

**Postal Premium Rates for the Federal Employees Health Benefits Program**

Health Management Organizations (HMO)		2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 1					2012 Total Biweekly Premium	2013 Biweekly Postal Premium Rates Category 2			
			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium		Govt Pays	Empl. Pays	Change in empl. payment	
Plan	Option	Enrollment Code										
<b>Alabama Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Alabama Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>Alaska Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Arizona Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Arizona Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>Arizona Aetna Open Access</b>												
	High Self	WQ1	293.00	294.67	212.04	82.63	-3.99	293.00	294.67	206.74	87.93	1.31
	High Family	WQ2	708.51	712.56	472.17	240.39	-7.73	708.51	712.56	460.36	252.20	4.08
<b>Arizona Health Net of Arizona, Inc.</b>												
	High Self	A71	255.53	289.70	212.04	77.66	28.51	255.53	289.70	206.74	82.96	33.81
	High Family	A72	646.88	733.40	472.17	261.23	74.74	646.88	733.40	460.36	273.04	86.55
	Standard Self	A74	228.37	242.02	202.09	39.93	2.25	228.37	242.02	196.64	45.38	7.70
	Standard Family	A75	578.12	612.67	472.17	140.50	22.77	578.12	612.67	460.36	152.31	34.58
<b>Arkansas Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Arkansas Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>Arkansas QualChoice</b>												
	High Self	DH1	263.55	273.95	212.04	61.91	4.74	263.55	273.95	206.74	67.21	10.04
	High Family	DH2	617.18	641.52	472.17	169.35	12.56	617.18	641.52	460.36	181.16	24.37
	Standard Self	DH4	205.55	213.66	178.41	35.25	1.33	205.55	213.66	173.60	40.06	6.14
	Standard Family	DH5	481.35	500.34	417.78	82.56	3.14	481.35	500.34	406.53	93.81	14.39
<b>California Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>California Aetna Open Access</b>												
	High Self	2X1	227.20	259.29	212.04	47.25	9.76	227.20	259.29	206.74	52.55	15.06
	High Family	2X2	559.67	604.82	472.17	132.65	33.37	559.67	604.82	460.36	144.46	45.18
<b>California Anthem Blue Cross Select HMO</b>												
	High Self	B31	New Plan	261.07	212.04	49.03	New Plan	New Plan	261.07	206.74	54.33	New Plan
	High Family	B32	New Plan	595.24	472.17	123.07	New Plan	New Plan	595.24	460.36	134.88	New Plan
<b>California Blue Shield of CA Access+HMO</b>												
	High Self	SI1	247.64	255.95	212.04	43.91	2.65	247.64	255.95	206.74	49.21	7.95
	High Family	SI2	559.68	575.91	472.17	103.74	4.45	559.68	575.91	460.36	115.55	16.26
<b>California Health Net of California</b>												
	High Self	LB1	429.05	472.38	212.04	260.34	37.67	429.05	472.38	206.74	265.64	42.97
	High Family	LB2	992.00	1092.17	472.17	620.00	88.39	992.00	1092.17	460.36	631.81	100.20
	Standard Self	LB4	409.35	449.88	212.04	237.84	34.87	409.35	449.88	206.74	243.14	40.17
	Standard Family	LB5	946.45	1040.16	472.17	567.99	81.93	946.45	1040.16	460.36	579.80	93.74
<b>California Health Net of California</b>												
	High Self	LP1	274.72	315.46	212.04	103.42	35.08	274.72	315.46	206.74	108.72	40.38

