

Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)		2012 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Tribe Pays	Employee Pays	
Alabama Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Alaska Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Arizona Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Arizona Aetna Open Access					
	High Self	WQ1	634.83	402.46	232.37
	High Family	WQ2	1535.11	897.76	637.35
Arizona Health Net of Arizona, Inc.					
	High Self	A71	553.65	402.46	151.19
	High Family	A72	1401.57	897.76	503.81
	Standard Self	A74	494.80	371.10	123.70
	Standard Family	A75	1252.59	897.76	354.83
Arkansas Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Arkansas QualChoice					
	High Self	DH1	571.03	402.46	168.57
	High Family	DH2	1337.22	897.76	439.46
	Standard Self	DH4	445.36	334.02	111.34
	Standard Family	DH5	1042.93	782.20	260.73
California Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
California Aetna Open Access					
	High Self	2X1	492.27	369.20	123.07
	High Family	2X2	1212.62	897.76	314.86
California Blue Shield of CA Access+HMO					

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Self	SI1	536.55	402.41	134.14
	High Family	SI2	1212.64	897.76	314.88
California	Health Net of California				
	High Self	LB1	929.61	402.46	527.15
	High Family	LB2	2149.33	897.76	1251.57
	Standard Self	LB4	886.93	402.46	484.47
	Standard Family	LB5	2050.64	897.76	1152.88
California	Health Net of California				
	High Self	LP1	595.23	402.46	192.77
	High Family	LP2	1376.20	897.76	478.44
	Standard Self	LP4	559.07	402.46	156.61
	Standard Family	LP5	1292.63	897.76	394.87
California	Kaiser Foundation Health Plan of California				
	High Self	591	661.90	402.46	259.44
	High Family	592	1579.96	897.76	682.20
	Standard Self	594	554.41	402.46	151.95
	Standard Family	595	1297.29	897.76	399.53
California	Kaiser Foundation Health Plan of California				
	High Self	621	504.31	378.23	126.08
	High Family	622	1165.58	874.19	291.39
	Standard Self	624	323.03	242.27	80.76
	Standard Family	625	746.59	559.94	186.65
California	UnitedHealthcare of California (formerly Pacificare of CA)				
	High Self	CY1	512.42	384.32	128.10
	High Family	CY2	1171.39	878.54	292.85
Colorado	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Colorado	Kaiser Foundation Health Plan of Colorado				
	High Self	651	576.44	402.46	173.98
	High Family	652	1302.82	897.76	405.06
	Standard Self	654	327.41	245.56	81.85
	Standard Family	655	739.92	554.94	184.98
Connecticut	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Delaware	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Delaware Aetna Open Access					
	High Self	P31	1026.33	402.46	623.87
	High Family	P32	2476.37	897.76	1578.61
	Basic Self	P34	742.41	402.46	339.95
	Basic Family	P35	1714.31	897.76	816.55
District of Columbia Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
District of Columbia Aetna Open Access					
	High Self	JN1	740.42	402.46	337.96
	High Family	JN2	1658.48	897.76	760.72
	Basic Self	JN4	497.86	373.40	124.46
	Basic Family	JN5	1165.13	873.85	291.28
District of Columbia CareFirst BlueChoice					
	High Self	2G1	542.45	402.46	139.99
	High Family	2G2	1220.31	897.76	322.55
	Standard Self	2G4	515.34	386.51	128.83
	Standard Family	2G5	1159.30	869.48	289.82
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States					
	High Self	E31	550.46	402.46	148.00
	High Family	E32	1266.11	897.76	368.35
	Standard Self	E34	358.76	269.07	89.69
	Standard Family	E35	825.15	618.86	206.29
District of Columbia M.D. IPA					
	High Self	JP1	568.25	402.46	165.79
	High Family	JP2	1310.36	897.76	412.60
Florida Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Florida AvMed Health Plan					
	High Self	ML1	585.20	402.46	182.74
	High Family	ML2	1404.56	897.76	506.80
	Standard Self	ML4	490.60	367.95	122.65
	Standard Family	ML5	1177.54	883.16	294.38
Florida Capital Health Plan					

