2019 Rates for the Federal Employees Health Benefits (FEHB) Program and Federal Employees Dental and Vision Insurance Program (FEDVIP)

November 12 through December 10, 2018

Healthcare and Insurance
Office of Personnel Management

Average FEHBP Premiums in 2019 for Annuitants & Non-Postal Employees

Percentage Increases

Government Contributions

	Local Plans	National Plans	Total
Self	0.9%	0.6%	0.7%
Self +1	1.8%	0.9%	1.0%
Family	1.2%	1.5%	1.5%
Total	1.6%	1.1%	1.2%

Enrollee Contributions

	Local Plans	National Plans	Total
Self	8.7%	0.2%	1.6%
Self +1	11.9%	0.4%	1.5%
Family	7.9%	-0.2%	1.2%
Total	9.2%	0.1%	1.5%

Total Premiums

	Local Plans	National Plans	Total
Self	3.5%	0.5%	0.9%
Self +1	4.8%	0.7%	1.1%
Family	3.3%	1.0%	1.4%
Total	4.0%	0.8%	1.3%

Premium Increases

Government Contributions

	Local Plans	National Plans	Total
Self	$1.99	$1.29	$1.45
Self +1	$8.32	$4.09	$4.63
Family	$5.67	$7.54	$7.33
Total	$5.56	$3.87	$4.27

Enrollee Contributions

	Local Plans	National Plans	Total
Self	$9.32	$0.22	$1.53
Self +1	$22.03	$0.89	$3.06
Family	$17.71	-$0.42	$2.55
Total	$14.62	$0.14	$2.26

Total Premiums

	Local Plans	National Plans	Total
Self	$11.31	$1.51	$2.98
Self +1	$30.35	$4.98	$7.69
Family	$23.38	$7.12	$9.88
Total	$20.18	$4.01	$6.53

2019 Premiums

Government Contributions

	Local Plans	National Plans	Total
Self	$218.19	$222.12	$221.51
Self +1	$462.01	$477.76	$476.28
Family	$492.55	$515.41	$511.60
Total	$348.43	$366.80	$364.06

Enrollee Contributions

	Local Plans	National Plans	Total
Self	$116.34	$94.51	$97.93
Self +1	$206.44	$208.41	$208.23
Family	$242.34	$211.95	$217.02
Total	$173.68	$154.64	$157.48

Total Premiums

	Local Plans	National Plans	Total
Self	$334.53	$316.63	$319.44
Self +1	$668.45	$686.17	$684.51
Family	$734.89	$727.36	$728.62
Total	$522.11	$521.44	$521.54

Average FEHBP Premiums in 2019 for Postal Employees

Percentage Increases

Government Contributions

	Local Plans	National Plans	Total
Self	-0.5%	-0.6%	-0.6%
Self +1	0.3%	-0.4%	-0.2%
Family	-0.3%	-0.1%	-0.1%
Total	0.4%	-0.2%	-0.1%

Enrollee Contributions

	Local Plans	National Plans	Total
Self	14.8%	5.6%	7.3%
Self +1	22.1%	5.5%	7.6%
Family	12.0%	4.1%	5.5%
Total	14.6%	4.6%	6.3%

Total Premiums

	Local Plans	National Plans	Total
Self	4.5%	1.0%	1.6%
Self +1	6.4%	1.2%	1.8%
Family	3.5%	1.1%	1.5%
Total	4.8%	1.1%	1.7%

Premium Increases

Government Contributions

	Local Plans	National Plans	Total
Self	-$1.07	-$1.39	-$1.32
Self +1	$1.41	-$1.75	-$1.19
Family	-$1.55	-$0.34	-$0.44
Total	$1.39	-$0.92	-$0.27

Enrollee Contributions

	Local Plans	National Plans	Total
Self	$16.05	$4.49	$6.29
Self +1	$40.58	$9.70	$13.34
Family	$27.85	$7.94	$10.91
Total	$25.68	$7.04	$9.90

Total Premiums

	Local Plans	National Plans	Total
Self	$14.98	$3.10	$4.97
Self +1	$41.99	$7.95	$12.15
Family	$26.30	$7.60	$10.47
Total	$27.07	$6.12	$9.63

2019 Premiums

Government Contributions

	Local Plans	National Plans	Total
Self	$223.37	$223.85	$223.76
Self +1	$469.91	$484.17	$482.45
Family	$507.59	$523.81	$521.18
Total	$390.18	$415.94	$411.68

Enrollee Contributions

	Local Plans	National Plans	Total
Self	$124.18	$85.15	$92.52
Self +1	$224.03	$185.08	$189.77
Family	$259.98	$200.23	$209.91
Total	$201.94	$158.85	$165.98

Total Premiums

	Local Plans	National Plans	Total
Self	$347.55	$309.00	$316.28
Self +1	$693.94	$669.25	$672.22
Family	$767.57	$724.04	$731.09
Total	$592.12	$574.79	$577.66

*Note: The Postal chart is based on the Postal contribution for Category 1 and the entire Postal population enrollment in 2018.

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

Fee-for-Service Plans (FFS)		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
Nationwide APWU Health Plan											
High Self	471	322.29	335.18	230.18	105.00	11.96	698.30	726.22	498.72	227.50	25.91
High Self & Family	472	773.48	804.42	525.32	279.10	27.20	1675.87	1742.91	1138.19	604.72	58.94
High Self Plus One	473	676.79	703.86	492.27	211.59	25.80	1466.38	1525.03	1066.59	458.44	55.89
CDHP Self	474	255.89	275.85	206.89	68.96	4.99	554.43	597.68	448.26	149.42	10.81
CDHP Self & Family	475	614.12	654.04	490.53	163.51	9.98	1330.59	1417.09	1062.82	354.27	21.62
CDHP Self Plus One	476	562.95	599.54	449.66	149.88	9.14	1219.73	1299.00	974.25	324.75	19.82
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	342.41	342.41	230.18	112.23	-0.93	741.89	741.89	498.72	243.17	-2.01
Standard Self & Family	105	793.53	793.53	525.32	268.21	-3.74	1719.32	1719.32	1138.19	581.13	-8.10
Standard Self Plus One	106	748.81	748.81	492.27	256.54	-1.27	1622.42	1622.42	1066.59	555.83	-2.76
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	294.90	294.90	221.18	73.72	0.00	638.95	638.95	479.21	159.74	0.00
Basic Self & Family	112	702.56	702.56	525.32	177.24	-3.74	1522.21	1522.21	1138.19	384.02	-8.10
Basic Self Plus One	113	662.84	662.84	492.27	170.57	-1.27	1436.15	1436.15	1066.59	369.56	-2.76
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus											
Blue Focus Self	131	New Plan	212.58	159.44	53.14	New Plan	New Plan	460.59	345.44	115.15	New Plan
Blue Focus Self & Famil	132	New Plan	502.70	377.03	125.67	New Plan	New Plan	1089.18	816.89	272.29	New Plan
Blue Focus Self Plus On	133	New Plan	457.02	342.77	114.25	New Plan	New Plan	990.21	742.66	247.55	New Plan
Nationwide Compass Rose Health Plan											
High Self	421	321.36	321.36	230.18	91.18	-0.93	696.28	696.28	498.72	197.56	-2.01
High Self & Family	422	771.27	771.27	525.32	245.95	-3.74	1671.09	1671.09	1138.19	532.90	-8.10
High Self Plus One	423	707.00	707.00	492.27	214.73	-1.27	1531.83	1531.83	1066.59	465.24	-2.76
Nationwide Foreign Service Benefit Plan											
High Self	401	264.22	268.18	201.14	67.04	0.99	572.48	581.06	435.80	145.26	2.14
High Self & Family	402	653.62	663.46	497.60	165.86	2.46	1416.18	1437.50	1078.13	359.37	5.33
High Self Plus One	403	647.14	656.86	492.27	164.59	2.81	1402.14	1423.20	1066.59	356.61	6.08

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

Fee-for-Service Plans (FFS)		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
Nationwide GEHA											
High Self	311	332.82	336.15	230.18	105.97	2.40	721.11	728.33	498.72	229.61	5.21
High Self & Family	312	790.83	838.27	525.32	312.95	43.70	1713.47	1816.25	1138.19	678.06	94.68
High Self Plus One	313	732.21	739.53	492.27	247.26	6.05	1586.46	1602.32	1066.59	535.73	13.10
Standard Self	314	219.75	235.13	176.35	58.78	3.84	476.13	509.45	382.09	127.36	8.33
Standard Self & Family	315	519.70	592.46	444.35	148.11	18.19	1126.02	1283.66	962.75	320.91	39.41
Standard Self Plus One	316	472.47	505.54	379.16	126.38	8.26	1023.69	1095.34	821.51	273.83	17.91
Nationwide GEHA											
HDHP Self	341	231.35	234.82	176.12	58.70	0.86	501.26	508.78	381.59	127.19	1.88
HDHP Self & Family	342	547.12	582.69	437.02	145.67	8.89	1185.43	1262.50	946.88	315.62	19.26
HDHP Self Plus One	343	497.40	504.86	378.65	126.21	1.86	1077.70	1093.86	820.40	273.46	4.04
Nationwide MHBP - Consumer Option											
HDHP Self	481	262.02	259.40	194.55	64.85	-0.65	567.71	562.03	421.52	140.51	-1.42
HDHP Self & Family	482	608.83	602.74	452.06	150.68	-1.53	1319.13	1305.94	979.46	326.48	-3.30
HDHP Self Plus One	483	579.85	574.05	430.54	143.51	-1.45	1256.34	1243.78	932.84	310.94	-3.14
Nationwide MHBP - Std											
Standard Self	454	268.82	266.14	199.61	66.53	-0.67	582.44	576.64	432.48	144.16	-1.45
Standard Self & Family	455	624.72	618.48	463.86	154.62	-1.56	1353.56	1340.04	1005.03	335.01	-3.38
Standard Self Plus One	456	618.78	612.59	459.44	153.15	-1.54	1340.69	1327.28	995.46	331.82	-3.35
Nationwide MHBP - Value Plan											
Value Self	414	229.41	220.23	165.17	55.06	-2.29	497.06	477.17	357.88	119.29	-4.97
Value Self & Family	415	554.42	532.24	399.18	133.06	-5.54	1201.24	1153.19	864.89	288.30	-12.01
Value Self Plus One	416	543.56	521.82	391.37	130.45	-5.44	1177.71	1130.61	847.96	282.65	-11.78

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

Fee-for-Service Plans (FFS)		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
Nationwide NALC											
High Self	321	308.04	314.81	230.18	84.63	5.84	667.42	682.09	498.72	183.37	12.66
High Self & Family	322	691.71	706.93	525.32	181.61	8.68	1498.71	1531.68	1138.19	393.49	18.81
High Self Plus One	323	678.06	692.97	492.27	200.70	13.64	1469.13	1501.44	1066.59	434.85	29.55
CDHP Self	324	214.26	218.55	163.91	54.64	1.08	464.23	473.53	355.15	118.38	2.32
CDHP Self & Family	325	473.82	492.77	369.58	123.19	4.74	1026.61	1067.67	800.75	266.92	10.27
CDHP Self Plus One	326	463.49	477.39	358.04	119.35	3.48	1004.23	1034.35	775.76	258.59	7.53
Nationwide NALC											
Value Self	KM1	175.85	179.37	134.53	44.84	0.88	381.01	388.64	291.48	97.16	1.91
Value Self & Family	KM2	389.03	404.60	303.45	101.15	3.89	842.90	876.63	657.47	219.16	8.44
Value Self Plus One	KM3	380.37	391.78	293.84	97.94	2.85	824.14	848.86	636.65	212.21	6.18
Nationwide Panama Canal Area Benefit Plan											
High Self	431	264.38	277.60	208.20	69.40	3.31	572.82	601.47	451.10	150.37	7.17
High Self & Family	432	551.88	579.47	434.60	144.87	6.90	1195.74	1255.52	941.64	313.88	14.95
High Self Plus One	433	527.68	554.06	415.55	138.51	6.59	1143.31	1200.46	900.35	300.11	14.28
Nationwide Rural Carrier Benefit Plan											
High Self	381	316.47	316.47	230.18	86.29	-0.93	685.69	685.69	498.72	186.97	-2.01
High Self & Family	382	612.83	625.08	468.81	156.27	3.06	1327.80	1354.34	1015.76	338.58	6.63
High Self Plus One	383	600.81	612.83	459.62	153.21	3.01	1301.76	1327.80	995.85	331.95	6.51
Nationwide SAMBA											
High Self	441	421.24	421.24	230.18	191.06	-0.93	912.69	912.69	498.72	413.97	-2.01
High Self & Family	442	1010.97	1010.97	525.32	485.65	-3.74	2190.44	2190.44	1138.19	1052.25	-8.10
High Self Plus One	443	926.72	926.72	492.27	434.45	-1.27	2007.89	2007.89	1066.59	941.30	-2.76
Standard Self	444	326.84	317.03	230.18	86.85	-10.74	708.15	686.90	498.72	188.18	-23.26
Standard Self & Family	445	751.74	729.20	525.32	203.88	-26.28	1628.77	1579.93	1138.19	441.74	-56.94
Standard Self Plus One	446	719.06	697.49	492.27	205.22	-22.84	1557.96	1511.23	1066.59	444.64	-49.49

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
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

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
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
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

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
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

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
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

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
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
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

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
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

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
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

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
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
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

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
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

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
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

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
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
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

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
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
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

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 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

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 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
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

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
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
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

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
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

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
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
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

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
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

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 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
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

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 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

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

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											
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
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

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
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

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
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

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
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
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

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 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

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 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
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

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 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

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
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

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
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

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
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

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
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
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

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
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

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
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
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

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
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

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
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
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

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
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

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
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

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
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
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

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
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

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											
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
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

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 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

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

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
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
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

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
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

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
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
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

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
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

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
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
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

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 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
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

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 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

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 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
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

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 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

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 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 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

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 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
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

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 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

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 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
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

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 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

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.											
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
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	New Plan	New Plan	461.72	346.29	115.43	New Plan
Basic Self & Family	X62	New Plan	511.44	383.58	127.86	New Plan	New Plan	1108.12	831.09	277.03	New Plan
Basic Self Plus One	X63	New Plan	468.82	351.62	117.20	New Plan	New Plan	1015.78	761.84	253.94	New Plan
Standard Self	X64	New Plan	371.98	230.18	141.80	New Plan	New Plan	805.96	498.72	307.24	New Plan
Standard Self & Family	X65	New Plan	892.75	525.32	367.43	New Plan	New Plan	1934.29	1138.19	796.10	New Plan
Standard Self Plus One	X66	New Plan	818.34	492.27	326.07	New Plan	New Plan	1773.07	1066.59	706.48	New Plan

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 Medical Mutual of Ohio											
Basic Self	YF1	New Plan	226.41	169.81	56.60	New Plan	New Plan	490.56	367.92	122.64	New Plan
Basic Self & Family	YF2	New Plan	543.40	407.55	135.85	New Plan	New Plan	1177.37	883.03	294.34	New Plan
Basic Self Plus One	YF3	New Plan	498.12	373.59	124.53	New Plan	New Plan	1079.26	809.45	269.81	New Plan
Standard Self	YF4	New Plan	424.54	230.18	194.36	New Plan	New Plan	919.84	498.72	421.12	New Plan
Standard Self & Family	YF5	New Plan	1018.89	525.32	493.57	New Plan	New Plan	2207.60	1138.19	1069.41	New Plan
Standard Self Plus One	YF6	New Plan	933.97	492.27	441.70	New Plan	New Plan	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

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

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
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
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

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 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

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 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
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

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
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

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
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
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

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
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

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
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

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 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
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

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	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

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 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
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

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 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

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

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 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
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

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
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

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

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 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
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

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
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

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
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

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
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
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

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
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

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 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
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

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide APWU Health Plan											
High Self	471	322.29	335.18	233.38	101.80	15.13	322.29	335.18	242.97	92.21	11.90
High Self & Family	472	773.48	804.42	532.62	271.80	34.39	773.48	804.42	554.50	249.92	27.00
High Self Plus One	473	676.79	703.86	499.11	204.75	32.60	676.79	703.86	519.62	184.24	25.73
CDHP Self	474	255.89	275.85	209.65	66.20	7.99	255.89	275.85	218.61	57.24	4.14
CDHP Self & Family	475	614.12	654.04	497.07	156.97	17.26	614.12	654.04	518.33	135.71	8.28
CDHP Self Plus One	476	562.95	599.54	455.65	143.89	15.82	562.95	599.54	475.14	124.40	7.59
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	342.41	342.41	233.38	109.03	2.24	342.41	342.41	242.97	99.44	-0.99
Standard Self & Family	105	793.53	793.53	532.62	260.91	3.45	793.53	793.53	554.50	239.03	-3.94
Standard Self Plus One	106	748.81	748.81	499.11	249.70	5.53	748.81	748.81	519.62	229.19	-1.34
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	294.90	294.90	224.12	70.78	3.69	294.90	294.90	233.71	61.19	0.00
Basic Self & Family	112	702.56	702.56	532.62	169.94	3.45	702.56	702.56	554.50	148.06	-3.94
Basic Self Plus One	113	662.84	662.84	499.11	163.73	5.53	662.84	662.84	519.62	143.22	-1.34
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus											
Blue Focus Self	131	New Plan	212.58	161.56	51.02	New Plan	New Plan	212.58	168.47	44.11	New Plan
Blue Focus Self & Fam	132	New Plan	502.70	382.05	120.65	New Plan	New Plan	502.70	398.39	104.31	New Plan
Blue Focus Self Plus O	133	New Plan	457.02	347.34	109.68	New Plan	New Plan	457.02	362.19	94.83	New Plan
Nationwide Compass Rose Health Plan											
High Self	421	321.36	321.36	233.38	87.98	2.24	321.36	321.36	242.97	78.39	-0.99
High Self & Family	422	771.27	771.27	532.62	238.65	3.45	771.27	771.27	554.50	216.77	-3.94
High Self Plus One	423	707.00	707.00	499.11	207.89	5.53	707.00	707.00	519.62	187.38	-1.34
Nationwide Foreign Service Benefit Plan											
High Self	401	264.22	268.18	203.82	64.36	4.25	264.22	268.18	212.53	55.65	0.82
High Self & Family	402	653.62	663.46	504.23	159.23	10.53	653.62	663.46	525.79	137.67	2.04
High Self Plus One	403	647.14	656.86	499.11	157.75	10.53	647.14	656.86	519.62	137.24	2.96

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide GEHA											
High Self	311	332.82	336.15	233.38	102.77	5.57	332.82	336.15	242.97	93.18	2.34
High Self & Family	312	790.83	838.27	532.62	305.65	50.89	790.83	838.27	554.50	283.77	43.50
High Self Plus One	313	732.21	739.53	499.11	240.42	12.85	732.21	739.53	519.62	219.91	5.98
Standard Self	314	219.75	235.13	178.70	56.43	6.44	219.75	235.13	186.34	48.79	3.19
Standard Self & Family	315	519.70	592.46	450.27	142.19	23.96	519.70	592.46	469.52	122.94	15.10
Standard Self Plus One	316	472.47	505.54	384.21	121.33	13.84	472.47	505.54	400.64	104.90	6.86
Nationwide GEHA											
HDHP Self	341	231.35	234.82	178.46	56.36	3.73	231.35	234.82	186.09	48.73	0.72
HDHP Self & Family	342	547.12	582.69	442.84	139.85	15.38	547.12	582.69	461.78	120.91	7.38
HDHP Self Plus One	343	497.40	504.86	383.69	121.17	8.01	497.40	504.86	400.10	104.76	1.55
Nationwide MHBP - Consumer Option											
HDHP Self	481	262.02	259.40	197.14	62.26	2.65	262.02	259.40	205.57	53.83	-0.54
HDHP Self & Family	482	608.83	602.74	458.08	144.66	6.15	608.83	602.74	477.67	125.07	-1.26
HDHP Self Plus One	483	579.85	574.05	436.28	137.77	5.85	579.85	574.05	454.93	119.12	-1.20
Nationwide MHBP - Std											
Standard Self	454	268.82	266.14	202.27	63.87	2.71	268.82	266.14	210.92	55.22	-0.56
Standard Self & Family	455	624.72	618.48	470.04	148.44	6.32	624.72	618.48	490.15	128.33	-1.30
Standard Self Plus One	456	618.78	612.59	465.57	147.02	6.25	618.78	612.59	485.48	127.11	-1.29
Nationwide MHBP - Value Plan											
Value Self	414	229.41	220.23	167.37	52.86	0.67	229.41	220.23	174.53	45.70	-1.90
Value Self & Family	415	554.42	532.24	404.50	127.74	1.61	554.42	532.24	421.80	110.44	-4.60
Value Self Plus One	416	543.56	521.82	396.58	125.24	1.58	543.56	521.82	413.54	108.28	-4.51

