

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT



2010 American Recovery and Reinvestment Act of 2009

Temporary Continuation of Coverage (ARRA-TCC) Premiums

January 2010

A New Day for the Civil Service

Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)2010 Monthly premium rates

Plan - Option	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
APWU Health Plan					
High Self	471	445.86	454.78	295.61	159.17
High Family	472	1,008.15	1,028.31	668.40	359.91
CDHP Self	474	336.70	343.43	223.23	120.20
CDHP Family	475	757.47	772.62	502.20	270.42
Association Benefit Plan					
High Self	421	487.59	497.34	323.27	174.07
High Family	422	1,123.18	1,145.64	744.67	400.97
Blue Cross and Blue Shield Service Benefit Plan					
Standard Self	104	538.24	549.00	356.85	192.15
Standard Family	105	1,215.72	1,240.03	806.02	434.01
Blue Cross and Blue Shield Service Benefit Plan					
Basic Self	111	403.04	411.10	267.22	143.88
Basic Family	112	943.93	962.81	625.83	336.98
Foreign Service Benefit Plan					
High Self	401	457.23	466.37	303.14	163.23
High Family	402	1,109.36	1,131.55	735.51	396.04
GEHA Benefit Plan					
High Self	311	535.49	546.20	355.03	191.17
High Family	312	1,217.88	1,242.24	807.46	434.78
Standard Self	314	320.88	327.30	212.75	114.55
Standard Family	315	729.17	743.75	483.44	260.31
GEHA High Deductible Health Plan					
HDHP Self	341	380.81	388.43	252.48	135.95
HDHP Family	342	869.79	887.19	576.67	310.52
Mail Handlers Benefit Plan					
Standard Self	454	529.17	539.75	350.84	188.91
Standard Family	455	1,211.04	1,235.26	802.92	432.34
Mail Handlers Benefit Plan Consumer Option					
HDHP Self	481	310.83	317.05	206.08	110.97
HDHP Family	482	704.34	718.43	466.98	251.45
Mail Handlers Benefit Plan Value					
Value Self	414	238.85	243.63	158.36	85.27
Value Family	415	569.44	580.83	377.54	203.29
NALC					
High Self	321	510.16	520.36	338.23	182.13
High Family	322	1,114.49	1,136.78	738.91	397.87
Panama Canal Area Benefit Plan					

Plan - Option	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Self	431	409.24	417.42	271.32	146.10
High Family	432	854.21	871.29	566.34	304.95
Rural Carrier Benefit Plan					
High Self	381	537.88	548.64	356.62	192.02
High Family	382	1,098.65	1,120.62	728.40	392.22
SAMBA					
High Self	441	598.80	610.78	397.01	213.77
High Family	442	1,410.18	1,438.38	934.95	503.43
Standard Self	444	434.42	443.11	288.02	155.09
Standard Family	445	992.16	1,012.00	657.80	354.20

Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)

2010 Monthly premium rates

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Alabama Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Alaska Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Arizona Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Arizona Aetna Open Access					
High Self	WQ1	485.96	495.68	322.19	173.49
High Family	WQ2	1,175.03	1,198.53	779.04	419.49
Arizona Health Net of Arizona, Inc.					
High Self	A71	455.65	464.76	302.09	162.67
High Family	A72	1,153.45	1,176.52	764.74	411.78
Standard Self	A74	416.43	424.76	276.09	148.67
Standard Family	A75	1,053.95	1,075.03	698.77	376.26
Arizona Humana CoverageFirst					
CDHP Self	DB1	366.86	374.20	243.23	130.97
CDHP Family	DB2	825.41	841.92	547.25	294.67
Arizona UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Arizona UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Arkansas Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Arkansas QualChoice					
High Self	DH1	478.88	488.46	317.50	170.96
High Family	DH2	1,121.45	1,143.88	743.52	400.36
Standard Self	DH4	378.97	386.55	251.26	135.29
Standard Family	DH5	887.49	905.24	588.41	316.83
Arkansas UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Arkansas UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
California Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
California Aetna Open Access					
High Self	2X1	404.95	413.05	268.48	144.57
High Family	2X2	997.58	1,017.53	661.39	356.14
California Anthem Blue Cross - HMO					
High Self	M51	520.56	530.97	345.13	185.84
High Family	M52	1,299.03	1,325.01	861.26	463.75
California Blue Shield of CA Access+HMO					
High Self	SI1	467.55	476.90	309.99	166.91
High Family	SI2	1,080.02	1,101.62	716.05	385.57
California Health Net of California					
High Self	LB1	662.13	675.37	438.99	236.38
High Family	LB2	1,530.95	1,561.57	1,015.02	546.55
Standard Self	LB4	630.41	643.02	417.96	225.06
Standard Family	LB5	1,457.54	1,486.69	966.35	520.34
California Health Net of California					
High Self	LP1	460.68	469.89	305.43	164.46
High Family	LP2	1,065.09	1,086.39	706.15	380.24
Standard Self	LP4	438.30	447.07	290.60	156.47
Standard Family	LP5	1,013.33	1,033.60	671.84	361.76
California Kaiser Foundation Health Plan of California					
High Self	591	572.28	583.73	379.42	204.31