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Self	EA1	409.07	306.80	102.27
	High Family	EA2	1084.03	813.02	271.01
Florida Coventry Health Plan of Florida					
	High Self	5E1	487.39	365.54	121.85
	High Family	5E2	1260.03	897.76	362.27
	Standard Self	5E4	441.11	330.83	110.28
	Standard Family	5E5	1139.75	854.81	284.94
Florida Coventry Health Plan of Florida					
	HDHP Self	J41	462.80	347.10	115.70
	HDHP Family	J42	1148.40	861.30	287.10
Florida Humana CoverageFirst					
	CDHP Self	MJ1	507.41	380.56	126.85
	CDHP Family	MJ2	1141.68	856.26	285.42
Florida Humana CoverageFirst					
	CDHP Self	QP1	434.94	326.21	108.73
	CDHP Family	QP2	978.60	733.95	244.65
Florida Humana Medical Plan, Inc.					
	High Self	EE1	567.36	402.46	164.90
	High Family	EE2	1276.58	897.76	378.82
	Standard Self	EE4	483.34	362.51	120.83
	Standard Family	EE5	1087.49	815.62	271.87
Florida Humana Medical Plan, Inc.					
	High Self	LL1	742.73	402.46	340.27
	High Family	LL2	1671.17	897.76	773.41
	Standard Self	LL4	537.03	402.46	134.57
	Standard Family	LL5	1208.35	897.76	310.59
Georgia Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Georgia Aetna Open Access					
	High Self	2U1	684.78	402.46	282.32
	High Family	2U2	1571.25	897.76	673.49
Georgia Humana CoverageFirst					
	CDHP Self	AD1	459.10	344.33	114.77
	CDHP Family	AD2	1032.96	774.72	258.24
Georgia Humana CoverageFirst					
	CDHP Self	LM1	473.59	355.19	118.40
	CDHP Family	LM2	1065.57	799.18	266.39
Georgia Humana Employers Health of Georgia, Inc.					
	High Self	CB1	537.05	402.46	134.59

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Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Family	CB2	1208.37	897.76	310.61
	Standard Self	CB4	510.19	382.64	127.55
	Standard Family	CB5	1147.92	860.94	286.98
Georgia Humana Employers Health of Georgia, Inc.					
	High Self	DG1	516.60	387.45	129.15
	High Family	DG2	1162.33	871.75	290.58
	Standard Self	DG4	496.77	372.58	124.19
	Standard Family	DG5	1117.70	838.28	279.42
Georgia Humana Employers Health of Georgia, Inc.					
	High Self	DN1	537.05	402.46	134.59
	High Family	DN2	1208.37	897.76	310.61
	Standard Self	DN4	510.19	382.64	127.55
	Standard Family	DN5	1147.92	860.94	286.98
Georgia Kaiser Foundation Health Plan of Georgia					
	High Self	F81	562.84	402.46	160.38
	High Family	F82	1286.11	897.76	388.35
	Standard Self	F84	389.85	292.39	97.46
	Standard Family	F85	890.80	668.10	222.70
Guam TakeCare					
	High Self	JK1	497.90	373.43	124.47
	High Family	JK2	1308.36	897.76	410.60
	Standard Self	JK4	441.72	331.29	110.43
	Standard Family	JK5	1166.49	874.87	291.62
Guam TakeCare					
	HDHP Self	KX1	325.52	244.14	81.38
	HDHP Family	KX2	857.70	643.28	214.42
Hawaii Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Hawaii HMSA					
	High Self	871	473.89	355.42	118.47
	High Family	872	1054.89	791.17	263.72
Hawaii Kaiser Foundation Health Plan of Hawaii					
	High Self	631	539.31	402.46	136.85
	High Family	632	1159.47	869.60	289.87
	Standard Self	634	246.50	184.88	61.62
	Standard Family	635	529.99	397.49	132.50
Idaho Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56

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Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Idaho Altius Health Plans					
	High Self	9K1	600.32	402.46	197.86
	High Family	9K2	1320.78	897.76	423.02
	HDHP Self	9K4	348.18	261.14	87.04
	HDHP Family	9K5	721.33	541.00	180.33
Idaho Altius Health Plans					
	Standard Self	DK4	426.03	319.52	106.51
	Standard Family	DK5	937.24	702.93	234.31
Idaho Group Health Cooperative					
	High Self	541	599.45	402.46	196.99
	High Family	542	1288.86	897.76	391.10
	Standard Self	544	382.35	286.76	95.59
	Standard Family	545	863.16	647.37	215.79
Illinois Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Illinois Aetna Open Access					
	High Self	IK1	744.79	402.46	342.33
	High Family	IK2	1793.39	897.76	895.63
Illinois Blue Preferred Plus POS					
	High Self	9G1	664.54	402.46	262.08
	High Family	9G2	1438.78	897.76	541.02
Illinois Health Alliance HMO					
	High Self	FX1	620.92	402.46	218.46
	High Family	FX2	1447.42	897.76	549.66
Illinois Humana Benefit Plan of Illinois, Inc.					
	High Self	9F1	798.29	402.46	395.83
	High Family	9F2	1796.15	897.76	898.39
Illinois Humana Benefit Plan of Illinois, Inc.					
	Standard Self	AB4	537.05	402.46	134.59
	Standard Family	AB5	1208.37	897.76	310.61
Illinois Humana CoverageFirst					
	CDHP Self	GB1	507.41	380.56	126.85
	CDHP Family	GB2	1141.70	856.28	285.42
Illinois Humana CoverageFirst					
	CDHP Self	MW1	483.25	362.44	120.81
	CDHP Family	MW2	1087.30	815.48	271.82
Illinois Humana Health Plan Inc.					