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide NALC											
High Self	321	308.04	314.81	233.38	81.43	9.01	308.04	314.81	242.97	71.84	5.78
High Self & Family	322	691.71	706.93	532.62	174.31	16.95	691.71	706.93	554.50	152.43	8.90
High Self Plus One	323	678.06	692.97	499.11	193.86	20.44	678.06	692.97	519.62	173.35	13.57
CDHP Self	324	214.26	218.55	166.10	52.45	3.71	214.26	218.55	173.20	45.35	0.89
CDHP Self & Family	325	473.82	492.77	374.51	118.26	10.47	473.82	492.77	390.52	102.25	3.93
CDHP Self Plus One	326	463.49	477.39	362.82	114.57	9.13	463.49	477.39	378.33	99.06	2.89
Nationwide NALC											
Value Self	KM1	175.85	179.37	136.32	43.05	3.04	175.85	179.37	142.15	37.22	0.73
Value Self & Family	KM2	389.03	404.60	307.50	97.10	8.60	389.03	404.60	320.65	83.95	3.23
Value Self Plus One	KM3	380.37	391.78	297.75	94.03	7.50	380.37	391.78	310.49	81.29	2.36
Nationwide Panama Canal Area Benefit Plan											
High Self	431	264.38	277.60	210.98	66.62	6.47	264.38	277.60	220.00	57.60	2.74
High Self & Family	432	551.88	579.47	440.40	139.07	13.52	551.88	579.47	459.23	120.24	5.72
High Self Plus One	433	527.68	554.06	421.09	132.97	12.92	527.68	554.06	439.09	114.97	5.48
Nationwide Rural Carrier Benefit Plan											
High Self	381	316.47	316.47	233.38	83.09	2.24	316.47	316.47	242.97	73.50	-0.99
High Self & Family	382	612.83	625.08	475.06	150.02	10.60	612.83	625.08	495.38	129.70	2.54
High Self Plus One	383	600.81	612.83	465.75	147.08	10.40	600.81	612.83	485.67	127.16	2.49
Nationwide SAMBA											
High Self	441	421.24	421.24	233.38	187.86	2.24	421.24	421.24	242.97	178.27	-0.99
High Self & Family	442	1010.97	1010.97	532.62	478.35	3.45	1010.97	1010.97	554.50	456.47	-3.94
High Self Plus One	443	926.72	926.72	499.11	427.61	5.53	926.72	926.72	519.62	407.10	-1.34
Standard Self	444	326.84	317.03	233.38	83.65	-7.57	326.84	317.03	242.97	74.06	-10.80
Standard Self & Famil	445	751.74	729.20	532.62	196.58	-19.09	751.74	729.20	554.50	174.70	-26.48
Standard Self Plus On	446	719.06	697.49	499.11	198.38	-16.04	719.06	697.49	519.62	177.87	-22.91

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Alabama Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Alabama Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Alabama Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Alabama UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02
Alabama UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
Alaska Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Alaska Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Alaska Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03
Arizona Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Arizona Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Arizona Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Arizona Aetna Open Access											
High Self	WQ1	522.74	519.24	233.38	285.86	-1.26	522.74	519.24	242.97	276.27	-4.49
High Self & Family	WQ2	1269.17	1260.70	532.62	728.08	-5.02	1269.17	1260.70	554.50	706.20	-12.41
High Self Plus One	WQ3	1256.60	1248.21	499.11	749.10	-2.86	1256.60	1248.21	519.62	728.59	-9.73
Arizona Humana CoverageFirst and Humana Value Plan											
CDHP Self	R61	294.43	312.97	233.38	79.59	12.61	294.43	312.97	242.97	70.00	8.91
CDHP Self & Family	R62	662.48	704.17	532.62	171.55	20.84	662.48	704.17	554.50	149.67	12.21
CDHP Self Plus One	R63	633.04	672.88	499.11	173.77	29.75	633.04	672.88	519.62	153.26	21.90
Value Self	R64	239.86	250.16	190.12	60.04	5.47	239.86	250.16	198.25	51.91	2.14
Value Self & Family	R65	539.68	562.85	427.77	135.08	12.30	539.68	562.85	446.06	116.79	4.81
Value Self Plus One	R66	515.68	537.84	408.76	129.08	11.76	515.68	537.84	426.24	111.60	4.60
Arizona Humana CoverageFirst and Humana Value Plan											
CDHP Self	R91	285.64	286.45	217.70	68.75	3.77	285.64	286.45	227.01	59.44	0.17
CDHP Self & Family	R92	642.68	644.50	489.82	154.68	8.47	642.68	644.50	510.77	133.73	0.37
CDHP Self Plus One	R93	614.12	615.85	468.05	147.80	8.09	614.12	615.85	488.06	127.79	0.36
Value Self	R94	227.43	228.07	173.33	54.74	3.00	227.43	228.07	180.75	47.32	0.13
Value Self & Family	R95	511.71	513.16	390.00	123.16	6.75	511.71	513.16	406.68	106.48	0.30
Value Self Plus One	R96	488.97	490.36	372.67	117.69	6.45	488.97	490.36	388.61	101.75	0.29
Arizona Humana Health Plan, Inc.											
High Self	BF1	522.31	628.35	233.38	394.97	108.28	522.31	628.35	242.97	385.38	105.05
High Self & Family	BF2	1175.19	1413.76	532.62	881.14	242.02	1175.19	1413.76	554.50	859.26	234.63
High Self Plus One	BF3	1122.96	1350.92	499.11	851.81	233.49	1122.96	1350.92	519.62	831.30	226.62
Standard Self	BF4	366.52	422.80	233.38	189.42	58.52	366.52	422.80	242.97	179.83	55.29
Standard Self & Family	BF5	824.67	951.31	532.62	418.69	130.09	824.67	951.31	554.50	396.81	122.70
Standard Self Plus One	BF6	788.01	909.03	499.11	409.92	126.55	788.01	909.03	519.62	389.41	119.68

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Arizona Humana Health Plan, Inc.											
High Self	C71	378.22	398.12	233.38	164.74	22.14	378.22	398.12	242.97	155.15	18.91
High Self & Family	C72	850.99	895.77	532.62	363.15	48.23	850.99	895.77	554.50	341.27	40.84
High Self Plus One	C73	813.17	855.96	499.11	356.85	48.32	813.17	855.96	519.62	336.34	41.45
Standard Self	C74	312.43	335.34	233.38	101.96	25.15	312.43	335.34	242.97	92.37	21.92
Standard Self & Family	C75	702.95	754.49	532.62	221.87	54.99	702.95	754.49	554.50	199.99	47.60
Standard Self Plus One	C76	671.70	720.95	499.11	221.84	54.78	671.70	720.95	519.62	201.33	47.91
Arizona UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LU1	222.88	207.84	157.96	49.88	-0.83	222.88	207.84	164.71	43.13	-3.12
HDHP Self & Family	LU2	557.19	478.03	363.30	114.73	-12.03	557.19	478.03	378.84	99.19	-16.43
HDHP Self Plus One	LU3	479.19	446.86	339.61	107.25	-1.77	479.19	446.86	354.14	92.72	-6.71
Arizona UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KT1	281.85	313.47	233.38	80.09	15.97	281.85	313.47	242.97	70.50	12.02
High Self & Family	KT2	704.63	783.67	532.62	251.05	82.49	704.63	783.67	554.50	229.17	75.10
High Self Plus One	KT3	605.98	673.95	499.11	174.84	36.98	605.98	673.95	519.62	154.33	28.59
Arkansas Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Arkansas Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Arkansas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Arkansas QualChoice											
High Self	DH1	338.58	330.63	233.38	97.25	-5.71	338.58	330.63	242.97	87.66	-8.94
High Self & Family	DH2	883.13	862.38	532.62	329.76	-17.30	883.13	862.38	554.50	307.88	-24.69
High Self Plus One	DH3	657.71	642.26	488.12	154.14	1.07	657.71	642.26	508.99	133.27	-6.16
Standard Self	DH4	264.05	258.14	196.19	61.95	1.88	264.05	258.14	204.58	53.56	-1.23
Standard Self & Family	DH5	688.71	673.30	511.71	161.59	4.91	688.71	673.30	533.59	139.71	-3.20
Standard Self Plus One	DH6	512.92	501.44	381.09	120.35	3.66	512.92	501.44	397.39	104.05	-2.38
Arkansas UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02
Arkansas UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
California Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
California Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
California Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03
California Aetna Open Access											
High Self	2X1	346.80	352.58	233.38	119.20	8.02	346.80	352.58	242.97	109.61	4.79
High Self & Family	2X2	814.15	827.74	532.62	295.12	17.04	814.15	827.74	554.50	273.24	9.65
High Self Plus One	2X3	798.19	811.51	499.11	312.40	18.85	798.19	811.51	519.62	291.89	11.98
California Anthem Blue Cross Select HMO of CA											
High Self	B31	359.25	355.52	233.38	122.14	-1.49	359.25	355.52	242.97	112.55	-4.72
High Self & Family	B32	786.75	799.93	532.62	267.31	16.63	786.75	799.93	554.50	245.43	9.24
High Self Plus One	B33	736.46	743.05	499.11	243.94	12.12	736.46	743.05	519.62	223.43	5.25
California Blue Shield of CA Access+HMO											
High Self	SI1	342.54	359.67	233.38	126.29	19.37	342.54	359.67	242.97	116.70	16.14
High Self & Family	SI2	787.86	827.26	532.62	294.64	42.85	787.86	827.26	554.50	272.76	35.46
High Self Plus One	SI3	753.60	791.28	499.11	292.17	43.21	753.60	791.28	519.62	271.66	36.34
Standard Self	SI4	New Plan	325.42	233.38	92.04	New Plan	New Plan	325.42	242.97	82.45	New Plan
Standard Self & Famil	SI5	New Plan	748.47	532.62	215.85	New Plan	New Plan	748.47	554.50	193.97	New Plan
Standard Self Plus On	SI6	New Plan	715.93	499.11	216.82	New Plan	New Plan	715.93	519.62	196.31	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
California	**Health Net of California**										
	High Self	LB1	638.57	628.34	233.38	394.96	-7.99	638.57	628.34	242.97	385.37	-11.22
	High Self & Family	LB2	1532.56	1508.02	532.62	975.40	-21.09	1532.56	1508.02	554.50	953.52	-28.48
	High Self Plus One	LB3	1404.86	1382.35	499.11	883.24	-16.98	1404.86	1382.35	519.62	862.73	-23.85
	Standard Self	LB4	602.96	595.11	233.38	361.73	-5.61	602.96	595.11	242.97	352.14	-8.84
	Standard Self & Family	LB5	1447.11	1428.27	532.62	895.65	-15.39	1447.11	1428.27	554.50	873.77	-22.78
	Standard Self Plus One	LB6	1326.52	1309.25	499.11	810.14	-11.74	1326.52	1309.25	519.62	789.63	-18.61
California	**Health Net of California**										
	High Self	LP1	421.64	458.33	233.38	224.95	38.93	421.64	458.33	242.97	215.36	35.70
	High Self & Family	LP2	1011.92	1100.00	532.62	567.38	91.53	1011.92	1100.00	554.50	545.50	84.14
	High Self Plus One	LP3	927.60	1008.33	499.11	509.22	86.26	927.60	1008.33	519.62	488.71	79.39
	Standard Self	LP4	404.10	436.45	233.38	203.07	34.59	404.10	436.45	242.97	193.48	31.36
	Standard Self & Family	LP5	969.86	1047.48	532.62	514.86	81.07	969.86	1047.48	554.50	492.98	73.68
	Standard Self Plus One	LP6	889.03	960.19	499.11	461.08	76.69	889.03	960.19	519.62	440.57	69.82
California	**Health Net of California**										
	Basic Self	P61	141.42	153.40	116.58	36.82	4.65	141.42	153.40	121.57	31.83	2.49
	Basic Self & Family	P62	339.41	368.17	279.81	88.36	11.14	339.41	368.17	291.77	76.40	5.97
	Basic Self Plus One	P63	311.14	337.49	256.49	81.00	10.22	311.14	337.49	267.46	70.03	5.47
California	**Health Net of California**										
	Basic Self	T41	363.31	364.75	233.38	131.37	3.68	363.31	364.75	242.97	121.78	0.45
	Basic Self & Family	T42	871.95	875.40	532.62	342.78	6.90	871.95	875.40	554.50	320.90	-0.49
	Basic Self Plus One	T43	799.28	802.44	499.11	303.33	8.69	799.28	802.44	519.62	282.82	1.82

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code				Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
California	**Kaiser Foundation Health Plan of California**											
	High Self	591	424.84	458.07	233.38	224.69	35.47	424.84	458.07	242.97	215.10	32.24
	High Self & Family	592	1014.15	1093.45	532.62	560.83	82.75	1014.15	1093.45	554.50	538.95	75.36
	High Self Plus One	593	1014.15	1093.45	499.11	594.34	84.83	1014.15	1093.45	519.62	573.83	77.96
	Standard Self	594	350.45	368.11	233.38	134.73	19.90	350.45	368.11	242.97	125.14	16.67
	Standard Self & Family	595	820.06	861.36	532.62	328.74	44.75	820.06	861.36	554.50	306.86	37.36
	Standard Self Plus One	596	820.06	861.36	499.11	362.25	46.83	820.06	861.36	519.62	341.74	39.96
California	**Kaiser Foundation Health Plan of California**											
	High Self	621	303.76	317.17	233.38	83.79	14.68	303.76	317.17	242.97	74.20	11.17
	High Self & Family	622	702.07	733.04	532.62	200.42	34.42	702.07	733.04	554.50	178.54	27.03
	High Self Plus One	623	702.07	733.04	499.11	233.93	36.50	702.07	733.04	519.62	213.42	29.63
	Standard Self	624	191.90	199.09	151.31	47.78	4.12	191.90	199.09	157.78	41.31	1.49
	Standard Self & Family	625	443.55	460.12	349.69	110.43	9.52	443.55	460.12	364.65	95.47	3.43
	Standard Self Plus One	626	443.55	460.12	349.69	110.43	9.52	443.55	460.12	364.65	95.47	3.43
California	**Kaiser Foundation Health Plan of California**											
	Basic Self	KC1	297.87	295.76	224.78	70.98	3.21	297.87	295.76	234.39	61.37	-0.44
	Basic Self & Family	KC2	697.02	692.05	525.96	166.09	5.14	697.02	692.05	548.45	143.60	-2.86
	Basic Self Plus One	KC3	697.02	692.05	499.11	192.94	0.56	697.02	692.05	519.62	172.43	-6.31
California	**Kaiser Foundation Health Plan of California**											
	High Self	NZ1	329.45	337.40	233.38	104.02	10.19	329.45	337.40	242.97	94.43	6.96
	High Self & Family	NZ2	761.44	779.79	532.62	247.17	21.80	761.44	779.79	554.50	225.29	14.41
	High Self Plus One	NZ3	761.44	779.79	499.11	280.68	23.88	761.44	779.79	519.62	260.17	17.01
	Standard Self	NZ4	236.14	246.77	187.55	59.22	5.50	236.14	246.77	195.57	51.20	2.20
	Standard Self & Family	NZ5	545.77	570.33	433.45	136.88	12.72	545.77	570.33	451.99	118.34	5.09
	Standard Self Plus One	NZ6	545.77	570.33	433.45	136.88	12.72	545.77	570.33	451.99	118.34	5.09

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Colorado Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Colorado Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Colorado Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Colorado BlueAdvantage HMO on the Pathway HMO Network											
High Self	WW1	New Plan	274.48	208.60	65.88	New Plan	New Plan	274.48	217.53	56.95	New Plan
High Self & Family	WW2	New Plan	668.36	507.95	160.41	New Plan	New Plan	668.36	529.68	138.68	New Plan
High Self Plus One	WW3	New Plan	624.44	474.57	149.87	New Plan	New Plan	624.44	494.87	129.57	New Plan
Colorado Humana Health Plan, Inc.											
High Self	NR1	294.06	321.33	233.38	87.95	21.05	294.06	321.33	242.97	78.36	17.34
High Self & Family	NR2	661.63	722.98	532.62	190.36	39.84	661.63	722.98	554.50	168.48	31.19
High Self Plus One	NR3	632.22	690.85	499.11	191.74	47.91	632.22	690.85	519.62	171.23	40.04
Standard Self	NR4	231.21	241.06	183.21	57.85	5.25	231.21	241.06	191.04	50.02	2.04
Standard Self & Famil	NR5	520.23	542.40	412.22	130.18	11.83	520.23	542.40	429.85	112.55	4.60
Standard Self Plus On	NR6	497.11	518.28	393.89	124.39	11.30	497.11	518.28	410.74	107.54	4.39

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Colorado Humana Health Plan, Inc.											
High Self	NT1	288.61	289.32	219.88	69.44	3.78	288.61	289.32	229.29	60.03	0.14
High Self & Family	NT2	649.37	650.99	494.75	156.24	8.51	649.37	650.99	515.91	135.08	0.34
High Self Plus One	NT3	620.51	622.04	472.75	149.29	8.12	620.51	622.04	492.97	129.07	0.31
Standard Self	NT4	243.00	231.42	175.88	55.54	0.26	243.00	231.42	183.40	48.02	-2.40
Standard Self & Family	NT5	546.75	520.71	395.74	124.97	0.58	546.75	520.71	412.66	108.05	-5.40
Standard Self Plus One	NT6	522.44	497.58	378.16	119.42	0.56	522.44	497.58	394.33	103.25	-5.16
Colorado Humana Health Plan, Inc.											
Basic Self	R21	217.57	226.97	172.50	54.47	4.97	217.57	226.97	179.87	47.10	1.95
Basic Self & Family	R22	489.53	510.69	388.12	122.57	11.20	489.53	510.69	404.72	105.97	4.39
Basic Self Plus One	R23	467.77	487.99	370.87	117.12	10.70	467.77	487.99	386.73	101.26	4.20
Colorado Humana Health Plan, Inc.											
Basic Self	RZ1	228.65	229.36	174.31	55.05	3.03	228.65	229.36	181.77	47.59	0.15
Basic Self & Family	RZ2	514.48	516.06	392.21	123.85	6.81	514.48	516.06	408.98	107.08	0.33
Basic Self Plus One	RZ3	491.61	493.14	374.79	118.35	6.51	491.61	493.14	390.81	102.33	0.32
Colorado Kaiser Foundation Health Plan of Colorado											
High Self	651	325.03	341.05	233.38	107.67	18.26	325.03	341.05	242.97	98.08	15.03
High Self & Family	652	734.56	770.79	532.62	238.17	39.68	734.56	770.79	554.50	216.29	32.29
High Self Plus One	653	734.56	770.79	499.11	271.68	41.76	734.56	770.79	519.62	251.17	34.89
Standard Self	654	235.89	270.77	205.79	64.98	11.32	235.89	270.77	214.59	56.18	7.23
Standard Self & Family	655	533.12	611.96	465.09	146.87	25.59	533.12	611.96	484.98	126.98	16.36
Standard Self Plus One	656	533.12	611.96	465.09	146.87	25.59	533.12	611.96	484.98	126.98	16.36
Colorado Kaiser Foundation Health Plan of Colorado											
Basic Self	N41	185.30	198.39	150.78	47.61	5.45	185.30	198.39	157.22	41.17	2.72
Basic Self & Family	N42	418.78	448.35	340.75	107.60	12.33	418.78	448.35	355.32	93.03	6.13
Basic Self Plus One	N43	418.78	448.35	340.75	107.60	12.33	418.78	448.35	355.32	93.03	6.13

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Colorado UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LU1	222.88	207.84	157.96	49.88	-0.83	222.88	207.84	164.71	43.13	-3.12
HDHP Self & Family	LU2	557.19	478.03	363.30	114.73	-12.03	557.19	478.03	378.84	99.19	-16.43
HDHP Self Plus One	LU3	479.19	446.86	339.61	107.25	-1.77	479.19	446.86	354.14	92.72	-6.71
Colorado UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KT1	281.85	313.47	233.38	80.09	15.97	281.85	313.47	242.97	70.50	12.02
High Self & Family	KT2	704.63	783.67	532.62	251.05	82.49	704.63	783.67	554.50	229.17	75.10
High Self Plus One	KT3	605.98	673.95	499.11	174.84	36.98	605.98	673.95	519.62	154.33	28.59
Connecticut Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Connecticut Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Connecticut Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
Delaware Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Delaware Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Delaware Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
Delaware Aetna Open Access											
High Self	P31	725.73	685.48	233.38	452.10	-38.01	725.73	685.48	242.97	442.51	-41.24
High Self & Family	P32	1759.54	1661.96	532.62	1129.34	-94.13	1759.54	1661.96	554.50	1107.46	-101.52
High Self Plus One	P33	1742.11	1645.50	499.11	1146.39	-91.08	1742.11	1645.50	519.62	1125.88	-97.95
Basic Self	P34	622.19	599.29	233.38	365.91	-20.66	622.19	599.29	242.97	356.32	-23.89
Basic Self & Family	P35	1444.10	1390.96	532.62	858.34	-49.69	1444.10	1390.96	554.50	836.46	-57.08
Basic Self Plus One	P36	1429.80	1377.18	499.11	878.07	-47.09	1429.80	1377.18	519.62	857.56	-53.96
District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
District of Columbia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
District of Columbia Aetna Open Access											
High Self	JN1	509.12	516.52	233.38	283.14	9.64	509.12	516.52	242.97	273.55	6.41
High Self & Family	JN2	1144.59	1161.22	532.62	628.60	20.08	1144.59	1161.22	554.50	606.72	12.69
High Self Plus One	JN3	1133.25	1149.71	499.11	650.60	21.99	1133.25	1149.71	519.62	630.09	15.12
Basic Self	JN4	305.93	314.06	233.38	80.68	10.37	305.93	314.06	242.97	71.09	7.14
Basic Self & Family	JN5	700.13	718.73	532.62	186.11	22.05	700.13	718.73	554.50	164.23	14.66
Basic Self Plus One	JN6	642.92	660.00	499.11	160.89	14.63	642.92	660.00	519.62	140.38	6.97
District of Columbia CareFirst BlueChoice											
Standard Self	2G4	320.13	368.16	233.38	134.78	50.27	320.13	368.16	242.97	125.19	47.04
Standard Self & Famil	2G5	760.64	874.73	532.62	342.11	117.54	760.64	874.73	554.50	320.23	110.15
Standard Self Plus On	2G6	640.27	736.31	499.11	237.20	91.54	640.27	736.31	519.62	216.69	83.83
District of Columbia CareFirst BlueChoice											
HDHP Self	B61	281.41	239.20	181.79	57.41	-6.61	281.41	239.20	189.57	49.63	-8.76
HDHP Self & Family	B62	668.62	568.33	431.93	136.40	-15.71	668.62	568.33	450.40	117.93	-20.81
HDHP Self Plus One	B63	562.82	478.39	363.58	114.81	-13.23	562.82	478.39	379.12	99.27	-17.52