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Family	592	1,366.08	1,393.40	905.71	487.69
Standard Self	594	463.52	472.79	307.31	165.48
Standard Family	595	1,106.45	1,128.58	733.58	395.00
California Kaiser Foundation Health Plan of California					
High Self	621	457.99	467.15	303.65	163.50
High Family	622	1,058.50	1,079.67	701.79	377.88
Standard Self	624	293.13	298.99	194.34	104.65
Standard Family	625	677.52	691.07	449.20	241.87
California PacifiCare of California					
High Self	CY1	450.19	459.19	298.47	160.72
High Family	CY2	1,027.74	1,048.29	681.39	366.90
California UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
California UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Colorado Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Colorado Kaiser Foundation Health Plan of Colorado					
High Self	651	493.52	503.39	327.20	176.19
High Family	652	1,130.18	1,152.78	749.31	403.47
Standard Self	654	300.41	306.42	199.17	107.25
Standard Family	655	687.94	701.70	456.11	245.59
Colorado UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Colorado UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Connecticut Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Delaware Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Delaware Aetna Open Access					
High Self	P31	696.52	710.45	461.79	248.66
High Family	P32	1,680.64	1,714.25	1,114.26	599.99
Basic Self	P34	513.26	523.53	340.29	183.24
Basic Family	P35	1,185.21	1,208.91	785.79	423.12
District of Columbia Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
District of Columbia Aetna Open Access					
High Self	JN1	642.05	654.89	425.68	229.21
High Family	JN2	1,438.13	1,466.89	953.48	513.41
Basic Self	JN4	420.68	429.09	278.91	150.18
Basic Family	JN5	984.49	1,004.18	652.72	351.46
District of Columbia CareFirst BlueChoice					
High Self	2G1	486.07	495.79	322.26	173.53
High Family	2G2	1,093.47	1,115.34	724.97	390.37
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States					
High Self	E31	496.17	506.09	328.96	177.13
High Family	E32	1,140.12	1,162.92	755.90	407.02
Standard Self	E34	290.29	296.10	192.47	103.63
Standard Family	E35	667.70	681.05	442.68	238.37
District of Columbia M.D. IPA					
High Self	JP1	484.38	494.07	321.15	172.92
High Family	JP2	1,117.00	1,139.34	740.57	398.77
District of Columbia UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
District of Columbia UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Florida Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Florida Av-Med Health Plan					
High Self	ML1	471.12	480.54	312.35	168.19
High Family	ML2	1,130.85	1,153.47	749.76	403.71
Standard Self	ML4	374.86	382.36	248.53	133.83
Standard Family	ML5	899.73	917.72	596.52	321.20
Florida Capital Health Plan					
High Self	EA1	410.09	418.29	271.89	146.40
High Family	EA2	1,086.78	1,108.52	720.54	387.98
Florida Humana CoverageFirst					
CDHP Self	MJ1	453.96	463.04	300.98	162.06
CDHP Family	MJ2	1,021.35	1,041.78	677.16	364.62
Florida Humana CoverageFirst					
CDHP Self	MQ1	435.02	443.72	288.42	155.30
CDHP Family	MQ2	978.81	998.39	648.95	349.44
Florida Humana CoverageFirst					
CDHP Self	QP1	386.14	393.86	256.01	137.85
CDHP Family	QP2	868.86	886.24	576.06	310.18
Florida Humana CoverageFirst					
CDHP Self	YG1	386.14	393.86	256.01	137.85
CDHP Family	YG2	868.86	886.24	576.06	310.18
Florida Humana, Inc.					
High Self	EE1	488.39	498.16	323.80	174.36
High Family	EE2	1,098.85	1,120.83	728.54	392.29
Standard Self	EE4	390.78	398.60	259.09	139.51
Standard Family	EE5	879.23	896.81	582.93	313.88
Florida Humana, Inc.					
High Self	LL1	521.54	531.97	345.78	186.19
High Family	LL2	1,173.47	1,196.94	778.01	418.93
Standard Self	LL4	484.27	493.96	321.07	172.89
Standard Family	LL5	1,089.62	1,111.41	722.42	388.99
Florida UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Florida UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
CDHP Family	E95	866.19	883.51	574.28	309.23
Florida Vista Healthplan of South Florida					
High Self	5E1	373.99	381.47	247.96	133.51
High Family	5E2	1,024.34	1,044.83	679.14	365.69
Standard Self	5E4	327.62	334.17	217.21	116.96
Standard Family	5E5	896.74	914.67	594.54	320.13
Georgia Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Georgia Aetna Open Access					
High Self	2U1	534.52	545.21	354.39	190.82
High Family	2U2	1,226.49	1,251.02	813.16	437.86
Georgia Humana CoverageFirst					
CDHP Self	AD1	334.95	341.65	222.07	119.58
CDHP Family	AD2	753.61	768.68	499.64	269.04
Georgia Humana CoverageFirst					
CDHP Self	LM1	394.03	401.91	261.24	140.67
CDHP Family	LM2	886.60	904.33	587.81	316.52
Georgia Humana Employers Health of Georgia, Inc.					
High Self	CB1	485.66	495.37	321.99	173.38
High Family	CB2	1,092.74	1,114.59	724.48	390.11
Standard Self	CB4	437.10	445.84	289.80	156.04
Standard Family	CB5	983.45	1,003.12	652.03	351.09
Georgia Humana Employers Health of Georgia, Inc.					
High Self	DG1	431.47	440.10	286.07	154.03
High Family	DG2	970.78	990.20	643.63	346.57
Standard Self	DG4	392.45	400.30	260.20	140.10
Standard Family	DG5	882.98	900.64	585.42	315.22
Georgia Humana Employers Health of Georgia, Inc.					
High Self	DN1	461.37	470.60	305.89	164.71
High Family	DN2	1,038.09	1,058.85	688.25	370.60
Standard Self	DN4	415.24	423.54	275.30	148.24
Standard Family	DN5	934.27	952.96	619.42	333.54
Georgia Kaiser Foundation Health Plan of Georgia Inc. HDHP					
HDHP Self	GW1	328.99	335.57	218.12	117.45
HDHP Family	GW2	739.59	754.38	490.35	264.03
Georgia Kaiser Foundation Health Plan of Georgia, Inc.					
High Self	F81	474.76	484.26	314.77	169.49
High Family	F82	1,087.23	1,108.97	720.83	388.14
Standard Self	F84	324.57	331.06	215.19	115.87
Standard Family	F85	743.28	758.15	492.80	265.35

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Georgia UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Georgia UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Guam TakeCare					
High Self	JK1	497.88	507.84	330.10	177.74
High Family	JK2	1,308.36	1,334.53	867.44	467.09
Standard Self	JK4	450.43	459.44	298.64	160.80
Standard Family	JK5	1,189.44	1,213.23	788.60	424.63
Guam TakeCare					
HDHP Self	KX1	344.74	351.63	228.56	123.07
HDHP Family	KX2	891.04	908.86	590.76	318.10
Hawaii Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Hawaii HMSA					
High Self	871	422.61	431.06	280.19	150.87
High Family	872	940.72	959.53	623.69	335.84
Hawaii Kaiser Foundation Health Plan of Hawaii					
High Self	631	432.58	441.23	286.80	154.43
High Family	632	930.06	948.66	616.63	332.03
Standard Self	634	191.69	195.52	127.09	68.43
Standard Family	635	412.14	420.38	273.25	147.13
Idaho Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Idaho Altius Health Plans					
High Self	9K1	545.74	556.65	361.82	194.83
High Family	9K2	1,200.68	1,224.69	796.05	428.64
HDHP Self	9K4	386.88	394.62	256.50	138.12
HDHP Family	9K5	801.49	817.52	531.39	286.13
Idaho Altius Health Plans					
Standard Self	DK4	410.48	418.69	272.15	146.54
Standard Family	DK5	903.00	921.06	598.69	322.37
Idaho Group Health Cooperative					
High Self	541	552.02	563.06	365.99	197.07

