96
Colorado Humana Health Plan, Inc.											
Basic Self	RZ1	228.65	229.36	172.02	57.34	0.18	495.41	496.95	372.71	124.24	0.39
Basic Self & Family	RZ2	514.48	516.06	387.05	129.01	0.39	1114.71	1118.13	838.60	279.53	0.85
Basic Self Plus One	RZ3	491.61	493.14	369.86	123.28	0.38	1065.16	1068.47	801.35	267.12	0.83
Colorado Kaiser Foundation Health Plan of Colorado											
High Self	651	325.03	341.05	230.18	110.87	15.09	704.23	738.94	498.72	240.22	32.70
High Self & Family	652	734.56	770.79	525.32	245.47	32.49	1591.55	1670.05	1138.19	531.86	70.40
High Self Plus One	653	734.56	770.79	492.27	278.52	34.96	1591.55	1670.05	1066.59	603.46	75.74
Standard Self	654	235.89	270.77	203.08	67.69	8.72	511.10	586.67	440.00	146.67	18.90
Standard Self & Family	655	533.12	611.96	458.97	152.99	19.71	1155.09	1325.91	994.43	331.48	42.71
Standard Self Plus One	656	533.12	611.96	458.97	152.99	19.71	1155.09	1325.91	994.43	331.48	42.71
Colorado Kaiser Foundation Health Plan of Colorado											
Basic Self	N41	185.30	198.39	148.79	49.60	3.28	401.48	429.85	322.39	107.46	7.09
Basic Self & Family	N42	418.78	448.35	336.26	112.09	7.40	907.36	971.43	728.57	242.86	16.02
Basic Self Plus One	N43	418.78	448.35	336.26	112.09	7.40	907.36	971.43	728.57	242.86	16.02
Colorado UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LU1	222.88	207.84	155.88	51.96	-3.76	482.91	450.32	337.74	112.58	-8.15
HDHP Self & Family	LU2	557.19	478.03	358.52	119.51	-19.79	1207.25	1035.73	776.80	258.93	-42.88
HDHP Self Plus One	LU3	479.19	446.86	335.15	111.71	-8.09	1038.25	968.20	726.15	242.05	-17.51
Colorado UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KT1	281.85	313.47	230.18	83.29	12.83	610.68	679.19	498.72	180.47	27.80
High Self & Family	KT2	704.63	783.67	525.32	258.35	75.30	1526.70	1697.95	1138.19	559.76	163.15
High Self Plus One	KT3	605.98	673.95	492.27	181.68	30.19	1312.96	1460.23	1066.59	393.64	65.40
Connecticut Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Connecticut Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Connecticut Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
Delaware Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Delaware Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Delaware Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
Delaware Aetna Open Access											
High Self	P31	725.73	685.48	230.18	455.30	-41.18	1572.42	1485.21	498.72	986.49	-89.22
High Self & Family	P32	1759.54	1661.96	525.32	1136.64	-101.32	3812.34	3600.91	1138.19	2462.72	-219.53
High Self Plus One	P33	1742.11	1645.50	492.27	1153.23	-97.88	3774.57	3565.25	1066.59	2498.66	-212.08
Basic Self	P34	622.19	599.29	230.18	369.11	-23.83	1348.08	1298.46	498.72	799.74	-51.63
Basic Self & Family	P35	1444.10	1390.96	525.32	865.64	-56.88	3128.88	3013.75	1138.19	1875.56	-123.23
Basic Self Plus One	P36	1429.80	1377.18	492.27	884.91	-53.89	3097.90	2983.89	1066.59	1917.30	-116.77
District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
District of Columbia Aetna Open Access											
High Self	JN1	509.12	516.52	230.18	286.34	6.47	1103.09	1119.13	498.72	620.41	14.03
High Self & Family	JN2	1144.59	1161.22	525.32	635.90	12.89	2479.95	2515.98	1138.19	1377.79	27.93
High Self Plus One	JN3	1133.25	1149.71	492.27	657.44	15.19	2455.38	2491.04	1066.59	1424.45	32.90
Basic Self	JN4	305.93	314.06	230.18	83.88	7.20	662.85	680.46	498.72	181.74	15.60
Basic Self & Family	JN5	700.13	718.73	525.32	193.41	14.86	1516.95	1557.25	1138.19	419.06	32.20
Basic Self Plus One	JN6	642.92	660.00	492.27	167.73	7.00	1392.99	1430.00	1066.59	363.41	15.16
District of Columbia CareFirst BlueChoice											
Standard Self	2G4	320.13	368.16	230.18	137.98	47.10	693.62	797.68	498.72	298.96	102.05
Standard Self & Family	2G5	760.64	874.73	525.32	349.41	110.35	1648.05	1895.25	1138.19	757.06	239.10
Standard Self Plus One	2G6	640.27	736.31	492.27	244.04	83.97	1387.25	1595.34	1066.59	528.75	181.94
District of Columbia CareFirst BlueChoice											
HDHP Self	B61	281.41	239.20	179.40	59.80	-10.55	609.72	518.27	388.70	129.57	-22.86
HDHP Self & Family	B62	668.62	568.33	426.25	142.08	-25.07	1448.68	1231.38	923.54	307.84	-54.33
HDHP Self Plus One	B63	562.82	478.39	358.79	119.60	-21.10	1219.44	1036.51	777.38	259.13	-45.73
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	304.78	319.70	230.18	89.52	13.33	660.36	692.68	498.72	193.96	28.87
High Self & Family	E32	701.00	735.30	525.32	209.98	30.56	1518.83	1593.15	1138.19	454.96	66.22
High Self Plus One	E33	701.00	735.30	492.27	243.03	33.03	1518.83	1593.15	1066.59	526.56	71.56
Standard Self	E34	233.06	240.81	180.61	60.20	1.94	504.96	521.76	391.32	130.44	4.20
Standard Self & Family	E35	536.07	553.84	415.38	138.46	4.44	1161.49	1199.99	899.99	300.00	9.63
Standard Self Plus One	E36	536.07	553.84	415.38	138.46	4.44	1161.49	1199.99	899.99	300.00	9.63
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States											
Basic Self	T71	212.32	193.90	145.43	48.47	-4.61	460.03	420.12	315.09	105.03	-9.98
Basic Self & Family	T72	509.77	473.61	355.21	118.40	-9.04	1104.50	1026.16	769.62	256.54	-19.58
Basic Self Plus One	T73	464.41	431.49	323.62	107.87	-8.23	1006.22	934.90	701.18	233.72	-17.83

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
District of Columbia M.D. IPA												
	High Self	JP1	331.28	365.01	230.18	134.83	32.80	717.77	790.86	498.72	292.14	71.08
	High Self & Family	JP2	928.92	1023.48	525.32	498.16	90.82	2012.66	2217.54	1138.19	1079.35	196.78
	High Self Plus One	JP3	646.99	712.86	492.27	220.59	58.84	1401.81	1544.53	1066.59	477.94	127.49
District of Columbia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
	HDHP Self	V41	261.68	228.78	171.59	57.19	-8.23	566.97	495.69	371.77	123.92	-17.82
	HDHP Self & Family	V42	654.22	526.18	394.64	131.54	-32.01	1417.48	1140.06	855.05	285.01	-69.36
	HDHP Self Plus One	V43	562.62	491.87	368.90	122.97	-17.68	1219.01	1065.72	799.29	266.43	-38.32
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
	High Self	LR1	280.61	308.28	230.18	78.10	7.95	607.99	667.94	498.72	169.22	17.22
	High Self & Family	LR2	701.54	730.61	525.32	205.29	25.33	1520.00	1582.99	1138.19	444.80	54.89
	High Self Plus One	LR3	603.32	662.79	492.27	170.52	19.69	1307.19	1436.05	1066.59	369.46	42.66
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)												
	Value Self	L91	213.84	201.72	151.29	50.43	-3.03	463.32	437.06	327.80	109.26	-6.57
	Value Self & Family	L92	599.62	565.61	424.21	141.40	-8.50	1299.18	1225.49	919.12	306.37	-18.42
	Value Self Plus One	L93	417.64	393.95	295.46	98.49	-5.92	904.89	853.56	640.17	213.39	-12.83
Florida Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Florida Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Florida Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
	CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
	CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
	Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
	Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
	Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
Florida AvMed												
	Standard Self	ML4	316.02	327.33	230.18	97.15	10.38	684.71	709.22	498.72	210.50	22.50
	Standard Self & Family	ML5	818.60	847.87	525.32	322.55	25.53	1773.63	1837.05	1138.19	698.86	55.32
	Standard Self Plus One	ML6	632.06	654.66	491.00	163.66	5.65	1369.46	1418.43	1063.82	354.61	12.25
Florida AvMed												
	HDHP Self	WZ1	New Plan	375.37	230.18	145.19	New Plan	New Plan	813.30	498.72	314.58	New Plan
	HDHP Self & Family	WZ2	New Plan	924.61	525.32	399.29	New Plan	New Plan	2003.32	1138.19	865.13	New Plan
	HDHP Self Plus One	WZ3	New Plan	720.74	492.27	228.47	New Plan	New Plan	1561.60	1066.59	495.01	New Plan

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates				
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Florida Capital Health Plan												
	High Self	EA1	306.94	318.65	230.18	88.47	10.78	665.04	690.41	498.72	191.69	23.36
	High Self & Family	EA2	828.78	796.65	525.32	271.33	-35.87	1795.69	1726.08	1138.19	587.89	-77.71
	High Self Plus One	EA3	613.91	685.11	492.27	192.84	39.36	1330.14	1484.41	1066.59	417.82	85.29
Florida Humana CoverageFirst and Humana Value Plan												
	CDHP Self	MJ1	370.85	394.20	230.18	164.02	22.42	803.51	854.10	498.72	355.38	48.58
	CDHP Self & Family	MJ2	834.42	886.96	525.32	361.64	48.80	1807.91	1921.75	1138.19	783.56	105.74
	CDHP Self Plus One	MJ3	797.34	847.55	492.27	355.28	48.94	1727.57	1836.36	1066.59	769.77	106.03
	Value Self	MJ4	227.64	232.84	174.63	58.21	1.30	493.22	504.49	378.37	126.12	2.82
	Value Self & Family	MJ5	512.18	523.89	392.92	130.97	2.93	1109.72	1135.10	851.33	283.77	6.34
	Value Self Plus One	MJ6	489.41	500.60	375.45	125.15	2.80	1060.39	1084.63	813.47	271.16	6.06
Florida Humana CoverageFirst and Humana Value Plan												
	CDHP Self	QP1	314.82	315.70	230.18	85.52	-0.05	682.11	684.02	498.72	185.30	-0.10
	CDHP Self & Family	QP2	709.28	711.27	525.32	185.95	-1.75	1536.77	1541.09	1138.19	402.90	-3.78
	CDHP Self Plus One	QP3	677.76	679.65	492.27	187.38	0.62	1468.48	1472.58	1066.59	405.99	1.34
	Value Self	QP4	225.49	226.13	169.60	56.53	0.16	488.56	489.95	367.46	122.49	0.35
	Value Self & Family	QP5	507.35	508.78	381.59	127.19	0.35	1099.26	1102.36	826.77	275.59	0.78
	Value Self Plus One	QP6	484.81	486.17	364.63	121.54	0.34	1050.42	1053.37	790.03	263.34	0.74
Florida Humana CoverageFirst and Humana Value Plan												
	CDHP Self	W91	New Plan	264.73	198.55	66.18	New Plan	New Plan	573.58	430.19	143.39	New Plan
	CDHP Self & Family	W92	New Plan	595.65	446.74	148.91	New Plan	New Plan	1290.58	967.94	322.64	New Plan
	CDHP Self Plus One	W93	New Plan	569.17	426.88	142.29	New Plan	New Plan	1233.20	924.90	308.30	New Plan
	Value Self	W94	New Plan	223.95	167.96	55.99	New Plan	New Plan	485.23	363.92	121.31	New Plan
	Value Self & Family	W95	New Plan	503.90	377.93	125.97	New Plan	New Plan	1091.78	818.84	272.94	New Plan
	Value Self Plus One	W96	New Plan	481.50	361.13	120.37	New Plan	New Plan	1043.25	782.44	260.81	New Plan
Florida Humana CoverageFirst and Humana Value Plan												
	CDHP Self	X21	New Plan	256.58	192.44	64.14	New Plan	New Plan	555.92	416.94	138.98	New Plan
	CDHP Self & Family	X22	New Plan	577.30	432.98	144.32	New Plan	New Plan	1250.82	938.12	312.70	New Plan
	CDHP Self Plus One	X23	New Plan	551.65	413.74	137.91	New Plan	New Plan	1195.24	896.43	298.81	New Plan
	Value Self	X24	New Plan	217.06	162.80	54.26	New Plan	New Plan	470.30	352.73	117.57	New Plan
	Value Self & Family	X25	New Plan	488.38	366.29	122.09	New Plan	New Plan	1058.16	793.62	264.54	New Plan
	Value Self Plus One	X26	New Plan	466.68	350.01	116.67	New Plan	New Plan	1011.14	758.36	252.78	New Plan
Florida Humana Medical Plan, Inc.												
	High Self	E21	405.19	454.97	230.18	224.79	48.85	877.91	985.77	498.72	487.05	105.85
	High Self & Family	E22	911.68	1023.66	525.32	498.34	108.24	1975.31	2217.93	1138.19	1079.74	234.52
	High Self Plus One	E23	871.18	978.16	492.27	485.89	105.71	1887.56	2119.35	1066.59	1052.76	229.03
	Standard Self	E24	267.47	292.45	219.34	73.11	6.24	579.52	633.64	475.23	158.41	13.53
	Standard Self & Family	E25	601.81	658.00	493.50	164.50	14.05	1303.92	1425.67	1069.25	356.42	30.44
	Standard Self Plus One	E26	575.06	628.75	471.56	157.19	13.43	1245.96	1362.29	1021.72	340.57	29.08