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	304.78	319.70	233.38	86.32	16.98	304.78	319.70	242.97	76.73	13.49
High Self & Family	E32	701.00	735.30	532.62	202.68	37.75	701.00	735.30	554.50	180.80	30.36
High Self Plus One	E33	701.00	735.30	499.11	236.19	39.83	701.00	735.30	519.62	215.68	32.96
Standard Self	E34	233.06	240.81	183.02	57.79	4.77	233.06	240.81	190.84	49.97	1.61
Standard Self & Family	E35	536.07	553.84	420.92	132.92	10.96	536.07	553.84	438.92	114.92	3.69
Standard Self Plus One	E36	536.07	553.84	420.92	132.92	10.96	536.07	553.84	438.92	114.92	3.69
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States											
Basic Self	T71	212.32	193.90	147.36	46.54	-1.76	212.32	193.90	153.67	40.23	-3.83
Basic Self & Family	T72	509.77	473.61	359.94	113.67	-2.30	509.77	473.61	375.34	98.27	-7.51
Basic Self Plus One	T73	464.41	431.49	327.93	103.56	-2.09	464.41	431.49	341.96	89.53	-6.84
District of Columbia M.D. IPA											
High Self	JP1	331.28	365.01	233.38	131.63	35.97	331.28	365.01	242.97	122.04	32.74
High Self & Family	JP2	928.92	1023.48	532.62	490.86	98.01	928.92	1023.48	554.50	468.98	90.62
High Self Plus One	JP3	646.99	712.86	499.11	213.75	66.56	646.99	712.86	519.62	193.24	58.99
District of Columbia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	V41	261.68	228.78	173.87	54.91	-4.62	261.68	228.78	181.31	47.47	-6.83
HDHP Self & Family	V42	654.22	526.18	399.90	126.28	-22.56	654.22	526.18	417.00	109.18	-26.57
HDHP Self Plus One	V43	562.62	491.87	373.82	118.05	-9.95	562.62	491.87	389.81	102.06	-14.68
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	LR1	280.61	308.28	233.38	74.90	11.06	280.61	308.28	242.97	65.31	7.08
High Self & Family	LR2	701.54	730.61	532.62	197.99	32.52	701.54	730.61	554.50	176.11	25.13
High Self Plus One	LR3	603.32	662.79	499.11	163.68	26.42	603.32	662.79	519.62	143.17	17.98
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	L91	213.84	201.72	153.31	48.41	-0.24	213.84	201.72	159.86	41.86	-2.51
Value Self & Family	L92	599.62	565.61	429.86	135.75	-0.66	599.62	565.61	448.25	117.36	-7.06
Value Self Plus One	L93	417.64	393.95	299.40	94.55	-0.46	417.64	393.95	312.21	81.74	-4.92

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Florida Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Florida Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Florida Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Florida AvMed											
Standard Self	ML4	316.02	327.33	233.38	93.95	13.55	316.02	327.33	242.97	84.36	10.32
Standard Self & Family	ML5	818.60	847.87	532.62	315.25	32.72	818.60	847.87	554.50	293.37	25.33
Standard Self Plus One	ML6	632.06	654.66	497.54	157.12	13.33	632.06	654.66	518.82	135.84	4.69
Florida AvMed											
HDHP Self	WZ1	New Plan	375.37	233.38	141.99	New Plan	New Plan	375.37	242.97	132.40	New Plan
HDHP Self & Family	WZ2	New Plan	924.61	532.62	391.99	New Plan	New Plan	924.61	554.50	370.11	New Plan
HDHP Self Plus One	WZ3	New Plan	720.74	499.11	221.63	New Plan	New Plan	720.74	519.62	201.12	New Plan
Florida Capital Health Plan											
High Self	EA1	306.94	318.65	233.38	85.27	13.95	306.94	318.65	242.97	75.68	10.72
High Self & Family	EA2	828.78	796.65	532.62	264.03	-28.68	828.78	796.65	554.50	242.15	-36.07
High Self Plus One	EA3	613.91	685.11	499.11	186.00	46.34	613.91	685.11	519.62	165.49	38.10

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Florida Humana CoverageFirst and Humana Value Plan											
CDHP Self	MJ1	370.85	394.20	233.38	160.82	25.59	370.85	394.20	242.97	151.23	22.36
CDHP Self & Family	MJ2	834.42	886.96	532.62	354.34	55.99	834.42	886.96	554.50	332.46	48.60
CDHP Self Plus One	MJ3	797.34	847.55	499.11	348.44	55.74	797.34	847.55	519.62	327.93	48.87
Value Self	MJ4	227.64	232.84	176.96	55.88	4.09	227.64	232.84	184.53	48.31	1.07
Value Self & Family	MJ5	512.18	523.89	398.16	125.73	9.21	512.18	523.89	415.18	108.71	2.43
Value Self Plus One	MJ6	489.41	500.60	380.46	120.14	8.80	489.41	500.60	396.73	103.87	2.32
Florida Humana CoverageFirst and Humana Value Plan											
CDHP Self	QP1	314.82	315.70	233.38	82.32	3.12	314.82	315.70	242.97	72.73	-0.11
CDHP Self & Family	QP2	709.28	711.27	532.62	178.65	5.44	709.28	711.27	554.50	156.77	-1.95
CDHP Self Plus One	QP3	677.76	679.65	499.11	180.54	7.42	677.76	679.65	519.62	160.03	0.55
Value Self	QP4	225.49	226.13	171.86	54.27	2.97	225.49	226.13	179.21	46.92	0.13
Value Self & Family	QP5	507.35	508.78	386.67	122.11	6.69	507.35	508.78	403.21	105.57	0.29
Value Self Plus One	QP6	484.81	486.17	369.49	116.68	6.39	484.81	486.17	385.29	100.88	0.28
Florida Humana CoverageFirst and Humana Value Plan											
CDHP Self	W91	New Plan	264.73	201.19	63.54	New Plan	New Plan	264.73	209.80	54.93	New Plan
CDHP Self & Family	W92	New Plan	595.65	452.69	142.96	New Plan	New Plan	595.65	472.05	123.60	New Plan
CDHP Self Plus One	W93	New Plan	569.17	432.57	136.60	New Plan	New Plan	569.17	451.07	118.10	New Plan
Value Self	W94	New Plan	223.95	170.20	53.75	New Plan	New Plan	223.95	177.48	46.47	New Plan
Value Self & Family	W95	New Plan	503.90	382.96	120.94	New Plan	New Plan	503.90	399.34	104.56	New Plan
Value Self Plus One	W96	New Plan	481.50	365.94	115.56	New Plan	New Plan	481.50	381.59	99.91	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Florida Humana CoverageFirst and Humana Value Plan											
CDHP Self	X21	New Plan	256.58	195.00	61.58	New Plan	New Plan	256.58	203.34	53.24	New Plan
CDHP Self & Family	X22	New Plan	577.30	438.75	138.55	New Plan	New Plan	577.30	457.51	119.79	New Plan
CDHP Self Plus One	X23	New Plan	551.65	419.25	132.40	New Plan	New Plan	551.65	437.18	114.47	New Plan
Value Self	X24	New Plan	217.06	164.97	52.09	New Plan	New Plan	217.06	172.02	45.04	New Plan
Value Self & Family	X25	New Plan	488.38	371.17	117.21	New Plan	New Plan	488.38	387.04	101.34	New Plan
Value Self Plus One	X26	New Plan	466.68	354.68	112.00	New Plan	New Plan	466.68	369.84	96.84	New Plan
Florida Humana Medical Plan, Inc.											
High Self	E21	405.19	454.97	233.38	221.59	52.02	405.19	454.97	242.97	212.00	48.79
High Self & Family	E22	911.68	1023.66	532.62	491.04	115.43	911.68	1023.66	554.50	469.16	108.04
High Self Plus One	E23	871.18	978.16	499.11	479.05	112.51	871.18	978.16	519.62	458.54	105.64
Standard Self	E24	267.47	292.45	222.26	70.19	9.34	267.47	292.45	231.77	60.68	5.18
Standard Self & Family	E25	601.81	658.00	500.08	157.92	21.01	601.81	658.00	521.47	136.53	11.65
Standard Self Plus One	E26	575.06	628.75	477.85	150.90	20.07	575.06	628.75	498.28	130.47	11.15
Florida Humana Medical Plan, Inc.											
High Self	EE1	404.63	421.87	233.38	188.49	19.48	404.63	421.87	242.97	178.90	16.25
High Self & Family	EE2	910.43	949.21	532.62	416.59	42.23	910.43	949.21	554.50	394.71	34.84
High Self Plus One	EE3	869.96	907.04	499.11	407.93	42.61	869.96	907.04	519.62	387.42	35.74
Standard Self	EE4	351.45	377.22	233.38	143.84	28.01	351.45	377.22	242.97	134.25	24.78
Standard Self & Family	EE5	790.75	848.73	532.62	316.11	61.43	790.75	848.73	554.50	294.23	54.04
Standard Self Plus One	EE6	755.61	811.01	499.11	311.90	60.93	755.61	811.01	519.62	291.39	54.06

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Florida Humana Medical Plan, Inc.											
High Self	EX1	317.37	343.62	233.38	110.24	28.49	317.37	343.62	242.97	100.65	25.26
High Self & Family	EX2	714.06	773.12	532.62	240.50	62.51	714.06	773.12	554.50	218.62	55.12
High Self Plus One	EX3	682.32	738.75	499.11	239.64	61.96	682.32	738.75	519.62	219.13	55.09
Standard Self	EX4	278.52	301.74	229.32	72.42	9.06	278.52	301.74	239.13	62.61	4.82
Standard Self & Family	EX5	626.68	678.91	515.97	162.94	20.37	626.68	678.91	538.04	140.87	10.83
Standard Self Plus One	EX6	598.83	648.74	493.04	155.70	19.47	598.83	648.74	514.13	134.61	10.35
Florida Humana Medical Plan, Inc.											
High Self	LL1	628.47	743.45	233.38	510.07	117.22	628.47	743.45	242.97	500.48	113.99
High Self & Family	LL2	1414.06	1672.76	532.62	1140.14	262.15	1414.06	1672.76	554.50	1118.26	254.76
High Self Plus One	LL3	1351.21	1598.42	499.11	1099.31	252.74	1351.21	1598.42	519.62	1078.80	245.87
Standard Self	LL4	365.93	400.11	233.38	166.73	36.42	365.93	400.11	242.97	157.14	33.19
Standard Self & Family	LL5	823.34	900.22	532.62	367.60	80.33	823.34	900.22	554.50	345.72	72.94
Standard Self Plus One	LL6	786.75	860.22	499.11	361.11	79.00	786.75	860.22	519.62	340.60	72.13
Florida UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02
Florida UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
Florida UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	LV1	290.79	305.55	232.22	73.33	7.18	290.79	305.55	242.15	63.40	3.06
Value Self & Family	LV2	815.41	916.66	532.62	384.04	104.70	815.41	916.66	554.50	362.16	97.31
Value Self Plus One	LV3	567.93	656.94	499.11	157.83	28.63	567.93	656.94	519.62	137.32	19.47

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Georgia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Georgia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Georgia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Georgia Aetna Open Access											
High Self	2U1	559.12	731.21	233.38	497.83	174.33	559.12	731.21	242.97	488.24	171.10
High Self & Family	2U2	1287.92	1684.32	532.62	1151.70	399.85	1287.92	1684.32	554.50	1129.82	392.46
High Self Plus One	2U3	1275.16	1667.64	499.11	1168.53	398.01	1275.16	1667.64	519.62	1148.02	391.14
Georgia Blue Open Access POS											
High Self	QM1	264.23	274.80	208.85	65.95	5.84	264.23	274.80	217.78	57.02	2.19
High Self & Family	QM2	706.82	728.02	532.62	195.40	24.65	706.82	728.02	554.50	173.52	17.26
High Self Plus One	QM3	587.91	608.49	462.45	146.04	12.29	587.91	608.49	482.23	126.26	4.27

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self	AD1	330.81	368.23	233.38	134.85	39.66	330.81	368.23	242.97	125.26	36.43
CDHP Self & Family	AD2	744.33	828.52	532.62	295.90	87.64	744.33	828.52	554.50	274.02	80.25
CDHP Self Plus One	AD3	711.26	791.70	499.11	292.59	85.97	711.26	791.70	519.62	272.08	79.10
Value Self	AD4	252.56	303.93	230.99	72.94	15.48	252.56	303.93	240.86	63.07	10.66
Value Self & Family	AD5	568.26	683.82	519.70	164.12	34.84	568.26	683.82	541.93	141.89	23.98
Value Self Plus One	AD6	543.00	653.43	496.61	156.82	33.29	543.00	653.43	517.84	135.59	22.92
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self	LM1	276.91	291.56	221.59	69.97	6.97	276.91	291.56	231.06	60.50	3.04
CDHP Self & Family	LM2	623.04	656.04	498.59	157.45	15.71	623.04	656.04	519.91	136.13	6.85
CDHP Self Plus One	LM3	595.36	626.88	476.43	150.45	15.01	595.36	626.88	496.80	130.08	6.54
Value Self	LM4	219.06	237.24	180.30	56.94	7.10	219.06	237.24	188.01	49.23	3.78
Value Self & Family	LM5	492.88	533.80	405.69	128.11	15.98	492.88	533.80	423.04	110.76	8.49
Value Self Plus One	LM6	470.97	510.08	387.66	122.42	15.27	470.97	510.08	404.24	105.84	8.11
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self	S91	292.20	301.81	229.38	72.43	5.95	292.20	301.81	239.18	62.63	2.00
CDHP Self & Family	S92	657.45	679.07	516.09	162.98	13.41	657.45	679.07	538.16	140.91	4.49
CDHP Self Plus One	S93	628.22	648.89	493.16	155.73	12.81	628.22	648.89	514.25	134.64	4.28
Value Self	S94	232.65	240.30	182.63	57.67	4.74	232.65	240.30	190.44	49.86	1.59
Value Self & Family	S95	523.46	540.68	410.92	129.76	10.67	523.46	540.68	428.49	112.19	3.57
Value Self Plus One	S96	500.20	516.65	392.65	124.00	10.20	500.20	516.65	409.45	107.20	3.41

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Georgia Humana Employers Health Plan of Georgia, Inc											
High Self	CB1	417.87	457.09	233.38	223.71	41.46	417.87	457.09	242.97	214.12	38.23
High Self & Family	CB2	940.22	1028.50	532.62	495.88	91.73	940.22	1028.50	554.50	474.00	84.34
High Self Plus One	CB3	898.44	982.77	499.11	483.66	89.86	898.44	982.77	519.62	463.15	82.99
Standard Self	CB4	385.14	450.88	233.38	217.50	67.98	385.14	450.88	242.97	207.91	64.75
Standard Self & Family	CB5	866.57	1014.49	532.62	481.87	151.37	866.57	1014.49	554.50	459.99	143.98
Standard Self Plus One	CB6	828.06	969.40	499.11	470.29	146.87	828.06	969.40	519.62	449.78	140.00
Georgia Humana Employers Health Plan of Georgia, Inc											
High Self	DG1	557.43	592.35	233.38	358.97	37.16	557.43	592.35	242.97	349.38	33.93
High Self & Family	DG2	1254.21	1332.79	532.62	800.17	82.03	1254.21	1332.79	554.50	778.29	74.64
High Self Plus One	DG3	1198.48	1273.57	499.11	774.46	80.62	1198.48	1273.57	519.62	753.95	73.75
Standard Self	DG4	385.02	432.88	233.38	199.50	50.10	385.02	432.88	242.97	189.91	46.87
Standard Self & Family	DG5	866.27	973.98	532.62	441.36	111.16	866.27	973.98	554.50	419.48	103.77
Standard Self Plus One	DG6	827.77	930.69	499.11	431.58	108.45	827.77	930.69	519.62	411.07	101.58
Georgia Humana Employers Health Plan of Georgia, Inc											
High Self	DN1	329.16	339.88	233.38	106.50	12.96	329.16	339.88	242.97	96.91	9.73
High Self & Family	DN2	740.60	764.74	532.62	232.12	27.59	740.60	764.74	554.50	210.24	20.20
High Self Plus One	DN3	707.69	730.76	499.11	231.65	28.60	707.69	730.76	519.62	211.14	21.73
Standard Self	DN4	315.14	316.12	233.38	82.74	3.22	315.14	316.12	242.97	73.15	-0.01
Standard Self & Family	DN5	709.07	711.26	532.62	178.64	5.64	709.07	711.26	554.50	156.76	-1.75
Standard Self Plus One	DN6	677.55	679.65	499.11	180.54	7.63	677.55	679.65	519.62	160.03	0.76
Georgia Humana Employers Health Plan of Georgia, Inc											
Basic Self	Q71	271.76	286.23	217.53	68.70	6.87	271.76	286.23	226.84	59.39	3.00
Basic Self & Family	Q72	611.47	644.02	489.46	154.56	15.45	611.47	644.02	510.39	133.63	6.75
Basic Self Plus One	Q73	584.29	615.39	467.70	147.69	14.76	584.29	615.39	487.70	127.69	6.45

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Georgia Humana Employers Health Plan of Georgia, Inc											
Basic Self	RJ1	252.05	260.42	197.92	62.50	5.16	252.05	260.42	206.38	54.04	1.74
Basic Self & Family	RJ2	567.12	585.95	445.32	140.63	11.61	567.12	585.95	464.37	121.58	3.90
Basic Self Plus One	RJ3	541.91	559.90	425.52	134.38	11.10	541.91	559.90	443.72	116.18	3.73
Georgia Humana Employers Health Plan of Georgia, Inc											
Basic Self	RM1	263.24	274.61	208.70	65.91	6.02	263.24	274.61	217.63	56.98	2.36
Basic Self & Family	RM2	592.30	617.88	469.59	148.29	13.54	592.30	617.88	489.67	128.21	5.31
Basic Self Plus One	RM3	565.98	590.42	448.72	141.70	12.94	565.98	590.42	467.91	122.51	5.07
Georgia Kaiser Foundation Health Plan of Georgia											
High Self	F81	314.82	321.27	233.38	87.89	8.69	314.82	321.27	242.97	78.30	5.46
High Self & Family	F82	711.51	726.07	532.62	193.45	18.01	711.51	726.07	554.50	171.57	10.62
High Self Plus One	F83	711.51	726.07	499.11	226.96	20.09	711.51	726.07	519.62	206.45	13.22
Standard Self	F84	236.76	242.86	184.57	58.29	4.43	236.76	242.86	192.47	50.39	1.26
Standard Self & Family	F85	535.07	548.87	417.14	131.73	10.00	535.07	548.87	434.98	113.89	2.86
Standard Self Plus One	F86	535.07	548.87	417.14	131.73	10.00	535.07	548.87	434.98	113.89	2.86
Georgia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	LV1	290.79	305.55	232.22	73.33	7.18	290.79	305.55	242.15	63.40	3.06
Value Self & Family	LV2	815.41	916.66	532.62	384.04	104.70	815.41	916.66	554.50	362.16	97.31
Value Self Plus One	LV3	567.93	656.94	499.11	157.83	28.63	567.93	656.94	519.62	137.32	19.47
Guam Calvo's Selectcare											
High Self	B41	216.33	239.12	181.73	57.39	8.17	216.33	239.12	189.50	49.62	4.73
High Self & Family	B42	578.39	633.33	481.33	152.00	20.42	578.39	633.33	501.91	131.42	11.40
High Self Plus One	B43	422.16	466.63	354.64	111.99	15.95	422.16	466.63	369.80	96.83	9.23
Standard Self	B44	190.03	186.23	141.53	44.70	1.47	190.03	186.23	147.59	38.64	-0.79
Standard Self & Family	B45	508.07	541.09	411.23	129.86	14.27	508.07	541.09	428.81	112.28	6.86
Standard Self Plus One	B46	370.83	367.12	279.01	88.11	3.75	370.83	367.12	290.94	76.18	-0.77