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Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Self	751	702.17	402.46	299.71
	High Family	752	1579.91	897.76	682.15
	Standard Self	754	537.03	402.46	134.57
	Standard Family	755	1208.35	897.76	310.59
Illinois Union Health Service					
	High Self	761	513.07	384.80	128.27
	High Family	762	1191.78	893.84	297.94
Illinois United Healthcare of the Midwest, Inc.					
	High Self	B91	595.99	402.46	193.53
	High Family	B92	1331.50	897.76	433.74
Illinois UnitedHealthcare Plan of the River Valley Inc.					
	High Self	YH1	531.05	398.29	132.76
	High Family	YH2	1268.61	897.76	370.85
Indiana Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Indiana Aetna Open Access					
	High Self	IK1	744.79	402.46	342.33
	High Family	IK2	1793.39	897.76	895.63
Indiana Health Alliance HMO					
	High Self	FX1	620.92	402.46	218.46
	High Family	FX2	1447.42	897.76	549.66
Indiana Humana CoverageFirst					
	CDHP Self	MW1	483.25	362.44	120.81
	CDHP Family	MW2	1087.30	815.48	271.82
Indiana Humana Health Plan Inc.					
	High Self	751	702.17	402.46	299.71
	High Family	752	1579.91	897.76	682.15
	Standard Self	754	537.03	402.46	134.57
	Standard Family	755	1208.35	897.76	310.59
Indiana Humana Health Plan, Inc.					
	High Self	MH1	577.05	402.46	174.59
	High Family	MH2	1298.38	897.76	400.62
	Standard Self	MH4	537.05	402.46	134.59
	Standard Family	MH5	1208.37	897.76	310.61
Indiana Physicians Health Plan of Northern Indiana					
	High Self	DQ1	593.49	402.46	191.03
	High Family	DQ2	1321.02	897.76	423.26
Iowa Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04

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	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Iowa Coventry Health Care of Iowa					
	High Self	SV1	474.57	355.93	118.64
	High Family	SV2	1217.49	897.76	319.73
	HDHP Self	SV4	344.33	258.25	86.08
	HDHP Family	SV5	821.75	616.31	205.44
Iowa Coventry Health Care of Iowa					
	Standard Self	SY4	369.74	277.31	92.43
	Standard Family	SY5	868.90	651.68	217.22
Iowa Health Alliance HMO					
	High Self	FX1	620.92	402.46	218.46
	High Family	FX2	1447.42	897.76	549.66
Iowa HealthPartners High and Standard Option					
	High Self	V31	731.32	402.46	328.86
	High Family	V32	1682.03	897.76	784.27
	Standard Self	V34	359.49	269.62	89.87
	Standard Family	V35	826.84	620.13	206.71
Iowa Sanford Health Plan					
	High Self	AU1	656.67	402.46	254.21
	High Family	AU2	1510.86	897.76	613.10
	Standard Self	AU4	631.52	402.46	229.06
	Standard Family	AU5	1452.53	897.76	554.77
Iowa UnitedHealthcare Plan of the River Valley Inc.					
	High Self	YH1	531.05	398.29	132.76
	High Family	YH2	1268.61	897.76	370.85
Kansas Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Kansas Aetna Open Access					
	High Self	HY1	472.68	354.51	118.17
	High Family	HY2	1260.50	897.76	362.74
Kansas Coventry Health Care of Kansas					
	High Self	HA1	487.85	365.89	121.96
	High Family	HA2	1224.99	897.76	327.23
	Standard Self	HA4	403.85	302.89	100.96
	Standard Family	HA5	948.87	711.65	237.22
Kansas Coventry Health Care of Kansas (Kansas City)-HDHP					
	HDHP Self	9H1	388.83	291.62	97.21