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)											
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	2019 Biweekly premium rates					2018 Total Monthly Premium	2019 Monthly premium rates			
		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	
Florida Humana Medical Plan, Inc.											
High Self	EE1	404.63	421.87	230.18	191.69	16.31	876.70	914.05	498.72	415.33	35.34
High Self & Family	EE2	910.43	949.21	525.32	423.89	35.04	1972.60	2056.62	1138.19	918.43	75.92
High Self Plus One	EE3	869.96	907.04	492.27	414.77	35.81	1884.91	1965.25	1066.59	898.66	77.58
Standard Self	EE4	351.45	377.22	230.18	147.04	24.84	761.48	817.31	498.72	318.59	53.82
Standard Self & Family	EE5	790.75	848.73	525.32	323.41	54.24	1713.29	1838.92	1138.19	700.73	117.53
Standard Self Plus One	EE6	755.61	811.01	492.27	318.74	54.13	1637.16	1757.19	1066.59	690.60	117.27
Florida Humana Medical Plan, Inc.											
High Self	EX1	317.37	343.62	230.18	113.44	25.32	687.64	744.51	498.72	245.79	54.86
High Self & Family	EX2	714.06	773.12	525.32	247.80	55.32	1547.13	1675.09	1138.19	536.90	119.86
High Self Plus One	EX3	682.32	738.75	492.27	246.48	55.16	1478.36	1600.63	1066.59	534.04	119.51
Standard Self	EX4	278.52	301.74	226.31	75.43	5.80	603.46	653.77	490.33	163.44	12.58
Standard Self & Family	EX5	626.68	678.91	509.18	169.73	13.06	1357.81	1470.97	1103.23	367.74	28.29
Standard Self Plus One	EX6	598.83	648.74	486.56	162.18	12.47	1297.47	1405.60	1054.20	351.40	27.03
Florida Humana Medical Plan, Inc.											
High Self	LL1	628.47	743.45	230.18	513.27	114.05	1361.69	1610.81	498.72	1112.09	247.11
High Self & Family	LL2	1414.06	1672.76	525.32	1147.44	254.96	3063.80	3624.31	1138.19	2486.12	552.41
High Self Plus One	LL3	1351.21	1598.42	492.27	1106.15	245.94	2927.62	3463.24	1066.59	2396.65	532.86
Standard Self	LL4	365.93	400.11	230.18	169.93	33.25	792.85	866.91	498.72	368.19	72.05
Standard Self & Family	LL5	823.34	900.22	525.32	374.90	73.14	1783.90	1950.48	1138.19	812.29	158.48
Standard Self Plus One	LL6	786.75	860.22	492.27	367.95	72.20	1704.63	1863.81	1066.59	797.22	156.42
Florida UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50
Florida UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37
Florida UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	LV1	290.79	305.55	229.16	76.39	3.69	630.05	662.03	496.52	165.51	8.00
Value Self & Family	LV2	815.41	916.66	525.32	391.34	97.51	1766.72	1986.10	1138.19	847.91	211.28
Value Self Plus One	LV3	567.93	656.94	492.27	164.67	22.69	1230.52	1423.37	1066.59	356.78	49.15
Georgia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Georgia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Georgia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82	
CDHP Self & Family F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95	
CDHP Self Plus One F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18	
Value Self F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97	
Value Self & Family F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31	
Value Self Plus One F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63	
Georgia Aetna Open Access											
High Self 2U1	559.12	731.21	230.18	501.03	171.16	1211.43	1584.29	498.72	1085.57	370.85	
High Self & Family 2U2	1287.92	1684.32	525.32	1159.00	392.66	2790.49	3649.36	1138.19	2511.17	850.77	
High Self Plus One 2U3	1275.16	1667.64	492.27	1175.37	391.21	2762.85	3613.22	1066.59	2546.63	847.61	
Georgia Blue Open Access POS											
High Self QM1	264.23	274.80	206.10	68.70	2.64	572.50	595.40	446.55	148.85	5.73	
High Self & Family QM2	706.82	728.02	525.32	202.70	17.46	1531.44	1577.38	1138.19	439.19	37.84	
High Self Plus One QM3	587.91	608.49	456.37	152.12	5.14	1273.81	1318.40	988.80	329.60	11.15	
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self AD1	330.81	368.23	230.18	138.05	36.49	716.76	797.83	498.72	299.11	79.06	
CDHP Self & Family AD2	744.33	828.52	525.32	303.20	80.45	1612.72	1795.13	1138.19	656.94	174.31	
CDHP Self Plus One AD3	711.26	791.70	492.27	299.43	79.17	1541.06	1715.35	1066.59	648.76	171.53	
Value Self AD4	252.56	303.93	227.95	75.98	12.84	547.21	658.52	493.89	164.63	27.83	
Value Self & Family AD5	568.26	683.82	512.87	170.95	28.89	1231.23	1481.61	1111.21	370.40	62.59	
Value Self Plus One AD6	543.00	653.43	490.07	163.36	27.61	1176.50	1415.77	1061.83	353.94	59.82	
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self LM1	276.91	291.56	218.67	72.89	3.66	599.97	631.71	473.78	157.93	7.94	
CDHP Self & Family LM2	623.04	656.04	492.03	164.01	8.25	1349.92	1421.42	1066.07	355.35	17.87	
CDHP Self Plus One LM3	595.36	626.88	470.16	156.72	7.88	1289.95	1358.24	1018.68	339.56	17.07	
Value Self LM4	219.06	237.24	177.93	59.31	4.55	474.63	514.02	385.52	128.50	9.84	
Value Self & Family LM5	492.88	533.80	400.35	133.45	10.23	1067.91	1156.57	867.43	289.14	22.16	
Value Self Plus One LM6	470.97	510.08	382.56	127.52	9.78	1020.44	1105.17	828.88	276.29	21.18	
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self S91	292.20	301.81	226.36	75.45	2.40	633.10	653.92	490.44	163.48	5.21	
CDHP Self & Family S92	657.45	679.07	509.30	169.77	5.41	1424.48	1471.32	1103.49	367.83	11.71	
CDHP Self Plus One S93	628.22	648.89	486.67	162.22	5.17	1361.14	1405.93	1054.45	351.48	11.20	
Value Self S94	232.65	240.30	180.23	60.07	1.91	504.08	520.65	390.49	130.16	4.14	
Value Self & Family S95	523.46	540.68	405.51	135.17	4.31	1134.16	1171.47	878.60	292.87	9.33	
Value Self Plus One S96	500.20	516.65	387.49	129.16	4.11	1083.77	1119.41	839.56	279.85	8.91	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Georgia Humana Employers Health Plan of Georgia, Inc												
	High Self	CB1	417.87	457.09	230.18	226.91	38.29	905.39	990.36	498.72	491.64	82.96
	High Self & Family	CB2	940.22	1028.50	525.32	503.18	84.54	2037.14	2228.42	1138.19	1090.23	183.18
	High Self Plus One	CB3	898.44	982.77	492.27	490.50	83.06	1946.62	2129.34	1066.59	1062.75	179.96
	Standard Self	CB4	385.14	450.88	230.18	220.70	64.81	834.47	976.91	498.72	478.19	140.43
	Standard Self & Family	CB5	866.57	1014.49	525.32	489.17	144.18	1877.57	2198.06	1138.19	1059.87	312.39
	Standard Self Plus One	CB6	828.06	969.40	492.27	477.13	140.07	1794.13	2100.37	1066.59	1033.78	303.48
Georgia Humana Employers Health Plan of Georgia, Inc												
	High Self	DG1	557.43	592.35	230.18	362.17	33.99	1207.77	1283.43	498.72	784.71	73.65
	High Self & Family	DG2	1254.21	1332.79	525.32	807.47	74.84	2717.46	2887.71	1138.19	1749.52	162.15
	High Self Plus One	DG3	1198.48	1273.57	492.27	781.30	73.82	2596.71	2759.40	1066.59	1692.81	159.93
	Standard Self	DG4	385.02	432.88	230.18	202.70	46.93	834.21	937.91	498.72	439.19	101.69
	Standard Self & Family	DG5	866.27	973.98	525.32	448.66	103.97	1876.92	2110.29	1138.19	972.10	225.27
	Standard Self Plus One	DG6	827.77	930.69	492.27	438.42	101.65	1793.50	2016.50	1066.59	949.91	220.24
Georgia Humana Employers Health Plan of Georgia, Inc												
	High Self	DN1	329.16	339.88	230.18	109.70	9.79	713.18	736.41	498.72	237.69	21.22
	High Self & Family	DN2	740.60	764.74	525.32	239.42	20.40	1604.63	1656.94	1138.19	518.75	44.21
	High Self Plus One	DN3	707.69	730.76	492.27	238.49	21.80	1533.33	1583.31	1066.59	516.72	47.22
	Standard Self	DN4	315.14	316.12	230.18	85.94	0.05	682.80	684.93	498.72	186.21	0.12
	Standard Self & Family	DN5	709.07	711.26	525.32	185.94	-1.55	1536.32	1541.06	1138.19	402.87	-3.36
	Standard Self Plus One	DN6	677.55	679.65	492.27	187.38	0.83	1468.03	1472.58	1066.59	405.99	1.79
Georgia Humana Employers Health Plan of Georgia, Inc												
	Basic Self	Q71	271.76	286.23	214.67	71.56	3.62	588.81	620.17	465.13	155.04	7.84
	Basic Self & Family	Q72	611.47	644.02	483.02	161.00	8.13	1324.85	1395.38	1046.54	348.84	17.63
	Basic Self Plus One	Q73	584.29	615.39	461.54	153.85	7.78	1265.96	1333.35	1000.01	333.34	16.85
Georgia Humana Employers Health Plan of Georgia, Inc												
	Basic Self	RJ1	252.05	260.42	195.32	65.10	2.09	546.11	564.24	423.18	141.06	4.53
	Basic Self & Family	RJ2	567.12	585.95	439.46	146.49	4.71	1228.76	1269.56	952.17	317.39	10.20
	Basic Self Plus One	RJ3	541.91	559.90	419.93	139.97	4.49	1174.14	1213.12	909.84	303.28	9.75
Georgia Humana Employers Health Plan of Georgia, Inc												
	Basic Self	RM1	263.24	274.61	205.96	68.65	2.84	570.35	594.99	446.24	148.75	6.16
	Basic Self & Family	RM2	592.30	617.88	463.41	154.47	6.40	1283.32	1338.74	1004.06	334.68	13.85
	Basic Self Plus One	RM3	565.98	590.42	442.82	147.60	6.11	1226.29	1279.24	959.43	319.81	13.24
Georgia Kaiser Foundation Health Plan of Georgia												
	High Self	F81	314.82	321.27	230.18	91.09	5.52	682.11	696.09	498.72	197.37	11.97
	High Self & Family	F82	711.51	726.07	525.32	200.75	10.82	1541.61	1573.15	1138.19	434.96	23.44
	High Self Plus One	F83	711.51	726.07	492.27	233.80	13.29	1541.61	1573.15	1066.59	506.56	28.78
	Standard Self	F84	236.76	242.86	182.15	60.71	1.52	512.98	526.20	394.65	131.55	3.31
	Standard Self & Family	F85	535.07	548.87	411.65	137.22	3.45	1159.32	1189.22	891.92	297.30	7.47
	Standard Self Plus One	F86	535.07	548.87	411.65	137.22	3.45	1159.32	1189.22	891.92	297.30	7.47

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Georgia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	LV1	290.79	305.55	229.16	76.39	3.69	630.05	662.03	496.52	165.51	8.00
Value Self & Family	LV2	815.41	916.66	525.32	391.34	97.51	1766.72	1986.10	1138.19	847.91	211.28
Value Self Plus One	LV3	567.93	656.94	492.27	164.67	22.69	1230.52	1423.37	1066.59	356.78	49.15
Guam Calvo's Selectcare											
High Self	B41	216.33	239.12	179.34	59.78	5.70	468.72	518.09	388.57	129.52	12.34
High Self & Family	B42	578.39	633.33	475.00	158.33	13.73	1253.18	1372.22	1029.17	343.05	29.76
High Self Plus One	B43	422.16	466.63	349.97	116.66	11.12	914.68	1011.03	758.27	252.76	24.09
Standard Self	B44	190.03	186.23	139.67	46.56	-0.95	411.73	403.50	302.63	100.87	-2.06
Standard Self & Family	B45	508.07	541.09	405.82	135.27	8.25	1100.82	1172.36	879.27	293.09	17.89
Standard Self Plus One	B46	370.83	367.12	275.34	91.78	-0.93	803.47	795.43	596.57	198.86	-2.01
Guam TakeCare											
High Self	JK1	269.83	217.78	163.34	54.44	-13.02	584.63	471.86	353.90	117.96	-28.20
High Self & Family	JK2	643.61	519.47	389.60	129.87	-31.03	1394.49	1125.52	844.14	281.38	-67.24
High Self Plus One	JK3	533.09	430.26	322.70	107.56	-25.71	1155.03	932.23	699.17	233.06	-55.70
Standard Self	JK4	187.00	179.91	134.93	44.98	-1.77	405.17	389.81	292.36	97.45	-3.84
Standard Self & Family	JK5	529.57	509.48	382.11	127.37	-5.02	1147.40	1103.87	827.90	275.97	-10.88
Standard Self Plus One	JK6	368.56	354.57	265.93	88.64	-3.50	798.55	768.24	576.18	192.06	-7.58
Guam TakeCare											
HDHP Self	KX1	59.04	47.87	35.90	11.97	-2.79	127.92	103.72	77.79	25.93	-6.05
HDHP Self & Family	KX2	158.29	128.33	96.25	32.08	-7.49	342.96	278.05	208.54	69.51	-16.23
HDHP Self Plus One	KX3	142.50	115.59	86.69	28.90	-6.72	308.75	250.45	187.84	62.61	-14.58
Hawaii Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Hawaii Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Hawaii Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Hawaii HMSA											
High Self	871	280.13	280.13	210.10	70.03	0.00	606.95	606.95	455.21	151.74	0.00
High Self & Family	872	629.74	629.74	472.31	157.43	0.00	1364.44	1364.44	1023.33	341.11	0.00
High Self Plus One	873	613.79	613.79	460.34	153.45	0.00	1329.88	1329.88	997.41	332.47	0.00
Hawaii Kaiser Foundation Health Plan of Hawaii											
High Self	631	303.96	303.96	227.97	75.99	0.00	658.58	658.58	493.94	164.64	0.00
High Self & Family	632	677.83	677.83	508.37	169.46	0.00	1468.63	1468.63	1101.47	367.16	0.00
High Self Plus One	633	677.83	677.83	492.27	185.56	-1.27	1468.63	1468.63	1066.59	402.04	-2.76
Standard Self	634	205.24	205.24	153.93	51.31	0.00	444.69	444.69	333.52	111.17	0.00
Standard Self & Family	635	457.68	457.68	343.26	114.42	0.00	991.64	991.64	743.73	247.91	0.00
Standard Self Plus One	636	457.68	457.68	343.26	114.42	0.00	991.64	991.64	743.73	247.91	0.00
Idaho Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Idaho Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Idaho Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Idaho Altius Health Plans											
High Self	9K1	391.42	431.65	230.18	201.47	39.30	848.08	935.24	498.72	436.52	85.15
High Self & Family	9K2	865.60	954.58	525.32	429.26	85.24	1875.47	2068.26	1138.19	930.07	184.69
High Self Plus One	9K3	857.03	945.13	492.27	452.86	86.83	1856.90	2047.78	1066.59	981.19	188.12
HDHP Self	9K4	194.17	233.96	175.47	58.49	9.95	420.70	506.91	380.18	126.73	21.56
HDHP Self & Family	9K5	405.80	488.96	366.72	122.24	20.79	879.23	1059.41	794.56	264.85	45.04
HDHP Self Plus One	9K6	397.84	479.37	359.53	119.84	20.38	861.99	1038.64	778.98	259.66	44.16
Idaho Altius Health Plans											
Standard Self	DK4	273.97	328.82	230.18	98.64	30.15	593.60	712.44	498.72	213.72	65.32
Standard Self & Family	DK5	604.99	726.14	525.32	200.82	49.57	1310.81	1573.30	1138.19	435.11	107.41
Standard Self Plus One	DK6	599.00	718.94	492.27	226.67	76.92	1297.83	1557.70	1066.59	491.11	166.65
Idaho Kaiser Foundation Health Plan of Washington											
High Self	541	381.04	376.34	230.18	146.16	-5.63	825.59	815.40	498.72	316.68	-12.20
High Self & Family	542	838.30	827.96	525.32	302.64	-14.08	1816.32	1793.91	1138.19	655.72	-30.51
High Self Plus One	543	838.30	827.96	492.27	335.69	-11.61	1816.32	1793.91	1066.59	727.32	-25.17
Standard Self	544	281.07	270.08	202.56	67.52	-2.75	608.99	585.17	438.88	146.29	-5.96
Standard Self & Family	545	646.46	621.19	465.89	155.30	-6.31	1400.66	1345.91	1009.43	336.48	-13.68
Standard Self Plus One	546	646.46	621.19	465.89	155.30	-6.31	1400.66	1345.91	1009.43	336.48	-13.68

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Illinois Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Illinois Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Illinois Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
	CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
	CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
	Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
	Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
	Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Illinois Blue Preferred												
	High Self	9G1	338.73	361.09	230.18	130.91	21.43	733.92	782.36	498.72	283.64	46.43
	High Self & Family	9G2	733.35	775.88	525.32	250.56	38.79	1588.93	1681.07	1138.19	542.88	84.04
	High Self Plus One	9G3	694.40	734.68	492.27	242.41	39.01	1504.53	1591.81	1066.59	525.22	84.52
	Standard Self	9G4	245.59	257.87	193.40	64.47	3.07	532.11	558.72	419.04	139.68	6.65
	Standard Self & Family	9G5	706.05	732.88	525.32	207.56	23.09	1529.78	1587.91	1138.19	449.72	50.03
	Standard Self Plus One	9G6	638.52	662.78	492.27	170.51	10.88	1383.46	1436.02	1066.59	369.43	23.57
Illinois Health Alliance HMO												
	Standard Self	K84	289.29	296.51	222.38	74.13	1.81	626.80	642.44	481.83	160.61	3.91
	Standard Self & Family	K85	885.51	800.59	525.32	275.27	-88.66	1918.61	1734.61	1138.19	596.42	-192.10
	Standard Self Plus One	K86	670.12	686.88	492.27	194.61	15.49	1451.93	1488.24	1066.59	421.65	33.55
Illinois Humana CoverageFirst and Humana Value Plan												
	CDHP Self	GB1	403.00	432.42	230.18	202.24	28.49	873.17	936.91	498.72	438.19	61.73
	CDHP Self & Family	GB2	906.74	972.94	525.32	447.62	62.46	1964.60	2108.04	1138.19	969.85	135.34
	CDHP Self Plus One	GB3	866.44	929.71	492.27	437.44	62.00	1877.29	2014.37	1066.59	947.78	134.32
	Value Self	GB4	238.39	284.48	213.36	71.12	11.52	516.51	616.37	462.28	154.09	24.96
	Value Self & Family	GB5	536.37	640.07	480.05	160.02	25.93	1162.14	1386.82	1040.12	346.70	56.17
	Value Self Plus One	GB6	512.55	611.62	458.72	152.90	24.76	1110.53	1325.18	993.89	331.29	53.66
Illinois Humana CoverageFirst and Humana Value Plan												
	CDHP Self	MW1	328.71	349.41	230.18	119.23	19.77	712.21	757.06	498.72	258.34	42.84
	CDHP Self & Family	MW2	739.62	786.19	525.32	260.87	42.83	1602.51	1703.41	1138.19	565.22	92.80
	CDHP Self Plus One	MW3	706.74	751.23	492.27	258.96	43.22	1531.27	1627.67	1066.59	561.08	93.64
	Value Self	MW4	257.07	280.99	210.74	70.25	5.98	556.99	608.81	456.61	152.20	12.95
	Value Self & Family	MW5	578.39	632.21	474.16	158.05	13.45	1253.18	1369.79	1027.34	342.45	29.16
	Value Self Plus One	MW6	552.69	604.12	453.09	151.03	12.86	1197.50	1308.93	981.70	327.23	27.86