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Guam TakeCare											
High Self	JK1	269.83	217.78	165.51	52.27	-9.12	269.83	217.78	172.59	45.19	-10.80
High Self & Family	JK2	643.61	519.47	394.80	124.67	-21.75	643.61	519.47	411.68	107.79	-25.76
High Self Plus One	JK3	533.09	430.26	327.00	103.26	-18.02	533.09	430.26	340.98	89.28	-21.34
Standard Self	JK4	187.00	179.91	136.73	43.18	0.64	187.00	179.91	142.58	37.33	-1.47
Standard Self & Family	JK5	529.57	509.48	387.20	122.28	1.80	529.57	509.48	403.76	105.72	-4.17
Standard Self Plus One	JK6	368.56	354.57	269.47	85.10	1.25	368.56	354.57	281.00	73.57	-2.91
Guam TakeCare											
HDHP Self	KX1	59.04	47.87	36.38	11.49	-1.94	59.04	47.87	37.94	9.93	-2.32
HDHP Self & Family	KX2	158.29	128.33	97.53	30.80	-5.21	158.29	128.33	101.70	26.63	-6.22
HDHP Self Plus One	KX3	142.50	115.59	87.85	27.74	-4.68	142.50	115.59	91.61	23.98	-5.59
Hawaii Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Hawaii Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Hawaii Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Hawaii HMSA											
High Self	871	280.13	280.13	212.90	67.23	3.50	280.13	280.13	222.00	58.13	0.00
High Self & Family	872	629.74	629.74	478.60	151.14	7.87	629.74	629.74	499.07	130.67	0.00
High Self Plus One	873	613.79	613.79	466.48	147.31	7.67	613.79	613.79	486.43	127.36	0.00
Hawaii Kaiser Foundation Health Plan of Hawaii											
High Self	631	303.96	303.96	231.01	72.95	3.80	303.96	303.96	240.89	63.07	0.00
High Self & Family	632	677.83	677.83	515.15	162.68	8.47	677.83	677.83	537.18	140.65	0.00
High Self Plus One	633	677.83	677.83	499.11	178.72	5.53	677.83	677.83	519.62	158.21	-1.34
Standard Self	634	205.24	205.24	155.98	49.26	2.57	205.24	205.24	162.65	42.59	0.00
Standard Self & Family	635	457.68	457.68	347.84	109.84	5.72	457.68	457.68	362.71	94.97	0.00
Standard Self Plus One	636	457.68	457.68	347.84	109.84	5.72	457.68	457.68	362.71	94.97	0.00
Idaho Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Idaho Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Idaho Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Idaho Altius Health Plans											
High Self	9K1	391.42	431.65	233.38	198.27	42.47	391.42	431.65	242.97	188.68	39.24
High Self & Family	9K2	865.60	954.58	532.62	421.96	92.43	865.60	954.58	554.50	400.08	85.04
High Self Plus One	9K3	857.03	945.13	499.11	446.02	93.63	857.03	945.13	519.62	425.51	86.76
HDHP Self	9K4	194.17	233.96	177.81	56.15	11.98	194.17	233.96	185.41	48.55	8.26
HDHP Self & Family	9K5	405.80	488.96	371.61	117.35	25.03	405.80	488.96	387.50	101.46	17.26
HDHP Self Plus One	9K6	397.84	479.37	364.32	115.05	24.54	397.84	479.37	379.90	99.47	16.92
Idaho Altius Health Plans											
Standard Self	DK4	273.97	328.82	233.38	95.44	33.11	273.97	328.82	242.97	85.85	29.00
Standard Self & Family	DK5	604.99	726.14	532.62	193.52	55.88	604.99	726.14	554.50	171.64	46.10
Standard Self Plus One	DK6	599.00	718.94	499.11	219.83	83.56	599.00	718.94	519.62	199.32	75.03
Idaho Kaiser Foundation Health Plan of Washington											
High Self	541	381.04	376.34	233.38	142.96	-2.46	381.04	376.34	242.97	133.37	-5.69
High Self & Family	542	838.30	827.96	532.62	295.34	-6.89	838.30	827.96	554.50	273.46	-14.28
High Self Plus One	543	838.30	827.96	499.11	328.85	-4.81	838.30	827.96	519.62	308.34	-11.68
Standard Self	544	281.07	270.08	205.26	64.82	0.88	281.07	270.08	214.04	56.04	-2.28
Standard Self & Family	545	646.46	621.19	472.10	149.09	2.02	646.46	621.19	492.29	128.90	-5.24
Standard Self Plus One	546	646.46	621.19	472.10	149.09	2.02	646.46	621.19	492.29	128.90	-5.24
Illinois Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Illinois Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Illinois Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Illinois Blue Preferred											
High Self	9G1	338.73	361.09	233.38	127.71	24.60	338.73	361.09	242.97	118.12	21.37
High Self & Family	9G2	733.35	775.88	532.62	243.26	45.98	733.35	775.88	554.50	221.38	38.59
High Self Plus One	9G3	694.40	734.68	499.11	235.57	45.81	694.40	734.68	519.62	215.06	38.94
Standard Self	9G4	245.59	257.87	195.98	61.89	6.02	245.59	257.87	204.36	53.51	2.55
Standard Self & Family	9G5	706.05	732.88	532.62	200.26	30.28	706.05	732.88	554.50	178.38	22.89
Standard Self Plus One	9G6	638.52	662.78	499.11	163.67	18.41	638.52	662.78	519.62	143.16	10.67
Illinois Health Alliance HMO											
Standard Self	K84	289.29	296.51	225.35	71.16	5.35	289.29	296.51	234.98	61.53	1.50
Standard Self & Family	K85	885.51	800.59	532.62	267.97	-81.47	885.51	800.59	554.50	246.09	-88.86
Standard Self Plus One	K86	670.12	686.88	499.11	187.77	22.29	670.12	686.88	519.62	167.26	15.42
Illinois Humana CoverageFirst and Humana Value Plan											
CDHP Self	GB1	403.00	432.42	233.38	199.04	31.66	403.00	432.42	242.97	189.45	28.43
CDHP Self & Family	GB2	906.74	972.94	532.62	440.32	69.65	906.74	972.94	554.50	418.44	62.26
CDHP Self Plus One	GB3	866.44	929.71	499.11	430.60	68.80	866.44	929.71	519.62	410.09	61.93
Value Self	GB4	238.39	284.48	216.20	68.28	14.05	238.39	284.48	225.45	59.03	9.56
Value Self & Family	GB5	536.37	640.07	486.45	153.62	31.60	536.37	640.07	507.26	132.81	21.51
Value Self Plus One	GB6	512.55	611.62	464.83	146.79	30.18	512.55	611.62	484.71	126.91	20.56

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Illinois Humana CoverageFirst and Humana Value Plan											
CDHP Self	MW1	328.71	349.41	233.38	116.03	22.94	328.71	349.41	242.97	106.44	19.71
CDHP Self & Family	MW2	739.62	786.19	532.62	253.57	50.02	739.62	786.19	554.50	231.69	42.63
CDHP Self Plus One	MW3	706.74	751.23	499.11	252.12	50.02	706.74	751.23	519.62	231.61	43.15
Value Self	MW4	257.07	280.99	213.55	67.44	8.96	257.07	280.99	222.68	58.31	4.97
Value Self & Family	MW5	578.39	632.21	480.48	151.73	20.15	578.39	632.21	501.03	131.18	11.16
Value Self Plus One	MW6	552.69	604.12	459.13	144.99	19.25	552.69	604.12	478.77	125.35	10.67
Illinois Humana Health Plan, Inc.											
High Self	751	582.31	559.41	233.38	326.03	-20.66	582.31	559.41	242.97	316.44	-23.89
High Self & Family	752	1310.18	1258.68	532.62	726.06	-48.05	1310.18	1258.68	554.50	704.18	-55.44
High Self Plus One	753	1251.95	1202.73	499.11	703.62	-43.69	1251.95	1202.73	519.62	683.11	-50.56
Standard Self	754	406.84	394.92	233.38	161.54	-9.68	406.84	394.92	242.97	151.95	-12.91
Standard Self & Family	755	915.39	888.57	532.62	355.95	-23.37	915.39	888.57	554.50	334.07	-30.76
Standard Self Plus One	756	874.69	849.08	499.11	349.97	-20.08	874.69	849.08	519.62	329.46	-26.95
Illinois Humana Health Plan, Inc.											
High Self	9F1	724.79	784.74	233.38	551.36	62.19	724.79	784.74	242.97	541.77	58.96
High Self & Family	9F2	1630.79	1765.66	532.62	1233.04	138.32	1630.79	1765.66	554.50	1211.16	130.93
High Self Plus One	9F3	1558.30	1687.18	499.11	1188.07	134.41	1558.30	1687.18	519.62	1167.56	127.54
Illinois Humana Health Plan, Inc.											
Basic Self	AB1	269.57	283.92	215.78	68.14	6.81	269.57	283.92	225.01	58.91	2.97
Basic Self & Family	AB2	606.53	638.84	485.52	153.32	15.33	606.53	638.84	506.28	132.56	6.71
Basic Self Plus One	AB3	579.57	610.45	463.94	146.51	14.66	579.57	610.45	483.78	126.67	6.41
Standard Self	AB4	471.05	505.28	233.38	271.90	36.47	471.05	505.28	242.97	262.31	33.24
Standard Self & Family	AB5	1059.87	1136.90	532.62	604.28	80.48	1059.87	1136.90	554.50	582.40	73.09
Standard Self Plus One	AB6	1012.76	1086.36	499.11	587.25	79.13	1012.76	1086.36	519.62	566.74	72.26

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Illinois Humana Health Plan, Inc.											
Basic Self	RW1	273.24	287.79	218.72	69.07	6.91	273.24	287.79	228.07	59.72	3.02
Basic Self & Family	RW2	614.79	647.52	492.12	155.40	15.54	614.79	647.52	513.16	134.36	6.79
Basic Self Plus One	RW3	587.46	618.75	470.25	148.50	14.85	587.46	618.75	490.36	128.39	6.49
Illinois MercyCare Health Plans											
High Self	EY1	353.76	352.64	233.38	119.26	1.12	353.76	352.64	242.97	109.67	-2.11
High Self & Family	EY2	923.20	920.31	532.62	387.69	0.56	923.20	920.31	554.50	365.81	-6.83
High Self Plus One	EY3	760.59	758.22	499.11	259.11	3.16	760.59	758.22	519.62	238.60	-3.71
Illinois Union Health Service											
High Self	761	309.74	314.65	233.38	81.27	7.15	309.74	314.65	242.97	71.68	3.92
High Self & Family	762	775.83	790.02	532.62	257.40	17.64	775.83	790.02	554.50	235.52	10.25
High Self Plus One	763	680.38	697.49	499.11	198.38	22.64	680.38	697.49	519.62	177.87	15.77
Illinois UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	L91	213.84	201.72	153.31	48.41	-0.24	213.84	201.72	159.86	41.86	-2.51
Value Self & Family	L92	599.62	565.61	429.86	135.75	-0.66	599.62	565.61	448.25	117.36	-7.06
Value Self Plus One	L93	417.64	393.95	299.40	94.55	-0.46	417.64	393.95	312.21	81.74	-4.92
Indiana Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Indiana Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Indiana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03
Indiana Health Alliance HMO											
Standard Self	K84	289.29	296.51	225.35	71.16	5.35	289.29	296.51	234.98	61.53	1.50
Standard Self & Family	K85	885.51	800.59	532.62	267.97	-81.47	885.51	800.59	554.50	246.09	-88.86
Standard Self Plus One	K86	670.12	686.88	499.11	187.77	22.29	670.12	686.88	519.62	167.26	15.42
Indiana Humana CoverageFirst and Humana Value Plan											
CDHP Self	MW1	328.71	349.41	233.38	116.03	22.94	328.71	349.41	242.97	106.44	19.71
CDHP Self & Family	MW2	739.62	786.19	532.62	253.57	50.02	739.62	786.19	554.50	231.69	42.63
CDHP Self Plus One	MW3	706.74	751.23	499.11	252.12	50.02	706.74	751.23	519.62	231.61	43.15
Value Self	MW4	257.07	280.99	213.55	67.44	8.96	257.07	280.99	222.68	58.31	4.97
Value Self & Family	MW5	578.39	632.21	480.48	151.73	20.15	578.39	632.21	501.03	131.18	11.16
Value Self Plus One	MW6	552.69	604.12	459.13	144.99	19.25	552.69	604.12	478.77	125.35	10.67
Indiana Humana CoverageFirst and Humana Value Plan											
CDHP Self	TC1	277.99	287.13	218.22	68.91	5.67	277.99	287.13	227.55	59.58	1.90
CDHP Self & Family	TC2	625.49	646.04	490.99	155.05	12.75	625.49	646.04	511.99	134.05	4.26
CDHP Self Plus One	TC3	597.69	617.33	469.17	148.16	12.19	597.69	617.33	489.23	128.10	4.08

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Indiana Humana CoverageFirst and Humana Value Plan											
CDHP Self	X31	New Plan	315.99	233.38	82.61	New Plan	New Plan	315.99	242.97	73.02	New Plan
CDHP Self & Family	X32	New Plan	710.99	532.62	178.37	New Plan	New Plan	710.99	554.50	156.49	New Plan
CDHP Self Plus One	X33	New Plan	679.39	499.11	180.28	New Plan	New Plan	679.39	519.62	159.77	New Plan
Value Self	X34	New Plan	263.20	200.03	63.17	New Plan	New Plan	263.20	208.59	54.61	New Plan
Value Self & Family	X35	New Plan	592.21	450.08	142.13	New Plan	New Plan	592.21	469.33	122.88	New Plan
Value Self Plus One	X36	New Plan	565.88	430.07	135.81	New Plan	New Plan	565.88	448.46	117.42	New Plan
Indiana Humana Health Plan of Ohio, Inc.											
High Self	A61	482.03	541.22	233.38	307.84	61.43	482.03	541.22	242.97	298.25	58.20
High Self & Family	A62	1084.57	1217.76	532.62	685.14	136.64	1084.57	1217.76	554.50	663.26	129.25
High Self Plus One	A63	1036.37	1163.64	499.11	664.53	132.80	1036.37	1163.64	519.62	644.02	125.93
Standard Self	A64	385.79	429.36	233.38	195.98	45.81	385.79	429.36	242.97	186.39	42.58
Standard Self & Family	A65	868.03	966.08	532.62	433.46	101.50	868.03	966.08	554.50	411.58	94.11
Standard Self Plus One	A66	829.45	923.15	499.11	424.04	99.23	829.45	923.15	519.62	403.53	92.36
Indiana Humana Health Plan, Inc.											
High Self	751	582.31	559.41	233.38	326.03	-20.66	582.31	559.41	242.97	316.44	-23.89
High Self & Family	752	1310.18	1258.68	532.62	726.06	-48.05	1310.18	1258.68	554.50	704.18	-55.44
High Self Plus One	753	1251.95	1202.73	499.11	703.62	-43.69	1251.95	1202.73	519.62	683.11	-50.56
Standard Self	754	406.84	394.92	233.38	161.54	-9.68	406.84	394.92	242.97	151.95	-12.91
Standard Self & Family	755	915.39	888.57	532.62	355.95	-23.37	915.39	888.57	554.50	334.07	-30.76
Standard Self Plus One	756	874.69	849.08	499.11	349.97	-20.08	874.69	849.08	519.62	329.46	-26.95

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Indiana Humana Health Plan, Inc.											
High Self	MH1	369.98	407.99	233.38	174.61	40.25	369.98	407.99	242.97	165.02	37.02
High Self & Family	MH2	832.45	917.98	532.62	385.36	88.98	832.45	917.98	554.50	363.48	81.59
High Self Plus One	MH3	795.44	877.18	499.11	378.07	87.27	795.44	877.18	519.62	357.56	80.40
Standard Self	MH4	310.64	333.41	233.38	100.03	25.01	310.64	333.41	242.97	90.44	21.78
Standard Self & Family	MH5	698.93	750.17	532.62	217.55	54.69	698.93	750.17	554.50	195.67	47.30
Standard Self Plus One	MH6	667.87	716.83	499.11	217.72	54.49	667.87	716.83	519.62	197.21	47.62
Iowa Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Iowa Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Iowa Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Iowa Health Alliance HMO											
Standard Self	K84	289.29	296.51	225.35	71.16	5.35	289.29	296.51	234.98	61.53	1.50
Standard Self & Family	K85	885.51	800.59	532.62	267.97	-81.47	885.51	800.59	554.50	246.09	-88.86
Standard Self Plus One	K86	670.12	686.88	499.11	187.77	22.29	670.12	686.88	519.62	167.26	15.42

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Iowa HealthPartners											
High Self	V31	356.92	364.76	233.38	131.38	10.08	356.92	364.76	242.97	121.79	6.85
High Self & Family	V32	869.46	888.56	532.62	355.94	22.55	869.46	888.56	554.50	334.06	15.16
High Self Plus One	V33	788.79	806.11	499.11	307.00	22.85	788.79	806.11	519.62	286.49	15.98
Standard Self	V34	211.15	197.58	150.16	47.42	-0.62	211.15	197.58	156.58	41.00	-2.81
Standard Self & Family	V35	514.37	481.30	365.79	115.51	-1.51	514.37	481.30	381.43	99.87	-6.86
Standard Self Plus One	V36	466.65	436.65	331.85	104.80	-1.36	466.65	436.65	346.05	90.60	-6.23
Iowa UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	N71	231.60	245.61	186.66	58.95	6.26	231.60	245.61	194.65	50.96	2.90
HDHP Self & Family	N72	579.00	564.89	429.32	135.57	3.85	579.00	564.89	447.68	117.21	-2.93
HDHP Self Plus One	N73	497.94	528.05	401.32	126.73	13.45	497.94	528.05	418.48	109.57	6.25
Iowa UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	LJ1	281.86	310.13	233.38	76.75	12.63	281.86	310.13	242.97	67.16	8.67
High Self & Family	LJ2	704.66	775.32	532.62	242.70	74.11	704.66	775.32	554.50	220.82	66.72
High Self Plus One	LJ3	606.01	666.78	499.11	167.67	29.80	606.01	666.78	519.62	147.16	21.41
Kansas Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Kansas Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Kansas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Kansas Aetna Open Access											
High Self	HA1	336.16	406.62	233.38	173.24	72.70	336.16	406.62	242.97	163.65	69.47
High Self & Family	HA2	794.06	960.51	532.62	427.89	169.90	794.06	960.51	554.50	406.01	162.51
High Self Plus One	HA3	786.22	951.02	499.11	451.91	170.33	786.22	951.02	519.62	431.40	163.46
Standard Self	HA4	282.10	326.70	233.38	93.32	29.14	282.10	326.70	242.97	83.73	25.19
Standard Self & Family	HA5	665.86	771.13	532.62	238.51	87.03	665.86	771.13	554.50	216.63	78.46
Standard Self Plus One	HA6	659.27	763.50	499.11	264.39	109.76	659.27	763.50	519.62	243.88	102.89
Kansas Humana CoverageFirst and Humana Value Plan											
CDHP Self	PH1	265.95	277.36	210.79	66.57	6.07	265.95	277.36	219.81	57.55	2.37
CDHP Self & Family	PH2	598.38	624.06	474.29	149.77	13.64	598.38	624.06	494.57	129.49	5.33
CDHP Self Plus One	PH3	571.79	596.33	453.21	143.12	13.04	571.79	596.33	472.59	123.74	5.09
Value Self	PH4	193.28	197.70	150.25	47.45	3.48	193.28	197.70	156.68	41.02	0.91
Value Self & Family	PH5	434.90	444.84	338.08	106.76	7.82	434.90	444.84	352.54	92.30	2.06
Value Self Plus One	PH6	415.56	425.06	323.05	102.01	7.47	415.56	425.06	336.86	88.20	1.97

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Kansas Humana Health Plan, Inc.											
High Self	MS1	748.42	750.29	233.38	516.91	4.11	748.42	750.29	242.97	507.32	0.88
High Self & Family	MS2	1683.94	1688.15	532.62	1155.53	7.66	1683.94	1688.15	554.50	1133.65	0.27
High Self Plus One	MS3	1609.10	1613.12	499.11	1114.01	9.55	1609.10	1613.12	519.62	1093.50	2.68
Standard Self	MS4	402.19	439.74	233.38	206.36	39.79	402.19	439.74	242.97	196.77	36.56
Standard Self & Family	MS5	904.94	989.44	532.62	456.82	87.95	904.94	989.44	554.50	434.94	80.56
Standard Self Plus One	MS6	864.72	945.46	499.11	446.35	86.27	864.72	945.46	519.62	425.84	79.40
Kentucky Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Kentucky Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Kentucky Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Kentucky Humana CoverageFirst and Humana Value Plan											
CDHP Self	6N1	270.03	292.45	222.26	70.19	8.76	270.03	292.45	231.77	60.68	4.65
CDHP Self & Family	6N2	607.56	658.01	500.09	157.92	19.70	607.56	658.01	521.47	136.54	10.47
CDHP Self Plus One	6N3	580.56	628.76	477.86	150.90	18.82	580.56	628.76	498.29	130.47	10.00

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Kentucky Humana CoverageFirst and Humana Value Plan											
CDHP Self	TC1	277.99	287.13	218.22	68.91	5.67	277.99	287.13	227.55	59.58	1.90
CDHP Self & Family	TC2	625.49	646.04	490.99	155.05	12.75	625.49	646.04	511.99	134.05	4.26
CDHP Self Plus One	TC3	597.69	617.33	469.17	148.16	12.19	597.69	617.33	489.23	128.10	4.08
Kentucky Humana CoverageFirst and Humana Value Plan											
CDHP Self	X31	New Plan	315.99	233.38	82.61	New Plan	New Plan	315.99	242.97	73.02	New Plan
CDHP Self & Family	X32	New Plan	710.99	532.62	178.37	New Plan	New Plan	710.99	554.50	156.49	New Plan
CDHP Self Plus One	X33	New Plan	679.39	499.11	180.28	New Plan	New Plan	679.39	519.62	159.77	New Plan
Value Self	X34	New Plan	263.20	200.03	63.17	New Plan	New Plan	263.20	208.59	54.61	New Plan
Value Self & Family	X35	New Plan	592.21	450.08	142.13	New Plan	New Plan	592.21	469.33	122.88	New Plan
Value Self Plus One	X36	New Plan	565.88	430.07	135.81	New Plan	New Plan	565.88	448.46	117.42	New Plan
Kentucky Humana Health Plan of Ohio, Inc.											
High Self	A61	482.03	541.22	233.38	307.84	61.43	482.03	541.22	242.97	298.25	58.20
High Self & Family	A62	1084.57	1217.76	532.62	685.14	136.64	1084.57	1217.76	554.50	663.26	129.25
High Self Plus One	A63	1036.37	1163.64	499.11	664.53	132.80	1036.37	1163.64	519.62	644.02	125.93
Standard Self	A64	385.79	429.36	233.38	195.98	45.81	385.79	429.36	242.97	186.39	42.58
Standard Self & Famil	A65	868.03	966.08	532.62	433.46	101.50	868.03	966.08	554.50	411.58	94.11
Standard Self Plus On	A66	829.45	923.15	499.11	424.04	99.23	829.45	923.15	519.62	403.53	92.36
Kentucky Humana Health Plan of Ohio, Inc.											
Basic Self	W61	New Plan	270.36	205.47	64.89	New Plan	New Plan	270.36	214.26	56.10	New Plan
Basic Self & Family	W62	New Plan	608.31	462.32	145.99	New Plan	New Plan	608.31	482.09	126.22	New Plan
Basic Self Plus One	W63	New Plan	581.27	441.77	139.50	New Plan	New Plan	581.27	460.66	120.61	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Kentucky Humana Health Plan, Inc.											
High Self	MH1	369.98	407.99	233.38	174.61	40.25	369.98	407.99	242.97	165.02	37.02
High Self & Family	MH2	832.45	917.98	532.62	385.36	88.98	832.45	917.98	554.50	363.48	81.59
High Self Plus One	MH3	795.44	877.18	499.11	378.07	87.27	795.44	877.18	519.62	357.56	80.40
Standard Self	MH4	310.64	333.41	233.38	100.03	25.01	310.64	333.41	242.97	90.44	21.78
Standard Self & Family	MH5	698.93	750.17	532.62	217.55	54.69	698.93	750.17	554.50	195.67	47.30
Standard Self Plus One	MH6	667.87	716.83	499.11	217.72	54.49	667.87	716.83	519.62	197.21	47.62
Kentucky Humana Health Plan, Inc.											
High Self	MI1	461.68	518.37	233.38	284.99	58.93	461.68	518.37	242.97	275.40	55.70
High Self & Family	MI2	1038.76	1166.32	532.62	633.70	131.01	1038.76	1166.32	554.50	611.82	123.62
High Self Plus One	MI3	992.60	1114.48	499.11	615.37	127.41	992.60	1114.48	519.62	594.86	120.54
Standard Self	MI4	352.42	374.73	233.38	141.35	24.55	352.42	374.73	242.97	131.76	21.32
Standard Self & Family	MI5	792.96	843.14	532.62	310.52	53.63	792.96	843.14	554.50	288.64	46.24
Standard Self Plus One	MI6	757.71	805.67	499.11	306.56	53.49	757.71	805.67	519.62	286.05	46.62
Kentucky UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	N71	231.60	245.61	186.66	58.95	6.26	231.60	245.61	194.65	50.96	2.90
HDHP Self & Family	N72	579.00	564.89	429.32	135.57	3.85	579.00	564.89	447.68	117.21	-2.93
HDHP Self Plus One	N73	497.94	528.05	401.32	126.73	13.45	497.94	528.05	418.48	109.57	6.25
Kentucky UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	LJ1	281.86	310.13	233.38	76.75	12.63	281.86	310.13	242.97	67.16	8.67
High Self & Family	LJ2	704.66	775.32	532.62	242.70	74.11	704.66	775.32	554.50	220.82	66.72
High Self Plus One	LJ3	606.01	666.78	499.11	167.67	29.80	606.01	666.78	519.62	147.16	21.41
Louisiana Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Louisiana Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Louisiana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self	AE1	364.95	398.79	233.38	165.41	36.08	364.95	398.79	242.97	155.82	32.85
High Self & Family	AE2	821.12	897.26	532.62	364.64	79.59	821.12	897.26	554.50	342.76	72.20
High Self Plus One	AE3	784.63	857.39	499.11	358.28	78.29	784.63	857.39	519.62	337.77	71.42
Standard Self	AE4	315.65	338.79	233.38	105.41	25.38	315.65	338.79	242.97	95.82	22.15
Standard Self & Famil	AE5	710.22	762.29	532.62	229.67	55.52	710.22	762.29	554.50	207.79	48.13
Standard Self Plus On	AE6	678.65	728.41	499.11	229.30	55.29	678.65	728.41	519.62	208.79	48.42
Louisiana Humana Health Benefit Plan of Louisiana, Inc.											
High Self	BC1	320.18	346.66	233.38	113.28	28.72	320.18	346.66	242.97	103.69	25.49
High Self & Family	BC2	720.43	780.01	532.62	247.39	63.03	720.43	780.01	554.50	225.51	55.64
High Self Plus One	BC3	688.41	745.34	499.11	246.23	62.46	688.41	745.34	519.62	225.72	55.59
Standard Self	BC4	263.93	275.34	209.26	66.08	6.04	263.93	275.34	218.21	57.13	2.36
Standard Self & Famil	BC5	593.85	619.52	470.84	148.68	13.58	593.85	619.52	490.97	128.55	5.33
Standard Self Plus On	BC6	567.46	591.98	449.90	142.08	12.98	567.46	591.98	469.14	122.84	5.09