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	HDHP Family	9H2	913.81	685.36	228.45
Kansas	Humana CoverageFirst				
	CDHP Self	PH1	434.92	326.19	108.73
	CDHP Family	PH2	978.58	733.94	244.64
Kansas	Humana Health Plan, Inc.				
	High Self	MS1	859.60	402.46	457.14
	High Family	MS2	1934.12	897.76	1036.36
	Standard Self	MS4	537.03	402.46	134.57
	Standard Family	MS5	1208.35	897.76	310.59
Kentucky	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Kentucky	Humana CoverageFirst				
	CDHP Self	6N1	402.55	301.91	100.64
	CDHP Family	6N2	905.75	679.31	226.44
Kentucky	Humana Health Plan, Inc.				
	High Self	MH1	577.05	402.46	174.59
	High Family	MH2	1298.38	897.76	400.62
	Standard Self	MH4	537.05	402.46	134.59
	Standard Family	MH5	1208.37	897.76	310.61
Kentucky	Humana Health Plan, Inc.				
	High Self	MI1	535.93	401.95	133.98
	High Family	MI2	1205.88	897.76	308.12
	Standard Self	MI4	456.47	342.35	114.12
	Standard Family	MI5	1027.07	770.30	256.77
Louisiana	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Louisiana	Coventry Health Care of Louisiana				
	High Self	BJ1	592.63	402.46	190.17
	High Family	BJ2	1376.31	897.76	478.55
	Standard Self	BJ4	521.39	391.04	130.35
	Standard Family	BJ5	1210.84	897.76	313.08
Maine	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13

These tables show the minimum amount a tribal employer must pay for each employee's health plan.
Tribal employers may pay a higher portion of the premium (up to 100 percent).

Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
Maryland Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Maryland Aetna Open Access					
	High Self	JN1	740.42	402.46	337.96
	High Family	JN2	1658.48	897.76	760.72
	Basic Self	JN4	497.86	373.40	124.46
	Basic Family	JN5	1165.13	873.85	291.28
Maryland CareFirst BlueChoice					
	High Self	2G1	542.45	402.46	139.99
	High Family	2G2	1220.31	897.76	322.55
	Standard Self	2G4	515.34	386.51	128.83
	Standard Family	2G5	1159.30	869.48	289.82
Maryland Coventry Health Care					
	High Self	IG1	432.23	324.17	108.06
	High Family	IG2	1084.76	813.57	271.19
	Standard Self	IG4	401.96	301.47	100.49
	Standard Family	IG5	1004.86	753.65	251.21
Maryland Coventry Health Care HDHP					
	HDHP Self	GZ1	393.36	295.02	98.34
	HDHP Family	GZ2	900.32	675.24	225.08
Maryland Kaiser Foundation Health Plan Mid-Atlantic States					
	High Self	E31	550.46	402.46	148.00
	High Family	E32	1266.11	897.76	368.35
	Standard Self	E34	358.76	269.07	89.69
	Standard Family	E35	825.15	618.86	206.29
Maryland M.D. IPA					
	High Self	JP1	568.25	402.46	165.79
	High Family	JP2	1310.36	897.76	412.60
Massachusetts Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Massachusetts Fallon Community Health Plan					
	Basic Self	JG1	614.19	402.46	211.73
	Basic Family	JG2	1492.66	897.76	594.90
Michigan Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56

These tables show the minimum amount a tribal employer must pay for each employee's health plan.
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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Michigan Bluecare Network of MI					
	High Self	H61	577.01	402.46	174.55
	High Family	H62	1499.75	897.76	601.99
Michigan Bluecare Network of MI					
	High Self	J31	611.20	402.46	208.74
	High Family	J32	1588.64	897.76	690.88
Michigan Bluecare Network of MI					
	High Self	K51	560.08	402.46	157.62
	High Family	K52	1277.23	897.76	379.47
Michigan Bluecare Network of MI					
	High Self	LX1	517.21	387.91	129.30
	High Family	LX2	1344.24	897.76	446.48
Michigan Grand Valley Health Plan					
	High Self	RL1	592.52	402.46	190.06
	High Family	RL2	1540.50	897.76	642.74
	Standard Self	RL4	518.92	389.19	129.73
	Standard Family	RL5	1349.21	897.76	451.45
Michigan Health Alliance Plan					
	High Self	521	557.57	402.46	155.11
	High Family	522	1338.18	897.76	440.42
Michigan Health Alliance Plan					
	Standard Self	GY4	512.87	384.65	128.22
	Standard Family	GY5	1230.97	897.76	333.21
Michigan HealthPlus MI					
	High Self	X51	480.07	360.05	120.02
	High Family	X52	1247.35	897.76	349.59
Michigan Physicians Health Plan					
	Standard Self	9U4	603.87	402.46	201.41
	Standard Family	9U5	1455.35	897.76	557.59
Minnesota Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Minnesota HealthPartners High and Standard Option					
	High Self	V31	731.32	402.46	328.86
	High Family	V32	1682.03	897.76	784.27
	Standard Self	V34	359.49	269.62	89.87
	Standard Family	V35	826.84	620.13	206.71
Mississippi Aetna HealthFund					