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Illinois Humana Health Plan, Inc.											
High Self	751	582.31	559.41	230.18	329.23	-23.83	1261.67	1212.06	498.72	713.34	-51.62
High Self & Family	752	1310.18	1258.68	525.32	733.36	-55.24	2838.72	2727.14	1138.19	1588.95	-119.68
High Self Plus One	753	1251.95	1202.73	492.27	710.46	-50.49	2712.56	2605.92	1066.59	1539.33	-109.40
Standard Self	754	406.84	394.92	230.18	164.74	-12.85	881.49	855.66	498.72	356.94	-27.84
Standard Self & Family	755	915.39	888.57	525.32	363.25	-30.56	1983.35	1925.24	1138.19	787.05	-66.21
Standard Self Plus One	756	874.69	849.08	492.27	356.81	-26.88	1895.16	1839.67	1066.59	773.08	-58.25
Illinois Humana Health Plan, Inc.											
High Self	9F1	724.79	784.74	230.18	554.56	59.02	1570.38	1700.27	498.72	1201.55	127.88
High Self & Family	9F2	1630.79	1765.66	525.32	1240.34	131.13	3533.38	3825.60	1138.19	2687.41	284.12
High Self Plus One	9F3	1558.30	1687.18	492.27	1194.91	127.61	3376.32	3655.56	1066.59	2588.97	276.48
Illinois Humana Health Plan, Inc.											
Basic Self	AB1	269.57	283.92	212.94	70.98	3.59	584.07	615.16	461.37	153.79	7.77
Basic Self & Family	AB2	606.53	638.84	479.13	159.71	8.08	1314.15	1384.15	1038.11	346.04	17.50
Basic Self Plus One	AB3	579.57	610.45	457.84	152.61	7.72	1255.74	1322.64	991.98	330.66	16.73
Standard Self	AB4	471.05	505.28	230.18	275.10	33.30	1020.61	1094.77	498.72	596.05	72.15
Standard Self & Family	AB5	1059.87	1136.90	525.32	611.58	73.29	2296.39	2463.28	1138.19	1325.09	158.79
Standard Self Plus One	AB6	1012.76	1086.36	492.27	594.09	72.33	2194.31	2353.78	1066.59	1287.19	156.71
Illinois Humana Health Plan, Inc.											
Basic Self	RW1	273.24	287.79	215.84	71.95	3.64	592.02	623.55	467.66	155.89	7.89
Basic Self & Family	RW2	614.79	647.52	485.64	161.88	8.18	1332.05	1402.96	1052.22	350.74	17.73
Basic Self Plus One	RW3	587.46	618.75	464.06	154.69	7.83	1272.83	1340.63	1005.47	335.16	16.95
Illinois MercyCare Health Plans											
High Self	EY1	353.76	352.64	230.18	122.46	-2.05	766.48	764.05	498.72	265.33	-4.44
High Self & Family	EY2	923.20	920.31	525.32	394.99	-6.63	2000.27	1994.01	1138.19	855.82	-14.36
High Self Plus One	EY3	760.59	758.22	492.27	265.95	-3.64	1647.95	1642.81	1066.59	576.22	-7.90
Illinois Union Health Service											
High Self	761	309.74	314.65	230.18	84.47	3.98	671.10	681.74	498.72	183.02	8.63
High Self & Family	762	775.83	790.02	525.32	264.70	10.45	1680.97	1711.71	1138.19	573.52	22.64
High Self Plus One	763	680.38	697.49	492.27	205.22	15.84	1474.16	1511.23	1066.59	444.64	34.31
Illinois UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	L91	213.84	201.72	151.29	50.43	-3.03	463.32	437.06	327.80	109.26	-6.57
Value Self & Family	L92	599.62	565.61	424.21	141.40	-8.50	1299.18	1225.49	919.12	306.37	-18.42
Value Self Plus One	L93	417.64	393.95	295.46	98.49	-5.92	904.89	853.56	640.17	213.39	-12.83
Indiana Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Indiana Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates					
Plan - Option - Enrollment Code			2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Indiana Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self JS1			481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family JS2			1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One JS3			1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98
Value Self JS4			352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64
Value Self & Family JS5			805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One JS6			797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88
Indiana Health Alliance HMO												
Standard Self K84			289.29	296.51	222.38	74.13	1.81	626.80	642.44	481.83	160.61	3.91
Standard Self & Family K85			885.51	800.59	525.32	275.27	-88.66	1918.61	1734.61	1138.19	596.42	-192.10
Standard Self Plus One K86			670.12	686.88	492.27	194.61	15.49	1451.93	1488.24	1066.59	421.65	33.55
Indiana Humana CoverageFirst and Humana Value Plan												
CDHP Self MW1			328.71	349.41	230.18	119.23	19.77	712.21	757.06	498.72	258.34	42.84
CDHP Self & Family MW2			739.62	786.19	525.32	260.87	42.83	1602.51	1703.41	1138.19	565.22	92.80
CDHP Self Plus One MW3			706.74	751.23	492.27	258.96	43.22	1531.27	1627.67	1066.59	561.08	93.64
Value Self MW4			257.07	280.99	210.74	70.25	5.98	556.99	608.81	456.61	152.20	12.95
Value Self & Family MW5			578.39	632.21	474.16	158.05	13.45	1253.18	1369.79	1027.34	342.45	29.16
Value Self Plus One MW6			552.69	604.12	453.09	151.03	12.86	1197.50	1308.93	981.70	327.23	27.86
Indiana Humana CoverageFirst and Humana Value Plan												
CDHP Self TC1			277.99	287.13	215.35	71.78	2.28	602.31	622.12	466.59	155.53	4.95
CDHP Self & Family TC2			625.49	646.04	484.53	161.51	5.14	1355.23	1399.75	1049.81	349.94	11.13
CDHP Self Plus One TC3			597.69	617.33	463.00	154.33	4.91	1295.00	1337.55	1003.16	334.39	10.64
Indiana Humana CoverageFirst and Humana Value Plan												
CDHP Self X31			New Plan	315.99	230.18	85.81	New Plan	New Plan	684.65	498.72	185.93	New Plan
CDHP Self & Family X32			New Plan	710.99	525.32	185.67	New Plan	New Plan	1540.48	1138.19	402.29	New Plan
CDHP Self Plus One X33			New Plan	679.39	492.27	187.12	New Plan	New Plan	1472.01	1066.59	405.42	New Plan
Value Self X34			New Plan	263.20	197.40	65.80	New Plan	New Plan	570.27	427.70	142.57	New Plan
Value Self & Family X35			New Plan	592.21	444.16	148.05	New Plan	New Plan	1283.12	962.34	320.78	New Plan
Value Self Plus One X36			New Plan	565.88	424.41	141.47	New Plan	New Plan	1226.07	919.55	306.52	New Plan
Indiana Humana Health Plan of Ohio, Inc.												
High Self A61			482.03	541.22	230.18	311.04	58.26	1044.40	1172.64	498.72	673.92	126.23
High Self & Family A62			1084.57	1217.76	525.32	692.44	129.45	2349.90	2638.48	1138.19	1500.29	280.48
High Self Plus One A63			1036.37	1163.64	492.27	671.37	126.00	2245.47	2521.22	1066.59	1454.63	272.99
Standard Self A64			385.79	429.36	230.18	199.18	42.64	835.88	930.28	498.72	431.56	92.39
Standard Self & Family A65			868.03	966.08	525.32	440.76	94.31	1880.73	2093.17	1138.19	954.98	204.34
Standard Self Plus One A66			829.45	923.15	492.27	430.88	92.43	1797.14	2000.16	1066.59	933.57	200.26
Indiana Humana Health Plan, Inc.												
High Self 751			582.31	559.41	230.18	329.23	-23.83	1261.67	1212.06	498.72	713.34	-51.62
High Self & Family 752			1310.18	1258.68	525.32	733.36	-55.24	2838.72	2727.14	1138.19	1588.95	-119.68
High Self Plus One 753			1251.95	1202.73	492.27	710.46	-50.49	2712.56	2605.92	1066.59	1539.33	-109.40
Standard Self 754			406.84	394.92	230.18	164.74	-12.85	881.49	855.66	498.72	356.94	-27.84
Standard Self & Family 755			915.39	888.57	525.32	363.25	-30.56	1983.35	1925.24	1138.19	787.05	-66.21
Standard Self Plus One 756			874.69	849.08	492.27	356.81	-26.88	1895.16	1839.67	1066.59	773.08	-58.25

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code			2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Indiana Humana Health Plan, Inc.												
High Self		MH1	369.98	407.99	230.18	177.81	37.08	801.62	883.98	498.72	385.26	80.35
High Self & Family		MH2	832.45	917.98	525.32	392.66	81.79	1803.64	1988.96	1138.19	850.77	177.22
High Self Plus One		MH3	795.44	877.18	492.27	384.91	80.47	1723.45	1900.56	1066.59	833.97	174.35
Standard Self		MH4	310.64	333.41	230.18	103.23	21.84	673.05	722.39	498.72	223.67	47.33
Standard Self & Family		MH5	698.93	750.17	525.32	224.85	47.50	1514.35	1625.37	1138.19	487.18	102.92
Standard Self Plus One		MH6	667.87	716.83	492.27	224.56	47.69	1447.05	1553.13	1066.59	486.54	103.32
Iowa Aetna HealthFund HDHP and Aetna Direct Plan												
HDHP Self		224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family		225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One		226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Iowa Aetna HealthFund HDHP and Aetna Direct Plan												
CDHP Self		N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family		N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One		N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Iowa Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self		H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family		H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One		H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
Value Self		H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
Value Self & Family		H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One		H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Iowa Health Alliance HMO												
Standard Self		K84	289.29	296.51	222.38	74.13	1.81	626.80	642.44	481.83	160.61	3.91
Standard Self & Family		K85	885.51	800.59	525.32	275.27	-88.66	1918.61	1734.61	1138.19	596.42	-192.10
Standard Self Plus One		K86	670.12	686.88	492.27	194.61	15.49	1451.93	1488.24	1066.59	421.65	33.55
Iowa HealthPartners												
High Self		V31	356.92	364.76	230.18	134.58	6.91	773.33	790.31	498.72	291.59	14.97
High Self & Family		V32	869.46	888.56	525.32	363.24	15.36	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One		V33	788.79	806.11	492.27	313.84	16.05	1709.05	1746.57	1066.59	679.98	34.76
Standard Self		V34	211.15	197.58	148.19	49.39	-3.40	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family		V35	514.37	481.30	360.98	120.32	-8.27	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One		V36	466.65	436.65	327.49	109.16	-7.50	1011.08	946.08	709.56	236.52	-16.25
Iowa UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
HDHP Self		N71	231.60	245.61	184.21	61.40	3.50	501.80	532.16	399.12	133.04	7.59
HDHP Self & Family		N72	579.00	564.89	423.67	141.22	-3.53	1254.50	1223.93	917.95	305.98	-7.64
HDHP Self Plus One		N73	497.94	528.05	396.04	132.01	7.53	1078.87	1144.11	858.08	286.03	16.31
Iowa UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
High Self		LJ1	281.86	310.13	230.18	79.95	9.49	610.70	671.95	498.72	173.23	20.56
High Self & Family		LJ2	704.66	775.32	525.32	250.00	66.92	1526.76	1679.86	1138.19	541.67	145.00
High Self Plus One		LJ3	606.01	666.78	492.27	174.51	23.01	1313.02	1444.69	1066.59	378.10	49.85

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Plan - Option - Enrollment Code												
Kansas Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Kansas Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Kansas Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
	CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
	CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
	Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
	Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
	Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66
Kansas Aetna Open Access												
	High Self	HA1	336.16	406.62	230.18	176.44	69.53	728.35	881.01	498.72	382.29	150.65
	High Self & Family	HA2	794.06	960.51	525.32	435.19	162.71	1720.46	2081.11	1138.19	942.92	352.55
	High Self Plus One	HA3	786.22	951.02	492.27	458.75	163.53	1703.48	2060.54	1066.59	993.95	354.30
	Standard Self	HA4	282.10	326.70	230.18	96.52	26.00	611.22	707.85	498.72	209.13	56.33
	Standard Self & Family	HA5	665.86	771.13	525.32	245.81	79.35	1442.70	1670.78	1138.19	532.59	171.92
	Standard Self Plus One	HA6	659.27	763.50	492.27	271.23	102.96	1428.42	1654.25	1066.59	587.66	223.07
Kansas Humana CoverageFirst and Humana Value Plan												
	CDHP Self	PH1	265.95	277.36	208.02	69.34	2.85	576.23	600.95	450.71	150.24	6.18
	CDHP Self & Family	PH2	598.38	624.06	468.05	156.01	6.42	1296.49	1352.13	1014.10	338.03	13.91
	CDHP Self Plus One	PH3	571.79	596.33	447.25	149.08	6.13	1238.88	1292.05	969.04	323.01	13.29
	Value Self	PH4	193.28	197.70	148.28	49.42	1.10	418.77	428.35	321.26	107.09	2.40
	Value Self & Family	PH5	434.90	444.84	333.63	111.21	2.49	942.28	963.82	722.87	240.95	5.38
	Value Self Plus One	PH6	415.56	425.06	318.80	106.26	2.37	900.38	920.96	690.72	230.24	5.15
Kansas Humana Health Plan, Inc.												
	High Self	MS1	748.42	750.29	230.18	520.11	0.94	1621.58	1625.63	498.72	1126.91	2.04
	High Self & Family	MS2	1683.94	1688.15	525.32	1162.83	0.47	3648.54	3657.66	1138.19	2519.47	1.02
	High Self Plus One	MS3	1609.10	1613.12	492.27	1120.85	2.75	3486.38	3495.09	1066.59	2428.50	5.95
	Standard Self	MS4	402.19	439.74	230.18	209.56	36.62	871.41	952.77	498.72	454.05	79.35
	Standard Self & Family	MS5	904.94	989.44	525.32	464.12	80.76	1960.70	2143.79	1138.19	1005.60	174.99
	Standard Self Plus One	MS6	864.72	945.46	492.27	453.19	79.47	1873.56	2048.50	1066.59	981.91	172.18
Kentucky Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Kentucky Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates					
Plan - Option - Enrollment Code			2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Kentucky Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	H41		379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42		865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43		857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44		265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45		609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46		597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Kentucky Humana CoverageFirst and Humana Value Plan												
CDHP Self	6N1		270.03	292.45	219.34	73.11	5.60	585.07	633.64	475.23	158.41	12.14
CDHP Self & Family	6N2		607.56	658.01	493.51	164.50	12.61	1316.38	1425.69	1069.27	356.42	27.33
CDHP Self Plus One	6N3		580.56	628.76	471.57	157.19	12.05	1257.88	1362.31	1021.73	340.58	26.11
Kentucky Humana CoverageFirst and Humana Value Plan												
CDHP Self	TC1		277.99	287.13	215.35	71.78	2.28	602.31	622.12	466.59	155.53	4.95
CDHP Self & Family	TC2		625.49	646.04	484.53	161.51	5.14	1355.23	1399.75	1049.81	349.94	11.13
CDHP Self Plus One	TC3		597.69	617.33	463.00	154.33	4.91	1295.00	1337.55	1003.16	334.39	10.64
Kentucky Humana CoverageFirst and Humana Value Plan												
CDHP Self	X31		New Plan	315.99	230.18	85.81	New Plan	New Plan	684.65	498.72	185.93	New Plan
CDHP Self & Family	X32		New Plan	710.99	525.32	185.67	New Plan	New Plan	1540.48	1138.19	402.29	New Plan
CDHP Self Plus One	X33		New Plan	679.39	492.27	187.12	New Plan	New Plan	1472.01	1066.59	405.42	New Plan
Value Self	X34		New Plan	263.20	197.40	65.80	New Plan	New Plan	570.27	427.70	142.57	New Plan
Value Self & Family	X35		New Plan	592.21	444.16	148.05	New Plan	New Plan	1283.12	962.34	320.78	New Plan
Value Self Plus One	X36		New Plan	565.88	424.41	141.47	New Plan	New Plan	1226.07	919.55	306.52	New Plan
Kentucky Humana Health Plan of Ohio, Inc.												
High Self	A61		482.03	541.22	230.18	311.04	58.26	1044.40	1172.64	498.72	673.92	126.23
High Self & Family	A62		1084.57	1217.76	525.32	692.44	129.45	2349.90	2638.48	1138.19	1500.29	280.48
High Self Plus One	A63		1036.37	1163.64	492.27	671.37	126.00	2245.47	2521.22	1066.59	1454.63	272.99
Standard Self	A64		385.79	429.36	230.18	199.18	42.64	835.88	930.28	498.72	431.56	92.39
Standard Self & Family	A65		868.03	966.08	525.32	440.76	94.31	1880.73	2093.17	1138.19	954.98	204.34
Standard Self Plus One	A66		829.45	923.15	492.27	430.88	92.43	1797.14	2000.16	1066.59	933.57	200.26
Kentucky Humana Health Plan of Ohio, Inc.												
Basic Self	W61		New Plan	270.36	202.77	67.59	New Plan	New Plan	585.78	439.34	146.44	New Plan
Basic Self & Family	W62		New Plan	608.31	456.23	152.08	New Plan	New Plan	1318.01	988.51	329.50	New Plan
Basic Self Plus One	W63		New Plan	581.27	435.95	145.32	New Plan	New Plan	1259.42	944.57	314.85	New Plan
Kentucky Humana Health Plan, Inc.												
High Self	MH1		369.98	407.99	230.18	177.81	37.08	801.62	883.98	498.72	385.26	80.35
High Self & Family	MH2		832.45	917.98	525.32	392.66	81.79	1803.64	1988.96	1138.19	850.77	177.22
High Self Plus One	MH3		795.44	877.18	492.27	384.91	80.47	1723.45	1900.56	1066.59	833.97	174.35
Standard Self	MH4		310.64	333.41	230.18	103.23	21.84	673.05	722.39	498.72	223.67	47.33
Standard Self & Family	MH5		698.93	750.17	525.32	224.85	47.50	1514.35	1625.37	1138.19	487.18	102.92
Standard Self Plus One	MH6		667.87	716.83	492.27	224.56	47.69	1447.05	1553.13	1066.59	486.54	103.32