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Family	542	1,186.86	1,210.60	786.89	423.71
Standard Self	544	358.82	366.00	237.90	128.10
Standard Family	545	810.07	826.27	537.08	289.19
Illinois Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Illinois Aetna Open Access					
High Self	IK1	495.71	505.62	328.65	176.97
High Family	IK2	1,193.66	1,217.53	791.39	426.14
Illinois Blue Preferred Plus POS					
High Self	9G1	525.92	536.44	348.69	187.75
High Family	9G2	1,138.63	1,161.40	754.91	406.49
Illinois Health Alliance HMO					
High Self	FX1	540.89	551.71	358.61	193.10
High Family	FX2	1,260.85	1,286.07	835.95	450.12
Illinois Humana Benefit Plan of Illinois, Inc. formerly OSF					
High Self	9F1	577.98	589.54	383.20	206.34
High Family	9F2	1,300.43	1,326.44	862.19	464.25
Illinois Humana Benefit Plan of Illinois, Inc., formerly OSF					
Standard Self	AB4	485.66	495.37	321.99	173.38
Standard Family	AB5	1,092.76	1,114.62	724.50	390.12
Illinois Humana CoverageFirst					
CDHP Self	MW1	359.34	366.53	238.24	128.29
CDHP Family	MW2	808.58	824.75	536.09	288.66
Illinois Humana Health Plan Inc.					
High Self	751	561.73	572.96	372.42	200.54
High Family	752	1,263.97	1,289.25	838.01	451.24
Standard Self	754	405.73	413.84	269.00	144.84
Standard Family	755	912.84	931.10	605.22	325.88
Illinois Uicare HMO					
High Self	171	537.53	548.28	356.38	191.90
High Family	172	1,192.14	1,215.98	790.39	425.59
Standard Self	174	374.18	381.66	248.08	133.58
Standard Family	175	829.83	846.43	550.18	296.25
Illinois Uicare HMO					
HDHP Self	721	313.24	319.50	207.68	111.82
HDHP Family	722	684.93	698.63	454.11	244.52
Illinois Union Health Service					
High Self	761	373.64	381.11	247.72	133.39
High Family	762	859.32	876.51	569.73	306.78
Illinois United Healthcare of the Midwest, Inc.					
High Self	B91	499.31	509.30	331.05	178.25
High Family	B92	1,115.55	1,137.86	739.61	398.25
Illinois UnitedHealthcare Insurance Company, Inc.					

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Illinois UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Illinois UnitedHealthcare Plan of the River Valley Inc.					
High Self	YH1	388.77	396.55	257.76	138.79
High Family	YH2	952.47	971.52	631.49	340.03
Indiana Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Indiana Aetna Open Access					
High Self	IK1	495.71	505.62	328.65	176.97
High Family	IK2	1,193.66	1,217.53	791.39	426.14
Indiana Bluegrass Family Health					
HDHP Self	KV1	433.33	442.00	287.30	154.70
HDHP Family	KV2	866.65	883.98	574.59	309.39
Indiana Health Alliance HMO					
High Self	FX1	540.89	551.71	358.61	193.10
High Family	FX2	1,260.85	1,286.07	835.95	450.12
Indiana Humana CoverageFirst					
CDHP Self	MW1	359.34	366.53	238.24	128.29
CDHP Family	MW2	808.58	824.75	536.09	288.66
Indiana Humana Health Plan Inc.					
High Self	751	561.73	572.96	372.42	200.54
High Family	752	1,263.97	1,289.25	838.01	451.24
Standard Self	754	405.73	413.84	269.00	144.84
Standard Family	755	912.84	931.10	605.22	325.88
Indiana Humana Health Plan, Inc.					
High Self	MH1	485.66	495.37	321.99	173.38
High Family	MH2	1,092.74	1,114.59	724.48	390.11
Standard Self	MH4	437.10	445.84	289.80	156.04
Standard Family	MH5	983.45	1,003.12	652.03	351.09
Indiana Physicians Health Plan of Northern Indiana					
High Self	DQ1	498.42	508.39	330.45	177.94
High Family	DQ2	1,109.53	1,131.72	735.62	396.10
Indiana Unicare HMO					
High Self	171	537.53	548.28	356.38	191.90
High Family	172	1,192.14	1,215.98	790.39	425.59
Standard Self	174	374.18	381.66	248.08	133.58

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Standard Family	175	829.83	846.43	550.18	296.25
Indiana Unicare HMO					
HDHP Self	721	313.24	319.50	207.68	111.82
HDHP Family	722	684.93	698.63	454.11	244.52
Indiana Welborn Health Plans					
High Self	W11	499.27	509.26	331.02	178.24
High Family	W12	1,168.31	1,191.68	774.59	417.09
Iowa Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Iowa Coventry Health Care of Iowa					
High Self	SV1	472.83	482.29	313.49	168.80
High Family	SV2	1,276.51	1,302.04	846.33	455.71
HDHP Self	SV4	328.34	334.91	217.69	117.22
HDHP Family	SV5	783.58	799.25	519.51	279.74
Iowa Coventry Health Care of Iowa					
Standard Self	SY4	344.05	350.93	228.10	122.83
Standard Family	SY5	808.49	824.66	536.03	288.63
Iowa Health Alliance HMO					
High Self	FX1	540.89	551.71	358.61	193.10
High Family	FX2	1,260.85	1,286.07	835.95	450.12
Iowa HealthPartners Open Access Copay/3 for Free					
OAC Self	V31	640.08	652.88	424.37	228.51
OAC Family	V32	1,472.16	1,501.60	976.04	525.56
3 for Free Self	V34	305.09	311.19	202.27	108.92
3 for Free Family	V35	701.70	715.73	465.22	250.51
Iowa Sanford Health Plan					
High Self	AU1	528.84	539.42	350.62	188.80
High Family	AU2	1,216.84	1,241.18	806.77	434.41
Standard Self	AU4	517.16	527.50	342.88	184.62
Standard Family	AU5	1,189.50	1,213.29	788.64	424.65
Iowa UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Iowa UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Iowa UnitedHealthcare Plan of the River Valley Inc.					