	High Family	LP2	635.17	729.37	472.17	257.20	82.42	635.17	729.37	460.36	269.01	94.23
	Standard Self	LP4	258.03	300.44	212.04	88.40	36.75	258.03	300.44	206.74	93.70	42.05
	Standard Family	LP5	596.60	694.64	472.17	222.47	86.26	596.60	694.64	460.36	234.28	98.07
<b>California Kaiser Foundation Health Plan of California</b>												
	High Self	591	305.49	336.92	212.04	124.88	25.77	305.49	336.92	206.74	130.18	31.07
	High Family	592	729.21	804.26	472.17	332.09	63.27	729.21	804.26	460.36	343.90	75.08
	Standard Self	594	255.88	283.13	212.04	71.09	21.59	255.88	283.13	206.74	76.39	26.89
	Standard Family	595	598.75	662.53	472.17	190.36	52.00	598.75	662.53	460.36	202.17	63.81
<b>California Kaiser Foundation Health Plan of California</b>												
	High Self	621	232.76	239.17	199.71	39.46	1.05	232.76	239.17	194.33	44.84	6.43
	High Family	622	537.96	552.78	461.57	91.21	2.45	537.96	552.78	449.13	103.65	14.89
	Standard Self	624	149.09	153.26	127.97	25.29	.69	149.09	153.26	124.52	28.74	4.14
	Standard Family	625	344.58	354.23	295.78	58.45	1.59	344.58	354.23	287.81	66.42	9.56
<b>California UnitedHealthcare of California</b>												
	High Self	CY1	236.50	257.31	212.04	45.27	6.25	236.50	257.31	206.74	50.57	11.55
	High Family	CY2	540.64	588.00	472.17	115.83	26.62	540.64	588.00	460.36	127.64	38.43
	Standard Self	CY4	New Plan	219.37	183.17	36.20	New Plan	New Plan	219.37	178.24	41.13	New Plan
	Standard Family	CY5	New Plan	501.53	418.78	82.75	New Plan	New Plan	501.53	407.49	94.04	New Plan
<b>Colorado Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Colorado Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>Colorado Kaiser Foundation Health Plan of Colorado</b>												
	High Self	651	266.05	281.31	212.04	69.27	9.60	266.05	281.31	206.74	74.57	14.90
	High Family	652	601.30	635.77	472.17	163.60	22.69	601.30	635.77	460.36	175.41	34.50
	Standard Self	654	151.11	166.80	139.28	27.52	2.59	151.11	166.80	135.53	31.27	6.34
	Standard Family	655	341.50	376.97	314.77	62.20	5.85	341.50	376.97	306.29	70.68	14.33
<b>Connecticut Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Connecticut Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>Delaware Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Delaware Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>Delaware Aetna Open Access</b>												
	High Self	P31	473.69	499.15	212.04	287.11	19.80	473.69	499.15	206.74	292.41	25.10
	High Family	P32	1142.94	1204.37	472.17	732.20	49.65	1142.94	1204.37	460.36	744.01	61.46
	Basic Self	P34	342.65	372.11	212.04	160.07	23.80	342.65	372.11	206.74	165.37	29.10
	Basic Family	P35	791.22	859.25	472.17	387.08	56.25	791.22	859.25	460.36	398.89	68.06
<b>District of Columbia Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>District of Columbia Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>District of Columbia Aetna Open Access</b>												
	High Self	JN1	341.73	392.10	212.04	180.06	44.71	341.73	392.10	206.74	185.36	50.01
	High Family	JN2	765.45	878.26	472.17	406.09	101.03	765.45	878.26	460.36	417.90	112.84