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Kentucky Humana Health Plan, Inc.											
High Self MI1	461.68	518.37	230.18	288.19	55.76	1000.31	1123.14	498.72	624.42	120.82	
High Self & Family MI2	1038.76	1166.32	525.32	641.00	123.82	2250.65	2527.03	1138.19	1388.84	268.28	
High Self Plus One MI3	992.60	1114.48	492.27	622.21	120.61	2150.63	2414.71	1066.59	1348.12	261.32	
Standard Self MI4	352.42	374.73	230.18	144.55	21.38	763.58	811.92	498.72	313.20	46.33	
Standard Self & Family MI5	792.96	843.14	525.32	317.82	46.44	1718.08	1826.80	1138.19	688.61	100.62	
Standard Self Plus One MI6	757.71	805.67	492.27	313.40	46.69	1641.71	1745.62	1066.59	679.03	101.15	
Kentucky UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self N71	231.60	245.61	184.21	61.40	3.50	501.80	532.16	399.12	133.04	7.59	
HDHP Self & Family N72	579.00	564.89	423.67	141.22	-3.53	1254.50	1223.93	917.95	305.98	-7.64	
HDHP Self Plus One N73	497.94	528.05	396.04	132.01	7.53	1078.87	1144.11	858.08	286.03	16.31	
Kentucky UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self LJ1	281.86	310.13	230.18	79.95	9.49	610.70	671.95	498.72	173.23	20.56	
High Self & Family LJ2	704.66	775.32	525.32	250.00	66.92	1526.76	1679.86	1138.19	541.67	145.00	
High Self Plus One LJ3	606.01	666.78	492.27	174.51	23.01	1313.02	1444.69	1066.59	378.10	49.85	
Louisiana Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Louisiana Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Louisiana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82	
CDHP Self & Family F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95	
CDHP Self Plus One F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18	
Value Self F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97	
Value Self & Family F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31	
Value Self Plus One F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63	
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self AE1	364.95	398.79	230.18	168.61	32.91	790.73	864.05	498.72	365.33	71.31	
High Self & Family AE2	821.12	897.26	525.32	371.94	72.40	1779.09	1944.06	1138.19	805.87	156.87	
High Self Plus One AE3	784.63	857.39	492.27	365.12	71.49	1700.03	1857.68	1066.59	791.09	154.89	
Standard Self AE4	315.65	338.79	230.18	108.61	22.21	683.91	734.05	498.72	235.33	48.13	
Standard Self & Family AE5	710.22	762.29	525.32	236.97	48.33	1538.81	1651.63	1138.19	513.44	104.72	
Standard Self Plus One AE6	678.65	728.41	492.27	236.14	48.49	1470.41	1578.22	1066.59	511.63	105.05	
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self BC1	320.18	346.66	230.18	116.48	25.55	693.72	751.10	498.72	252.38	55.37	
High Self & Family BC2	720.43	780.01	525.32	254.69	55.84	1560.93	1690.02	1138.19	551.83	120.99	
High Self Plus One BC3	688.41	745.34	492.27	253.07	55.66	1491.56	1614.90	1066.59	548.31	120.58	
Standard Self BC4	263.93	275.34	206.51	68.83	2.85	571.85	596.57	447.43	149.14	6.18	
Standard Self & Family BC5	593.85	619.52	464.64	154.88	6.42	1286.68	1342.29	1006.72	335.57	13.90	
Standard Self Plus One BC6	567.46	591.98	443.99	147.99	6.13	1229.50	1282.62	961.97	320.65	13.28	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Louisiana UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50
Louisiana UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37
Maine Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Maine Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Maine Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
Maryland Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Maryland Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Maryland Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
Maryland Aetna Open Access											
High Self	JN1	509.12	516.52	230.18	286.34	6.47	1103.09	1119.13	498.72	620.41	14.03
High Self & Family	JN2	1144.59	1161.22	525.32	635.90	12.89	2479.95	2515.98	1138.19	1377.79	27.93
High Self Plus One	JN3	1133.25	1149.71	492.27	657.44	15.19	2455.38	2491.04	1066.59	1424.45	32.90
Basic Self	JN4	305.93	314.06	230.18	83.88	7.20	662.85	680.46	498.72	181.74	15.60
Basic Self & Family	JN5	700.13	718.73	525.32	193.41	14.86	1516.95	1557.25	1138.19	419.06	32.20
Basic Self Plus One	JN6	642.92	660.00	492.27	167.73	7.00	1392.99	1430.00	1066.59	363.41	15.16

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
Maryland CareFirst BlueChoice												
Standard Self	2G4	320.13	368.16	230.18	137.98	47.10	693.62	797.68	498.72	298.96	102.05	
Standard Self & Family	2G5	760.64	874.73	525.32	349.41	110.35	1648.05	1895.25	1138.19	757.06	239.10	
Standard Self Plus One	2G6	640.27	736.31	492.27	244.04	83.97	1387.25	1595.34	1066.59	528.75	181.94	
Maryland CareFirst BlueChoice												
HDHP Self	B61	281.41	239.20	179.40	59.80	-10.55	609.72	518.27	388.70	129.57	-22.86	
HDHP Self & Family	B62	668.62	568.33	426.25	142.08	-25.07	1448.68	1231.38	923.54	307.84	-54.33	
HDHP Self Plus One	B63	562.82	478.39	358.79	119.60	-21.10	1219.44	1036.51	777.38	259.13	-45.73	
Maryland Kaiser Foundation Health Plan Mid-Atlantic States												
High Self	E31	304.78	319.70	230.18	89.52	13.33	660.36	692.68	498.72	193.96	28.87	
High Self & Family	E32	701.00	735.30	525.32	209.98	30.56	1518.83	1593.15	1138.19	454.96	66.22	
High Self Plus One	E33	701.00	735.30	492.27	243.03	33.03	1518.83	1593.15	1066.59	526.56	71.56	
Standard Self	E34	233.06	240.81	180.61	60.20	1.94	504.96	521.76	391.32	130.44	4.20	
Standard Self & Family	E35	536.07	553.84	415.38	138.46	4.44	1161.49	1199.99	899.99	300.00	9.63	
Standard Self Plus One	E36	536.07	553.84	415.38	138.46	4.44	1161.49	1199.99	899.99	300.00	9.63	
Maryland Kaiser Foundation Health Plan Mid-Atlantic States												
Basic Self	T71	212.32	193.90	145.43	48.47	-4.61	460.03	420.12	315.09	105.03	-9.98	
Basic Self & Family	T72	509.77	473.61	355.21	118.40	-9.04	1104.50	1026.16	769.62	256.54	-19.58	
Basic Self Plus One	T73	464.41	431.49	323.62	107.87	-8.23	1006.22	934.90	701.18	233.72	-17.83	
Maryland M.D. IPA												
High Self	JP1	331.28	365.01	230.18	134.83	32.80	717.77	790.86	498.72	292.14	71.08	
High Self & Family	JP2	928.92	1023.48	525.32	498.16	90.82	2012.66	2217.54	1138.19	1079.35	196.78	
High Self Plus One	JP3	646.99	712.86	492.27	220.59	58.84	1401.81	1544.53	1066.59	477.94	127.49	
Maryland UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
HDHP Self	V41	261.68	228.78	171.59	57.19	-8.23	566.97	495.69	371.77	123.92	-17.82	
HDHP Self & Family	V42	654.22	526.18	394.64	131.54	-32.01	1417.48	1140.06	855.05	285.01	-69.36	
HDHP Self Plus One	V43	562.62	491.87	368.90	122.97	-17.68	1219.01	1065.72	799.29	266.43	-38.32	
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
High Self	LR1	280.61	308.28	230.18	78.10	7.95	607.99	667.94	498.72	169.22	17.22	
High Self & Family	LR2	701.54	730.61	525.32	205.29	25.33	1520.00	1582.99	1138.19	444.80	54.89	
High Self Plus One	LR3	603.32	662.79	492.27	170.52	19.69	1307.19	1436.05	1066.59	369.46	42.66	
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)												
Value Self	L91	213.84	201.72	151.29	50.43	-3.03	463.32	437.06	327.80	109.26	-6.57	
Value Self & Family	L92	599.62	565.61	424.21	141.40	-8.50	1299.18	1225.49	919.12	306.37	-18.42	
Value Self Plus One	L93	417.64	393.95	295.46	98.49	-5.92	904.89	853.56	640.17	213.39	-12.83	
Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan												
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
	CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
	CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
	Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
	Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
	Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
Michigan Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Michigan Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Michigan Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
	CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
	CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
	Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
	Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
	Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66
Michigan Bluecare Network of MI												
	High Self	K51	428.22	435.44	230.18	205.26	6.29	927.81	943.45	498.72	444.73	13.63
	High Self & Family	K52	1044.84	1062.44	525.32	537.12	13.86	2263.82	2301.95	1138.19	1163.76	30.03
	High Self Plus One	K53	984.91	1001.49	492.27	509.22	15.31	2133.97	2169.90	1066.59	1103.31	33.17
Michigan Bluecare Network of MI												
	High Self	LX1	308.30	339.10	230.18	108.92	29.87	667.98	734.72	498.72	236.00	64.73
	High Self & Family	LX2	752.23	827.37	525.32	302.05	71.40	1629.83	1792.64	1138.19	654.45	154.71
	High Self Plus One	LX3	709.09	779.91	492.27	287.64	69.55	1536.36	1689.81	1066.59	623.22	150.69
Michigan Health Alliance Plan												
	High Self	521	326.87	352.54	230.18	122.36	24.74	708.22	763.84	498.72	265.12	53.61
	High Self & Family	522	797.56	860.18	525.32	334.86	58.88	1728.05	1863.72	1138.19	725.53	127.57
	High Self Plus One	523	751.80	810.84	492.27	318.57	57.77	1628.90	1756.82	1066.59	690.23	125.16
Michigan Health Alliance Plan												
	Standard Self	GY4	260.27	276.16	207.12	69.04	3.97	563.92	598.35	448.76	149.59	8.61
	Standard Self & Family	GY5	635.06	673.85	505.39	168.46	9.70	1375.96	1460.01	1095.01	365.00	21.01
	Standard Self Plus One	GY6	598.62	635.18	476.39	158.79	9.14	1297.01	1376.22	1032.17	344.05	19.80

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Michigan Priority Health												
	High Self	LE1	375.60	420.97	230.18	190.79	44.44	813.80	912.10	498.72	413.38	96.29
	High Self & Family	LE2	882.65	989.28	525.32	463.96	102.89	1912.41	2143.44	1138.19	1005.25	222.93
	High Self Plus One	LE3	826.31	926.14	492.27	433.87	98.56	1790.34	2006.64	1066.59	940.05	213.54
	Standard Self	LE4	273.84	232.82	174.62	58.20	-10.26	593.32	504.44	378.33	126.11	-22.22
	Standard Self & Family	LE5	643.53	547.13	410.35	136.78	-24.10	1394.32	1185.45	889.09	296.36	-52.22
	Standard Self Plus One	LE6	602.45	512.21	384.16	128.05	-22.56	1305.31	1109.79	832.34	277.45	-48.88
Minnesota Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Minnesota Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Minnesota Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
	CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
	CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
	Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
	Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
	Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Minnesota HealthPartners												
	High Self	V31	356.92	364.76	230.18	134.58	6.91	773.33	790.31	498.72	291.59	14.97
	High Self & Family	V32	869.46	888.56	525.32	363.24	15.36	1883.83	1925.21	1138.19	787.02	33.28
	High Self Plus One	V33	788.79	806.11	492.27	313.84	16.05	1709.05	1746.57	1066.59	679.98	34.76
	Standard Self	V34	211.15	197.58	148.19	49.39	-3.40	457.49	428.09	321.07	107.02	-7.35
	Standard Self & Family	V35	514.37	481.30	360.98	120.32	-8.27	1114.47	1042.82	782.12	260.70	-17.92
	Standard Self Plus One	V36	466.65	436.65	327.49	109.16	-7.50	1011.08	946.08	709.56	236.52	-16.25
Mississippi Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Mississippi Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Mississippi Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
	CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
	CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
	Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
	Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
	Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Mississippi UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88
HDHP Self & Family	LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13
HDHP Self Plus One	LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50
Mississippi UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48
High Self & Family	KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36
High Self Plus One	KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37
Missouri Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Missouri Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Missouri Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66
Missouri Aetna Open Access											
High Self	HA1	336.16	406.62	230.18	176.44	69.53	728.35	881.01	498.72	382.29	150.65
High Self & Family	HA2	794.06	960.51	525.32	435.19	162.71	1720.46	2081.11	1138.19	942.92	352.55
High Self Plus One	HA3	786.22	951.02	492.27	458.75	163.53	1703.48	2060.54	1066.59	993.95	354.30
Standard Self	HA4	282.10	326.70	230.18	96.52	26.00	611.22	707.85	498.72	209.13	56.33
Standard Self & Family	HA5	665.86	771.13	525.32	245.81	79.35	1442.70	1670.78	1138.19	532.59	171.92
Standard Self Plus One	HA6	659.27	763.50	492.27	271.23	102.96	1428.42	1654.25	1066.59	587.66	223.07
Missouri Blue Preferred											
High Self	9G1	338.73	361.09	230.18	130.91	21.43	733.92	782.36	498.72	283.64	46.43
High Self & Family	9G2	733.35	775.88	525.32	250.56	38.79	1588.93	1681.07	1138.19	542.88	84.04
High Self Plus One	9G3	694.40	734.68	492.27	242.41	39.01	1504.53	1591.81	1066.59	525.22	84.52
Standard Self	9G4	245.59	257.87	193.40	64.47	3.07	532.11	558.72	419.04	139.68	6.65
Standard Self & Family	9G5	706.05	732.88	525.32	207.56	23.09	1529.78	1587.91	1138.19	449.72	50.03
Standard Self Plus One	9G6	638.52	662.78	492.27	170.51	10.88	1383.46	1436.02	1066.59	369.43	23.57
Missouri Humana CoverageFirst and Humana Value Plan											
CDHP Self	PH1	265.95	277.36	208.02	69.34	2.85	576.23	600.95	450.71	150.24	6.18
CDHP Self & Family	PH2	598.38	624.06	468.05	156.01	6.42	1296.49	1352.13	1014.10	338.03	13.91
CDHP Self Plus One	PH3	571.79	596.33	447.25	149.08	6.13	1238.88	1292.05	969.04	323.01	13.29
Value Self	PH4	193.28	197.70	148.28	49.42	1.10	418.77	428.35	321.26	107.09	2.40
Value Self & Family	PH5	434.90	444.84	333.63	111.21	2.49	942.28	963.82	722.87	240.95	5.38
Value Self Plus One	PH6	415.56	425.06	318.80	106.26	2.37	900.38	920.96	690.72	230.24	5.15