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Self	YH1	388.77	396.55	257.76	138.79
High Family	YH2	952.47	971.52	631.49	340.03
Kansas Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Kansas Coventry Health Care of Kansas					
High Self	HA1	417.47	425.82	276.78	149.04
High Family	HA2	1,048.28	1,069.25	695.01	374.24
Standard Self	HA4	350.39	357.40	232.31	125.09
Standard Family	HA5	823.27	839.74	545.83	293.91
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP					
HDHP Self	9H1	299.43	305.42	198.52	106.90
HDHP Family	9H2	703.65	717.72	466.52	251.20
Kansas Humana CoverageFirst					
CDHP Self	PH1	347.56	354.51	230.43	124.08
CDHP Family	PH2	781.97	797.61	518.45	279.16
Kansas Humana Health Plan, Inc.					
High Self	MS1	687.01	700.75	455.49	245.26
High Family	MS2	1,545.74	1,576.65	1,024.82	551.83
Standard Self	MS4	428.39	436.96	284.02	152.94
Standard Family	MS5	963.93	983.21	639.09	344.12
Kansas UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Kansas UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Kentucky Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Kentucky Bluegrass Family Health					
HDHP Self	KV1	433.33	442.00	287.30	154.70
HDHP Family	KV2	866.65	883.98	574.59	309.39
Kentucky Humana CoverageFirst					
CDHP Self	6N1	386.14	393.86	256.01	137.85
CDHP Family	6N2	868.86	886.24	576.06	310.18

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Kentucky Humana Health Plan, Inc.					
High Self	MH1	485.66	495.37	321.99	173.38
High Family	MH2	1,092.74	1,114.59	724.48	390.11
Standard Self	MH4	437.10	445.84	289.80	156.04
Standard Family	MH5	983.45	1,003.12	652.03	351.09
Kentucky Humana Health Plan, Inc.					
High Self	MI1	461.37	470.60	305.89	164.71
High Family	MI2	1,038.09	1,058.85	688.25	370.60
Standard Self	MI4	415.24	423.54	275.30	148.24
Standard Family	MI5	934.27	952.96	619.42	333.54
Louisiana Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Louisiana Coventry Health Care of Louisiana					
High Self	BJ1	510.62	520.83	338.54	182.29
High Family	BJ2	1,185.86	1,209.58	786.23	423.35
Standard Self	BJ4	424.15	432.63	281.21	151.42
Standard Family	BJ5	985.05	1,004.75	653.09	351.66
Louisiana Coventry Health Care of Louisiana HDHP					
HDHP Self	HB1	355.72	362.83	235.84	126.99
HDHP Family	HB2	826.17	842.69	547.75	294.94
Louisiana Humana CoverageFirst					
CDHP Self	9J1	394.03	401.91	261.24	140.67
CDHP Family	9J2	886.60	904.33	587.81	316.52
Louisiana Humana CoverageFirst					
CDHP Self	9L1	413.75	422.03	274.32	147.71
CDHP Family	9L2	930.95	949.57	617.22	332.35
Louisiana UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Louisiana UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Louisiana Vantage Health Plan, Inc.					
High Self	MV1	473.05	482.51	313.63	168.88

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Family	MV2	1,087.99	1,109.75	721.34	388.41
Standard Self	MV4	438.69	447.46	290.85	156.61
Standard Family	MV5	1,008.91	1,029.09	668.91	360.18
Maine Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Maryland Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Maryland Aetna Open Access					
High Self	JN1	642.05	654.89	425.68	229.21
High Family	JN2	1,438.13	1,466.89	953.48	513.41
Basic Self	JN4	420.68	429.09	278.91	150.18
Basic Family	JN5	984.49	1,004.18	652.72	351.46
Maryland CareFirst BlueChoice					
High Self	2G1	486.07	495.79	322.26	173.53
High Family	2G2	1,093.47	1,115.34	724.97	390.37
Maryland Coventry Health Care					
High Self	IG1	425.01	433.51	281.78	151.73
High Family	IG2	1,066.54	1,087.87	707.12	380.75
Standard Self	IG4	353.41	360.48	234.31	126.17
Standard Family	IG5	883.50	901.17	585.76	315.41
Maryland Coventry Health Care HDHP					
HDHP Self	GZ1	343.40	350.27	227.68	122.59
HDHP Family	GZ2	812.00	828.24	538.36	289.88
Maryland Kaiser Foundation Health Plan Mid-Atlantic States					
High Self	E31	496.17	506.09	328.96	177.13
High Family	E32	1,140.12	1,162.92	755.90	407.02
Standard Self	E34	290.29	296.10	192.47	103.63
Standard Family	E35	667.70	681.05	442.68	238.37
Maryland M.D. IPA					
High Self	JP1	484.38	494.07	321.15	172.92
High Family	JP2	1,117.00	1,139.34	740.57	398.77
Maryland UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Maryland UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
CDHP Family	E95	866.19	883.51	574.28	309.23
Massachusetts Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Massachusetts Blue CHIP Coordinated Health Plan - BCBS of RI					
High Self	DA1	666.34	679.67	441.79	237.88
High Family	DA2	1,765.83	1,801.15	1,170.75	630.40
Massachusetts Fallon Community Health Plan					
Basic Self	JG1	593.52	605.39	393.50	211.89
Basic Family	JG2	1,442.35	1,471.20	956.28	514.92
Massachusetts Fallon Community Health Plan					
Standard Self	JV4	648.64	661.61	430.05	231.56
Standard Family	JV5	1,576.45	1,607.98	1,045.19	562.79
Michigan Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Michigan Bluecare Network of MI					
High Self	K51	521.78	532.22	345.94	186.28
High Family	K52	1,189.85	1,213.65	788.87	424.78
Michigan Bluecare Network of MI					
High Self	LX1	431.02	439.64	285.77	153.87
High Family	LX2	1,120.12	1,142.52	742.64	399.88
Michigan Grand Valley Health Plan					
High Self	RL1	440.44	449.25	292.01	157.24
High Family	RL2	1,150.78	1,173.80	762.97	410.83
Standard Self	RL4	402.05	410.09	266.56	143.53
Standard Family	RL5	1,045.31	1,066.22	693.04	373.18
Michigan Health Alliance Plan					
High Self	521	429.72	438.31	284.90	153.41
High Family	522	1,117.24	1,139.58	740.73	398.85
HDHP Self	524	429.67	438.26	284.87	153.39
HDHP Family	525	1,077.96	1,099.52	714.69	384.83
Michigan HealthPlus MI					
High Self	X51	426.51	435.04	282.78	152.26
High Family	X52	1,108.27	1,130.44	734.79	395.65
Michigan Physicians Health Plan of Mid-Michigan					
High Self	9U1	633.77	646.45	420.19	226.26
High Family	9U2	1,527.37	1,557.92	1,012.65	545.27
Standard Self	9U4	504.49	514.58	334.48	180.10