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt 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	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02
Louisiana UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
Maine Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Maine Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Maine Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
Maryland Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Maryland Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Maryland Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Maryland Aetna Open Access											
High Self	JN1	509.12	516.52	233.38	283.14	9.64	509.12	516.52	242.97	273.55	6.41
High Self & Family	JN2	1144.59	1161.22	532.62	628.60	20.08	1144.59	1161.22	554.50	606.72	12.69
High Self Plus One	JN3	1133.25	1149.71	499.11	650.60	21.99	1133.25	1149.71	519.62	630.09	15.12
Basic Self	JN4	305.93	314.06	233.38	80.68	10.37	305.93	314.06	242.97	71.09	7.14
Basic Self & Family	JN5	700.13	718.73	532.62	186.11	22.05	700.13	718.73	554.50	164.23	14.66
Basic Self Plus One	JN6	642.92	660.00	499.11	160.89	14.63	642.92	660.00	519.62	140.38	6.97
Maryland CareFirst BlueChoice											
Standard Self	2G4	320.13	368.16	233.38	134.78	50.27	320.13	368.16	242.97	125.19	47.04
Standard Self & Family	2G5	760.64	874.73	532.62	342.11	117.54	760.64	874.73	554.50	320.23	110.15
Standard Self Plus One	2G6	640.27	736.31	499.11	237.20	91.54	640.27	736.31	519.62	216.69	83.83
Maryland CareFirst BlueChoice											
HDHP Self	B61	281.41	239.20	181.79	57.41	-6.61	281.41	239.20	189.57	49.63	-8.76
HDHP Self & Family	B62	668.62	568.33	431.93	136.40	-15.71	668.62	568.33	450.40	117.93	-20.81
HDHP Self Plus One	B63	562.82	478.39	363.58	114.81	-13.23	562.82	478.39	379.12	99.27	-17.52

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Maryland Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	304.78	319.70	233.38	86.32	16.98	304.78	319.70	242.97	76.73	13.49
High Self & Family	E32	701.00	735.30	532.62	202.68	37.75	701.00	735.30	554.50	180.80	30.36
High Self Plus One	E33	701.00	735.30	499.11	236.19	39.83	701.00	735.30	519.62	215.68	32.96
Standard Self	E34	233.06	240.81	183.02	57.79	4.77	233.06	240.81	190.84	49.97	1.61
Standard Self & Famil	E35	536.07	553.84	420.92	132.92	10.96	536.07	553.84	438.92	114.92	3.69
Standard Self Plus On	E36	536.07	553.84	420.92	132.92	10.96	536.07	553.84	438.92	114.92	3.69
Maryland Kaiser Foundation Health Plan Mid-Atlantic States											
Basic Self	T71	212.32	193.90	147.36	46.54	-1.76	212.32	193.90	153.67	40.23	-3.83
Basic Self & Family	T72	509.77	473.61	359.94	113.67	-2.30	509.77	473.61	375.34	98.27	-7.51
Basic Self Plus One	T73	464.41	431.49	327.93	103.56	-2.09	464.41	431.49	341.96	89.53	-6.84
Maryland M.D. IPA											
High Self	JP1	331.28	365.01	233.38	131.63	35.97	331.28	365.01	242.97	122.04	32.74
High Self & Family	JP2	928.92	1023.48	532.62	490.86	98.01	928.92	1023.48	554.50	468.98	90.62
High Self Plus One	JP3	646.99	712.86	499.11	213.75	66.56	646.99	712.86	519.62	193.24	58.99
Maryland UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	V41	261.68	228.78	173.87	54.91	-4.62	261.68	228.78	181.31	47.47	-6.83
HDHP Self & Family	V42	654.22	526.18	399.90	126.28	-22.56	654.22	526.18	417.00	109.18	-26.57
HDHP Self Plus One	V43	562.62	491.87	373.82	118.05	-9.95	562.62	491.87	389.81	102.06	-14.68
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	LR1	280.61	308.28	233.38	74.90	11.06	280.61	308.28	242.97	65.31	7.08
High Self & Family	LR2	701.54	730.61	532.62	197.99	32.52	701.54	730.61	554.50	176.11	25.13
High Self Plus One	LR3	603.32	662.79	499.11	163.68	26.42	603.32	662.79	519.62	143.17	17.98
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	L91	213.84	201.72	153.31	48.41	-0.24	213.84	201.72	159.86	41.86	-2.51
Value Self & Family	L92	599.62	565.61	429.86	135.75	-0.66	599.62	565.61	448.25	117.36	-7.06
Value Self Plus One	L93	417.64	393.95	299.40	94.55	-0.46	417.64	393.95	312.21	81.74	-4.92

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Massachusetts Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
Michigan Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Michigan Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Michigan Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Michigan Bluecare Network of MI											
High Self	K51	428.22	435.44	233.38	202.06	9.46	428.22	435.44	242.97	192.47	6.23
High Self & Family	K52	1044.84	1062.44	532.62	529.82	21.05	1044.84	1062.44	554.50	507.94	13.66
High Self Plus One	K53	984.91	1001.49	499.11	502.38	22.11	984.91	1001.49	519.62	481.87	15.24
Michigan Bluecare Network of MI											
High Self	LX1	308.30	339.10	233.38	105.72	33.04	308.30	339.10	242.97	96.13	29.81
High Self & Family	LX2	752.23	827.37	532.62	294.75	78.59	752.23	827.37	554.50	272.87	71.20
High Self Plus One	LX3	709.09	779.91	499.11	280.80	76.35	709.09	779.91	519.62	260.29	69.48
Michigan Health Alliance Plan											
High Self	521	326.87	352.54	233.38	119.16	27.91	326.87	352.54	242.97	109.57	24.68
High Self & Family	522	797.56	860.18	532.62	327.56	66.07	797.56	860.18	554.50	305.68	58.68
High Self Plus One	523	751.80	810.84	499.11	311.73	64.57	751.80	810.84	519.62	291.22	57.70
Michigan Health Alliance Plan											
Standard Self	GY4	260.27	276.16	209.88	66.28	7.07	260.27	276.16	218.86	57.30	3.29
Standard Self & Family	GY5	635.06	673.85	512.13	161.72	17.24	635.06	673.85	534.03	139.82	8.05
Standard Self Plus One	GY6	598.62	635.18	482.74	152.44	16.25	598.62	635.18	503.38	131.80	7.59

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Michigan Priority Health											
High Self	LE1	375.60	420.97	233.38	187.59	47.61	375.60	420.97	242.97	178.00	44.38
High Self & Family	LE2	882.65	989.28	532.62	456.66	110.08	882.65	989.28	554.50	434.78	102.69
High Self Plus One	LE3	826.31	926.14	499.11	427.03	105.36	826.31	926.14	519.62	406.52	98.49
Standard Self	LE4	273.84	232.82	176.94	55.88	-6.42	273.84	232.82	184.51	48.31	-8.51
Standard Self & Family	LE5	643.53	547.13	415.82	131.31	-15.09	643.53	547.13	433.60	113.53	-20.00
Standard Self Plus One	LE6	602.45	512.21	389.28	122.93	-14.13	602.45	512.21	405.93	106.28	-18.73
Minnesota Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Minnesota Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Minnesota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Minnesota HealthPartners											
High Self	V31	356.92	364.76	233.38	131.38	10.08	356.92	364.76	242.97	121.79	6.85
High Self & Family	V32	869.46	888.56	532.62	355.94	22.55	869.46	888.56	554.50	334.06	15.16
High Self Plus One	V33	788.79	806.11	499.11	307.00	22.85	788.79	806.11	519.62	286.49	15.98
Standard Self	V34	211.15	197.58	150.16	47.42	-0.62	211.15	197.58	156.58	41.00	-2.81
Standard Self & Family	V35	514.37	481.30	365.79	115.51	-1.51	514.37	481.30	381.43	99.87	-6.86
Standard Self Plus One	V36	466.65	436.65	331.85	104.80	-1.36	466.65	436.65	346.05	90.60	-6.23
Mississippi Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Mississippi Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Mississippi Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Mississippi UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Mississippi UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
Missouri Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Missouri Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Missouri Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Missouri Aetna Open Access											
High Self	HA1	336.16	406.62	233.38	173.24	72.70	336.16	406.62	242.97	163.65	69.47
High Self & Family	HA2	794.06	960.51	532.62	427.89	169.90	794.06	960.51	554.50	406.01	162.51
High Self Plus One	HA3	786.22	951.02	499.11	451.91	170.33	786.22	951.02	519.62	431.40	163.46
Standard Self	HA4	282.10	326.70	233.38	93.32	29.14	282.10	326.70	242.97	83.73	25.19
Standard Self & Famil	HA5	665.86	771.13	532.62	238.51	87.03	665.86	771.13	554.50	216.63	78.46
Standard Self Plus On	HA6	659.27	763.50	499.11	264.39	109.76	659.27	763.50	519.62	243.88	102.89

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Missouri Blue Preferred											
High Self	9G1	338.73	361.09	233.38	127.71	24.60	338.73	361.09	242.97	118.12	21.37
High Self & Family	9G2	733.35	775.88	532.62	243.26	45.98	733.35	775.88	554.50	221.38	38.59
High Self Plus One	9G3	694.40	734.68	499.11	235.57	45.81	694.40	734.68	519.62	215.06	38.94
Standard Self	9G4	245.59	257.87	195.98	61.89	6.02	245.59	257.87	204.36	53.51	2.55
Standard Self & Family	9G5	706.05	732.88	532.62	200.26	30.28	706.05	732.88	554.50	178.38	22.89
Standard Self Plus One	9G6	638.52	662.78	499.11	163.67	18.41	638.52	662.78	519.62	143.16	10.67
Missouri Humana CoverageFirst and Humana Value Plan											
CDHP Self	PH1	265.95	277.36	210.79	66.57	6.07	265.95	277.36	219.81	57.55	2.37
CDHP Self & Family	PH2	598.38	624.06	474.29	149.77	13.64	598.38	624.06	494.57	129.49	5.33
CDHP Self Plus One	PH3	571.79	596.33	453.21	143.12	13.04	571.79	596.33	472.59	123.74	5.09
Value Self	PH4	193.28	197.70	150.25	47.45	3.48	193.28	197.70	156.68	41.02	0.91
Value Self & Family	PH5	434.90	444.84	338.08	106.76	7.82	434.90	444.84	352.54	92.30	2.06
Value Self Plus One	PH6	415.56	425.06	323.05	102.01	7.47	415.56	425.06	336.86	88.20	1.97
Missouri Humana Health Plan, Inc.											
High Self	MS1	748.42	750.29	233.38	516.91	4.11	748.42	750.29	242.97	507.32	0.88
High Self & Family	MS2	1683.94	1688.15	532.62	1155.53	7.66	1683.94	1688.15	554.50	1133.65	0.27
High Self Plus One	MS3	1609.10	1613.12	499.11	1114.01	9.55	1609.10	1613.12	519.62	1093.50	2.68
Standard Self	MS4	402.19	439.74	233.38	206.36	39.79	402.19	439.74	242.97	196.77	36.56
Standard Self & Family	MS5	904.94	989.44	532.62	456.82	87.95	904.94	989.44	554.50	434.94	80.56
Standard Self Plus One	MS6	864.72	945.46	499.11	446.35	86.27	864.72	945.46	519.62	425.84	79.40
Montana Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Montana Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Montana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Nebraska Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Nebraska Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Nebraska Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nevada Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Nevada Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Nevada Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Nevada Health Plan of Nevada											
High Self	NM1	280.40	303.94	230.99	72.95	9.16	280.40	303.94	240.87	63.07	4.89
High Self & Family	NM2	664.52	720.31	532.62	187.69	36.51	664.52	720.31	554.50	165.81	27.92
High Self Plus One	NM3	532.76	577.50	438.90	138.60	17.40	532.76	577.50	457.67	119.83	9.28
Nevada UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LU1	222.88	207.84	157.96	49.88	-0.83	222.88	207.84	164.71	43.13	-3.12
HDHP Self & Family	LU2	557.19	478.03	363.30	114.73	-12.03	557.19	478.03	378.84	99.19	-16.43
HDHP Self Plus One	LU3	479.19	446.86	339.61	107.25	-1.77	479.19	446.86	354.14	92.72	-6.71
Nevada UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KT1	281.85	313.47	233.38	80.09	15.97	281.85	313.47	242.97	70.50	12.02
High Self & Family	KT2	704.63	783.67	532.62	251.05	82.49	704.63	783.67	554.50	229.17	75.10
High Self Plus One	KT3	605.98	673.95	499.11	174.84	36.98	605.98	673.95	519.62	154.33	28.59

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
New Hampshire Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
New Jersey Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
New Jersey Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New Jersey Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
New Jersey Aetna Open Access											
High Self	JR1	666.58	650.67	233.38	417.29	-13.67	666.58	650.67	242.97	407.70	-16.90
High Self & Family	JR2	1539.74	1502.98	532.62	970.36	-33.31	1539.74	1502.98	554.50	948.48	-40.70
High Self Plus One	JR3	1524.49	1488.09	499.11	988.98	-30.87	1524.49	1488.09	519.62	968.47	-37.74
Basic Self	JR4	537.15	536.96	233.38	303.58	2.05	537.15	536.96	242.97	293.99	-1.18
Basic Self & Family	JR5	1244.88	1244.46	532.62	711.84	3.03	1244.88	1244.46	554.50	689.96	-4.36
Basic Self Plus One	JR6	1232.56	1232.13	499.11	733.02	5.10	1232.56	1232.13	519.62	712.51	-1.77
New Jersey Aetna Open Access											
High Self	P31	725.73	685.48	233.38	452.10	-38.01	725.73	685.48	242.97	442.51	-41.24
High Self & Family	P32	1759.54	1661.96	532.62	1129.34	-94.13	1759.54	1661.96	554.50	1107.46	-101.52
High Self Plus One	P33	1742.11	1645.50	499.11	1146.39	-91.08	1742.11	1645.50	519.62	1125.88	-97.95
Basic Self	P34	622.19	599.29	233.38	365.91	-20.66	622.19	599.29	242.97	356.32	-23.89
Basic Self & Family	P35	1444.10	1390.96	532.62	858.34	-49.69	1444.10	1390.96	554.50	836.46	-57.08
Basic Self Plus One	P36	1429.80	1377.18	499.11	878.07	-47.09	1429.80	1377.18	519.62	857.56	-53.96
New Jersey GHI Health Plan -											
Standard Self	804	328.15	427.37	233.38	193.99	101.46	328.15	427.37	242.97	184.40	98.23
Standard Self & Family	805	972.59	1036.83	532.62	504.21	67.69	972.59	1036.83	554.50	482.33	60.30
Standard Self Plus One	806	772.60	994.08	499.11	494.97	227.01	772.60	994.08	519.62	474.46	220.14

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New Mexico Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
New Mexico Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
New Mexico Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
New Mexico Presbyterian Health Plan											
High Self	P21	355.93	341.68	233.38	108.30	-12.01	355.93	341.68	242.97	98.71	-15.24
High Self & Family	P22	836.44	802.96	532.62	270.34	-30.03	836.44	802.96	554.50	248.46	-37.42
High Self Plus One	P23	807.98	775.63	499.11	276.52	-26.82	807.98	775.63	519.62	256.01	-33.69
New Mexico Presbyterian Health Plan											
Standard Self	PS4	299.96	287.38	218.41	68.97	0.73	299.96	287.38	227.75	59.63	-2.61
Standard Self & Family	PS5	704.93	675.36	513.27	162.09	-6.77	704.93	675.36	535.22	140.14	-14.23
Standard Self Plus One	PS6	680.93	652.36	495.79	156.57	-19.72	680.93	652.36	517.00	135.36	-27.29
New York Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New York Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
New York Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
New York Aetna Open Access											
High Self	JC1	537.70	601.41	233.38	368.03	65.95	537.70	601.41	242.97	358.44	62.72
High Self & Family	JC2	1328.64	1486.08	532.62	953.46	160.89	1328.64	1486.08	554.50	931.58	153.50
High Self Plus One	JC3	1315.51	1471.38	499.11	972.27	161.40	1315.51	1471.38	519.62	951.76	154.53
Basic Self	JC4	408.23	490.71	233.38	257.33	84.72	408.23	490.71	242.97	247.74	81.49
Basic Self & Family	JC5	995.75	1196.94	532.62	664.32	204.64	995.75	1196.94	554.50	642.44	197.25
Basic Self Plus One	JC6	985.90	1185.10	499.11	685.99	204.73	985.90	1185.10	519.62	665.48	197.86
New York CDPHP Universal Benefits, Inc.											
High Self	SG1	371.90	401.67	233.38	168.29	32.01	371.90	401.67	242.97	158.70	28.78
High Self & Family	SG2	1115.66	1204.87	532.62	672.25	92.66	1115.66	1204.87	554.50	650.37	85.27
High Self Plus One	SG3	743.82	803.33	499.11	304.22	65.04	743.82	803.33	519.62	283.71	58.17
Standard Self	SG4	266.57	266.57	202.59	63.98	3.34	266.57	266.57	211.26	55.31	0.00
Standard Self & Family	SG5	799.69	799.69	532.62	267.07	3.45	799.69	799.69	554.50	245.19	-3.94
Standard Self Plus One	SG6	533.14	533.14	405.19	127.95	6.66	533.14	533.14	422.51	110.63	0.00

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New York GHI Health Plan -											
Standard Self	804	328.15	427.37	233.38	193.99	101.46	328.15	427.37	242.97	184.40	98.23
Standard Self & Family	805	972.59	1036.83	532.62	504.21	67.69	972.59	1036.83	554.50	482.33	60.30
Standard Self Plus One	806	772.60	994.08	499.11	494.97	227.01	772.60	994.08	519.62	474.46	220.14
New York HIP of Greater New York											
High Self	511	352.04	454.78	233.38	221.40	104.98	352.04	454.78	242.97	211.81	101.75
High Self & Family	512	991.50	1302.18	532.62	769.56	314.13	991.50	1302.18	554.50	747.68	306.74
High Self Plus One	513	627.36	810.21	499.11	311.10	168.38	627.36	810.21	519.62	290.59	160.41
New York HIP of Greater New York											
Standard Self	YL4	New Plan	303.97	231.02	72.95	New Plan	New Plan	303.97	240.90	63.07	New Plan
Standard Self & Family	YL5	New Plan	869.85	532.62	337.23	New Plan	New Plan	869.85	554.50	315.35	New Plan
Standard Self Plus One	YL6	New Plan	539.64	410.13	129.51	New Plan	New Plan	539.64	427.66	111.98	New Plan
New York Independent Health Assoc											
Standard Self	C54	312.04	323.92	233.38	90.54	14.12	312.04	323.92	242.97	80.95	10.89
Standard Self & Family	C55	842.50	874.59	532.62	341.97	35.54	842.50	874.59	554.50	320.09	28.15
Standard Self Plus One	C56	795.69	825.99	499.11	326.88	35.83	795.69	825.99	519.62	306.37	28.96
New York Independent Health Assoc											
High Self	QA1	327.65	335.83	233.38	102.45	10.42	327.65	335.83	242.97	92.86	7.19
High Self & Family	QA2	884.67	906.72	532.62	374.10	25.50	884.67	906.72	554.50	352.22	18.11
High Self Plus One	QA3	835.52	856.35	499.11	357.24	26.36	835.52	856.35	519.62	336.73	19.49
HDHP Self	QA4	241.80	272.57	207.15	65.42	10.41	241.80	272.57	216.01	56.56	6.39
HDHP Self & Family	QA5	620.62	703.77	532.62	171.15	29.96	620.62	703.77	554.50	149.27	20.49
HDHP Self Plus One	QA6	577.43	655.94	498.51	157.43	26.06	577.43	655.94	519.62	136.32	16.50
New York MVP Health Care											
Standard Self	GA4	346.54	342.40	233.38	109.02	-1.90	346.54	342.40	242.97	99.43	-5.13
Standard Self & Family	GA5	849.00	838.87	532.62	306.25	-6.68	849.00	838.87	554.50	284.37	-14.07
Standard Self Plus One	GA6	797.02	787.51	499.11	288.40	-3.98	797.02	787.51	519.62	267.89	-10.85