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Missouri Humana Health Plan, Inc.											
High Self MS1	748.42	750.29	230.18	520.11	0.94	1621.58	1625.63	498.72	1126.91	2.04	
High Self & Family MS2	1683.94	1688.15	525.32	1162.83	0.47	3648.54	3657.66	1138.19	2519.47	1.02	
High Self Plus One MS3	1609.10	1613.12	492.27	1120.85	2.75	3486.38	3495.09	1066.59	2428.50	5.95	
Standard Self MS4	402.19	439.74	230.18	209.56	36.62	871.41	952.77	498.72	454.05	79.35	
Standard Self & Family MS5	904.94	989.44	525.32	464.12	80.76	1960.70	2143.79	1138.19	1005.60	174.99	
Standard Self Plus One MS6	864.72	945.46	492.27	453.19	79.47	1873.56	2048.50	1066.59	981.91	172.18	
Montana Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Montana Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Montana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01	
CDHP Self & Family H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64	
CDHP Self Plus One H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85	
Value Self H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20	
Value Self & Family H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41	
Value Self Plus One H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95	
Nebraska Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Nebraska Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Nebraska Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01	
CDHP Self & Family H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64	
CDHP Self Plus One H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85	
Value Self H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20	
Value Self & Family H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41	
Value Self Plus One H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95	
Nevada Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)											
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Nevada Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Nevada Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86	
CDHP Self & Family G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44	
CDHP Self Plus One G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00	
Value Self G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46	
Value Self & Family G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99	
Value Self Plus One G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66	
Nevada Health Plan of Nevada											
High Self NM1	280.40	303.94	227.96	75.98	5.88	607.53	658.54	493.91	164.63	12.75	
High Self & Family NM2	664.52	720.31	525.32	194.99	28.86	1439.79	1560.67	1138.19	422.48	62.53	
High Self Plus One NM3	532.76	577.50	433.13	144.37	11.18	1154.31	1251.25	938.44	312.81	24.23	
Nevada UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self LU1	222.88	207.84	155.88	51.96	-3.76	482.91	450.32	337.74	112.58	-8.15	
HDHP Self & Family LU2	557.19	478.03	358.52	119.51	-19.79	1207.25	1035.73	776.80	258.93	-42.88	
HDHP Self Plus One LU3	479.19	446.86	335.15	111.71	-8.09	1038.25	968.20	726.15	242.05	-17.51	
Nevada UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self KT1	281.85	313.47	230.18	83.29	12.83	610.68	679.19	498.72	180.47	27.80	
High Self & Family KT2	704.63	783.67	525.32	258.35	75.30	1526.70	1697.95	1138.19	559.76	163.15	
High Self Plus One KT3	605.98	673.95	492.27	181.68	30.19	1312.96	1460.23	1066.59	393.64	65.40	
New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19	
CDHP Self & Family EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41	
CDHP Self Plus One EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32	
Value Self EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42	
Value Self & Family EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73	
Value Self Plus One EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13	
New Jersey Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New Jersey Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
New Jersey Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
New Jersey Aetna Open Access											
High Self	JR1	666.58	650.67	230.18	420.49	-16.84	1444.26	1409.79	498.72	911.07	-36.48
High Self & Family	JR2	1539.74	1502.98	525.32	977.66	-40.50	3336.10	3256.46	1138.19	2118.27	-87.74
High Self Plus One	JR3	1524.49	1488.09	492.27	995.82	-37.67	3303.06	3224.20	1066.59	2157.61	-81.62
Basic Self	JR4	537.15	536.96	230.18	306.78	-1.12	1163.83	1163.41	498.72	664.69	-2.43
Basic Self & Family	JR5	1244.88	1244.46	525.32	719.14	-4.16	2697.24	2696.33	1138.19	1558.14	-9.01
Basic Self Plus One	JR6	1232.56	1232.13	492.27	739.86	-1.70	2670.55	2669.62	1066.59	1603.03	-3.69
New Jersey Aetna Open Access											
High Self	P31	725.73	685.48	230.18	455.30	-41.18	1572.42	1485.21	498.72	986.49	-89.22
High Self & Family	P32	1759.54	1661.96	525.32	1136.64	-101.32	3812.34	3600.91	1138.19	2462.72	-219.53
High Self Plus One	P33	1742.11	1645.50	492.27	1153.23	-97.88	3774.57	3565.25	1066.59	2498.66	-212.08
Basic Self	P34	622.19	599.29	230.18	369.11	-23.83	1348.08	1298.46	498.72	799.74	-51.63
Basic Self & Family	P35	1444.10	1390.96	525.32	865.64	-56.88	3128.88	3013.75	1138.19	1875.56	-123.23
Basic Self Plus One	P36	1429.80	1377.18	492.27	884.91	-53.89	3097.90	2983.89	1066.59	1917.30	-116.77
New Jersey GHI Health Plan -											
Standard Self	804	328.15	427.37	230.18	197.19	98.29	710.99	925.97	498.72	427.25	212.97
Standard Self & Family	805	972.59	1036.83	525.32	511.51	60.50	2107.28	2246.47	1138.19	1108.28	131.09
Standard Self Plus One	806	772.60	994.08	492.27	501.81	220.21	1673.97	2153.84	1066.59	1087.25	477.11
New Mexico Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
New Mexico Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
New Mexico Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New Mexico Presbyterian Health Plan												
	High Self	P21	355.93	341.68	230.18	111.50	-15.18	771.18	740.31	498.72	241.59	-32.88
	High Self & Family	P22	836.44	802.96	525.32	277.64	-37.22	1812.29	1739.75	1138.19	601.56	-80.64
	High Self Plus One	P23	807.98	775.63	492.27	283.36	-33.62	1750.62	1680.53	1066.59	613.94	-72.85
New Mexico Presbyterian Health Plan												
	Standard Self	PS4	299.96	287.38	215.54	71.84	-3.15	649.91	622.66	467.00	155.66	-6.82
	Standard Self & Family	PS5	704.93	675.36	506.52	168.84	-14.51	1527.35	1463.28	1097.46	365.82	-31.44
	Standard Self Plus One	PS6	680.93	652.36	489.27	163.09	-26.84	1475.35	1413.45	1060.09	353.36	-58.16
New York Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
New York Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
New York Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
	CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
	CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
	Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
	Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
	Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
New York Aetna Open Access												
	High Self	JC1	537.70	601.41	230.18	371.23	62.78	1165.02	1303.06	498.72	804.34	136.03
	High Self & Family	JC2	1328.64	1486.08	525.32	960.76	153.70	2878.72	3219.84	1138.19	2081.65	333.02
	High Self Plus One	JC3	1315.51	1471.38	492.27	979.11	154.60	2850.27	3187.99	1066.59	2121.40	334.96
	Basic Self	JC4	408.23	490.71	230.18	260.53	81.55	884.50	1063.21	498.72	564.49	176.70
	Basic Self & Family	JC5	995.75	1196.94	525.32	671.62	197.45	2157.46	2593.37	1138.19	1455.18	427.81
	Basic Self Plus One	JC6	985.90	1185.10	492.27	692.83	197.93	2136.12	2567.72	1066.59	1501.13	428.84
New York CDPHP Universal Benefits, Inc.												
	High Self	SG1	371.90	401.67	230.18	171.49	28.84	805.78	870.29	498.72	371.57	62.50
	High Self & Family	SG2	1115.66	1204.87	525.32	679.55	85.47	2417.26	2610.55	1138.19	1472.36	185.19
	High Self Plus One	SG3	743.82	803.33	492.27	311.06	58.24	1611.61	1740.55	1066.59	673.96	126.18
	Standard Self	SG4	266.57	266.57	199.93	66.64	0.00	577.57	577.57	433.18	144.39	0.00
	Standard Self & Family	SG5	799.69	799.69	525.32	274.37	-3.74	1732.66	1732.66	1138.19	594.47	-8.10
	Standard Self Plus One	SG6	533.14	533.14	399.86	133.28	0.00	1155.14	1155.14	866.36	288.78	0.00
New York GHI Health Plan -												
	Standard Self	804	328.15	427.37	230.18	197.19	98.29	710.99	925.97	498.72	427.25	212.97
	Standard Self & Family	805	972.59	1036.83	525.32	511.51	60.50	2107.28	2246.47	1138.19	1108.28	131.09
	Standard Self Plus One	806	772.60	994.08	492.27	501.81	220.21	1673.97	2153.84	1066.59	1087.25	477.11

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
New York HIP of Greater New York												
	High Self	511	352.04	454.78	230.18	224.60	101.81	762.75	985.36	498.72	486.64	220.60
	High Self & Family	512	991.50	1302.18	525.32	776.86	306.94	2148.25	2821.39	1138.19	1683.20	665.04
	High Self Plus One	513	627.36	810.21	492.27	317.94	161.10	1359.28	1755.46	1066.59	688.87	349.05
New York HIP of Greater New York												
	Standard Self	YL4	New Plan	303.97	227.98	75.99	New Plan	New Plan	658.60	493.95	164.65	New Plan
	Standard Self & Family	YL5	New Plan	869.85	525.32	344.53	New Plan	New Plan	1884.68	1138.19	746.49	New Plan
	Standard Self Plus One	YL6	New Plan	539.64	404.73	134.91	New Plan	New Plan	1169.22	876.92	292.30	New Plan
New York Independent Health Assoc												
	Standard Self	C54	312.04	323.92	230.18	93.74	10.95	676.09	701.83	498.72	203.11	23.73
	Standard Self & Family	C55	842.50	874.59	525.32	349.27	28.35	1825.42	1894.95	1138.19	756.76	61.43
	Standard Self Plus One	C56	795.69	825.99	492.27	333.72	29.03	1724.00	1789.65	1066.59	723.06	62.89
New York Independent Health Assoc												
	High Self	QA1	327.65	335.83	230.18	105.65	7.25	709.91	727.63	498.72	228.91	15.71
	High Self & Family	QA2	884.67	906.72	525.32	381.40	18.31	1916.79	1964.56	1138.19	826.37	39.67
	High Self Plus One	QA3	835.52	856.35	492.27	364.08	19.56	1810.29	1855.43	1066.59	788.84	42.38
	HDHP Self	QA4	241.80	272.57	204.43	68.14	7.69	523.90	590.57	442.93	147.64	16.67
	HDHP Self & Family	QA5	620.62	703.77	525.32	178.45	23.30	1344.68	1524.84	1138.19	386.65	50.48
	HDHP Self Plus One	QA6	577.43	655.94	491.96	163.98	19.62	1251.10	1421.20	1065.90	355.30	42.53
New York MVP Health Care												
	Standard Self	GA4	346.54	342.40	230.18	112.22	-5.07	750.84	741.87	498.72	243.15	-10.98
	Standard Self & Family	GA5	849.00	838.87	525.32	313.55	-13.87	1839.50	1817.55	1138.19	679.36	-30.05
	Standard Self Plus One	GA6	797.02	787.51	492.27	295.24	-10.78	1726.88	1706.27	1066.59	639.68	-23.37
New York MVP Health Care												
	Standard Self	GV4	324.76	290.47	217.85	72.62	-22.89	703.65	629.35	472.01	157.34	-49.60
	Standard Self & Family	GV5	795.64	711.65	525.32	186.33	-87.73	1723.89	1541.91	1138.19	403.72	-190.08
	Standard Self Plus One	GV6	746.93	668.09	492.27	175.82	-80.11	1618.35	1447.53	1066.59	380.94	-173.58
New York MVP Health Care												
	Standard Self	M94	324.64	333.81	230.18	103.63	8.24	703.39	723.26	498.72	224.54	17.86
	Standard Self & Family	M95	795.37	817.85	525.32	292.53	18.74	1723.30	1772.01	1138.19	633.82	40.61
	Standard Self Plus One	M96	746.67	767.76	492.27	275.49	19.82	1617.79	1663.48	1066.59	596.89	42.93
New York MVP Health Care												
	Standard Self	MF4	446.23	452.94	230.18	222.76	5.78	966.83	981.37	498.72	482.65	12.53
	Standard Self & Family	MF5	1093.26	1109.70	525.32	584.38	12.70	2368.73	2404.35	1138.19	1266.16	27.52
	Standard Self Plus One	MF6	1026.32	1041.77	492.27	549.50	14.18	2223.69	2257.17	1066.59	1190.58	30.72
New York MVP Health Care												
	Standard Self	MX4	391.83	405.44	230.18	175.26	12.68	848.97	878.45	498.72	379.73	27.47
	Standard Self & Family	MX5	959.99	993.32	525.32	468.00	29.59	2079.98	2152.19	1138.19	1014.00	64.11
	Standard Self Plus One	MX6	901.22	932.52	492.27	440.25	30.03	1952.64	2020.46	1066.59	953.87	65.06

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
North Carolina Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
North Carolina Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
North Carolina Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
	CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
	CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
	Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
	Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
	Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
North Carolina UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
	HDHP Self	LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88
	HDHP Self & Family	LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13
	HDHP Self Plus One	LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50
North Carolina UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
	High Self	KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48
	High Self & Family	KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36
	High Self Plus One	KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37
North Dakota Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
North Dakota Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
North Dakota Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
	CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
	CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
	Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
	Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
	Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
North Dakota HealthPartners											
High Self	V31	356.92	364.76	230.18	134.58	6.91	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	869.46	888.56	525.32	363.24	15.36	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	788.79	806.11	492.27	313.84	16.05	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	211.15	197.58	148.19	49.39	-3.40	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	514.37	481.30	360.98	120.32	-8.27	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	466.65	436.65	327.49	109.16	-7.50	1011.08	946.08	709.56	236.52	-16.25
Ohio Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Ohio Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Ohio Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88
Ohio AultCare Insurance Company											
High Self	3A1	345.84	355.15	230.18	124.97	8.38	749.32	769.49	498.72	270.77	18.16
High Self & Family	3A2	854.24	877.23	525.32	351.91	19.25	1850.85	1900.67	1138.19	762.48	41.72
High Self Plus One	3A3	726.26	745.82	492.27	253.55	18.29	1573.56	1615.94	1066.59	549.35	39.62
HDHP Self	3A4	166.00	172.27	129.20	43.07	1.57	359.67	373.25	279.94	93.31	3.39
HDHP Self & Family	3A5	533.86	551.23	413.42	137.81	4.35	1156.70	1194.33	895.75	298.58	9.41
HDHP Self Plus One	3A6	314.64	327.29	245.47	81.82	3.16	681.72	709.13	531.85	177.28	6.85
Ohio Humana CoverageFirst and Humana Value Plan											
CDHP Self	X31	New Plan	315.99	230.18	85.81	New Plan	New Plan	684.65	498.72	185.93	New Plan
CDHP Self & Family	X32	New Plan	710.99	525.32	185.67	New Plan	New Plan	1540.48	1138.19	402.29	New Plan
CDHP Self Plus One	X33	New Plan	679.39	492.27	187.12	New Plan	New Plan	1472.01	1066.59	405.42	New Plan
Value Self	X34	New Plan	263.20	197.40	65.80	New Plan	New Plan	570.27	427.70	142.57	New Plan
Value Self & Family	X35	New Plan	592.21	444.16	148.05	New Plan	New Plan	1283.12	962.34	320.78	New Plan
Value Self Plus One	X36	New Plan	565.88	424.41	141.47	New Plan	New Plan	1226.07	919.55	306.52	New Plan
Ohio Humana Health Plan of Ohio, Inc.											
High Self	A61	482.03	541.22	230.18	311.04	58.26	1044.40	1172.64	498.72	673.92	126.23
High Self & Family	A62	1084.57	1217.76	525.32	692.44	129.45	2349.90	2638.48	1138.19	1500.29	280.48
High Self Plus One	A63	1036.37	1163.64	492.27	671.37	126.00	2245.47	2521.22	1066.59	1454.63	272.99
Standard Self	A64	385.79	429.36	230.18	199.18	42.64	835.88	930.28	498.72	431.56	92.39
Standard Self & Family	A65	868.03	966.08	525.32	440.76	94.31	1880.73	2093.17	1138.19	954.98	204.34
Standard Self Plus One	A66	829.45	923.15	492.27	430.88	92.43	1797.14	2000.16	1066.59	933.57	200.26