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Standard Family	9U5	1,215.78	1,240.10	806.07	434.03
Minnesota Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Minnesota HealthPartners Open Access Copay/3 for Free					
OAC Self	V31	640.08	652.88	424.37	228.51
OAC Family	V32	1,472.16	1,501.60	976.04	525.56
3 for Free Self	V34	305.09	311.19	202.27	108.92
3 for Free Family	V35	701.70	715.73	465.22	250.51
Minnesota Medica Health Plan					
High Self	M21	530.86	541.48	351.96	189.52
High Family	M22	1,215.65	1,239.96	805.97	433.99
Mississippi Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Mississippi UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Mississippi UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Missouri Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Missouri Blue Preferred Plus POS					
High Self	9G1	525.92	536.44	348.69	187.75
High Family	9G2	1,138.63	1,161.40	754.91	406.49
Missouri Coventry Health Care of Kansas					
High Self	HA1	417.47	425.82	276.78	149.04
High Family	HA2	1,048.28	1,069.25	695.01	374.24
Standard Self	HA4	350.39	357.40	232.31	125.09
Standard Family	HA5	823.27	839.74	545.83	293.91
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP					
HDHP Self	9H1	299.43	305.42	198.52	106.90

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Family	9H2	703.65	717.72	466.52	251.20
Missouri Humana CoverageFirst					
CDHP Self	PH1	347.56	354.51	230.43	124.08
CDHP Family	PH2	781.97	797.61	518.45	279.16
Missouri Humana Health Plan, Inc.					
High Self	MS1	687.01	700.75	455.49	245.26
High Family	MS2	1,545.74	1,576.65	1,024.82	551.83
Standard Self	MS4	428.39	436.96	284.02	152.94
Standard Family	MS5	963.93	983.21	639.09	344.12
Missouri United Healthcare of the Midwest, Inc.					
High Self	B91	499.31	509.30	331.05	178.25
High Family	B92	1,115.55	1,137.86	739.61	398.25
Missouri UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Missouri UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Montana Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Montana New West Health Services					
High Self	NV1	456.54	465.67	302.69	162.98
High Family	NV2	1,196.82	1,220.76	793.49	427.27
Nebraska Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Nevada Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Nevada Health Plan of Nevada					
High Self	NM1	341.77	348.61	226.60	122.01
High Family	NM2	875.27	892.78	580.31	312.47
Nevada PacifiCare of Nevada					
High Self	K91	390.95	398.77	259.20	139.57

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Family	K92	887.45	905.20	588.38	316.82
Nevada UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Nevada UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
New Hampshire Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
New Jersey Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
New Jersey Aetna Open Access					
High Self	JR1	671.28	684.71	445.06	239.65
High Family	JR2	1,544.12	1,575.00	1,023.75	551.25
Basic Self	JR4	514.28	524.57	340.97	183.60
Basic Family	JR5	1,187.16	1,210.90	787.09	423.81
New Jersey Aetna Open Access					
High Self	P31	696.52	710.45	461.79	248.66
High Family	P32	1,680.64	1,714.25	1,114.26	599.99
Basic Self	P34	513.26	523.53	340.29	183.24
Basic Family	P35	1,185.21	1,208.91	785.79	423.12
New Jersey AmeriHealth HMO					
High Self	FK1	621.44	633.87	412.02	221.85
High Family	FK2	1,469.98	1,499.38	974.60	524.78
Standard Self	FK4	567.26	578.61	376.10	202.51
Standard Family	FK5	1,342.40	1,369.25	890.01	479.24
New Jersey GHI Health Plan					
High Self	801	563.18	574.44	373.39	201.05
High Family	802	1,408.01	1,436.17	933.51	502.66
Standard Self	804	386.19	393.91	256.04	137.87
Standard Family	805	901.49	919.52	597.69	321.83
New Mexico Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
New Mexico Lovelace Health Plan					
High Self	Q11	463.21	472.47	307.11	165.36
High Family	Q12	1,134.90	1,157.60	752.44	405.16
New Mexico Presbyterian Health Plan					
High Self	P21	531.12	541.74	352.13	189.61
High Family	P22	1,206.21	1,230.33	799.71	430.62
New Mexico UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
New Mexico UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
New York Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
New York Aetna Open Access					
High Self	JC1	578.20	589.76	383.34	206.42
High Family	JC2	1,423.28	1,451.75	943.64	508.11
Basic Self	JC4	492.57	502.42	326.57	175.85
Basic Family	JC5	1,196.91	1,220.85	793.55	427.30
New York Blue Choice					
High Self	MK1	516.06	526.38	342.15	184.23
High Family	MK2	1,296.86	1,322.80	859.82	462.98
Standard Self	MK4	425.49	434.00	282.10	151.90
Standard Family	MK5	1,054.19	1,075.27	698.93	376.34
New York CDPHP Universal Benefits, Inc.					
High Self	SG1	519.48	529.87	344.42	185.45
High Family	SG2	1,315.71	1,342.02	872.31	469.71
Standard Self	SG4	388.77	396.55	257.76	138.79
Standard Family	SG5	1,002.95	1,023.01	664.96	358.05
New York Community Blue					
High Self	BS1	770.62	786.03	510.92	275.11
High Family	BS2	2,003.56	2,043.63	1,328.36	715.27
New York Community Blue					
High Self	BX1	505.38	515.49	335.07	180.42
High Family	BX2	1,409.05	1,437.23	934.20	503.03
New York Community Blue					
High Self	BZ1	622.57	635.02	412.76	222.26
High Family	BZ2	1,618.67	1,651.04	1,073.18	577.86