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Missouri Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Missouri Aetna Open Access					
	High Self	HY1	472.68	354.51	118.17
	High Family	HY2	1260.50	897.76	362.74
Missouri Blue Preferred Plus POS					
	High Self	9G1	664.54	402.46	262.08
	High Family	9G2	1438.78	897.76	541.02
Missouri Coventry Health Care of Kansas					
	High Self	HA1	487.85	365.89	121.96
	High Family	HA2	1224.99	897.76	327.23
	Standard Self	HA4	403.85	302.89	100.96
	Standard Family	HA5	948.87	711.65	237.22
Missouri Coventry Health Care of Kansas (Kansas City)-HDHP					
	HDHP Self	9H1	388.83	291.62	97.21
	HDHP Family	9H2	913.81	685.36	228.45
Missouri Humana CoverageFirst					
	CDHP Self	PH1	434.92	326.19	108.73
	CDHP Family	PH2	978.58	733.94	244.64
Missouri Humana Health Plan, Inc.					
	High Self	MS1	859.60	402.46	457.14
	High Family	MS2	1934.12	897.76	1036.36
	Standard Self	MS4	537.03	402.46	134.57
	Standard Family	MS5	1208.35	897.76	310.59
Missouri United Healthcare of the Midwest, Inc.					
	High Self	B91	595.99	402.46	193.53
	High Family	B92	1331.50	897.76	433.74
Montana Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Nebraska Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Nevada Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Nevada Aetna Open Access					
	High Self	HF1	423.30	317.48	105.82
	High Family	HF2	1234.22	897.76	336.46
Nevada Health Plan of Nevada					
	High Self	NM1	417.91	313.43	104.48
	High Family	NM2	985.42	739.07	246.35
New Hampshire Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
New Jersey Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
New Jersey Aetna Open Access					
	High Self	JR1	818.74	402.46	416.28
	High Family	JR2	1883.38	897.76	985.62
	Basic Self	JR4	646.62	402.46	244.16
	Basic Family	JR5	1492.64	897.76	594.88
New Jersey Aetna Open Access					
	High Self	P31	1026.33	402.46	623.87
	High Family	P32	2476.37	897.76	1578.61
	Basic Self	P34	742.41	402.46	339.95
	Basic Family	P35	1714.31	897.76	816.55
New Jersey GHI Health Plan					
	High Self	801	656.87	402.46	254.41
	High Family	802	1642.31	897.76	744.55
	Standard Self	804	467.26	350.45	116.81
	Standard Family	805	1090.81	818.11	272.70
New Mexico Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	HDHP Family	225	824.53	618.40	206.13
New Mexico Lovelace Health Plan					
	High Self	Q11	631.19	402.46	228.73
	High Family	Q12	1483.37	897.76	585.61
New Mexico Presbyterian Health Plan					
	High Self	P21	576.16	402.46	173.70
	High Family	P22	1308.52	897.76	410.76
New York Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
New York Aetna Open Access					
	High Self	JC1	724.97	402.46	322.51
	High Family	JC2	1784.51	897.76	886.75
	Basic Self	JC4	587.67	402.46	185.21
	Basic Family	JC5	1427.99	897.76	530.23
New York Blue Choice					
	High Self	MK1	622.96	402.46	220.50
	High Family	MK2	1444.15	897.76	546.39
	Standard Self	MK4	533.28	399.96	133.32
	Standard Family	MK5	1334.19	897.76	436.43
New York CDPHP Universal Benefits, Inc.					
	High Self	SG1	575.16	402.46	172.70
	High Family	SG2	1456.69	897.76	558.93
	Standard Self	SG4	430.43	322.82	107.61
	Standard Family	SG5	1110.44	832.83	277.61
New York GHI HMO Select					
	High Self	6V1	780.80	402.46	378.34
	High Family	6V2	1988.76	897.76	1091.00
New York GHI HMO Select					
	High Self	X41	673.94	402.46	271.48
	High Family	X42	1707.29	897.76	809.53
New York GHI Health Plan					
	High Self	801	656.87	402.46	254.41
	High Family	802	1642.31	897.76	744.55
	Standard Self	804	467.26	350.45	116.81
	Standard Family	805	1090.81	818.11	272.70
New York HIP of Greater New York					
	High Self	511	606.60	402.46	204.14
	High Family	512	1607.49	897.76	709.73
	Standard Self	514	539.70	402.46	137.24