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program													
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Ohio Humana Health Plan of Ohio, Inc.													
	Basic Self	W61	New Plan	270.36	202.77	67.59	New Plan	New Plan	585.78	439.34	146.44	New Plan	
	Basic Self & Family	W62	New Plan	608.31	456.23	152.08	New Plan	New Plan	1318.01	988.51	329.50	New Plan	
	Basic Self Plus One	W63	New Plan	581.27	435.95	145.32	New Plan	New Plan	1259.42	944.57	314.85	New Plan	
Ohio Medical Mutual of Ohio													
	Standard Self	644		351.44	395.89	230.18	165.71	43.52	761.45	857.76	498.72	359.04	94.30
	Standard Self & Family	645		843.46	950.13	525.32	424.81	102.93	1827.50	2058.62	1138.19	920.43	223.02
	Standard Self Plus One	646		773.19	870.94	492.27	378.67	96.48	1675.25	1887.04	1066.59	820.45	209.03
Ohio Medical Mutual of Ohio													
	Basic Self	UX1		273.96	222.72	167.04	55.68	-12.81	593.58	482.56	361.92	120.64	-27.75
	Basic Self & Family	UX2		657.52	534.53	400.90	133.63	-30.75	1424.63	1158.15	868.61	289.54	-66.62
	Basic Self Plus One	UX3		602.73	489.99	367.49	122.50	-28.18	1305.92	1061.65	796.24	265.41	-61.07
Ohio Medical Mutual of Ohio													
	Basic Self	X61	New Plan	213.10	159.83	53.27			461.72	346.29	115.43		New Plan
	Basic Self & Family	X62	New Plan	511.44	383.58	127.86			1108.12	831.09	277.03		New Plan
	Basic Self Plus One	X63	New Plan	468.82	351.62	117.20			1015.78	761.84	253.94		New Plan
	Standard Self	X64	New Plan	371.98	230.18	141.80			805.96	498.72	307.24		New Plan
	Standard Self & Family	X65	New Plan	892.75	525.32	367.43			1934.29	1138.19	796.10		New Plan
	Standard Self Plus One	X66	New Plan	818.34	492.27	326.07			1773.07	1066.59	706.48		New Plan
Ohio Medical Mutual of Ohio													
	Basic Self	YF1	New Plan	226.41	169.81	56.60			490.56	367.92	122.64		New Plan
	Basic Self & Family	YF2	New Plan	543.40	407.55	135.85			1177.37	883.03	294.34		New Plan
	Basic Self Plus One	YF3	New Plan	498.12	373.59	124.53			1079.26	809.45	269.81		New Plan
	Standard Self	YF4	New Plan	424.54	230.18	194.36			919.84	498.72	421.12		New Plan
	Standard Self & Family	YF5	New Plan	1018.89	525.32	493.57			2207.60	1138.19	1069.41		New Plan
	Standard Self Plus One	YF6	New Plan	933.97	492.27	441.70			2023.60	1066.59	957.01		New Plan
Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan													
	HDHP Self	224		280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225		618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226		606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan													
	CDHP Self	N61		243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62		614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63		534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan													
	CDHP Self	JS1		481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08
	CDHP Self & Family	JS2		1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79
	CDHP Self Plus One	JS3		1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98
	Value Self	JS4		352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64
	Value Self & Family	JS5		805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43
	Value Self Plus One	JS6		797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Oklahoma GlobalHealth, Inc.												
	High Self	IM1	262.11	285.69	214.27	71.42	5.89	567.91	619.00	464.25	154.75	12.77
	High Self & Family	IM2	655.26	714.24	525.32	188.92	25.11	1419.73	1547.52	1138.19	409.33	54.40
	High Self Plus One	IM3	524.21	571.39	428.54	142.85	11.80	1135.79	1238.01	928.51	309.50	25.55
	Standard Self	IM4	242.44	277.92	208.44	69.48	8.87	525.29	602.16	451.62	150.54	19.22
	Standard Self & Family	IM5	606.10	694.80	521.10	173.70	22.18	1313.22	1505.40	1129.05	376.35	48.05
	Standard Self Plus One	IM6	484.88	555.84	416.88	138.96	17.74	1050.57	1204.32	903.24	301.08	38.44
Oregon Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Oregon Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Oregon Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
	CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
	CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
	Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
	Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
	Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Oregon Kaiser Foundation Health Plan of Northwest												
	High Self	571	319.42	326.16	230.18	95.98	5.81	692.08	706.68	498.72	207.96	12.59
	High Self & Family	572	721.45	736.69	525.32	211.37	11.50	1563.14	1596.16	1138.19	457.97	24.92
	High Self Plus One	573	721.45	736.69	492.27	244.42	13.97	1563.14	1596.16	1066.59	529.57	30.26
	Standard Self	574	277.04	286.29	214.72	71.57	2.31	600.25	620.30	465.23	155.07	5.01
	Standard Self & Family	575	636.45	657.69	493.27	164.42	5.31	1378.98	1425.00	1068.75	356.25	11.51
	Standard Self Plus One	576	636.45	657.69	492.27	165.42	6.31	1378.98	1425.00	1066.59	358.41	13.67
Oregon UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
	HDHP Self	LU1	222.88	207.84	155.88	51.96	-3.76	482.91	450.32	337.74	112.58	-8.15
	HDHP Self & Family	LU2	557.19	478.03	358.52	119.51	-19.79	1207.25	1035.73	776.80	258.93	-42.88
	HDHP Self Plus One	LU3	479.19	446.86	335.15	111.71	-8.09	1038.25	968.20	726.15	242.05	-17.51
Oregon UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
	High Self	KT1	281.85	313.47	230.18	83.29	12.83	610.68	679.19	498.72	180.47	27.80
	High Self & Family	KT2	704.63	783.67	525.32	258.35	75.30	1526.70	1697.95	1138.19	559.76	163.15
	High Self Plus One	KT3	605.98	673.95	492.27	181.68	30.19	1312.96	1460.23	1066.59	393.64	65.40
Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
	CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
	CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
	Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
	Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
	Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Pennsylvania Aetna Open Access												
	High Self	P31	725.73	685.48	230.18	455.30	-41.18	1572.42	1485.21	498.72	986.49	-89.22
	High Self & Family	P32	1759.54	1661.96	525.32	1136.64	-101.32	3812.34	3600.91	1138.19	2462.72	-219.53
	High Self Plus One	P33	1742.11	1645.50	492.27	1153.23	-97.88	3774.57	3565.25	1066.59	2498.66	-212.08
	Basic Self	P34	622.19	599.29	230.18	369.11	-23.83	1348.08	1298.46	498.72	799.74	-51.63
	Basic Self & Family	P35	1444.10	1390.96	525.32	865.64	-56.88	3128.88	3013.75	1138.19	1875.56	-123.23
	Basic Self Plus One	P36	1429.80	1377.18	492.27	884.91	-53.89	3097.90	2983.89	1066.59	1917.30	-116.77
Pennsylvania Aetna Open Access												
	High Self	YE1	424.66	432.98	230.18	202.80	7.39	920.10	938.12	498.72	439.40	16.01
	High Self & Family	YE2	1066.33	1087.21	525.32	561.89	17.14	2310.38	2355.62	1138.19	1217.43	37.14
	High Self Plus One	YE3	1055.77	1076.44	492.27	584.17	19.40	2287.50	2332.29	1066.59	1265.70	42.03
Pennsylvania Geisinger Health Plan												
	Standard Self	GG4	315.73	336.54	230.18	106.36	19.88	684.08	729.17	498.72	230.45	43.08
	Standard Self & Family	GG5	722.86	770.52	525.32	245.20	43.92	1566.20	1669.46	1138.19	531.27	95.16
	Standard Self Plus One	GG6	682.20	727.17	492.27	234.90	43.70	1478.10	1575.54	1066.59	508.95	94.68
Pennsylvania Highmark Choice Company												
	High Self	NP1	318.35	358.95	230.18	128.77	39.67	689.76	777.73	498.72	279.01	85.96
	High Self & Family	NP2	723.78	815.90	525.32	290.58	88.38	1568.19	1767.78	1138.19	629.59	191.49
	High Self Plus One	NP3	641.16	721.84	492.27	229.57	69.28	1389.18	1563.99	1066.59	497.40	150.11
Pennsylvania UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
	HDHP Self	V41	261.68	228.78	171.59	57.19	-8.23	566.97	495.69	371.77	123.92	-17.82
	HDHP Self & Family	V42	654.22	526.18	394.64	131.54	-32.01	1417.48	1140.06	855.05	285.01	-69.36
	HDHP Self Plus One	V43	562.62	491.87	368.90	122.97	-17.68	1219.01	1065.72	799.29	266.43	-38.32
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
	High Self	LR1	280.61	308.28	230.18	78.10	7.95	607.99	667.94	498.72	169.22	17.22
	High Self & Family	LR2	701.54	730.61	525.32	205.29	25.33	1520.00	1582.99	1138.19	444.80	54.89
	High Self Plus One	LR3	603.32	662.79	492.27	170.52	19.69	1307.19	1436.05	1066.59	369.46	42.66
Pennsylvania UPMC Health Plan												
	High Self	8W1	398.95	402.82	230.18	172.64	2.94	864.39	872.78	498.72	374.06	6.38
	High Self & Family	8W2	937.53	946.76	525.32	421.44	5.49	2031.32	2051.31	1138.19	913.12	11.89
	High Self Plus One	8W3	897.67	906.52	492.27	414.25	7.58	1944.95	1964.13	1066.59	897.54	16.42
	HDHP Self	8W4	249.05	264.73	198.55	66.18	3.92	539.61	573.58	430.19	143.39	8.49
	HDHP Self & Family	8W5	571.19	608.12	456.09	152.03	9.23	1237.58	1317.59	988.19	329.40	20.01
	HDHP Self Plus One	8W6	549.90	585.25	438.94	146.31	8.84	1191.45	1268.04	951.03	317.01	19.15

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates					2019 Monthly premium rates			
Plan - Option - Enrollment Code		2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Pennsylvania UPMC Health Plan											
Standard Self	UW4	288.23	300.86	225.65	75.21	3.15	624.50	651.86	488.90	162.96	6.84
Standard Self & Family	UW5	677.31	703.29	525.32	177.97	8.64	1467.51	1523.80	1138.19	385.61	18.73
Standard Self Plus One	UW6	648.51	673.51	492.27	181.24	19.11	1405.11	1459.27	1066.59	392.68	41.40
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	169.71	168.51	126.38	42.13	-0.30	367.71	365.11	273.83	91.28	-0.65
High Self & Family	ZJ2	381.83	379.15	284.36	94.79	-0.67	827.30	821.49	616.12	205.37	-1.45
High Self Plus One	ZJ3	364.86	362.30	271.73	90.57	-0.64	790.53	784.98	588.74	196.24	-1.39
Puerto Rico Triple-S Salud, Inc.											
High Self	891	188.02	188.02	141.02	47.00	0.00	407.38	407.38	305.54	101.84	0.00
High Self & Family	892	430.56	430.56	322.92	107.64	0.00	932.88	932.88	699.66	233.22	0.00
High Self Plus One	893	422.17	422.17	316.63	105.54	0.00	914.70	914.70	686.03	228.67	0.00
Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19
CDHP Self & Family	EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41
CDHP Self Plus One	EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32
Value Self	EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42
Value Self & Family	EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73
Value Self Plus One	EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13
South Carolina Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
South Carolina Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
South Carolina Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08
CDHP Self & Family	JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79
CDHP Self Plus One	JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98
Value Self	JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64
Value Self & Family	JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43
Value Self Plus One	JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)											
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
South Dakota Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
South Dakota Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
South Dakota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66
South Dakota HealthPartners											
High Self	V31	356.92	364.76	230.18	134.58	6.91	773.33	790.31	498.72	291.59	14.97
High Self & Family	V32	869.46	888.56	525.32	363.24	15.36	1883.83	1925.21	1138.19	787.02	33.28
High Self Plus One	V33	788.79	806.11	492.27	313.84	16.05	1709.05	1746.57	1066.59	679.98	34.76
Standard Self	V34	211.15	197.58	148.19	49.39	-3.40	457.49	428.09	321.07	107.02	-7.35
Standard Self & Family	V35	514.37	481.30	360.98	120.32	-8.27	1114.47	1042.82	782.12	260.70	-17.92
Standard Self Plus One	V36	466.65	436.65	327.49	109.16	-7.50	1011.08	946.08	709.56	236.52	-16.25
Tennessee Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Tennessee Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Tennessee Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
Tennessee Aetna Open Access											
High Self	UB1	486.01	459.15	230.18	228.97	-27.79	1053.02	994.83	498.72	496.11	-60.20
High Self & Family	UB2	1245.42	1176.58	525.32	651.26	-72.58	2698.41	2549.26	1138.19	1411.07	-157.25
High Self Plus One	UB3	1233.10	1164.95	492.27	672.68	-69.42	2671.72	2524.06	1066.59	1457.47	-150.42