	Basic Self	JN4	229.78	246.99	206.24	40.75	2.84	229.78	246.99	200.68	46.31	8.40
	Basic Family	JN5	537.75	561.70	469.02	92.68	3.95	537.75	561.70	456.38	105.32	16.59
<b>District of Columbia CareFirst BlueChoice</b>												
	High Self	2G1	250.36	262.88	212.04	50.84	6.86	250.36	262.88	206.74	56.14	12.16
	High Family	2G2	563.22	591.39	472.17	119.22	16.39	563.22	591.39	460.36	131.03	28.20
	Standard Self	2G4	237.85	249.74	208.53	41.21	1.96	237.85	249.74	202.91	46.83	7.58
	Standard Family	2G5	535.06	561.82	469.12	92.70	4.42	535.06	561.82	456.48	105.34	17.06

<b>District of Columbia CareFirst BlueChoice</b>													
	HDHP Self	B61	New Plan	235.27	196.45	38.82	New Plan	New Plan	235.27	191.16	44.11	New Plan	
	HDHP Family	B62	New Plan	524.78	438.19	86.59	New Plan	New Plan	524.78	426.38	98.40	New Plan	
<b>District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States</b>													
	High Self	E31		254.06	261.37	212.04	49.33	1.65	254.06	261.37	206.74	54.63	6.95
	High Family	E32		584.36	601.15	472.17	128.98	5.01	584.36	601.15	460.36	140.79	16.82
	Standard Self	E34		165.58	174.38	145.61	28.77	1.45	165.58	174.38	141.68	32.70	5.38
	Standard Family	E35		380.84	401.06	334.89	66.17	3.33	380.84	401.06	325.86	75.20	12.36
<b>District of Columbia M.D. IPA</b>													
	High Self	JP1		262.27	267.90	212.04	55.86	-.03	262.27	267.90	206.74	61.16	5.27
	High Family	JP2		604.78	617.78	472.17	145.61	1.22	604.78	617.78	460.36	157.42	13.03
<b>Florida Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Florida Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	F51	New Plan	264.09	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>Florida AvMed Health Plans</b>													
	High Self	ML1		270.09	294.72	212.04	82.68	18.97	270.09	294.72	206.74	87.98	24.27
	High Family	ML2		648.26	707.37	472.17	235.20	47.33	648.26	707.37	460.36	247.01	59.14
	Standard Self	ML4		226.43	232.80	194.39	38.41	1.05	226.43	232.80	189.15	43.65	6.29
	Standard Family	ML5		543.48	558.75	466.56	92.19	2.52	543.48	558.75	453.98	104.77	15.10
<b>Florida Capital Health Plan</b>													
	High Self	EA1		188.80	201.02	167.85	33.17	2.02	188.80	201.02	163.33	37.69	6.54
	High Family	EA2		500.32	532.72	444.82	87.90	5.35	500.32	532.72	432.84	99.88	17.33
<b>Florida Coventry Health Plan of Florida</b>													
	High Self	5E1		224.95	262.64	212.04	50.60	13.48	224.95	262.64	206.74	55.90	18.78
	High Family	5E2		581.55	630.36	472.17	158.19	37.03	581.55	630.36	460.36	170.00	48.84
	Standard Self	5E4		203.59	240.74	201.02	39.72	6.13	203.59	240.74	195.60	45.14	11.55
	Standard Family	5E5		526.04	622.01	472.17	149.84	63.04	526.04	622.01	460.36	161.65	74.85
<b>Florida Coventry Health Plan of Florida</b>													
	HDHP Self	J41		213.60	239.62	200.08	39.54	4.30	213.60	239.62	194.69	44.93	9.69
	HDHP Family	J42		530.03	594.59	472.17	122.42	34.97	530.03	594.59	460.36	134.23	46.78
<b>Florida Humana CoverageFirst</b>													
	CDHP Self	MJ1		234.19	238.73	199.34	39.39	.75	234.19	238.73	193.97	44.76	6.12
	CDHP Family	MJ2		526.93	531.18	443.54	87.64	.70	526.93	531.18	431.58	99.60	12.66
<b>Florida Humana CoverageFirst</b>													