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
New York MVP Health Care											
Standard Self	GV4	324.76	290.47	220.76	69.71	-19.43	324.76	290.47	230.20	60.27	-22.51
Standard Self & Family	GV5	795.64	711.65	532.62	179.03	-80.54	795.64	711.65	554.50	157.15	-87.93
Standard Self Plus One	GV6	746.93	668.09	499.11	168.98	-73.31	746.93	668.09	519.62	148.47	-80.18
New York MVP Health Care											
Standard Self	M94	324.64	333.81	233.38	100.43	11.41	324.64	333.81	242.97	90.84	8.18
Standard Self & Family	M95	795.37	817.85	532.62	285.23	25.93	795.37	817.85	554.50	263.35	18.54
Standard Self Plus One	M96	746.67	767.76	499.11	268.65	26.62	746.67	767.76	519.62	248.14	19.75
New York MVP Health Care											
Standard Self	MF4	446.23	452.94	233.38	219.56	8.95	446.23	452.94	242.97	209.97	5.72
Standard Self & Family	MF5	1093.26	1109.70	532.62	577.08	19.89	1093.26	1109.70	554.50	555.20	12.50
Standard Self Plus One	MF6	1026.32	1041.77	499.11	542.66	20.98	1026.32	1041.77	519.62	522.15	14.11
New York MVP Health Care											
Standard Self	MX4	391.83	405.44	233.38	172.06	15.85	391.83	405.44	242.97	162.47	12.62
Standard Self & Family	MX5	959.99	993.32	532.62	460.70	36.78	959.99	993.32	554.50	438.82	29.39
Standard Self Plus One	MX6	901.22	932.52	499.11	433.41	36.83	901.22	932.52	519.62	412.90	29.96
North Carolina Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
North Carolina Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
North Carolina Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
North Carolina UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02
North Carolina UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
North Dakota Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
North Dakota Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
North Dakota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
North Dakota HealthPartners											
High Self	V31	356.92	364.76	233.38	131.38	10.08	356.92	364.76	242.97	121.79	6.85
High Self & Family	V32	869.46	888.56	532.62	355.94	22.55	869.46	888.56	554.50	334.06	15.16
High Self Plus One	V33	788.79	806.11	499.11	307.00	22.85	788.79	806.11	519.62	286.49	15.98
Standard Self	V34	211.15	197.58	150.16	47.42	-0.62	211.15	197.58	156.58	41.00	-2.81
Standard Self & Family	V35	514.37	481.30	365.79	115.51	-1.51	514.37	481.30	381.43	99.87	-6.86
Standard Self Plus One	V36	466.65	436.65	331.85	104.80	-1.36	466.65	436.65	346.05	90.60	-6.23
Ohio Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Ohio Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Ohio Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03
Ohio AultCare Insurance Company											
High Self	3A1	345.84	355.15	233.38	121.77	11.55	345.84	355.15	242.97	112.18	8.32
High Self & Family	3A2	854.24	877.23	532.62	344.61	26.44	854.24	877.23	554.50	322.73	19.05
High Self Plus One	3A3	726.26	745.82	499.11	246.71	25.09	726.26	745.82	519.62	226.20	18.22
HDHP Self	3A4	166.00	172.27	130.93	41.34	3.58	166.00	172.27	136.52	35.75	1.31
HDHP Self & Family	3A5	533.86	551.23	418.93	132.30	10.85	533.86	551.23	436.85	114.38	3.60
HDHP Self Plus One	3A6	314.64	327.29	248.74	78.55	6.97	314.64	327.29	259.38	67.91	2.62
Ohio Humana CoverageFirst and Humana Value Plan											
CDHP Self	X31	New Plan	315.99	233.38	82.61	New Plan	New Plan	315.99	242.97	73.02	New Plan
CDHP Self & Family	X32	New Plan	710.99	532.62	178.37	New Plan	New Plan	710.99	554.50	156.49	New Plan
CDHP Self Plus One	X33	New Plan	679.39	499.11	180.28	New Plan	New Plan	679.39	519.62	159.77	New Plan
Value Self	X34	New Plan	263.20	200.03	63.17	New Plan	New Plan	263.20	208.59	54.61	New Plan
Value Self & Family	X35	New Plan	592.21	450.08	142.13	New Plan	New Plan	592.21	469.33	122.88	New Plan
Value Self Plus One	X36	New Plan	565.88	430.07	135.81	New Plan	New Plan	565.88	448.46	117.42	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Ohio Humana Health Plan of Ohio, Inc.											
High Self	A61	482.03	541.22	233.38	307.84	61.43	482.03	541.22	242.97	298.25	58.20
High Self & Family	A62	1084.57	1217.76	532.62	685.14	136.64	1084.57	1217.76	554.50	663.26	129.25
High Self Plus One	A63	1036.37	1163.64	499.11	664.53	132.80	1036.37	1163.64	519.62	644.02	125.93
Standard Self	A64	385.79	429.36	233.38	195.98	45.81	385.79	429.36	242.97	186.39	42.58
Standard Self & Family	A65	868.03	966.08	532.62	433.46	101.50	868.03	966.08	554.50	411.58	94.11
Standard Self Plus One	A66	829.45	923.15	499.11	424.04	99.23	829.45	923.15	519.62	403.53	92.36
Ohio Humana Health Plan of Ohio, Inc.											
Basic Self	W61	New Plan	270.36	205.47	64.89	New Plan	New Plan	270.36	214.26	56.10	New Plan
Basic Self & Family	W62	New Plan	608.31	462.32	145.99	New Plan	New Plan	608.31	482.09	126.22	New Plan
Basic Self Plus One	W63	New Plan	581.27	441.77	139.50	New Plan	New Plan	581.27	460.66	120.61	New Plan
Ohio Medical Mutual of Ohio											
Standard Self	644	351.44	395.89	233.38	162.51	46.69	351.44	395.89	242.97	152.92	43.46
Standard Self & Family	645	843.46	950.13	532.62	417.51	110.12	843.46	950.13	554.50	395.63	102.73
Standard Self Plus One	646	773.19	870.94	499.11	371.83	103.28	773.19	870.94	519.62	351.32	96.41
Ohio Medical Mutual of Ohio											
Basic Self	UX1	273.96	222.72	169.27	53.45	-8.88	273.96	222.72	176.51	46.21	-10.64
Basic Self & Family	UX2	657.52	534.53	406.24	128.29	-21.30	657.52	534.53	423.62	110.91	-25.53
Basic Self Plus One	UX3	602.73	489.99	372.39	117.60	-19.52	602.73	489.99	388.32	101.67	-23.40
Ohio Medical Mutual of Ohio											
Basic Self	X61	New Plan	213.10	161.96	51.14	New Plan	New Plan	213.10	168.88	44.22	New Plan
Basic Self & Family	X62	New Plan	511.44	388.69	122.75	New Plan	New Plan	511.44	405.32	106.12	New Plan
Basic Self Plus One	X63	New Plan	468.82	356.30	112.52	New Plan	New Plan	468.82	371.54	97.28	New Plan
Standard Self	X64	New Plan	371.98	233.38	138.60	New Plan	New Plan	371.98	242.97	129.01	New Plan
Standard Self & Family	X65	New Plan	892.75	532.62	360.13	New Plan	New Plan	892.75	554.50	338.25	New Plan
Standard Self Plus One	X66	New Plan	818.34	499.11	319.23	New Plan	New Plan	818.34	519.62	298.72	New Plan

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Ohio Medical Mutual of Ohio											
Basic Self	YF1	New Plan	226.41	172.07	54.34	New Plan	New Plan	226.41	179.43	46.98	New Plan
Basic Self & Family	YF2	New Plan	543.40	412.98	130.42	New Plan	New Plan	543.40	430.64	112.76	New Plan
Basic Self Plus One	YF3	New Plan	498.12	378.57	119.55	New Plan	New Plan	498.12	394.76	103.36	New Plan
Standard Self	YF4	New Plan	424.54	233.38	191.16	New Plan	New Plan	424.54	242.97	181.57	New Plan
Standard Self & Famil	YF5	New Plan	1018.89	532.62	486.27	New Plan	New Plan	1018.89	554.50	464.39	New Plan
Standard Self Plus On	YF6	New Plan	933.97	499.11	434.86	New Plan	New Plan	933.97	519.62	414.35	New Plan
Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Oklahoma Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Oklahoma GlobalHealth, Inc.											
High Self	IM1	262.11	285.69	217.12	68.57	8.94	262.11	285.69	226.41	59.28	4.89
High Self & Family	IM2	655.26	714.24	532.62	181.62	32.55	655.26	714.24	554.50	159.74	23.77
High Self Plus One	IM3	524.21	571.39	434.26	137.13	17.87	524.21	571.39	452.83	118.56	9.79
Standard Self	IM4	242.44	277.92	211.22	66.70	11.54	242.44	277.92	220.25	57.67	7.36
Standard Self & Family	IM5	606.10	694.80	528.05	166.75	28.86	606.10	694.80	550.63	144.17	18.40
Standard Self Plus One	IM6	484.88	555.84	422.44	133.40	23.09	484.88	555.84	440.50	115.34	14.73
Oregon Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Oregon Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Oregon Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Oregon Kaiser Foundation Health Plan of Northwest											
High Self	571	319.42	326.16	233.38	92.78	8.98	319.42	326.16	242.97	83.19	5.75
High Self & Family	572	721.45	736.69	532.62	204.07	18.69	721.45	736.69	554.50	182.19	11.30
High Self Plus One	573	721.45	736.69	499.11	237.58	20.77	721.45	736.69	519.62	217.07	13.90
Standard Self	574	277.04	286.29	217.58	68.71	5.68	277.04	286.29	226.88	59.41	1.92
Standard Self & Family	575	636.45	657.69	499.84	157.85	13.06	636.45	657.69	521.22	136.47	4.41
Standard Self Plus One	576	636.45	657.69	499.11	158.58	13.79	636.45	657.69	519.62	138.07	6.01
Oregon UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LU1	222.88	207.84	157.96	49.88	-0.83	222.88	207.84	164.71	43.13	-3.12
HDHP Self & Family	LU2	557.19	478.03	363.30	114.73	-12.03	557.19	478.03	378.84	99.19	-16.43
HDHP Self Plus One	LU3	479.19	446.86	339.61	107.25	-1.77	479.19	446.86	354.14	92.72	-6.71
Oregon UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KT1	281.85	313.47	233.38	80.09	15.97	281.85	313.47	242.97	70.50	12.02
High Self & Family	KT2	704.63	783.67	532.62	251.05	82.49	704.63	783.67	554.50	229.17	75.10
High Self Plus One	KT3	605.98	673.95	499.11	174.84	36.98	605.98	673.95	519.62	154.33	28.59
Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Pennsylvania Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Pennsylvania Aetna Open Access											
High Self	P31	725.73	685.48	233.38	452.10	-38.01	725.73	685.48	242.97	442.51	-41.24
High Self & Family	P32	1759.54	1661.96	532.62	1129.34	-94.13	1759.54	1661.96	554.50	1107.46	-101.52
High Self Plus One	P33	1742.11	1645.50	499.11	1146.39	-91.08	1742.11	1645.50	519.62	1125.88	-97.95
Basic Self	P34	622.19	599.29	233.38	365.91	-20.66	622.19	599.29	242.97	356.32	-23.89
Basic Self & Family	P35	1444.10	1390.96	532.62	858.34	-49.69	1444.10	1390.96	554.50	836.46	-57.08
Basic Self Plus One	P36	1429.80	1377.18	499.11	878.07	-47.09	1429.80	1377.18	519.62	857.56	-53.96
Pennsylvania Aetna Open Access											
High Self	YE1	424.66	432.98	233.38	199.60	10.56	424.66	432.98	242.97	190.01	7.33
High Self & Family	YE2	1066.33	1087.21	532.62	554.59	24.33	1066.33	1087.21	554.50	532.71	16.94
High Self Plus One	YE3	1055.77	1076.44	499.11	577.33	26.20	1055.77	1076.44	519.62	556.82	19.33
Pennsylvania Geisinger Health Plan											
Standard Self	GG4	315.73	336.54	233.38	103.16	23.05	315.73	336.54	242.97	93.57	19.82
Standard Self & Family	GG5	722.86	770.52	532.62	237.90	51.11	722.86	770.52	554.50	216.02	43.72
Standard Self Plus One	GG6	682.20	727.17	499.11	228.06	50.50	682.20	727.17	519.62	207.55	43.63
Pennsylvania Highmark Choice Company											
High Self	NP1	318.35	358.95	233.38	125.57	42.84	318.35	358.95	242.97	115.98	39.61
High Self & Family	NP2	723.78	815.90	532.62	283.28	95.57	723.78	815.90	554.50	261.40	88.18
High Self Plus One	NP3	641.16	721.84	499.11	222.73	76.87	641.16	721.84	519.62	202.22	69.18

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Pennsylvania UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	V41	261.68	228.78	173.87	54.91	-4.62	261.68	228.78	181.31	47.47	-6.83
HDHP Self & Family	V42	654.22	526.18	399.90	126.28	-22.56	654.22	526.18	417.00	109.18	-26.57
HDHP Self Plus One	V43	562.62	491.87	373.82	118.05	-9.95	562.62	491.87	389.81	102.06	-14.68
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	LR1	280.61	308.28	233.38	74.90	11.06	280.61	308.28	242.97	65.31	7.08
High Self & Family	LR2	701.54	730.61	532.62	197.99	32.52	701.54	730.61	554.50	176.11	25.13
High Self Plus One	LR3	603.32	662.79	499.11	163.68	26.42	603.32	662.79	519.62	143.17	17.98
Pennsylvania UPMC Health Plan											
High Self	8W1	398.95	402.82	233.38	169.44	6.11	398.95	402.82	242.97	159.85	2.88
High Self & Family	8W2	937.53	946.76	532.62	414.14	12.68	937.53	946.76	554.50	392.26	5.29
High Self Plus One	8W3	897.67	906.52	499.11	407.41	14.38	897.67	906.52	519.62	386.90	7.51
HDHP Self	8W4	249.05	264.73	201.19	63.54	6.88	249.05	264.73	209.80	54.93	3.25
HDHP Self & Family	8W5	571.19	608.12	462.17	145.95	16.00	571.19	608.12	481.94	126.18	7.66
HDHP Self Plus One	8W6	549.90	585.25	444.79	140.46	15.36	549.90	585.25	463.81	121.44	7.34
Pennsylvania UPMC Health Plan											
Standard Self	UW4	288.23	300.86	228.65	72.21	6.64	288.23	300.86	238.43	62.43	2.62
Standard Self & Family	UW5	677.31	703.29	532.62	170.67	16.58	677.31	703.29	554.50	148.79	8.25
Standard Self Plus One	UW6	648.51	673.51	499.11	174.40	26.86	648.51	673.51	519.62	153.89	19.32
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	169.71	168.51	128.07	40.44	1.83	169.71	168.51	133.54	34.97	-0.24
High Self & Family	ZJ2	381.83	379.15	288.15	91.00	4.13	381.83	379.15	300.48	78.67	-0.56
High Self Plus One	ZJ3	364.86	362.30	275.35	86.95	3.94	364.86	362.30	287.12	75.18	-0.53
Puerto Rico Triple-S Salud, Inc.											
High Self	891	188.02	188.02	142.90	45.12	2.35	188.02	188.02	149.01	39.01	0.00
High Self & Family	892	430.56	430.56	327.23	103.33	5.38	430.56	430.56	341.22	89.34	0.00
High Self Plus One	893	422.17	422.17	320.85	101.32	5.28	422.17	422.17	334.57	87.60	0.00

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Rhode Island Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55
South Carolina Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
South Carolina Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
South Carolina Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03
South Dakota Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
South Dakota Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
South Dakota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
South Dakota HealthPartners											
High Self	V31	356.92	364.76	233.38	131.38	10.08	356.92	364.76	242.97	121.79	6.85
High Self & Family	V32	869.46	888.56	532.62	355.94	22.55	869.46	888.56	554.50	334.06	15.16
High Self Plus One	V33	788.79	806.11	499.11	307.00	22.85	788.79	806.11	519.62	286.49	15.98
Standard Self	V34	211.15	197.58	150.16	47.42	-0.62	211.15	197.58	156.58	41.00	-2.81
Standard Self & Family	V35	514.37	481.30	365.79	115.51	-1.51	514.37	481.30	381.43	99.87	-6.86
Standard Self Plus One	V36	466.65	436.65	331.85	104.80	-1.36	466.65	436.65	346.05	90.60	-6.23
Tennessee Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Tennessee Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Tennessee Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Tennessee Aetna Open Access											
High Self	UB1	486.01	459.15	233.38	225.77	-24.62	486.01	459.15	242.97	216.18	-27.85
High Self & Family	UB2	1245.42	1176.58	532.62	643.96	-65.39	1245.42	1176.58	554.50	622.08	-72.78
High Self Plus One	UB3	1233.10	1164.95	499.11	665.84	-62.62	1233.10	1164.95	519.62	645.33	-69.49

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Tennessee Humana CoverageFirst and Humana Value Plan											
CDHP Self	TT1	294.50	307.13	233.38	73.75	6.75	294.50	307.13	242.97	64.16	3.05
CDHP Self & Family	TT2	662.62	691.06	525.21	165.85	15.10	662.62	691.06	547.67	143.39	5.90
CDHP Self Plus One	TT3	633.17	660.35	499.11	161.24	17.19	633.17	660.35	519.62	140.73	9.35
Value Self	TT4	237.98	248.20	188.63	59.57	5.43	237.98	248.20	196.70	51.50	2.12
Value Self & Family	TT5	535.46	558.43	424.41	134.02	12.20	535.46	558.43	442.56	115.87	4.76
Value Self Plus One	TT6	511.66	533.61	405.54	128.07	11.67	511.66	533.61	422.89	110.72	4.55
Tennessee Humana Health Plan, Inc.											
High Self	GJ1	396.16	444.81	233.38	211.43	50.89	396.16	444.81	242.97	201.84	47.66
High Self & Family	GJ2	891.34	1000.79	532.62	468.17	112.90	891.34	1000.79	554.50	446.29	105.51
High Self Plus One	GJ3	851.72	956.31	499.11	457.20	110.12	851.72	956.31	519.62	436.69	103.25
Standard Self	GJ4	360.88	376.44	233.38	143.06	17.80	360.88	376.44	242.97	133.47	14.57
Standard Self & Family	GJ5	811.98	846.98	532.62	314.36	38.45	811.98	846.98	554.50	292.48	31.06
Standard Self Plus One	GJ6	775.89	809.33	499.11	310.22	38.97	775.89	809.33	519.62	289.71	32.10
Tennessee UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LS1	202.27	193.25	146.87	46.38	0.36	202.27	193.25	153.15	40.10	-1.87
HDHP Self & Family	LS2	505.67	444.50	337.82	106.68	-8.36	505.67	444.50	352.27	92.23	-12.70
HDHP Self Plus One	LS3	434.88	415.50	315.78	99.72	0.78	434.88	415.50	329.28	86.22	-4.02
Tennessee UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KK1	274.77	313.40	233.38	80.02	17.51	274.77	313.40	242.97	70.43	13.42
High Self & Family	KK2	686.91	783.52	532.62	250.90	94.63	686.91	783.52	554.50	229.02	86.49
High Self Plus One	KK3	590.74	673.82	499.11	174.71	40.32	590.74	673.82	519.62	154.20	31.62
Texas Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Texas Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Texas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self	T31	292.28	301.89	229.44	72.45	5.96	292.28	301.89	239.25	62.64	1.99
CDHP Self & Family	T32	657.63	679.24	516.22	163.02	13.41	657.63	679.24	538.30	140.94	4.48
CDHP Self Plus One	T33	628.41	649.06	493.29	155.77	12.81	628.41	649.06	514.38	134.68	4.28
Value Self	T34	222.64	229.96	174.77	55.19	4.54	222.64	229.96	182.24	47.72	1.52
Value Self & Family	T35	500.95	517.42	393.24	124.18	10.21	500.95	517.42	410.06	107.36	3.41
Value Self Plus One	T36	478.68	494.43	375.77	118.66	9.76	478.68	494.43	391.84	102.59	3.26
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self	TP1	272.23	272.99	207.47	65.52	3.59	272.23	272.99	216.34	56.65	0.16
CDHP Self & Family	TP2	612.52	614.23	466.81	147.42	8.07	612.52	614.23	486.78	127.45	0.35
CDHP Self Plus One	TP3	585.30	586.94	446.07	140.87	7.71	585.30	586.94	465.15	121.79	0.34
Value Self	TP4	193.27	184.12	139.93	44.19	0.22	193.27	184.12	145.92	38.20	-1.90
Value Self & Family	TP5	434.87	414.27	314.85	99.42	0.49	434.87	414.27	328.31	85.96	-4.28
Value Self Plus One	TP6	415.54	395.87	300.86	95.01	0.47	415.54	395.87	313.73	82.14	-4.08