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
New York GHI HMO Select					
High Self	6V1	502.97	513.03	333.47	179.56
High Family	6V2	1,273.85	1,299.33	844.56	454.77
New York GHI HMO Select					
High Self	X41	495.37	505.28	328.43	176.85
High Family	X42	1,266.35	1,291.68	839.59	452.09
New York GHI Health Plan					
High Self	801	563.18	574.44	373.39	201.05
High Family	802	1,408.01	1,436.17	933.51	502.66
Standard Self	804	386.19	393.91	256.04	137.87
Standard Family	805	901.49	919.52	597.69	321.83
New York HIP of Greater New York					
High Self	511	512.63	522.88	339.87	183.01
High Family	512	1,358.46	1,385.63	900.66	484.97
Standard Self	514	401.01	409.03	265.87	143.16
Standard Family	515	1,062.62	1,083.87	704.52	379.35
New York Independent Health Assoc					
High Self	QA1	472.29	481.74	313.13	168.61
High Family	QA2	1,246.46	1,271.39	826.40	444.99
HDHP Self	QA4	380.94	388.56	252.56	136.00
HDHP Family	QA5	961.44	980.67	637.44	343.23
New York MVP Health Care					
High Self	GA1	500.65	510.66	331.93	178.73
High Family	GA2	1,293.39	1,319.26	857.52	461.74
Standard Self	GA4	473.44	482.91	313.89	169.02
Standard Family	GA5	1,223.24	1,247.70	811.01	436.69
New York MVP Health Care					
High Self	M91	503.38	513.45	333.74	179.71
High Family	M92	1,300.63	1,326.64	862.32	464.32
Standard Self	M94	468.50	477.87	310.62	167.25
Standard Family	M95	1,210.52	1,234.73	802.57	432.16
New York MVP Health Care					
High Self	MF1	555.47	566.58	368.28	198.30
High Family	MF2	1,435.22	1,463.92	951.55	512.37
Standard Self	MF4	516.23	526.55	342.26	184.29
Standard Family	MF5	1,333.93	1,360.61	884.40	476.21
New York MVP Health Care					
High Self	MX1	529.84	540.44	351.29	189.15
High Family	MX2	1,371.76	1,399.20	909.48	489.72
Standard Self	MX4	496.15	506.07	328.95	177.12
Standard Family	MX5	1,285.01	1,310.71	851.96	458.75
New York Preferred Care					
High Self	GV1	463.04	472.30	307.00	165.30
High Family	GV2	1,237.64	1,262.39	820.55	441.84
Standard Self	GV4	355.46	362.57	235.67	126.90
Standard Family	GV5	950.19	969.19	629.97	339.22
New York Univera Healthcare					

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Self	KQ1	740.05	754.85	490.65	264.20
High Family	KQ2	1,934.53	1,973.22	1,282.59	690.63
New York Univera Healthcare					
High Self	Q81	646.21	659.13	428.43	230.70
High Family	Q82	1,689.33	1,723.12	1,120.03	603.09
North Carolina Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
North Carolina UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
North Carolina UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
North Dakota Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
North Dakota HealthPartners Open Access Copay/3 for Free					
OAC Self	V31	640.08	652.88	424.37	228.51
OAC Family	V32	1,472.16	1,501.60	976.04	525.56
3 for Free Self	V34	305.09	311.19	202.27	108.92
3 for Free Family	V35	701.70	715.73	465.22	250.51
North Dakota Heart of America Health Plan					
High Self	RU1	382.29	389.94	253.46	136.48
High Family	RU2	982.45	1,002.10	651.37	350.73
Ohio Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Ohio Aetna Open Access					
High Self	7D1	582.88	594.54	386.45	208.09
High Family	7D2	1,387.36	1,415.11	919.82	495.29
Ohio AultCare HMO					
High Self	3A1	549.27	560.26	364.17	196.09
High Family	3A2	1,348.53	1,375.50	894.08	481.42
HDHP Self	3A4	365.15	372.45	242.09	130.36

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Family	3A5	731.66	746.29	485.09	261.20
Ohio HMO Health Ohio					
High Self	L41	592.13	603.97	392.58	211.39
High Family	L42	1,391.52	1,419.35	922.58	496.77
Ohio Kaiser Foundation Health Plan of Ohio					
High Self	641	567.82	579.18	376.47	202.71
High Family	642	1,305.96	1,332.08	865.85	466.23
Standard Self	644	366.80	374.14	243.19	130.95
Standard Family	645	843.66	860.53	559.34	301.19
Ohio The Health Plan of the Upper Ohio Valley					
High Self	U41	462.97	472.23	306.95	165.28
High Family	U42	1,064.81	1,086.11	705.97	380.14
Ohio UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Ohio UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Oklahoma Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Oklahoma Globalhealth, Inc.					
High Self	IM1	365.63	372.94	242.41	130.53
High Family	IM2	881.14	898.76	584.19	314.57
Oklahoma UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Oklahoma UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Oregon Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Family	225	654.85	667.95	434.17	233.78
Oregon Kaiser Foundation Health Plan of Northwest					
High Self	571	543.57	554.44	360.39	194.05
High Family	572	1,248.74	1,273.71	827.91	445.80
Standard Self	574	446.57	455.50	296.08	159.42
Standard Family	575	1,025.87	1,046.39	680.15	366.24
Oregon UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Oregon UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Pennsylvania Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Pennsylvania Aetna Open Access					
High Self	P31	696.52	710.45	461.79	248.66
High Family	P32	1,680.64	1,714.25	1,114.26	599.99
Basic Self	P34	513.26	523.53	340.29	183.24
Basic Family	P35	1,185.21	1,208.91	785.79	423.12
Pennsylvania Aetna Open Access					
High Self	YE1	335.86	342.58	222.68	119.90
High Family	YE2	926.08	944.60	613.99	330.61
Pennsylvania Geisinger Health Plan					
High Self	GG1	582.03	593.67	385.89	207.78
High Family	GG2	1,338.68	1,365.45	887.54	477.91
Standard Self	GG4	453.12	462.18	300.42	161.76
Standard Family	GG5	1,042.17	1,063.01	690.96	372.05
Pennsylvania HealthAmerica Pennsylvania					
High Self	261	531.29	541.92	352.25	189.67
High Family	262	1,248.52	1,273.49	827.77	445.72
Standard Self	264	456.95	466.09	302.96	163.13
Standard Family	265	1,073.87	1,095.35	711.98	383.37
Pennsylvania HealthAmerica Pennsylvania					
Standard Self	PN4	522.08	532.52	346.14	186.38
Standard Family	PN5	1,174.64	1,198.13	778.78	419.35