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	Standard Family	515	1430.20	897.76	532.44
New York	Independent Health Assoc				
	High Self	QA1	551.74	402.46	149.28
	High Family	QA2	1379.45	897.76	481.69
	HDHP Self	QA4	385.34	289.01	96.33
	HDHP Family	QA5	988.69	741.52	247.17
New York	MVP Health Care				
	High Self	GA1	534.50	400.88	133.62
	High Family	GA2	1337.38	897.76	439.62
	Standard Self	GA4	477.21	357.91	119.30
	Standard Family	GA5	1193.96	895.47	298.49
New York	MVP Health Care				
	High Self	GV1	523.86	392.90	130.96
	High Family	GV2	1310.79	897.76	413.03
	Standard Self	GV4	456.97	342.73	114.24
	Standard Family	GV5	1143.35	857.51	285.84
New York	MVP Health Care				
	High Self	M91	562.94	402.46	160.48
	High Family	M92	1408.55	897.76	510.79
	Standard Self	M94	501.06	375.80	125.26
	Standard Family	M95	1253.72	897.76	355.96
New York	MVP Health Care				
	High Self	MF1	641.85	402.46	239.39
	High Family	MF2	1606.04	897.76	708.28
	Standard Self	MF4	569.47	402.46	167.01
	Standard Family	MF5	1424.76	897.76	527.00
New York	MVP Health Care				
	High Self	MX1	571.48	402.46	169.02
	High Family	MX2	1429.50	897.76	531.74
	Standard Self	MX4	505.51	379.13	126.38
	Standard Family	MX5	1263.45	897.76	365.69
North Carolina	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
North Dakota	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
North Dakota	HealthPartners High and Standard Option				

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Self	V31	731.32	402.46	328.86
	High Family	V32	1682.03	897.76	784.27
	Standard Self	V34	359.49	269.62	89.87
	Standard Family	V35	826.84	620.13	206.71
North Dakota Heart of America Health Plan					
	High Self	RU1	449.43	337.07	112.36
	High Family	RU2	1155.05	866.29	288.76
Ohio Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Ohio AultCare HMO					
	High Self	3A1	579.74	402.46	177.28
	High Family	3A2	1423.33	897.76	525.57
	HDHP Self	3A4	310.40	232.80	77.60
	HDHP Family	3A5	621.92	466.44	155.48
Ohio HMO Health Ohio					
	High Self	L41	764.70	402.46	362.24
	High Family	L42	1797.06	897.76	899.30
Ohio Kaiser Foundation Health Plan of Ohio					
	High Self	641	652.69	402.46	250.23
	High Family	642	1501.20	897.76	603.44
	Standard Self	644	432.16	324.12	108.04
	Standard Family	645	993.98	745.49	248.49
Ohio The Health Plan of the Upper Ohio Valley					
	High Self	U41	554.41	402.46	151.95
	High Family	U42	1253.05	897.76	355.29
Oklahoma Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Oklahoma Globalhealth, Inc.					
	High Self	IM1	391.15	293.36	97.79
	High Family	IM2	942.65	706.99	235.66
Oregon Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Oregon Kaiser Foundation Health Plan of Northwest					

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Self	571	611.67	402.46	209.21
	High Family	572	1381.55	897.76	483.79
	Standard Self	574	467.07	350.30	116.77
	Standard Family	575	1072.96	804.72	268.24
Pennsylvania Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Pennsylvania Aetna Open Access					
	High Self	P31	1026.33	402.46	623.87
	High Family	P32	2476.37	897.76	1578.61
	Basic Self	P34	742.41	402.46	339.95
	Basic Family	P35	1714.31	897.76	816.55
Pennsylvania Aetna Open Access					
	High Self	YE1	488.61	366.46	122.15
	High Family	YE2	1276.25	897.76	378.49
Pennsylvania Geisinger Health Plan					
	Standard Self	GG4	644.65	402.46	242.19
	Standard Family	GG5	1482.74	897.76	584.98
Pennsylvania HealthAmerica Pennsylvania					
	High Self	261	572.02	402.46	169.56
	High Family	262	1344.29	897.76	446.53
Pennsylvania HealthAmerica Pennsylvania					
	Standard Self	SW4	558.91	402.46	156.45
	Standard Family	SW5	1257.53	897.76	359.77
Pennsylvania HealthAmerica Pennsylvania - HDHP					
	HDHP Self	Y61	476.58	357.44	119.14
	HDHP Family	Y62	1097.22	822.92	274.30
Pennsylvania HealthAmerica Pennsylvania-HDHP					
	HDHP Self	YW1	542.92	402.46	140.46
	HDHP Family	YW2	1205.32	897.76	307.56
Pennsylvania UPMC Health Plan					
	High Self	8W1	596.81	402.46	194.35
	High Family	8W2	1372.69	897.76	474.93
	HDHP Self	8W4	475.35	356.51	118.84
	HDHP Family	8W5	1064.81	798.61	266.20
Pennsylvania UPMC Health Plan					
	Standard Self	UW4	554.97	402.46	152.51
	Standard Family	UW5	1276.47	897.76	378.71
Puerto Rico Humana Health Plans of Puerto Rico, Inc.					
	High Self	ZJ1	327.10	245.33	81.77