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self	TU1	294.28	295.10	224.28	70.82	3.87	294.28	295.10	233.87	61.23	0.17
CDHP Self & Family	TU2	662.14	663.99	504.63	159.36	8.72	662.14	663.99	526.21	137.78	0.39
CDHP Self Plus One	TU3	632.70	634.47	482.20	152.27	8.33	632.70	634.47	502.82	131.65	0.36
Value Self	TU4	234.09	234.75	178.41	56.34	3.08	234.09	234.75	186.04	48.71	0.14
Value Self & Family	TU5	526.71	528.18	401.42	126.76	6.93	526.71	528.18	418.58	109.60	0.31
Value Self Plus One	TU6	503.31	504.72	383.59	121.13	6.63	503.31	504.72	399.99	104.73	0.29
Texas Humana CoverageFirst and Humana Value Plan											
CDHP Self	TV1	307.24	326.58	233.38	93.20	21.58	307.24	326.58	242.97	83.61	18.35
CDHP Self & Family	TV2	691.29	734.81	532.62	202.19	44.92	691.29	734.81	554.50	180.31	36.87
CDHP Self Plus One	TV3	660.57	702.16	499.11	203.05	47.12	660.57	702.16	519.62	182.54	40.25
Value Self	TV4	249.11	267.29	203.14	64.15	7.48	249.11	267.29	211.83	55.46	3.77
Value Self & Family	TV5	560.50	601.41	457.07	144.34	16.83	560.50	601.41	476.62	124.79	8.49
Value Self Plus One	TV6	535.59	574.68	436.76	137.92	16.07	535.59	574.68	455.43	119.25	8.12
Texas Humana Health Plan of Texas											
High Self	EW1	426.82	474.95	233.38	241.57	50.37	426.82	474.95	242.97	231.98	47.14
High Self & Family	EW2	960.35	1068.65	532.62	536.03	111.75	960.35	1068.65	554.50	514.15	104.36
High Self Plus One	EW3	917.66	1021.16	499.11	522.05	109.03	917.66	1021.16	519.62	501.54	102.16
Standard Self	EW4	342.43	357.23	233.38	123.85	17.04	342.43	357.23	242.97	114.26	13.81
Standard Self & Family	EW5	770.46	803.76	532.62	271.14	36.75	770.46	803.76	554.50	249.26	29.36
Standard Self Plus One	EW6	736.22	768.04	499.11	268.93	37.35	736.22	768.04	519.62	248.42	30.48
Texas Humana Health Plan of Texas											
Basic Self	Q21	261.82	275.77	209.59	66.18	6.62	261.82	275.77	218.55	57.22	2.89
Basic Self & Family	Q22	589.10	620.47	471.56	148.91	14.89	589.10	620.47	491.72	128.75	6.51
Basic Self Plus One	Q23	562.91	592.88	450.59	142.29	14.23	562.91	592.88	469.86	123.02	6.22

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Texas Humana Health Plan of Texas											
Basic Self	Q61	260.55	271.81	206.58	65.23	5.95	260.55	271.81	215.41	56.40	2.34
Basic Self & Family	Q62	586.24	611.59	464.81	146.78	13.41	586.24	611.59	484.69	126.90	5.26
Basic Self Plus One	Q63	560.19	584.40	444.14	140.26	12.82	560.19	584.40	463.14	121.26	5.02
Texas Humana Health Plan of Texas											
Basic Self	QX1	271.34	285.79	217.20	68.59	6.86	271.34	285.79	226.49	59.30	3.00
Basic Self & Family	QX2	610.51	643.02	488.70	154.32	15.43	610.51	643.02	509.59	133.43	6.75
Basic Self Plus One	QX3	583.38	614.44	466.97	147.47	14.75	583.38	614.44	486.94	127.50	6.45
Texas Humana Health Plan of Texas											
Basic Self	QY1	268.91	283.23	215.25	67.98	6.80	268.91	283.23	224.46	58.77	2.97
Basic Self & Family	QY2	605.05	637.27	484.33	152.94	15.29	605.05	637.27	505.04	132.23	6.68
Basic Self Plus One	QY3	578.17	608.95	462.80	146.15	14.62	578.17	608.95	482.59	126.36	6.39
Texas Humana Health Plan of Texas											
High Self	UC1	428.79	451.35	233.38	217.97	24.80	428.79	451.35	242.97	208.38	21.57
High Self & Family	UC2	964.78	1015.55	532.62	482.93	54.22	964.78	1015.55	554.50	461.05	46.83
High Self Plus One	UC3	921.90	970.41	499.11	471.30	54.04	921.90	970.41	519.62	450.79	47.17
Standard Self	UC4	343.95	369.17	233.38	135.79	27.46	343.95	369.17	242.97	126.20	24.23
Standard Self & Family	UC5	773.88	830.63	532.62	298.01	60.20	773.88	830.63	554.50	276.13	52.81
Standard Self Plus One	UC6	739.49	793.71	499.11	294.60	59.75	739.49	793.71	519.62	274.09	52.88
Texas Humana Health Plan of Texas											
High Self	UR1	632.72	596.23	233.38	362.85	-34.25	632.72	596.23	242.97	353.26	-37.48
High Self & Family	UR2	1423.61	1341.53	532.62	808.91	-78.63	1423.61	1341.53	554.50	787.03	-86.02
High Self Plus One	UR3	1360.35	1281.90	499.11	782.79	-72.92	1360.35	1281.90	519.62	762.28	-79.79
Standard Self	UR4	409.92	411.18	233.38	177.80	3.50	409.92	411.18	242.97	168.21	0.27
Standard Self & Family	UR5	922.31	925.17	532.62	392.55	6.31	922.31	925.17	554.50	370.67	-1.08
Standard Self Plus One	UR6	881.32	884.05	499.11	384.94	8.26	881.32	884.05	519.62	364.43	1.39

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Texas Humana Health Plan of Texas											
High Self	UU1	670.60	679.02	233.38	445.64	10.66	670.60	679.02	242.97	436.05	7.43
High Self & Family	UU2	1508.86	1527.76	532.62	995.14	22.35	1508.86	1527.76	554.50	973.26	14.96
High Self Plus One	UU3	1441.80	1459.87	499.11	960.76	23.60	1441.80	1459.87	519.62	940.25	16.73
Standard Self	UU4	547.68	598.83	233.38	365.45	53.39	547.68	598.83	242.97	355.86	50.16
Standard Self & Family	UU5	1232.31	1347.38	532.62	814.76	118.52	1232.31	1347.38	554.50	792.88	111.13
Standard Self Plus One	UU6	1177.54	1287.49	499.11	788.38	115.48	1177.54	1287.49	519.62	767.87	108.61
Texas Scott and White Health Plan											
Basic Self	A81	304.52	279.64	212.53	67.11	-2.17	304.52	279.64	221.61	58.03	-5.16
Basic Self & Family	A82	713.56	656.09	498.63	157.46	-20.03	713.56	656.09	519.95	136.14	-26.86
Basic Self Plus One	A83	596.89	619.85	471.09	148.76	12.97	596.89	619.85	491.23	128.62	4.77
Standard Self	A84	360.53	340.93	233.38	107.55	-17.36	360.53	340.93	242.97	97.96	-20.59
Standard Self & Family	A85	844.98	800.14	532.62	267.52	-41.39	844.98	800.14	554.50	245.64	-48.78
Standard Self Plus One	A86	706.79	755.92	499.11	256.81	54.66	706.79	755.92	519.62	236.30	47.79
Texas Scott and White Health Plan											
Basic Self	P81	340.97	313.82	233.38	80.44	-24.91	340.97	313.82	242.97	70.85	-28.14
Basic Self & Family	P82	799.09	736.43	532.62	203.81	-59.21	799.09	736.43	554.50	181.93	-66.60
Basic Self Plus One	P83	668.42	695.73	499.11	196.62	32.84	668.42	695.73	519.62	176.11	25.97
Standard Self	P84	403.70	381.63	233.38	148.25	-19.83	403.70	381.63	242.97	138.66	-23.06
Standard Self & Family	P85	946.29	895.77	532.62	363.15	-47.07	946.29	895.77	554.50	341.27	-54.46
Standard Self Plus One	P86	791.51	846.27	499.11	347.16	60.29	791.51	846.27	519.62	326.65	53.42
Texas UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	L91	213.84	201.72	153.31	48.41	-0.24	213.84	201.72	159.86	41.86	-2.51
Value Self & Family	L92	599.62	565.61	429.86	135.75	-0.66	599.62	565.61	448.25	117.36	-7.06
Value Self Plus One	L93	417.64	393.95	299.40	94.55	-0.46	417.64	393.95	312.21	81.74	-4.92

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Utah Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Utah Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Utah Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Utah Altius Health Plans											
High Self	9K1	391.42	431.65	233.38	198.27	42.47	391.42	431.65	242.97	188.68	39.24
High Self & Family	9K2	865.60	954.58	532.62	421.96	92.43	865.60	954.58	554.50	400.08	85.04
High Self Plus One	9K3	857.03	945.13	499.11	446.02	93.63	857.03	945.13	519.62	425.51	86.76
HDHP Self	9K4	194.17	233.96	177.81	56.15	11.98	194.17	233.96	185.41	48.55	8.26
HDHP Self & Family	9K5	405.80	488.96	371.61	117.35	25.03	405.80	488.96	387.50	101.46	17.26
HDHP Self Plus One	9K6	397.84	479.37	364.32	115.05	24.54	397.84	479.37	379.90	99.47	16.92
Utah Altius Health Plans											
Standard Self	DK4	273.97	328.82	233.38	95.44	33.11	273.97	328.82	242.97	85.85	29.00
Standard Self & Famil	DK5	604.99	726.14	532.62	193.52	55.88	604.99	726.14	554.50	171.64	46.10
Standard Self Plus On	DK6	599.00	718.94	499.11	219.83	83.56	599.00	718.94	519.62	199.32	75.03

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Utah SelectHealth Plan											
High Self	SF1	449.39	482.06	233.38	248.68	34.91	449.39	482.06	242.97	239.09	31.68
High Self & Family	SF2	1024.25	1098.71	532.62	566.09	77.91	1024.25	1098.71	554.50	544.21	70.52
High Self Plus One	SF3	1024.25	1098.71	499.11	599.60	79.99	1024.25	1098.71	519.62	579.09	73.12
Standard Self	SF4	274.81	285.79	217.20	68.59	6.07	274.81	285.79	226.49	59.30	2.28
Standard Self & Family	SF5	626.33	651.35	495.03	156.32	13.83	626.33	651.35	516.19	135.16	5.20
Standard Self Plus One	SF6	626.33	651.35	495.03	156.32	13.83	626.33	651.35	516.19	135.16	5.20
Utah SelectHealth Plan											
HDHP Self	WX1	New Plan	233.96	177.81	56.15	New Plan	New Plan	233.96	185.41	48.55	New Plan
HDHP Self & Family	WX2	New Plan	533.22	405.25	127.97	New Plan	New Plan	533.22	422.58	110.64	New Plan
HDHP Self Plus One	WX3	New Plan	533.22	405.25	127.97	New Plan	New Plan	533.22	422.58	110.64	New Plan
Vermont Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Vermont Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Vermont Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	EP1	414.74	423.14	233.38	189.76	10.64	414.74	423.14	242.97	180.17	7.41
CDHP Self & Family	EP2	945.84	965.00	532.62	432.38	22.61	945.84	965.00	554.50	410.50	15.22
CDHP Self Plus One	EP3	936.48	955.44	499.11	456.33	24.49	936.48	955.44	519.62	435.82	17.62
Value Self	EP4	260.95	285.73	217.15	68.58	9.21	260.95	285.73	226.44	59.29	5.14
Value Self & Family	EP5	597.56	654.30	497.27	157.03	21.09	597.56	654.30	518.53	135.77	11.78
Value Self Plus One	EP6	585.84	641.47	487.52	153.95	20.67	585.84	641.47	508.36	133.11	11.55

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Virgin Islands Triple-S Salud, Inc.											
High Self	851	289.79	304.27	231.25	73.02	7.09	289.79	304.27	241.13	63.14	3.01
High Self & Family	852	663.61	696.79	529.56	167.23	16.26	663.61	696.79	552.21	144.58	6.88
High Self Plus One	853	650.67	683.20	499.11	184.09	36.06	650.67	683.20	519.62	163.58	28.57
Virginia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Virginia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Virginia Aetna Open Access											
High Self	JN1	509.12	516.52	233.38	283.14	9.64	509.12	516.52	242.97	273.55	6.41
High Self & Family	JN2	1144.59	1161.22	532.62	628.60	20.08	1144.59	1161.22	554.50	606.72	12.69
High Self Plus One	JN3	1133.25	1149.71	499.11	650.60	21.99	1133.25	1149.71	519.62	630.09	15.12
Basic Self	JN4	305.93	314.06	233.38	80.68	10.37	305.93	314.06	242.97	71.09	7.14
Basic Self & Family	JN5	700.13	718.73	532.62	186.11	22.05	700.13	718.73	554.50	164.23	14.66
Basic Self Plus One	JN6	642.92	660.00	499.11	160.89	14.63	642.92	660.00	519.62	140.38	6.97

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Virginia CareFirst BlueChoice											
Standard Self	2G4	320.13	368.16	233.38	134.78	50.27	320.13	368.16	242.97	125.19	47.04
Standard Self & Family	2G5	760.64	874.73	532.62	342.11	117.54	760.64	874.73	554.50	320.23	110.15
Standard Self Plus One	2G6	640.27	736.31	499.11	237.20	91.54	640.27	736.31	519.62	216.69	83.83
Virginia CareFirst BlueChoice											
HDHP Self	B61	281.41	239.20	181.79	57.41	-6.61	281.41	239.20	189.57	49.63	-8.76
HDHP Self & Family	B62	668.62	568.33	431.93	136.40	-15.71	668.62	568.33	450.40	117.93	-20.81
HDHP Self Plus One	B63	562.82	478.39	363.58	114.81	-13.23	562.82	478.39	379.12	99.27	-17.52
Virginia Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	304.78	319.70	233.38	86.32	16.98	304.78	319.70	242.97	76.73	13.49
High Self & Family	E32	701.00	735.30	532.62	202.68	37.75	701.00	735.30	554.50	180.80	30.36
High Self Plus One	E33	701.00	735.30	499.11	236.19	39.83	701.00	735.30	519.62	215.68	32.96
Standard Self	E34	233.06	240.81	183.02	57.79	4.77	233.06	240.81	190.84	49.97	1.61
Standard Self & Family	E35	536.07	553.84	420.92	132.92	10.96	536.07	553.84	438.92	114.92	3.69
Standard Self Plus One	E36	536.07	553.84	420.92	132.92	10.96	536.07	553.84	438.92	114.92	3.69
Virginia Kaiser Foundation Health Plan Mid-Atlantic States											
Basic Self	T71	212.32	193.90	147.36	46.54	-1.76	212.32	193.90	153.67	40.23	-3.83
Basic Self & Family	T72	509.77	473.61	359.94	113.67	-2.30	509.77	473.61	375.34	98.27	-7.51
Basic Self Plus One	T73	464.41	431.49	327.93	103.56	-2.09	464.41	431.49	341.96	89.53	-6.84
Virginia M.D. IPA											
High Self	JP1	331.28	365.01	233.38	131.63	35.97	331.28	365.01	242.97	122.04	32.74
High Self & Family	JP2	928.92	1023.48	532.62	490.86	98.01	928.92	1023.48	554.50	468.98	90.62
High Self Plus One	JP3	646.99	712.86	499.11	213.75	66.56	646.99	712.86	519.62	193.24	58.99

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Virginia Optima Health											
High Self	PG1	300.59	313.14	233.38	79.76	11.38	300.59	313.14	242.97	70.17	7.80
High Self & Family	PG2	726.37	756.68	532.62	224.06	33.76	726.37	756.68	554.50	202.18	26.37
High Self Plus One	PG3	726.32	756.63	499.11	257.52	35.84	726.32	756.63	519.62	237.01	28.97
HDHP Self	PG4	New Plan	279.32	212.28	67.04	New Plan	New Plan	279.32	221.36	57.96	New Plan
HDHP Self & Family	PG5	New Plan	616.15	468.27	147.88	New Plan	New Plan	616.15	488.30	127.85	New Plan
HDHP Self Plus One	PG6	New Plan	604.06	459.09	144.97	New Plan	New Plan	604.06	478.72	125.34	New Plan
Virginia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	V41	261.68	228.78	173.87	54.91	-4.62	261.68	228.78	181.31	47.47	-6.83
HDHP Self & Family	V42	654.22	526.18	399.90	126.28	-22.56	654.22	526.18	417.00	109.18	-26.57
HDHP Self Plus One	V43	562.62	491.87	373.82	118.05	-9.95	562.62	491.87	389.81	102.06	-14.68
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	LR1	280.61	308.28	233.38	74.90	11.06	280.61	308.28	242.97	65.31	7.08
High Self & Family	LR2	701.54	730.61	532.62	197.99	32.52	701.54	730.61	554.50	176.11	25.13
High Self Plus One	LR3	603.32	662.79	499.11	163.68	26.42	603.32	662.79	519.62	143.17	17.98
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)											
Value Self	L91	213.84	201.72	153.31	48.41	-0.24	213.84	201.72	159.86	41.86	-2.51
Value Self & Family	L92	599.62	565.61	429.86	135.75	-0.66	599.62	565.61	448.25	117.36	-7.06
Value Self Plus One	L93	417.64	393.95	299.40	94.55	-0.46	417.64	393.95	312.21	81.74	-4.92
Washington Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Washington Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Washington Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	G51	346.28	362.37	233.38	128.99	18.33	346.28	362.37	242.97	119.40	15.10
CDHP Self & Family	G52	789.85	826.56	532.62	293.94	40.16	789.85	826.56	554.50	272.06	32.77
CDHP Self Plus One	G53	782.04	818.39	499.11	319.28	41.88	782.04	818.39	519.62	298.77	35.01
Value Self	G54	253.66	309.50	233.38	76.12	18.41	253.66	309.50	242.97	66.53	13.90
Value Self & Family	G55	580.95	708.86	532.62	176.24	44.07	580.95	708.86	554.50	154.36	33.81
Value Self Plus One	G56	569.57	694.97	499.11	195.86	66.28	569.57	694.97	519.62	175.35	57.16
Washington Kaiser Foundation Health Plan of Northwest											
High Self	571	319.42	326.16	233.38	92.78	8.98	319.42	326.16	242.97	83.19	5.75
High Self & Family	572	721.45	736.69	532.62	204.07	18.69	721.45	736.69	554.50	182.19	11.30
High Self Plus One	573	721.45	736.69	499.11	237.58	20.77	721.45	736.69	519.62	217.07	13.90
Standard Self	574	277.04	286.29	217.58	68.71	5.68	277.04	286.29	226.88	59.41	1.92
Standard Self & Family	575	636.45	657.69	499.84	157.85	13.06	636.45	657.69	521.22	136.47	4.41
Standard Self Plus One	576	636.45	657.69	499.11	158.58	13.79	636.45	657.69	519.62	138.07	6.01
Washington Kaiser Foundation Health Plan of Washington											
High Self	541	381.04	376.34	233.38	142.96	-2.46	381.04	376.34	242.97	133.37	-5.69
High Self & Family	542	838.30	827.96	532.62	295.34	-6.89	838.30	827.96	554.50	273.46	-14.28
High Self Plus One	543	838.30	827.96	499.11	328.85	-4.81	838.30	827.96	519.62	308.34	-11.68
Standard Self	544	281.07	270.08	205.26	64.82	0.88	281.07	270.08	214.04	56.04	-2.28
Standard Self & Family	545	646.46	621.19	472.10	149.09	2.02	646.46	621.19	492.29	128.90	-5.24
Standard Self Plus One	546	646.46	621.19	472.10	149.09	2.02	646.46	621.19	492.29	128.90	-5.24

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Washington Kaiser Permanente Washington Options Federal											
Standard Self	L11	306.72	322.07	233.38	88.69	17.59	306.72	322.07	242.97	79.10	14.36
Standard Self & Family	L12	680.91	714.98	532.62	182.36	27.45	680.91	714.98	554.50	160.48	19.19
Standard Self Plus One	L13	680.91	714.98	499.11	215.87	39.60	680.91	714.98	519.62	195.36	32.73
HDHP Self	L14	242.67	271.00	205.96	65.04	9.83	242.67	271.00	214.77	56.23	5.88
HDHP Self & Family	L15	538.73	601.61	457.22	144.39	21.83	538.73	601.61	476.78	124.83	13.04
HDHP Self Plus One	L16	538.73	601.61	457.22	144.39	21.83	538.73	601.61	476.78	124.83	13.04
Washington UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health Savings Account (HSA))											
HDHP Self	LU1	222.88	207.84	157.96	49.88	-0.83	222.88	207.84	164.71	43.13	-3.12
HDHP Self & Family	LU2	557.19	478.03	363.30	114.73	-12.03	557.19	478.03	378.84	99.19	-16.43
HDHP Self Plus One	LU3	479.19	446.86	339.61	107.25	-1.77	479.19	446.86	354.14	92.72	-6.71
Washington UnitedHealthcare Insurance Company, Inc. (Choice Open Access) Independent Practice HMO											
High Self	KT1	281.85	313.47	233.38	80.09	15.97	281.85	313.47	242.97	70.50	12.02
High Self & Family	KT2	704.63	783.67	532.62	251.05	82.49	704.63	783.67	554.50	229.17	75.10
High Self Plus One	KT3	605.98	673.95	499.11	174.84	36.98	605.98	673.95	519.62	154.33	28.59
West Virginia Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
West Virginia Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
West Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	371.98	374.21	233.38	140.83	4.47	371.98	374.21	242.97	131.24	1.24
CDHP Self & Family	F52	848.15	853.25	532.62	320.63	8.55	848.15	853.25	554.50	298.75	1.16
CDHP Self Plus One	F53	839.75	844.80	499.11	345.69	10.58	839.75	844.80	519.62	325.18	3.71
Value Self	F54	269.07	326.97	233.38	93.59	32.38	269.07	326.97	242.97	84.00	28.17
Value Self & Family	F55	616.15	748.73	532.62	216.11	75.94	616.15	748.73	554.50	194.23	66.38
Value Self Plus One	F56	604.06	734.04	499.11	234.93	97.51	604.06	734.04	519.62	214.42	89.08
Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04
Wisconsin Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	481.36	484.17	233.38	250.79	5.05	481.36	484.17	242.97	241.20	1.82
CDHP Self & Family	JS2	1097.29	1103.70	532.62	571.08	9.86	1097.29	1103.70	554.50	549.20	2.47
CDHP Self Plus One	JS3	1086.44	1092.78	499.11	593.67	11.87	1086.44	1092.78	519.62	573.16	5.00
Value Self	JS4	352.77	371.07	233.38	137.69	20.54	352.77	371.07	242.97	128.10	17.31
Value Self & Family	JS5	805.33	847.11	532.62	314.49	45.23	805.33	847.11	554.50	292.61	37.84
Value Self Plus One	JS6	797.36	838.73	499.11	339.62	46.90	797.36	838.73	519.62	319.11	40.03