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Pennsylvania HealthAmerica Pennsylvania					
Standard Self	SW4	474.54	484.03	314.62	169.41
Standard Family	SW5	1,067.78	1,089.14	707.94	381.20
Pennsylvania HealthAmerica Pennsylvania - HDHP					
HDHP Self	Y61	465.49	474.80	308.62	166.18
HDHP Family	Y62	1,074.95	1,096.45	712.69	383.76
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP Self	9N1	487.37	497.12	323.13	173.99
HDHP Family	9N2	1,096.57	1,118.50	727.03	391.47
Pennsylvania HealthAmerica Pennsylvania-HDHP					
HDHP Self	YW1	522.45	532.90	346.39	186.51
HDHP Family	YW2	1,162.16	1,185.40	770.51	414.89
Pennsylvania UPMC Health Plan					
High Self	8W1	560.47	571.68	371.59	200.09
High Family	8W2	1,289.10	1,314.88	854.67	460.21
HDHP Self	8W4	436.97	445.71	289.71	156.00
HDHP Family	8W5	969.39	988.78	642.71	346.07
Pennsylvania UPMC Health Plan					
Standard Self	UW4	511.68	521.91	339.24	182.67
Standard Family	UW5	1,176.85	1,200.39	780.25	420.14
Puerto Rico Humana Health Plans of Puerto Rico, Inc.					
High Self	ZJ1	299.07	305.05	198.28	106.77
High Family	ZJ2	672.88	686.34	446.12	240.22
Puerto Rico Triple-S Salud, Inc.					
High Self	891	296.92	302.86	196.86	106.00
High Family	892	682.91	696.57	452.77	243.80
Rhode Island Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Rhode Island Blue CHIP Coordinated Health Plan - BCBS of RI					
High Self	DA1	666.34	679.67	441.79	237.88
High Family	DA2	1,765.83	1,801.15	1,170.75	630.40
Rhode Island UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Rhode Island UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
South Carolina Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
South Dakota Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
South Dakota HealthPartners Open Access Copay/3 for Free					
OAC Self	V31	640.08	652.88	424.37	228.51
OAC Family	V32	1,472.16	1,501.60	976.04	525.56
3 for Free Self	V34	305.09	311.19	202.27	108.92
3 for Free Family	V35	701.70	715.73	465.22	250.51
South Dakota Sanford Health Plan					
High Self	AU1	528.84	539.42	350.62	188.80
High Family	AU2	1,216.84	1,241.18	806.77	434.41
Standard Self	AU4	517.16	527.50	342.88	184.62
Standard Family	AU5	1,189.50	1,213.29	788.64	424.65
Tennessee Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Tennessee Aetna Open Access					
High Self	UB1	422.72	431.17	280.26	150.91
High Family	UB2	1,077.90	1,099.46	714.65	384.81
Tennessee Bluegrass Family Health					
HDHP Self	KV1	433.33	442.00	287.30	154.70
HDHP Family	KV2	866.65	883.98	574.59	309.39
Tennessee Humana CoverageFirst					
CDHP Self	BT1	394.03	401.91	261.24	140.67
CDHP Family	BT2	886.60	904.33	587.81	316.52
Tennessee Humana CoverageFirst					
CDHP Self	L61	397.22	405.16	263.35	141.81
CDHP Family	L62	893.69	911.56	592.51	319.05
Tennessee UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Tennessee UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Texas Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Texas Aetna Open Access					
High Self	P11	559.72	570.91	371.09	199.82
High Family	P12	1,409.96	1,438.16	934.80	503.36
Texas Firstcare					
High Self	CK1	352.60	359.65	233.77	125.88
High Family	CK2	1,057.81	1,078.97	701.33	377.64
Texas Humana CoverageFirst					
CDHP Self	T21	397.22	405.16	263.35	141.81
CDHP Family	T22	893.69	911.56	592.51	319.05
Texas Humana CoverageFirst					
CDHP Self	T81	472.85	482.31	313.50	168.81
CDHP Family	T82	1,063.94	1,085.22	705.39	379.83
Texas Humana CoverageFirst					
CDHP Self	TP1	378.30	385.87	250.82	135.05
CDHP Family	TP2	851.13	868.15	564.30	303.85
Texas Humana CoverageFirst					
CDHP Self	TU1	386.14	393.86	256.01	137.85
CDHP Family	TU2	868.88	886.26	576.07	310.19
Texas Humana CoverageFirst					
CDHP Self	TV1	397.22	405.16	263.35	141.81
CDHP Family	TV2	893.69	911.56	592.51	319.05
Texas Humana Health Plan of Texas					
High Self	UC1	485.66	495.37	321.99	173.38
High Family	UC2	1,092.74	1,114.59	724.48	390.11
Standard Self	UC4	437.10	445.84	289.80	156.04
Standard Family	UC5	983.45	1,003.12	652.03	351.09
Texas Humana Health Plan of Texas					
High Self	UR1	729.41	744.00	483.60	260.40
High Family	UR2	1,641.19	1,674.01	1,088.11	585.90
Standard Self	UR4	435.59	444.30	288.80	155.50
Standard Family	UR5	980.09	999.69	649.80	349.89
Texas Humana Health Plan of Texas					
High Self	UU1	499.94	509.94	331.46	178.48
High Family	UU2	1,124.89	1,147.39	745.80	401.59