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Tennessee Humana CoverageFirst and Humana Value Plan											
CDHP Self TT1	294.50	307.13	230.18	76.95	3.33	638.08	665.45	498.72	166.73	7.21	
CDHP Self & Family TT2	662.62	691.06	518.30	172.76	7.11	1435.68	1497.30	1122.98	374.32	15.40	
CDHP Self Plus One TT3	633.17	660.35	492.27	168.08	9.79	1371.87	1430.76	1066.59	364.17	21.20	
Value Self TT4	237.98	248.20	186.15	62.05	2.56	515.62	537.77	403.33	134.44	5.54	
Value Self & Family TT5	535.46	558.43	418.82	139.61	5.75	1160.16	1209.93	907.45	302.48	12.44	
Value Self Plus One TT6	511.66	533.61	400.21	133.40	5.49	1108.60	1156.16	867.12	289.04	11.89	
Tennessee Humana Health Plan, Inc.											
High Self GJ1	396.16	444.81	230.18	214.63	47.72	858.35	963.76	498.72	465.04	103.40	
High Self & Family GJ2	891.34	1000.79	525.32	475.47	105.71	1931.24	2168.38	1138.19	1030.19	229.04	
High Self Plus One GJ3	851.72	956.31	492.27	464.04	103.32	1845.39	2072.01	1066.59	1005.42	223.86	
Standard Self GJ4	360.88	376.44	230.18	146.26	14.63	781.91	815.62	498.72	316.90	31.70	
Standard Self & Family GJ5	811.98	846.98	525.32	321.66	31.26	1759.29	1835.12	1138.19	696.93	67.73	
Standard Self Plus One GJ6	775.89	809.33	492.27	317.06	32.17	1681.10	1753.55	1066.59	686.96	69.69	
Tennessee UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self LS1	202.27	193.25	144.94	48.31	-2.26	438.25	418.71	314.03	104.68	-4.88	
HDHP Self & Family LS2	505.67	444.50	333.38	111.12	-15.30	1095.62	963.08	722.31	240.77	-33.13	
HDHP Self Plus One LS3	434.88	415.50	311.63	103.87	-4.85	942.24	900.25	675.19	225.06	-10.50	
Tennessee UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self KK1	274.77	313.40	230.18	83.22	14.53	595.34	679.03	498.72	180.31	31.48	
High Self & Family KK2	686.91	783.52	525.32	258.20	86.47	1488.31	1697.63	1138.19	559.44	187.36	
High Self Plus One KK3	590.74	673.82	492.27	181.55	33.87	1279.94	1459.94	1066.59	393.35	73.37	
Texas Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Texas Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Texas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08	
CDHP Self & Family JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79	
CDHP Self Plus One JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98	
Value Self JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64	
Value Self & Family JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43	
Value Self Plus One JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88	
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self T31	292.28	301.89	226.42	75.47	2.40	633.27	654.10	490.58	163.52	5.20	
CDHP Self & Family T32	657.63	679.24	509.43	169.81	5.40	1424.87	1471.69	1103.77	367.92	11.70	
CDHP Self Plus One T33	628.41	649.06	486.80	162.26	5.16	1361.56	1406.30	1054.73	351.57	11.18	
Value Self T34	222.64	229.96	172.47	57.49	1.83	482.39	498.25	373.69	124.56	3.96	
Value Self & Family T35	500.95	517.42	388.07	129.35	4.11	1085.39	1121.08	840.81	280.27	8.92	
Value Self Plus One T36	478.68	494.43	370.82	123.61	3.94	1037.14	1071.27	803.45	267.82	8.54	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Texas Humana CoverageFirst and Humana Value Plan												
	CDHP Self	TP1	272.23	272.99	204.74	68.25	0.19	589.83	591.48	443.61	147.87	0.41
	CDHP Self & Family	TP2	612.52	614.23	460.67	153.56	0.43	1327.13	1330.83	998.12	332.71	0.93
	CDHP Self Plus One	TP3	585.30	586.94	440.21	146.73	0.41	1268.15	1271.70	953.78	317.92	0.88
	Value Self	TP4	193.27	184.12	138.09	46.03	-2.29	418.75	398.93	299.20	99.73	-4.96
	Value Self & Family	TP5	434.87	414.27	310.70	103.57	-5.15	942.22	897.59	673.19	224.40	-11.15
	Value Self Plus One	TP6	415.54	395.87	296.90	98.97	-4.91	900.34	857.72	643.29	214.43	-10.65
Texas Humana CoverageFirst and Humana Value Plan												
	CDHP Self	TU1	294.28	295.10	221.33	73.77	0.20	637.61	639.38	479.54	159.84	0.44
	CDHP Self & Family	TU2	662.14	663.99	497.99	166.00	0.47	1434.64	1438.65	1078.99	359.66	1.00
	CDHP Self Plus One	TU3	632.70	634.47	475.85	158.62	0.45	1370.85	1374.69	1031.02	343.67	0.96
	Value Self	TU4	234.09	234.75	176.06	58.69	0.17	507.20	508.63	381.47	127.16	0.36
	Value Self & Family	TU5	526.71	528.18	396.14	132.04	0.36	1141.21	1144.39	858.29	286.10	0.80
	Value Self Plus One	TU6	503.31	504.72	378.54	126.18	0.35	1090.51	1093.56	820.17	273.39	0.76
Texas Humana CoverageFirst and Humana Value Plan												
	CDHP Self	TV1	307.24	326.58	230.18	96.40	18.41	665.69	707.59	498.72	208.87	39.89
	CDHP Self & Family	TV2	691.29	734.81	525.32	209.49	36.67	1497.80	1592.09	1138.19	453.90	79.45
	CDHP Self Plus One	TV3	660.57	702.16	492.27	209.89	40.32	1431.24	1521.35	1066.59	454.76	87.35
	Value Self	TV4	249.11	267.29	200.47	66.82	4.54	539.74	579.13	434.35	144.78	9.85
	Value Self & Family	TV5	560.50	601.41	451.06	150.35	10.23	1214.42	1303.06	977.30	325.76	22.16
	Value Self Plus One	TV6	535.59	574.68	431.01	143.67	9.77	1160.45	1245.14	933.86	311.28	21.17
Texas Humana Health Plan of Texas												
	High Self	EW1	426.82	474.95	230.18	244.77	47.20	924.78	1029.06	498.72	530.34	102.27
	High Self & Family	EW2	960.35	1068.65	525.32	543.33	104.56	2080.76	2315.41	1138.19	1177.22	226.55
	High Self Plus One	EW3	917.66	1021.16	492.27	528.89	102.23	1988.26	2212.51	1066.59	1145.92	221.49
	Standard Self	EW4	342.43	357.23	230.18	127.05	13.87	741.93	774.00	498.72	275.28	30.06
	Standard Self & Family	EW5	770.46	803.76	525.32	278.44	29.56	1669.33	1741.48	1138.19	603.29	64.05
	Standard Self Plus One	EW6	736.22	768.04	492.27	275.77	30.55	1595.14	1664.09	1066.59	597.50	66.19
Texas Humana Health Plan of Texas												
	Basic Self	Q21	261.82	275.77	206.83	68.94	3.49	567.28	597.50	448.13	149.37	7.55
	Basic Self & Family	Q22	589.10	620.47	465.35	155.12	7.85	1276.38	1344.35	1008.26	336.09	17.00
	Basic Self Plus One	Q23	562.91	592.88	444.66	148.22	7.49	1219.64	1284.57	963.43	321.14	16.23
Texas Humana Health Plan of Texas												
	Basic Self	Q61	260.55	271.81	203.86	67.95	2.81	564.53	588.92	441.69	147.23	6.10
	Basic Self & Family	Q62	586.24	611.59	458.69	152.90	6.34	1270.19	1325.11	993.83	331.28	13.73
	Basic Self Plus One	Q63	560.19	584.40	438.30	146.10	6.05	1213.75	1266.20	949.65	316.55	13.11
Texas Humana Health Plan of Texas												
	Basic Self	QX1	271.34	285.79	214.34	71.45	3.62	587.90	619.21	464.41	154.80	7.83
	Basic Self & Family	QX2	610.51	643.02	482.27	160.75	8.12	1322.77	1393.21	1044.91	348.30	17.61
	Basic Self Plus One	QX3	583.38	614.44	460.83	153.61	7.77	1263.99	1331.29	998.47	332.82	16.82
Texas Humana Health Plan of Texas												
	Basic Self	QY1	268.91	283.23	212.42	70.81	3.58	582.64	613.67	460.25	153.42	7.76
	Basic Self & Family	QY2	605.05	637.27	477.95	159.32	8.06	1310.94	1380.75	1035.56	345.19	17.46
	Basic Self Plus One	QY3	578.17	608.95	456.71	152.24	7.70	1252.70	1319.39	989.54	329.85	16.68

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Texas Humana Health Plan of Texas											
High Self UC1	428.79	451.35	230.18	221.17	21.63	929.05	977.93	498.72	479.21	46.87	
High Self & Family UC2	964.78	1015.55	525.32	490.23	47.03	2090.36	2200.36	1138.19	1062.17	101.90	
High Self Plus One UC3	921.90	970.41	492.27	478.14	47.24	1997.45	2102.56	1066.59	1035.97	102.35	
Standard Self UC4	343.95	369.17	230.18	138.99	24.29	745.23	799.87	498.72	301.15	52.63	
Standard Self & Family UC5	773.88	830.63	525.32	305.31	53.01	1676.74	1799.70	1138.19	661.51	114.86	
Standard Self Plus One UC6	739.49	793.71	492.27	301.44	52.95	1602.23	1719.71	1066.59	653.12	114.72	
Texas Humana Health Plan of Texas											
High Self UR1	632.72	596.23	230.18	366.05	-37.42	1370.89	1291.83	498.72	793.11	-81.07	
High Self & Family UR2	1423.61	1341.53	525.32	816.21	-85.82	3084.49	2906.65	1138.19	1768.46	-185.94	
High Self Plus One UR3	1360.35	1281.90	492.27	789.63	-79.72	2947.43	2777.45	1066.59	1710.86	-172.74	
Standard Self UR4	409.92	411.18	230.18	181.00	0.33	888.16	890.89	498.72	392.17	0.72	
Standard Self & Family UR5	922.31	925.17	525.32	399.85	-0.88	1998.34	2004.54	1138.19	866.35	-1.90	
Standard Self Plus One UR6	881.32	884.05	492.27	391.78	1.46	1909.53	1915.44	1066.59	848.85	3.15	
Texas Humana Health Plan of Texas											
High Self UU1	670.60	679.02	230.18	448.84	7.49	1452.97	1471.21	498.72	972.49	16.23	
High Self & Family UU2	1508.86	1527.76	525.32	1002.44	15.16	3269.20	3310.15	1138.19	2171.96	32.85	
High Self Plus One UU3	1441.80	1459.87	492.27	967.60	16.80	3123.90	3163.05	1066.59	2096.46	36.39	
Standard Self UU4	547.68	598.83	230.18	368.65	50.22	1186.64	1297.47	498.72	798.75	108.82	
Standard Self & Family UU5	1232.31	1347.38	525.32	822.06	111.33	2670.01	2919.32	1138.19	1781.13	241.21	
Standard Self Plus One UU6	1177.54	1287.49	492.27	795.22	108.68	2551.34	2789.56	1066.59	1722.97	235.46	
Texas Scott and White Health Plan											
Basic Self A81	304.52	279.64	209.73	69.91	-6.22	659.79	605.89	454.42	151.47	-13.48	
Basic Self & Family A82	713.56	656.09	492.07	164.02	-27.96	1546.05	1421.53	1066.15	355.38	-60.58	
Basic Self Plus One A83	596.89	619.85	464.89	154.96	5.74	1293.26	1343.01	1007.26	335.75	12.44	
Standard Self A84	360.53	340.93	230.18	110.75	-20.53	781.15	738.68	498.72	239.96	-44.48	
Standard Self & Family A85	844.98	800.14	525.32	274.82	-48.58	1830.79	1733.64	1138.19	595.45	-105.25	
Standard Self Plus One A86	706.79	755.92	492.27	263.65	47.86	1531.38	1637.83	1066.59	571.24	103.69	
Texas Scott and White Health Plan											
Basic Self P81	340.97	313.82	230.18	83.64	-28.08	738.77	679.94	498.72	181.22	-60.84	
Basic Self & Family P82	799.09	736.43	525.32	211.11	-66.40	1731.36	1595.60	1138.19	457.41	-143.86	
Basic Self Plus One P83	668.42	695.73	492.27	203.46	26.04	1448.24	1507.42	1066.59	440.83	56.42	
Standard Self P84	403.70	381.63	230.18	151.45	-23.00	874.68	826.87	498.72	328.15	-49.82	
Standard Self & Family P85	946.29	895.77	525.32	370.45	-54.26	2050.30	1940.84	1138.19	802.65	-117.56	
Standard Self Plus One P86	791.51	846.27	492.27	354.00	53.49	1714.94	1833.59	1066.59	767.00	115.89	
Texas UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self L91	213.84	201.72	151.29	50.43	-3.03	463.32	437.06	327.80	109.26	-6.57	
Value Self & Family L92	599.62	565.61	424.21	141.40	-8.50	1299.18	1225.49	919.12	306.37	-18.42	
Value Self Plus One L93	417.64	393.95	295.46	98.49	-5.92	904.89	853.56	640.17	213.39	-12.83	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Utah Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Utah Aetna HealthFund HDHP and Aetna Direct Plan												
	CDHP Self	N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
	CDHP Self & Family	N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
	CDHP Self Plus One	N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
Utah Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86
	CDHP Self & Family	G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44
	CDHP Self Plus One	G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00
	Value Self	G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46
	Value Self & Family	G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99
	Value Self Plus One	G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66
Utah Altius Health Plans												
	High Self	9K1	391.42	431.65	230.18	201.47	39.30	848.08	935.24	498.72	436.52	85.15
	High Self & Family	9K2	865.60	954.58	525.32	429.26	85.24	1875.47	2068.26	1138.19	930.07	184.69
	High Self Plus One	9K3	857.03	945.13	492.27	452.86	86.83	1856.90	2047.78	1066.59	981.19	188.12
	HDHP Self	9K4	194.17	233.96	175.47	58.49	9.95	420.70	506.91	380.18	126.73	21.56
	HDHP Self & Family	9K5	405.80	488.96	366.72	122.24	20.79	879.23	1059.41	794.56	264.85	45.04
	HDHP Self Plus One	9K6	397.84	479.37	359.53	119.84	20.38	861.99	1038.64	778.98	259.66	44.16
Utah Altius Health Plans												
	Standard Self	DK4	273.97	328.82	230.18	98.64	30.15	593.60	712.44	498.72	213.72	65.32
	Standard Self & Family	DK5	604.99	726.14	525.32	200.82	49.57	1310.81	1573.30	1138.19	435.11	107.41
	Standard Self Plus One	DK6	599.00	718.94	492.27	226.67	76.92	1297.83	1557.70	1066.59	491.11	166.65
Utah SelectHealth Plan												
	High Self	SF1	449.39	482.06	230.18	251.88	31.74	973.68	1044.46	498.72	545.74	68.77
	High Self & Family	SF2	1024.25	1098.71	525.32	573.39	70.72	2219.21	2380.54	1138.19	1242.35	153.23
	High Self Plus One	SF3	1024.25	1098.71	492.27	606.44	73.19	2219.21	2380.54	1066.59	1313.95	158.57
	Standard Self	SF4	274.81	285.79	214.34	71.45	2.75	595.42	619.21	464.41	154.80	5.95
	Standard Self & Family	SF5	626.33	651.35	488.51	162.84	6.26	1357.05	1411.26	1058.45	352.81	13.55
	Standard Self Plus One	SF6	626.33	651.35	488.51	162.84	6.26	1357.05	1411.26	1058.45	352.81	13.55
Utah SelectHealth Plan												
	HDHP Self	WX1	New Plan	233.96	175.47	58.49	New Plan	New Plan	506.91	380.18	126.73	New Plan
	HDHP Self & Family	WX2	New Plan	533.22	399.92	133.30	New Plan	New Plan	1155.31	866.48	288.83	New Plan
	HDHP Self Plus One	WX3	New Plan	533.22	399.92	133.30	New Plan	New Plan	1155.31	866.48	288.83	New Plan
Vermont Aetna HealthFund HDHP and Aetna Direct Plan												
	HDHP Self	224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
	HDHP Self & Family	225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
	HDHP Self Plus One	226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Vermont Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Vermont Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self EP1	414.74	423.14	230.18	192.96	7.47	898.60	916.80	498.72	418.08	16.19	
CDHP Self & Family EP2	945.84	965.00	525.32	439.68	15.42	2049.32	2090.83	1138.19	952.64	33.41	
CDHP Self Plus One EP3	936.48	955.44	492.27	463.17	17.69	2029.04	2070.12	1066.59	1003.53	38.32	
Value Self EP4	260.95	285.73	214.30	71.43	6.19	565.39	619.08	464.31	154.77	13.42	
Value Self & Family EP5	597.56	654.30	490.73	163.57	14.18	1294.71	1417.65	1063.24	354.41	30.73	
Value Self Plus One EP6	585.84	641.47	481.10	160.37	13.91	1269.32	1389.85	1042.39	347.46	30.13	
Virgin Islands Triple-S Salud, Inc.											
High Self 851	289.79	304.27	228.20	76.07	3.62	627.88	659.25	494.44	164.81	7.84	
High Self & Family 852	663.61	696.79	522.59	174.20	8.30	1437.82	1509.71	1132.28	377.43	17.98	
High Self Plus One 853	650.67	683.20	492.27	190.93	28.26	1409.79	1480.27	1066.59	413.68	61.23	
Virginia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Virginia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self F51	371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82	
CDHP Self & Family F52	848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95	
CDHP Self Plus One F53	839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18	
Value Self F54	269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97	
Value Self & Family F55	616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31	
Value Self Plus One F56	604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63	
Virginia Aetna Open Access											
High Self JN1	509.12	516.52	230.18	286.34	6.47	1103.09	1119.13	498.72	620.41	14.03	
High Self & Family JN2	1144.59	1161.22	525.32	635.90	12.89	2479.95	2515.98	1138.19	1377.79	27.93	
High Self Plus One JN3	1133.25	1149.71	492.27	657.44	15.19	2455.38	2491.04	1066.59	1424.45	32.90	
Basic Self JN4	305.93	314.06	230.18	83.88	7.20	662.85	680.46	498.72	181.74	15.60	
Basic Self & Family JN5	700.13	718.73	525.32	193.41	14.86	1516.95	1557.25	1138.19	419.06	32.20	
Basic Self Plus One JN6	642.92	660.00	492.27	167.73	7.00	1392.99	1430.00	1066.59	363.41	15.16	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Virginia CareFirst BlueChoice												
	Standard Self	2G4	320.13	368.16	230.18	137.98	47.10	693.62	797.68	498.72	298.96	102.05
	Standard Self & Family	2G5	760.64	874.73	525.32	349.41	110.35	1648.05	1895.25	1138.19	757.06	239.10
	Standard Self Plus One	2G6	640.27	736.31	492.27	244.04	83.97	1387.25	1595.34	1066.59	528.75	181.94
Virginia CareFirst BlueChoice												
	HDHP Self	B61	281.41	239.20	179.40	59.80	-10.55	609.72	518.27	388.70	129.57	-22.86
	HDHP Self & Family	B62	668.62	568.33	426.25	142.08	-25.07	1448.68	1231.38	923.54	307.84	-54.33
	HDHP Self Plus One	B63	562.82	478.39	358.79	119.60	-21.10	1219.44	1036.51	777.38	259.13	-45.73
Virginia Kaiser Foundation Health Plan Mid-Atlantic States												
	High Self	E31	304.78	319.70	230.18	89.52	13.33	660.36	692.68	498.72	193.96	28.87
	High Self & Family	E32	701.00	735.30	525.32	209.98	30.56	1518.83	1593.15	1138.19	454.96	66.22
	High Self Plus One	E33	701.00	735.30	492.27	243.03	33.03	1518.83	1593.15	1066.59	526.56	71.56
	Standard Self	E34	233.06	240.81	180.61	60.20	1.94	504.96	521.76	391.32	130.44	4.20
	Standard Self & Family	E35	536.07	553.84	415.38	138.46	4.44	1161.49	1199.99	899.99	300.00	9.63
	Standard Self Plus One	E36	536.07	553.84	415.38	138.46	4.44	1161.49	1199.99	899.99	300.00	9.63
Virginia Kaiser Foundation Health Plan Mid-Atlantic States												
	Basic Self	T71	212.32	193.90	145.43	48.47	-4.61	460.03	420.12	315.09	105.03	-9.98
	Basic Self & Family	T72	509.77	473.61	355.21	118.40	-9.04	1104.50	1026.16	769.62	256.54	-19.58
	Basic Self Plus One	T73	464.41	431.49	323.62	107.87	-8.23	1006.22	934.90	701.18	233.72	-17.83
Virginia M.D. IPA												
	High Self	JP1	331.28	365.01	230.18	134.83	32.80	717.77	790.86	498.72	292.14	71.08
	High Self & Family	JP2	928.92	1023.48	525.32	498.16	90.82	2012.66	2217.54	1138.19	1079.35	196.78
	High Self Plus One	JP3	646.99	712.86	492.27	220.59	58.84	1401.81	1544.53	1066.59	477.94	127.49
Virginia Optima Health												
	High Self	PG1	300.59	313.14	230.18	82.96	7.81	651.28	678.47	498.72	179.75	16.93
	High Self & Family	PG2	726.37	756.68	525.32	231.36	26.57	1573.80	1639.47	1138.19	501.28	57.57
	High Self Plus One	PG3	726.32	756.63	492.27	264.36	29.04	1573.69	1639.37	1066.59	572.78	62.92
	HDHP Self	PG4	New Plan	279.32	209.49	69.83	New Plan	New Plan	605.19	453.89	151.30	New Plan
	HDHP Self & Family	PG5	New Plan	616.15	462.11	154.04	New Plan	New Plan	1334.99	1001.24	333.75	New Plan
	HDHP Self Plus One	PG6	New Plan	604.06	453.05	151.01	New Plan	New Plan	1308.80	981.60	327.20	New Plan
Virginia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
	HDHP Self	V41	261.68	228.78	171.59	57.19	-8.23	566.97	495.69	371.77	123.92	-17.82
	HDHP Self & Family	V42	654.22	526.18	394.64	131.54	-32.01	1417.48	1140.06	855.05	285.01	-69.36
	HDHP Self Plus One	V43	562.62	491.87	368.90	122.97	-17.68	1219.01	1065.72	799.29	266.43	-38.32
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
	High Self	LR1	280.61	308.28	230.18	78.10	7.95	607.99	667.94	498.72	169.22	17.22
	High Self & Family	LR2	701.54	730.61	525.32	205.29	25.33	1520.00	1582.99	1138.19	444.80	54.89
	High Self Plus One	LR3	603.32	662.79	492.27	170.52	19.69	1307.19	1436.05	1066.59	369.46	42.66