	CDHP Self	QP1		200.74	204.63	170.87	33.76	.64	200.74	204.63	166.26	38.37	5.25
	CDHP Family	QP2		451.66	455.30	380.18	75.12	.60	451.66	455.30	369.93	85.37	10.85
<b>Florida Humana Medical Plan, Inc.</b>													
	High Self	EE1		261.86	276.13	212.04	64.09	8.61	261.86	276.13	206.74	69.39	13.91
	High Family	EE2		589.19	614.38	472.17	142.21	13.41	589.19	614.38	460.36	154.02	25.22
	Standard Self	EE4		223.08	227.36	189.85	37.51	.70	223.08	227.36	184.73	42.63	5.82
	Standard Family	EE5		501.92	505.89	422.42	83.47	.65	501.92	505.89	411.04	94.85	12.03
<b>Florida Humana Medical Plan, Inc.</b>													
	High Self	LL1		342.80	375.88	212.04	163.84	27.42	342.80	375.88	206.74	169.14	32.72
	High Family	LL2		771.31	836.33	472.17	364.16	53.24	771.31	836.33	460.36	375.97	65.05
	Standard Self	LL4		247.86	252.63	210.95	41.68	.20	247.86	252.63	205.26	47.37	5.89
	Standard Family	LL5		557.70	562.09	469.35	92.74	-4.57	557.70	562.09	456.70	105.39	8.08
<b>Georgia Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Georgia Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	F51	New Plan	264.09	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>Georgia Aetna Open Access</b>													
	High Self	2U1		316.05	365.85	212.04	153.81	44.14	316.05	365.85	206.74	159.11	49.44
	High Family	2U2		725.19	839.50	472.17	367.33	102.53	725.19	839.50	460.36	379.14	114.34
<b>Georgia Humana CoverageFirst</b>													
	CDHP Self	AD1		211.89	216.00	180.36	35.64	.68	211.89	216.00	175.50	40.50	5.54
	CDHP Family	AD2		476.75	480.58	401.28	79.30	.64	476.75	480.58	390.47	90.11	11.45
<b>Georgia Humana CoverageFirst</b>													
	CDHP Self	LM1		218.58	227.36	189.85	37.51	1.44	218.58	227.36	184.73	42.63	6.56
	CDHP Family	LM2		491.80	505.89	422.42	83.47	2.32	491.80	505.89	411.04	94.85	13.70
<b>Georgia Humana Employers Health of Georgia, Inc.</b>													
	High Self	CB1		247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88

	High Family	CB2	557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
	Standard Self	CB4	235.47	238.73	199.34	39.39	.54	235.47	238.73	193.97	44.76	5.91
	Standard Family	CB5	529.81	531.17	443.53	87.64	.22	529.81	531.17	431.58	99.59	12.17
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	High Self	DG1	238.43	252.63	210.95	41.68	2.34	238.43	252.63	205.26	47.37	8.03
	High Family	DG2	536.46	562.08	469.34	92.74	4.22	536.46	562.08	456.69	105.39	16.87
	Standard Self	DG4	229.28	240.55	200.86	39.69	1.86	229.28	240.55	195.45	45.10	7.27
	Standard Family	DG5	515.86	535.23	446.92	88.31	3.19	515.86	535.23	434.87	100.36	15.24
<b>Georgia Humana Employers Health of Georgia, Inc.</b>												
	High Self	DN1	247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88
	High Family	DN2	557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
	Standard Self	DN4	235.47	238.73	199.34	39.39	.54	235.47	238.73	193.97	44.76	5.91
	Standard Family	DN5	529.81	531.17	443.53	87.64	.22	529.81	531.17	431.58	99.59	12.17
<b>Georgia Kaiser Foundation Health Plan of Georgia</b>												
	High Self	F81	259.77	254.57	212.04	42.53	-10.86	259.77	254.57	206.74	47.83	-5.56