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Standard Self	UU4	484.42	494.11	321.17	172.94
Standard Family	UU5	1,089.96	1,111.76	722.64	389.12
Texas Pacificare of Texas					
High Self	GF1	540.02	550.82	358.03	192.79
High Family	GF2	1,241.48	1,266.31	823.10	443.21
Texas UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Texas UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Utah Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Utah Altius Health Plans					
High Self	9K1	545.74	556.65	361.82	194.83
High Family	9K2	1,200.68	1,224.69	796.05	428.64
HDHP Self	9K4	386.88	394.62	256.50	138.12
HDHP Family	9K5	801.49	817.52	531.39	286.13
Utah Altius Health Plans					
Standard Self	DK4	410.48	418.69	272.15	146.54
Standard Family	DK5	903.00	921.06	598.69	322.37
Utah Humana CoverageFirst					
CDHP Self	IA1	394.03	401.91	261.24	140.67
CDHP Family	IA2	886.60	904.33	587.81	316.52
Vermont Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Virgin Islands Triple-S Salud, Inc.					
High Self	851	412.19	420.43	273.28	147.15
High Family	852	936.09	954.81	620.63	334.18
Virginia Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Virginia Aetna Open Access					
High Self	JN1	642.05	654.89	425.68	229.21

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
High Family	JN2	1,438.13	1,466.89	953.48	513.41
Basic Self	JN4	420.68	429.09	278.91	150.18
Basic Family	JN5	984.49	1,004.18	652.72	351.46
Virginia CareFirst BlueChoice					
High Self	2G1	486.07	495.79	322.26	173.53
High Family	2G2	1,093.47	1,115.34	724.97	390.37
Virginia Kaiser Foundation Health Plan Mid-Atlantic States					
High Self	E31	496.17	506.09	328.96	177.13
High Family	E32	1,140.12	1,162.92	755.90	407.02
Standard Self	E34	290.29	296.10	192.47	103.63
Standard Family	E35	667.70	681.05	442.68	238.37
Virginia M.D. IPA					
High Self	JP1	484.38	494.07	321.15	172.92
High Family	JP2	1,117.00	1,139.34	740.57	398.77
Virginia Optima Health Plan					
High Self	9R1	493.94	503.82	327.48	176.34
High Family	9R2	1,168.72	1,192.09	774.86	417.23
Standard Self	9R4	354.73	361.82	235.18	126.64
Standard Family	9R5	839.35	856.14	556.49	299.65
Virginia Piedmont Community Healthcare					
High Self	2C1	451.95	460.99	299.64	161.35
High Family	2C2	1,034.93	1,055.63	686.16	369.47
Virginia UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Virginia UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Washington Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Washington Group Health Cooperative					
High Self	541	552.02	563.06	365.99	197.07
High Family	542	1,186.86	1,210.60	786.89	423.71
Standard Self	544	358.82	366.00	237.90	128.10
Standard Family	545	810.07	826.27	537.08	289.19
Washington KPS Health Plans					
Standard Self	L11	355.90	363.02	235.96	127.06
Standard Family	L12	768.19	783.55	509.31	274.24

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
HDHP Self	L14	304.24	310.32	201.71	108.61
HDHP Family	L15	664.82	678.12	440.78	237.34
Washington KPS Health Plans					
High Self	VT1	537.03	547.77	356.05	191.72
High Family	VT2	1,173.49	1,196.96	778.02	418.94
Washington Kaiser Foundation Health Plan of Northwest					
High Self	571	543.57	554.44	360.39	194.05
High Family	572	1,248.74	1,273.71	827.91	445.80
Standard Self	574	446.57	455.50	296.08	159.42
Standard Family	575	1,025.87	1,046.39	680.15	366.24
Washington UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Washington UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
West Virginia Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
West Virginia The Health Plan of the Upper Ohio Valley					
High Self	U41	462.97	472.23	306.95	165.28
High Family	U42	1,064.81	1,086.11	705.97	380.14
Wisconsin Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Wisconsin Dean Health Plan					
High Self	WD1	474.13	483.61	314.35	169.26
High Family	WD2	1,185.30	1,209.01	785.86	423.15
Wisconsin Group Health Cooperative					
High Self	WJ1	452.14	461.18	299.77	161.41
High Family	WJ2	1,130.35	1,152.96	749.42	403.54
Wisconsin HealthPartners Open Access Copay/3 for Free					
OAC Self	V31	640.08	652.88	424.37	228.51
OAC Family	V32	1,472.16	1,501.60	976.04	525.56
3 for Free Self	V34	305.09	311.19	202.27	108.92
3 for Free Family	V35	701.70	715.73	465.22	250.51

Plan - Option -	Enrollment Code	Premium	TCC Premium	Govt Pays 65%	Enrollee Pays 35%
Wisconsin Physicians Plus					
High Self	LW1	465.10	474.40	308.36	166.04
High Family	LW2	1,185.97	1,209.69	786.30	423.39
Wisconsin UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Wisconsin UnitedHealthcare Insurance Company, Inc.					
HDHP Self	E91	327.54	334.09	217.16	116.93
HDHP Family	E92	731.73	746.36	485.13	261.23
CDHP Self	E94	391.30	399.13	259.43	139.70
CDHP Family	E95	866.19	883.51	574.28	309.23
Wyoming Aetna HealthFund					
CDHP Self	221	420.98	429.40	279.11	150.29
CDHP Family	222	1,004.62	1,024.71	666.06	358.65
HDHP Self	224	299.02	305.00	198.25	106.75
HDHP Family	225	654.85	667.95	434.17	233.78
Wyoming Altius Health Plans					
High Self	9K1	545.74	556.65	361.82	194.83
High Family	9K2	1,200.68	1,224.69	796.05	428.64
HDHP Self	9K4	386.88	394.62	256.50	138.12
HDHP Family	9K5	801.49	817.52	531.39	286.13
Wyoming Altius Health Plans					
Standard Self	DK4	410.48	418.69	272.15	146.54
Standard Family	DK5	903.00	921.06	598.69	322.37



UNITED STATES
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