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Wisconsin Dean Health Plan											
High Self	WD1	492.66	506.37	233.38	272.99	15.95	492.66	506.37	242.97	263.40	12.72
High Self & Family	WD2	1133.10	1164.64	532.62	632.02	34.99	1133.10	1164.64	554.50	610.14	27.60
High Self Plus One	WD3	1034.57	1063.37	499.11	564.26	34.33	1034.57	1063.37	519.62	543.75	27.46
Standard Self	WD4	296.77	298.00	226.48	71.52	4.00	296.77	298.00	236.17	61.83	0.25
Standard Self & Family	WD5	712.25	715.21	532.62	182.59	6.41	712.25	715.21	554.50	160.71	-0.98
Standard Self Plus One	WD6	652.90	655.62	498.27	157.35	8.82	652.90	655.62	519.58	136.04	0.56
Wisconsin Group Health Cooperative											
High Self	WJ1	321.77	337.40	233.38	104.02	17.87	321.77	337.40	242.97	94.43	14.64
High Self & Family	WJ2	958.87	877.24	532.62	344.62	-78.18	958.87	877.24	554.50	322.74	-85.57
High Self Plus One	WJ3	637.10	742.28	499.11	243.17	98.23	637.10	742.28	519.62	222.66	90.46
Wisconsin HealthPartners											
High Self	V31	356.92	364.76	233.38	131.38	10.08	356.92	364.76	242.97	121.79	6.85
High Self & Family	V32	869.46	888.56	532.62	355.94	22.55	869.46	888.56	554.50	334.06	15.16
High Self Plus One	V33	788.79	806.11	499.11	307.00	22.85	788.79	806.11	519.62	286.49	15.98
Standard Self	V34	211.15	197.58	150.16	47.42	-0.62	211.15	197.58	156.58	41.00	-2.81
Standard Self & Family	V35	514.37	481.30	365.79	115.51	-1.51	514.37	481.30	381.43	99.87	-6.86
Standard Self Plus One	V36	466.65	436.65	331.85	104.80	-1.36	466.65	436.65	346.05	90.60	-6.23
Wisconsin MercyCare Health Plans											
High Self	EY1	353.76	352.64	233.38	119.26	1.12	353.76	352.64	242.97	109.67	-2.11
High Self & Family	EY2	923.20	920.31	532.62	387.69	0.56	923.20	920.31	554.50	365.81	-6.83
High Self Plus One	EY3	760.59	758.22	499.11	259.11	3.16	760.59	758.22	519.62	238.60	-3.71
Wyoming Aetna HealthFund HDHP and Aetna Direct Plan											
HDHP Self	224	280.35	304.48	231.40	73.08	9.30	280.35	304.48	241.30	63.18	5.01
HDHP Self & Family	225	618.42	671.63	510.44	161.19	20.50	618.42	671.63	532.27	139.36	11.04
HDHP Self Plus One	226	606.29	658.47	499.11	159.36	21.43	606.29	658.47	519.62	138.85	13.04

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Wyoming Aetna HealthFund HDHP and Aetna Direct Plan											
CDHP Self	N61	243.54	257.23	195.49	61.74	6.33	243.54	257.23	203.85	53.38	2.85
CDHP Self & Family	N62	614.17	648.71	493.02	155.69	15.97	614.17	648.71	514.10	134.61	7.17
CDHP Self Plus One	N63	534.08	564.12	428.73	135.39	13.89	534.08	564.12	447.07	117.05	6.23
Wyoming Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	379.77	382.55	233.38	149.17	5.02	379.77	382.55	242.97	139.58	1.79
CDHP Self & Family	H42	865.68	872.02	532.62	339.40	9.79	865.68	872.02	554.50	317.52	2.40
CDHP Self Plus One	H43	857.11	863.39	499.11	364.28	11.81	857.11	863.39	519.62	343.77	4.94
Value Self	H44	265.72	284.55	216.26	68.29	7.84	265.72	284.55	225.51	59.04	3.90
Value Self & Family	H45	609.86	653.07	496.33	156.74	18.00	609.86	653.07	517.56	135.51	8.96
Value Self Plus One	H46	597.90	640.27	486.61	153.66	17.64	597.90	640.27	507.41	132.86	8.80
Wyoming Altius Health Plans											
High Self	9K1	391.42	431.65	233.38	198.27	42.47	391.42	431.65	242.97	188.68	39.24
High Self & Family	9K2	865.60	954.58	532.62	421.96	92.43	865.60	954.58	554.50	400.08	85.04
High Self Plus One	9K3	857.03	945.13	499.11	446.02	93.63	857.03	945.13	519.62	425.51	86.76
HDHP Self	9K4	194.17	233.96	177.81	56.15	11.98	194.17	233.96	185.41	48.55	8.26
HDHP Self & Family	9K5	405.80	488.96	371.61	117.35	25.03	405.80	488.96	387.50	101.46	17.26
HDHP Self Plus One	9K6	397.84	479.37	364.32	115.05	24.54	397.84	479.37	379.90	99.47	16.92
Wyoming Altius Health Plans											
Standard Self	DK4	273.97	328.82	233.38	95.44	33.11	273.97	328.82	242.97	85.85	29.00
Standard Self & Family	DK5	604.99	726.14	532.62	193.52	55.88	604.99	726.14	554.50	171.64	46.10
Standard Self Plus One	DK6	599.00	718.94	499.11	219.83	83.56	599.00	718.94	519.62	199.32	75.03

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2019 Dental Premium Rate Charts

		2019 Biweekly premium rates			2019 Monthly premium rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
Please note: Rating areas for each carrier are not the same for all plans. Please referto the Dental Rating Chart to determine your specific region.							
Aetna PPO -High Option							
	1	$15.04	$30.07	$45.11	$32.59	$65.15	$97.74
	2	$16.56	$33.12	$49.67	$35.88	$71.76	$107.62
(In and Out-of-Network Benefits)	3	$17.62	$35.26	$52.86	$38.18	$76.40	$114.53
	4	$19.45	$38.89	$58.33	$42.14	$84.26	$126.38
	5	$21.11	$42.23	$63.34	$45.74	$91.50	$137.24
Delta Dental PPO - Standard Option							
	1	$8.68	$17.35	$26.03	$18.81	$37.59	$56.40
	2	$9.45	$18.91	$28.35	$20.48	$40.97	$61.43
(In and Out-of-Network Benefits)	3	$10.18	$20.37	$30.56	$22.06	$44.14	$66.21
	4	$10.74	$21.47	$32.21	$23.27	$46.52	$69.79
	5	$12.27	$24.54	$36.81	$26.59	$53.17	$79.76
Delta Dental PPO - High Option							
	1	$16.74	$33.48	$50.22	$36.27	$72.54	$108.81
	2	$18.36	$36.71	$55.07	$39.78	$79.54	$119.32
(In and Out-of-Network Benefits)	3	$20.13	$40.26	$60.39	$43.62	$87.23	$130.85
	4	$21.41	$42.83	$64.25	$46.39	$92.80	$139.21
	5	$24.90	$49.81	$74.71	$53.95	$107.92	$161.87
FEP BlueDental PPO - Standard Option							
	1	$9.17	$18.34	$27.52	$19.87	$39.74	$59.63
	2	$10.05	$20.11	$30.16	$21.78	$43.57	$65.35
(In and Out-of-Network Benefits)	3	$11.43	$22.85	$34.25	$24.77	$49.51	$74.21
	4	$12.34	$24.66	$36.97	$26.74	$53.43	$80.10
	5	$13.64	$27.28	$40.92	$29.55	$59.11	$88.66

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2019 Dental Premium Rate Charts

		2019 Biweekly premium rates			2019 Monthly premium rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
FEP BlueDental PPO - High Option							
	1	$17.32	$34.65	$51.97	$37.53	$75.08	$112.60
	2	$19.41	$38.79	$58.19	$42.06	$84.05	$126.08
(In and Out-of-Network Benefits)	3	$21.13	$42.25	$63.38	$45.78	$91.54	$137.32
	4	$22.89	$45.74	$68.62	$49.60	$99.10	$148.68
	5	$25.61	$51.19	$76.80	$55.49	$110.91	$166.40
GEHA PPO - Standard Option							
	1	$9.78	$19.57	$29.34	$21.19	$42.40	$63.57
	2	$10.74	$21.47	$32.20	$23.27	$46.52	$69.77
(In and Out-of-Network Benefits)	3	$12.20	$24.36	$36.54	$26.43	$52.78	$79.17
	4	$13.16	$26.30	$39.45	$28.51	$56.98	$85.48
	5	$14.60	$29.18	$43.78	$31.63	$63.22	$94.86
GEHA PPO - High Option							
	1	$16.55	$33.11	$49.66	$35.86	$71.74	$107.60
	2	$18.19	$36.38	$54.60	$39.41	$78.82	$118.30
(In and Out-of-Network Benefits)	3	$20.65	$41.31	$61.95	$44.74	$89.51	$134.23
	4	$22.30	$44.59	$66.91	$48.32	$96.61	$144.97
	5	$24.74	$49.51	$74.31	$53.60	$107.27	$161.01
MetLife PPO - Standard Option							
	1	$9.77	$19.55	$29.32	$21.17	$42.36	$63.53
	2	$10.60	$21.19	$31.79	$22.97	$45.91	$68.88
(In and Out-of-Network Benefits)	3	$11.76	$23.52	$35.28	$25.48	$50.96	$76.44
	4	$13.04	$26.08	$39.13	$28.25	$56.51	$84.78
	5	$14.34	$28.67	$43.01	$31.07	$62.12	$93.19

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2019 Dental Premium Rate Charts

		2019 Biweekly premium rates			2019 Monthly premium rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
MetLife PPO - High Option							
	1	$17.84	$35.69	$53.53	$38.65	$77.33	$115.98
	2	$19.98	$39.96	$59.94	$43.29	$86.58	$129.87
(In and Out-of-Network Benefits)	3	$21.76	$43.53	$65.29	$47.15	$94.32	$141.46
	4	$23.57	$47.14	$70.70	$51.07	$102.14	$153.18
	5	$26.38	$52.75	$79.13	$57.16	$114.29	$171.45
United Concordia PPO							
	1	$14.10	$28.20	$42.28	$30.55	$61.10	$91.61
	2	$15.82	$31.67	$47.49	$34.28	$68.62	$102.90
(In and Out-of-Network Benefits)	3	$17.56	$35.12	$52.69	$38.05	$76.09	$114.16
	4	$19.30	$38.60	$57.89	$41.82	$83.63	$125.43
	5	$21.03	$42.05	$63.07	$45.57	$91.11	$136.65
Dominion Dental HMO - Standard Option							
	1	$6.01	$12.02	$18.03	$13.02	$26.04	$39.07
(In-Network Benefits Only except for emergency services)	2	$6.27	$12.54	$18.81	$13.59	$27.17	$40.76
	3	$6.99	$13.99	$20.98	$15.15	$30.31	$45.46
	4	$7.76	$15.51	$23.27	$16.81	$33.61	$50.42
	5	$8.89	$17.79	$26.68	$19.26	$38.55	$57.81
Dominion Dental HMO - High Option							
	1	$9.98	$19.96	$29.94	$21.62	$43.25	$64.87
(In-Network Benefits Only except for emergency services)	2	$10.35	$20.70	$31.05	$22.43	$44.85	$67.28
	3	$10.73	$21.46	$32.19	$23.25	$46.50	$69.75
	4	$11.13	$22.27	$33.40	$24.12	$48.25	$72.37
	5	$14.80	$29.59	$44.40	$32.07	$64.11	$96.20

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2019 Dental Premium Rate Charts

		2019 Biweekly premium rates			2019 Monthly premium rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
Humana - High Option							
(In-Network Benefits Only except for emergency services)	1	$11.18	$22.36	$33.54	$24.22	$48.45	$72.67
	2	$11.85	$23.68	$35.52	$25.68	$51.31	$76.96
	3	$12.82	$25.66	$38.47	$27.78	$55.60	$83.35
	4	$15.56	$31.12	$46.67	$33.71	$67.43	$101.12
	5	$16.65	$33.30	$49.95	$36.08	$72.15	$108.23
EmblemHealth PPO							
(In and Out-of-Network Benefits)	1	$20.21	$40.40	$60.61	$43.79	$87.53	$131.32
Triple S Salud PPO							
(In-Network Benefits Only except for services rendered by orthodontists)	1	$4.59	$9.18	$12.04	$9.95	$19.89	$26.09

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2019 Vision Premium Rate Charts

	2019 Biweekly premium rates			2019 Monthly premium rates		
Plan - Option	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
Blue Cross Blue Shield - High Option	$5.40	$10.79	$16.19	$11.70	$23.38	$35.08
Blue Cross Blue Shield - Standard Option	$3.51	$7.01	$10.52	$7.61	$15.19	$22.79
United Healthcare - High Option	$4.64	$9.03	$13.45	$10.05	$19.57	$29.14
United Healthcare - Standard Option	$3.09	$6.03	$8.98	$6.70	$13.07	$19.46
VSP - High Option	$6.66	$13.34	$20.02	$14.43	$28.90	$43.38
VSP - Standard Option	$3.52	$7.03	$10.56	$7.63	$15.23	$22.88
Aetna - High Option	$5.63	$11.24	$16.87	$12.20	$24.35	$36.55
Aetna - Standard Option	$3.11	$6.22	$9.34	$6.74	$13.48	$20.24

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Rating Areas

State	State/ZIP(first 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental high	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple S* Salud
AK	entire state	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	N/A	N/A
AL	356-358	1	1	1	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
AL	rest of state	2	1	1	1	1	1	1	1	1	1	N/A	N/A	2	N/A	N/A
AR	entire state	2	2	2	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
AZ	850-853	3	5	5	2	2	2	2	1	1	1	N/A	N/A	4	N/A	N/A
AZ	rest of state	3	5	5	3	3	2	2	1	1	1	N/A	N/A	3	N/A	N/A
CA	900-908, 910-918, 922-931	3	5	5	4	4	4	4	5	5	3	N/A	N/A	5	N/A	N/A
CA	919-921	3	5	5	5	5	4	4	4	4	4	N/A	N/A	5	N/A	N/A
CA	939-941, 943-952, 954	4	5	5	5	5	5	5	5	5	5	N/A	N/A	5	N/A	N/A
CA	942, 956-958	4	5	5	5	5	4	4	4	4	4	N/A	N/A	5	N/A	N/A
CA	rest of state	4	5	5	3	3	4	4	5	5	4	N/A	N/A	4	N/A	N/A
CO	800-806	3	4	4	3	3	4	4	4	4	3	N/A	N/A	5	N/A	N/A
CO	rest of state	3	4	4	3	3	4	4	4	4	3	N/A	N/A	5	N/A	N/A
CT	060-063	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
CT	064-069	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
DC	entire area	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
DE	entire state	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
FL	330-334	2	4	4	3	3	3	3	3	3	3	N/A	N/A	2	N/A	N/A
FL	rest of state	3	4	4	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
GA	300-303, 305, 311, 399	3	2	2	2	2	3	3	2	2	1	N/A	N/A	2	N/A	N/A
GA	rest of state	4	2	2	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
GU	entire area	5	5	5	5	5	1	1	1	1	5	N/A	N/A	N/A	N/A	N/A
HI	entire state	4	5	5	5	5	3	3	4	4	4	N/A	N/A	N/A	N/A	N/A
IA	entire state	3	4	4	2	2	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
ID	entire state	4	5	5	3	3	2	2	1	1	2	N/A	N/A	N/A	N/A	N/A
IL	600-608	2	2	2	3	3	3	3	4	4	3	N/A	N/A	2	N/A	N/A
IL	rest of state	3	2	2	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
IN	460-462, 472	2	1	1	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
IN	463-464	2	2	2	3	3	3	3	4	4	3	N/A	N/A	2	N/A	N/A
IN	470	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
IN	rest of state	3	1	1	1	1	1	1	1	1	1	N/A	N/A	2	N/A	N/A
KS	entire state	3	4	4	1	1	2	2	1	1	2	N/A	N/A	1	N/A	N/A
KY	410, 452, 459	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
KY	rest of state	1	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
LA	entire state	2	1	1	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
MA	010-011, 013	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MA	014-027, 055	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MA	rest of state	5	5	5	3	3	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MD	200,202-212, 214, 217	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
MD	219	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
MD	rest of state	2	5	5	2	2	2	2	4	4	4	2	2	3	N/A	N/A
ME	038	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Rating Areas

State	State/ZIP(first 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental high	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple S* Salud
ME	rest of state	5	5	5	3	3	3	3	2	2	3	N/A	N/A	N/A	N/A	N/A
MI	480-485	3	4	4	3	3	3	3	3	3	2	N/A	N/A	N/A	N/A	N/A
MI	rest of state	3	4	4	2	2	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
MN	550-555, 563	2	4	4	4	4	3	3	4	4	3	N/A	N/A	N/A	N/A	N/A
MN	rest of state	3	4	4	2	2	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
MO	entire state	3	4	4	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
MS	entire state	2	1	1	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
MT	entire state	4	1	1	1	1	2	2	1	1	1	N/A	N/A	N/A	N/A	N/A
NC	275-277, 283	4	2	2	2	2	2	2	1	1	2	N/A	N/A	5	N/A	N/A
NC	rest of state	4	2	2	1	1	2	2	1	1	2	N/A	N/A	4	N/A	N/A
ND	entire state	3	1	1	4	4	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
NE	entire state	1	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
NH	030-033, 038	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
NH	rest of state	5	5	5	4	4	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
NJ	070,072-075, 077-079, 085-089	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NJ	080-084	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
NJ	rest of state	3	5	5	4	4	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NM	entire state	3	4	4	1	1	3	3	1	1	2	N/A	N/A	N/A	N/A	N/A
NV	entire state	2	5	5	1	1	3	3	2	2	4	N/A	N/A	N/A	N/A	N/A
NY	005, 100-119, 124-126	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NY	063	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	1	N/A
NY	140-143	4	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	1	N/A
NY	rest of state	4	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	1	N/A
OH	430-432	2	1	1	1	1	2	2	1	1	2	N/A	N/A	2	N/A	N/A
OH	440-443	2	1	1	1	1	2	2	1	1	3	N/A	N/A	2	N/A	N/A
OH	450-452	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
OH	453-455, 459	2	1	1	1	1	2	2	1	1	2	N/A	N/A	1	N/A	N/A
OH	rest of state	3	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
OK	entire state	2	3	3	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
OR	970-973	4	5	5	3	3	3	3	4	4	5	N/A	N/A	N/A	N/A	N/A
OR	rest of state	5	5	5	2	2	3	3	3	3	4	N/A	N/A	N/A	N/A	N/A
PA	153-154, 156, 160-162	1	2	2	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
PA	173-174	2	5	5	3	3	4	4	4	4	4	4	4	N/A	N/A	N/A
PA	183	3	5	5	5	5	5	5	5	5	5	1	1	N/A	1	N/A
PA	189-196	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
PA	rest of state	3	2	2	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
PR	entire area	3	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	1
RI	entire state	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
SC	entire state	4	5	5	1	1	2	2	1	1	1	N/A	N/A	4	N/A	N/A
SD	entire state	3	5	5	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
TN	422	1	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
TN	rest of state	1	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Rating Areas

State	State/ZIP(first 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental high	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple S* Salud
TX	**739**	2	3	3	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
TX	**750-754, 760-762**	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	**770, 772-775**	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	**rest of state**	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
UT	**entire state**	2	5	5	1	1	1	1	1	1	3	N/A	N/A	3	N/A	N/A
VA	**200-205, 220-227**	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
VA	**231-232, 238**	3	3	3	2	2	2	2	1	1	2	3	3	3	N/A	N/A
VA	**rest of state**	3	3	3	1	1	2	2	1	1	1	4	4	4	N/A	N/A
VI	**entire state**	2	5	5	5	5	1	1	1	1	5	N/A	N/A	N/A	N/A	N/A
VT	**entire state**	5	5	5	4	4	2	2	2	2	3	N/A	N/A	N/A	N/A	N/A
WA	**980-985**	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	N/A	N/A
WA	**986**	4	5	5	3	3	3	3	4	4	5	N/A	N/A	N/A	N/A	N/A
WA	**rest of state**	5	5	5	4	4	4	4	4	4	4	N/A	N/A	N/A	N/A	N/A
WI	**530-532, 534**	3	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	N/A	N/A
WI	**540**	2	4	4	4	4	3	3	4	4	3	N/A	N/A	N/A	N/A	N/A
WI	**rest of state**	3	5	5	3	3	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
WV	**254**	2	5	5	3	3	4	4	4	4	4	N/A	N/A	3	N/A	N/A
WV	**rest of state**	4	2	2	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
WY	**834**	4	5	5	3	3	2	2	1	1	2	N/A	N/A	N/A	N/A	N/A
WY	**rest of state**	4	5	5	1	1	1	1	1	1	2	N/A	N/A	N/A	N/A	N/A
Inter-national	**INTER**	2	5	5	5	5	1	1	5	5	5	N/A	N/A	N/A	N/A	N/A

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J. For further detail regarding service area, see plan specific brochures.