	High Family	F82	593.59	581.69	472.17	109.52	-23.68	593.59	581.69	460.36	121.33	-11.87
	Standard Self	F84	179.93	178.29	148.87	29.42	-.27	179.93	178.29	144.86	33.43	3.74
	Standard Family	F85	411.14	407.39	340.17	67.22	-.62	411.14	407.39	331.00	76.39	8.55
<b>Guam Calvo's Selectcare</b>												
	High Self	B41	New Plan	246.06	205.46	40.60	New Plan	New Plan	246.06	199.92	46.14	New Plan
	High Family	B42	New Plan	646.60	472.17	174.43	New Plan	New Plan	646.60	460.36	186.24	New Plan
<b>Guam TakeCare</b>												
	High Self	JK1	229.80	229.80	191.88	37.92	.00	229.80	229.80	186.71	43.09	5.17
	High Family	JK2	603.86	603.86	472.17	131.69	-11.78	603.86	603.86	460.36	143.50	.03
	Standard Self	JK4	203.87	202.27	168.90	33.37	-.27	203.87	202.27	164.34	37.93	4.29
	Standard Family	JK5	538.38	534.13	446.00	88.13	-.70	538.38	534.13	433.98	100.15	11.32
<b>Guam TakeCare</b>												
	HDHP Self	KX1	150.24	138.27	115.46	22.81	-1.98	150.24	138.27	112.34	25.93	1.14
	HDHP Family	KX2	395.86	363.22	303.29	59.93	-5.39	395.86	363.22	295.12	68.10	2.78
<b>Hawaii Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Hawaii HMSA</b>												
	High Self	871	218.72	212.16	177.15	35.01	-1.08	218.72	212.16	172.38	39.78	3.69
	High Family	872	486.87	472.26	394.34	77.92	-2.41	486.87	472.26	383.71	88.55	8.22
<b>Hawaii Kaiser Foundation Health Plan of Hawaii</b>												
	High Self	631	248.91	250.17	208.89	41.28	-1.25	248.91	250.17	203.26	46.91	4.38
	High Family	632	535.14	557.91	465.85	92.06	3.76	535.14	557.91	453.30	104.61	16.31
	Standard Self	634	113.77	128.50	107.30	21.20	2.43	113.77	128.50	104.41	24.09	5.32
	Standard Family	635	244.61	286.56	239.28	47.28	6.92	244.61	286.56	232.83	53.73	13.37
<b>Idaho Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Idaho Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>Idaho Altius Health Plans</b>												
	High Self	9K1	277.07	288.15	212.04	76.11	5.42	277.07	288.15	206.74	81.41	10.72
	High Family	9K2	609.59	633.97	472.17	161.80	12.60	609.59	633.97	460.36	173.61	24.41
	HDHP Self	9K4	160.70	160.70	134.18	26.52	.00	160.70	160.70	130.57	30.13	3.61
	HDHP Family	9K5	332.92	332.92	277.99	54.93	.00	332.92	332.92	270.50	62.42	7.49
<b>Idaho Altius Health Plans</b>												
	Standard Self	DK4	196.63	208.43	174.04	34.39	1.95	196.63	208.43	169.35	39.08	6.64
	Standard Family	DK5	432.57	458.53	382.87	75.66	4.29	432.57	458.53	372.56	85.97	14.60
<b>Idaho Group Health Cooperative</b>												
	High Self	541	276.67	302.54	212.04	90.50	20.21	276.67	302.54	206.74	95.80	25.51
	High Family	542	594.86	650.48	472.17	178.31	43.84	594.86	650.48	460.36	190.12	55.65
	Standard Self	544	176.47	194.54	162.44	32.10	2.98	176.47	194.54	158.06	36.48	7.36
	Standard Family	545	398.38	439.21	366.74	72.47	6.74	398.38	439.21	356.86	82.35	16.62
<b>Idaho SelectHealth</b>												
	High Self	SF1	287.13	285.34	212.04	73.30	-7.45	287.13	285.34	206.74	78.60	-2.15
	High Family	SF2	631.87	636.52	472.17	164.35	-7.13	631.87	636.52	460.36	176.16	4.68
	Standard Self	SF4	New Plan	255.09	212.04	43.05	New Plan	New Plan	255.09	206.74	48.35	New Plan