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self L91	213.84	201.72	151.29	50.43	-3.03	463.32	437.06	327.80	109.26	-6.57	
Value Self & Family L92	599.62	565.61	424.21	141.40	-8.50	1299.18	1225.49	919.12	306.37	-18.42	
Value Self Plus One L93	417.64	393.95	295.46	98.49	-5.92	904.89	853.56	640.17	213.39	-12.83	
Washington Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Washington Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	
Washington Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self G51	346.28	362.37	230.18	132.19	15.16	750.27	785.14	498.72	286.42	32.86	
CDHP Self & Family G52	789.85	826.56	525.32	301.24	32.97	1711.34	1790.88	1138.19	652.69	71.44	
CDHP Self Plus One G53	782.04	818.39	492.27	326.12	35.08	1694.42	1773.18	1066.59	706.59	76.00	
Value Self G54	253.66	309.50	230.18	79.32	15.91	549.60	670.58	498.72	171.86	34.46	
Value Self & Family G55	580.95	708.86	525.32	183.54	38.30	1258.73	1535.86	1138.19	397.67	82.99	
Value Self Plus One G56	569.57	694.97	492.27	202.70	60.31	1234.07	1505.77	1066.59	439.18	130.66	
Washington Kaiser Foundation Health Plan of Northwest											
High Self 571	319.42	326.16	230.18	95.98	5.81	692.08	706.68	498.72	207.96	12.59	
High Self & Family 572	721.45	736.69	525.32	211.37	11.50	1563.14	1596.16	1138.19	457.97	24.92	
High Self Plus One 573	721.45	736.69	492.27	244.42	13.97	1563.14	1596.16	1066.59	529.57	30.26	
Standard Self 574	277.04	286.29	214.72	71.57	2.31	600.25	620.30	465.23	155.07	5.01	
Standard Self & Family 575	636.45	657.69	493.27	164.42	5.31	1378.98	1425.00	1068.75	356.25	11.51	
Standard Self Plus One 576	636.45	657.69	492.27	165.42	6.31	1378.98	1425.00	1066.59	358.41	13.67	
Washington Kaiser Foundation Health Plan of Washington											
High Self 541	381.04	376.34	230.18	146.16	-5.63	825.59	815.40	498.72	316.68	-12.20	
High Self & Family 542	838.30	827.96	525.32	302.64	-14.08	1816.32	1793.91	1138.19	655.72	-30.51	
High Self Plus One 543	838.30	827.96	492.27	335.69	-11.61	1816.32	1793.91	1066.59	727.32	-25.17	
Standard Self 544	281.07	270.08	202.56	67.52	-2.75	608.99	585.17	438.88	146.29	-5.96	
Standard Self & Family 545	646.46	621.19	465.89	155.30	-6.31	1400.66	1345.91	1009.43	336.48	-13.68	
Standard Self Plus One 546	646.46	621.19	465.89	155.30	-6.31	1400.66	1345.91	1009.43	336.48	-13.68	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates				
Plan - Option - Enrollment Code			2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Washington Kaiser Permanente Washington Options Federal												
Standard Self	L11		306.72	322.07	230.18	91.89	14.42	664.56	697.82	498.72	199.10	31.25
Standard Self & Family	L12		680.91	714.98	525.32	189.66	19.43	1475.31	1549.12	1138.19	410.93	42.10
Standard Self Plus One	L13		680.91	714.98	492.27	222.71	32.80	1475.31	1549.12	1066.59	482.53	71.05
HDHP Self	L14		242.67	271.00	203.25	67.75	7.08	525.79	587.17	440.38	146.79	15.34
HDHP Self & Family	L15		538.73	601.61	451.21	150.40	15.72	1167.25	1303.49	977.62	325.87	34.06
HDHP Self Plus One	L16		538.73	601.61	451.21	150.40	15.72	1167.25	1303.49	977.62	325.87	34.06
Washington UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))												
HDHP Self	LU1		222.88	207.84	155.88	51.96	-3.76	482.91	450.32	337.74	112.58	-8.15
HDHP Self & Family	LU2		557.19	478.03	358.52	119.51	-19.79	1207.25	1035.73	776.80	258.93	-42.88
HDHP Self Plus One	LU3		479.19	446.86	335.15	111.71	-8.09	1038.25	968.20	726.15	242.05	-17.51
Washington UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO												
High Self	KT1		281.85	313.47	230.18	83.29	12.83	610.68	679.19	498.72	180.47	27.80
High Self & Family	KT2		704.63	783.67	525.32	258.35	75.30	1526.70	1697.95	1138.19	559.76	163.15
High Self Plus One	KT3		605.98	673.95	492.27	181.68	30.19	1312.96	1460.23	1066.59	393.64	65.40
West Virginia Aetna HealthFund HDHP and Aetna Direct Plan												
HDHP Self	224		280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225		618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226		606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
West Virginia Aetna HealthFund HDHP and Aetna Direct Plan												
CDHP Self	N61		243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62		614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63		534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27
West Virginia Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	F51		371.98	374.21	230.18	144.03	1.30	805.96	810.79	498.72	312.07	2.82
CDHP Self & Family	F52		848.15	853.25	525.32	327.93	1.36	1837.66	1848.71	1138.19	710.52	2.95
CDHP Self Plus One	F53		839.75	844.80	492.27	352.53	3.78	1819.46	1830.40	1066.59	763.81	8.18
Value Self	F54		269.07	326.97	230.18	96.79	29.52	582.99	708.44	498.72	209.72	63.97
Value Self & Family	F55		616.15	748.73	525.32	223.41	69.37	1334.99	1622.25	1138.19	484.06	150.31
Value Self Plus One	F56		604.06	734.04	492.27	241.77	90.76	1308.80	1590.42	1066.59	523.83	196.63
Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan												
HDHP Self	224		280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07
HDHP Self & Family	225		618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82
HDHP Self Plus One	226		606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69
Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan												
CDHP Self	N61		243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41
CDHP Self & Family	N62		614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71
CDHP Self Plus One	N63		534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)			2019 Biweekly premium rates				2019 Monthly premium rates				
Plan - Option - Enrollment Code	2018 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2018 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self JS1	481.36	484.17	230.18	253.99	1.88	1042.95	1049.04	498.72	550.32	4.08	
CDHP Self & Family JS2	1097.29	1103.70	525.32	578.38	2.67	2377.46	2391.35	1138.19	1253.16	5.79	
CDHP Self Plus One JS3	1086.44	1092.78	492.27	600.51	5.07	2353.95	2367.69	1066.59	1301.10	10.98	
Value Self JS4	352.77	371.07	230.18	140.89	17.37	764.34	803.99	498.72	305.27	37.64	
Value Self & Family JS5	805.33	847.11	525.32	321.79	38.04	1744.88	1835.41	1138.19	697.22	82.43	
Value Self Plus One JS6	797.36	838.73	492.27	346.46	40.10	1727.61	1817.25	1066.59	750.66	86.88	
Wisconsin Dean Health Plan											
High Self WD1	492.66	506.37	230.18	276.19	12.78	1067.43	1097.14	498.72	598.42	27.70	
High Self & Family WD2	1133.10	1164.64	525.32	639.32	27.80	2455.05	2523.39	1138.19	1385.20	60.24	
High Self Plus One WD3	1034.57	1063.37	492.27	571.10	27.53	2241.57	2303.97	1066.59	1237.38	59.64	
Standard Self WD4	296.77	298.00	223.50	74.50	0.31	643.00	645.67	484.25	161.42	0.67	
Standard Self & Family WD5	712.25	715.21	525.32	189.89	-0.78	1543.21	1549.62	1138.19	411.43	-1.69	
Standard Self Plus One WD6	652.90	655.62	491.72	163.90	0.68	1414.62	1420.51	1065.38	355.13	1.48	
Wisconsin Group Health Cooperative											
High Self WJ1	321.77	337.40	230.18	107.22	14.70	697.17	731.03	498.72	232.31	31.85	
High Self & Family WJ2	958.87	877.24	525.32	351.92	-85.37	2077.55	1900.69	1138.19	762.50	-184.96	
High Self Plus One WJ3	637.10	742.28	492.27	250.01	90.74	1380.38	1608.27	1066.59	541.68	196.59	
Wisconsin HealthPartners											
High Self V31	356.92	364.76	230.18	134.58	6.91	773.33	790.31	498.72	291.59	14.97	
High Self & Family V32	869.46	888.56	525.32	363.24	15.36	1883.83	1925.21	1138.19	787.02	33.28	
High Self Plus One V33	788.79	806.11	492.27	313.84	16.05	1709.05	1746.57	1066.59	679.98	34.76	
Standard Self V34	211.15	197.58	148.19	49.39	-3.40	457.49	428.09	321.07	107.02	-7.35	
Standard Self & Family V35	514.37	481.30	360.98	120.32	-8.27	1114.47	1042.82	782.12	260.70	-17.92	
Standard Self Plus One V36	466.65	436.65	327.49	109.16	-7.50	1011.08	946.08	709.56	236.52	-16.25	
Wisconsin MercyCare Health Plans											
High Self EY1	353.76	352.64	230.18	122.46	-2.05	766.48	764.05	498.72	265.33	-4.44	
High Self & Family EY2	923.20	920.31	525.32	394.99	-6.63	2000.27	1994.01	1138.19	855.82	-14.36	
High Self Plus One EY3	760.59	758.22	492.27	265.95	-3.64	1647.95	1642.81	1066.59	576.22	-7.90	
Wyoming Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self 224	280.35	304.48	228.36	76.12	6.03	607.43	659.71	494.78	164.93	13.07	
HDHP Self & Family 225	618.42	671.63	503.72	167.91	13.31	1339.91	1455.20	1091.40	363.80	28.82	
HDHP Self Plus One 226	606.29	658.47	492.27	166.20	14.63	1313.63	1426.69	1066.59	360.10	31.69	
Wyoming Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self N61	243.54	257.23	192.92	64.31	3.43	527.67	557.33	418.00	139.33	7.41	
CDHP Self & Family N62	614.17	648.71	486.53	162.18	8.64	1330.70	1405.54	1054.16	351.38	18.71	
CDHP Self Plus One N63	534.08	564.12	423.09	141.03	7.51	1157.17	1222.26	916.70	305.56	16.27	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Wyoming Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	230.18	152.37	1.85	822.84	828.86	498.72	330.14	4.01
CDHP Self & Family	H42	865.68	872.02	525.32	346.70	2.60	1875.64	1889.38	1138.19	751.19	5.64
CDHP Self Plus One	H43	857.11	863.39	492.27	371.12	5.01	1857.07	1870.68	1066.59	804.09	10.85
Value Self	H44	265.72	284.55	213.41	71.14	4.71	575.73	616.53	462.40	154.13	10.20
Value Self & Family	H45	609.86	653.07	489.80	163.27	10.81	1321.36	1414.99	1061.24	353.75	23.41
Value Self Plus One	H46	597.90	640.27	480.20	160.07	10.60	1295.45	1387.25	1040.44	346.81	22.95
Wyoming Altius Health Plans											
High Self	9K1	391.42	431.65	230.18	201.47	39.30	848.08	935.24	498.72	436.52	85.15
High Self & Family	9K2	865.60	954.58	525.32	429.26	85.24	1875.47	2068.26	1138.19	930.07	184.69
High Self Plus One	9K3	857.03	945.13	492.27	452.86	86.83	1856.90	2047.78	1066.59	981.19	188.12
HDHP Self	9K4	194.17	233.96	175.47	58.49	9.95	420.70	506.91	380.18	126.73	21.56
HDHP Self & Family	9K5	405.80	488.96	366.72	122.24	20.79	879.23	1059.41	794.56	264.85	45.04
HDHP Self Plus One	9K6	397.84	479.37	359.53	119.84	20.38	861.99	1038.64	778.98	259.66	44.16
Wyoming Altius Health Plans											
Standard Self	DK4	273.97	328.82	230.18	98.64	30.15	593.60	712.44	498.72	213.72	65.32
Standard Self & Family	DK5	604.99	726.14	525.32	200.82	49.57	1310.81	1573.30	1138.19	435.11	107.41
Standard Self Plus One	DK6	599.00	718.94	492.27	226.67	76.92	1297.83	1557.70	1066.59	491.11	166.65