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Family	ZJ2	735.95	551.96	183.99
Puerto Rico Triple-S Salud, Inc.					
	High Self	891	335.57	251.68	83.89
	High Family	892	755.02	566.27	188.75
Rhode Island Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
South Carolina Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
South Dakota Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
South Dakota HealthPartners High and Standard Option					
	High Self	V31	731.32	402.46	328.86
	High Family	V32	1682.03	897.76	784.27
	Standard Self	V34	359.49	269.62	89.87
	Standard Family	V35	826.84	620.13	206.71
South Dakota Sanford Health Plan					
	High Self	AU1	656.67	402.46	254.21
	High Family	AU2	1510.86	897.76	613.10
	Standard Self	AU4	631.52	402.46	229.06
	Standard Family	AU5	1452.53	897.76	554.77
Tennessee Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Tennessee Aetna Open Access					
	High Self	UB1	560.91	402.46	158.45
	High Family	UB2	1430.20	897.76	532.44
Tennessee Humana Health Plan, Inc.					
	High Self	GJ1	537.05	402.46	134.59
	High Family	GJ2	1208.37	897.76	310.61
	Standard Self	GJ4	459.18	344.39	114.79
	Standard Family	GJ5	1033.13	774.85	258.28

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)		2012 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Tribe Pays	Employee Pays	
Texas Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Texas Aetna Open Access					
	High Self	P11	750.36	402.46	347.90
	High Family	P12	1890.31	897.76	992.55
Texas Firstcare					
	High Self	CK1	490.82	368.12	122.70
	High Family	CK2	1472.51	897.76	574.75
Texas Humana CoverageFirst					
	CDHP Self	TP1	473.59	355.19	118.40
	CDHP Family	TP2	1065.59	799.19	266.40
Texas Humana CoverageFirst					
	CDHP Self	TU1	483.25	362.44	120.81
	CDHP Family	TU2	1087.30	815.48	271.82
Texas Humana CoverageFirst					
	CDHP Self	TV1	491.36	368.52	122.84
	CDHP Family	TV2	1105.56	829.17	276.39
Texas Humana Health Plan of Texas					
	High Self	UC1	585.91	402.46	183.45
	High Family	UC2	1318.31	897.76	420.55
	Standard Self	UC4	537.05	402.46	134.59
	Standard Family	UC5	1208.35	897.76	310.59
Texas Humana Health Plan of Texas					
	High Self	UR1	849.42	402.46	446.96
	High Family	UR2	1911.22	897.76	1013.46
	Standard Self	UR4	537.03	402.46	134.57
	Standard Family	UR5	1208.35	897.76	310.59
Texas Humana Health Plan of Texas					
	High Self	UU1	598.04	402.46	195.58
	High Family	UU2	1345.59	897.76	447.83
	Standard Self	UU4	537.05	402.46	134.59
	Standard Family	UU5	1208.37	897.76	310.61
Texas UnitedHealthcare Benefits of Texas, Inc. (formerly Pacificare of TX)					
	High Self	GF1	597.20	402.46	194.74
	High Family	GF2	1374.14	897.76	476.38
Utah Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

These rates do not include administrative costs which will be billed to Tribal employers in addition to premiums. These are the same plans and rates offered to Federal employees. Tribal employees will be included in the Federal risk pool.

Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	HDHP Family	225	824.53	618.40	206.13
Utah Altius Health Plans					
	High Self	9K1	600.32	402.46	197.86
	High Family	9K2	1320.78	897.76	423.02
	HDHP Self	9K4	348.18	261.14	87.04
	HDHP Family	9K5	721.33	541.00	180.33
Utah Altius Health Plans					
	Standard Self	DK4	426.03	319.52	106.51
	Standard Family	DK5	937.24	702.93	234.31
Utah SelectHealth					
	High Self	SF1	622.12	402.46	219.66
	High Family	SF2	1369.05	897.76	471.29
Vermont Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Virgin Islands Triple-S Salud, Inc.					
	High Self	851	412.19	309.14	103.05
	High Family	852	936.09	702.07	234.02
Virginia Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Virginia Aetna Open Access					
	High Self	JN1	740.42	402.46	337.96
	High Family	JN2	1658.48	897.76	760.72
	Basic Self	JN4	497.86	373.40	124.46
	Basic Family	JN5	1165.13	873.85	291.28
Virginia CareFirst BlueChoice					
	High Self	2G1	542.45	402.46	139.99
	High Family	2G2	1220.31	897.76	322.55
	Standard Self	2G4	515.34	386.51	128.83
	Standard Family	2G5	1159.30	869.48	289.82
Virginia Kaiser Foundation Health Plan Mid-Atlantic States					
	High Self	E31	550.46	402.46	148.00
	High Family	E32	1266.11	897.76	368.35
	Standard Self	E34	358.76	269.07	89.69
	Standard Family	E35	825.15	618.86	206.29
Virginia M.D. IPA					
	High Self	JP1	568.25	402.46	165.79

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	High Family	JP2	1310.36	897.76	412.60
Virginia Optima Health Plan					
	High Self	9R1	569.27	402.46	166.81
	High Family	9R2	1346.95	897.76	449.19
	Standard Self	9R4	373.32	279.99	93.33
	Standard Family	9R5	883.33	662.50	220.83
Virginia Piedmont Community Healthcare					
	High Self	2C1	510.84	383.13	127.71
	High Family	2C2	1169.72	877.29	292.43
Washington Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Washington Group Health Cooperative					
	High Self	541	599.45	402.46	196.99
	High Family	542	1288.86	897.76	391.10
	Standard Self	544	382.35	286.76	95.59
	Standard Family	545	863.16	647.37	215.79
Washington KPS Health Plans					
	Standard Self	L11	426.01	319.51	106.50
	Standard Family	L12	919.53	689.65	229.88
	HDHP Self	L14	381.81	286.36	95.45
	HDHP Family	L15	834.30	625.73	208.57
Washington KPS Health Plans					
	High Self	VT1	665.84	402.46	263.38
	High Family	VT2	1454.94	897.76	557.18
Washington Kaiser Foundation Health Plan of Northwest					
	High Self	571	611.67	402.46	209.21
	High Family	572	1381.55	897.76	483.79
	Standard Self	574	467.07	350.30	116.77
	Standard Family	575	1072.96	804.72	268.24
West Virginia Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
West Virginia The Health Plan of the Upper Ohio Valley					
	High Self	U41	554.41	402.46	151.95
	High Family	U42	1253.05	897.76	355.29
Wisconsin Aetna HealthFund					
	CDHP Self	221	558.50	402.46	156.04

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Tribal Employee Premium Rates for the Federal Employees Health Benefits Program

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Health Management Organizations (HMO)			2012 Monthly premium rates		
Plan - Option - Enrollment Code			Total Premium	Tribe Pays	Employee Pays
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Wisconsin	Dean Health Plan				
	High Self	WD1	552.74	402.46	150.28
	High Family	WD2	1381.86	897.76	484.10
Wisconsin	Group Health Cooperative				
	High Self	WJ1	500.18	375.14	125.04
	High Family	WJ2	1250.80	897.76	353.04
Wisconsin	HealthPartners High and Standard Option				
	High Self	V31	731.32	402.46	328.86
	High Family	V32	1682.03	897.76	784.27
	Standard Self	V34	359.49	269.62	89.87
	Standard Family	V35	826.84	620.13	206.71
Wisconsin	MercyCare HMO				
	High Self	EY1	510.60	382.95	127.65
	High Family	EY2	1276.51	897.76	378.75
Wisconsin	Physicians Plus				
	High Self	LW1	501.56	376.17	125.39
	High Family	LW2	1279.18	897.76	381.42
Wyoming	Aetna HealthFund				
	CDHP Self	221	558.50	402.46	156.04
	CDHP Family	222	1268.32	897.76	370.56
	HDHP Self	224	376.48	282.36	94.12
	HDHP Family	225	824.53	618.40	206.13
Wyoming	Altius Health Plans				
	High Self	9K1	600.32	402.46	197.86
	High Family	9K2	1320.78	897.76	423.02
	HDHP Self	9K4	348.18	261.14	87.04
	HDHP Family	9K5	721.33	541.00	180.33
Wyoming	Altius Health Plans				
	Standard Self	DK4	426.03	319.52	106.51
	Standard Family	DK5	937.24	702.93	234.31

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