	Standard Family	SF5	New Plan	569.04	472.17	96.87	New Plan	New Plan	569.04	460.36	108.68	New Plan
<b>Illinois Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25

	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Illinois Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>Illinois Blue Cross and Blue Shield of Illinois</b>												
	High Self	A21	New Plan	320.00	212.04	107.96	New Plan	New Plan	320.00	206.74	113.26	New Plan
	High Family	A22	New Plan	726.44	472.17	254.27	New Plan	New Plan	726.44	460.36	266.08	New Plan
<b>Illinois Blue Preferred Plus POS</b>												
	High Self	9G1	306.71	322.05	212.04	110.01	9.68	306.71	322.05	206.74	115.31	14.98
	High Family	9G2	664.05	697.26	472.17	225.09	21.43	664.05	697.26	460.36	236.90	33.24
<b>Illinois Health Alliance HMO</b>												
	High Self	FX1	286.58	320.98	212.04	108.94	28.74	286.58	320.98	206.74	114.24	34.04
	High Family	FX2	668.04	748.21	472.17	276.04	68.39	668.04	748.21	460.36	287.85	80.20
<b>Illinois Humana Benefit Plan of Illinois, Inc.</b>												
	High Self	9F1	368.44	385.96	212.04	173.92	11.86	368.44	385.96	206.74	179.22	17.16
	High Family	9F2	828.99	858.77	472.17	386.60	18.00	828.99	858.77	460.36	398.41	29.81
<b>Illinois Humana Benefit Plan of Illinois, Inc.</b>												
	Standard Self	AB4	247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88
	Standard Family	AB5	557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
<b>Illinois Humana CoverageFirst</b>												
	CDHP Self	GB1	234.19	238.73	199.34	39.39	.75	234.19	238.73	193.97	44.76	6.12
	CDHP Family	GB2	526.94	531.17	443.53	87.64	.69	526.94	531.17	431.58	99.59	12.64
<b>Illinois Humana CoverageFirst</b>												
	CDHP Self	MW1	223.04	227.36	189.85	37.51	.71	223.04	227.36	184.73	42.63	5.83
	CDHP Family	MW2	501.83	505.89	422.42	83.47	.67	501.83	505.89	411.04	94.85	12.05
<b>Illinois Humana Health Plan, Inc.</b>												
	High Self	751	324.08	346.33	212.04	134.29	16.59	324.08	346.33	206.74	139.59	21.89
	High Family	752	729.19	770.59	472.17	298.42	29.62	729.19	770.59	460.36	310.23	41.43
	Standard Self	754	247.86	252.62	210.94	41.68	.20	247.86	252.62	205.25	47.37	5.89
	Standard Family	755	557.70	562.08	469.34	92.74	-4.57	557.70	562.08	456.69	105.39	8.08
<b>Illinois Union Health Service</b>												
	High Self	761	236.80	238.66	199.28	39.38	.31	236.80	238.66	193.91	44.75	5.68
	High Family	762	550.05	548.88	458.31	90.57	-.19	550.05	548.88	445.97	102.91	12.15
<b>Illinois United Healthcare of the Midwest, Inc.</b>												
	High Self	B91	275.07	289.62	212.04	77.58	8.89	275.07	289.62	206.74	82.88	14.19
	High Family	B92	614.54	647.03	472.17	174.86	20.71	614.54	647.03	460.36	186.67	32.52
<b>Illinois UnitedHealthcare Plan of the River Valley Inc.</b>												
	High Self	YH1	245.10	256.46	212.04	44.42	3.98	245.10	256.46	206.74	49.72	9.28
	High Family	YH2	585.51	605.84	472.17	133.67	8.55	585.51	605.84	460.36	145.48	20.36
<b>Indiana Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Indiana Health Alliance HMO</b>												
	High Self	FX1	286.58	320.98	212.04	108.94	28.74	286.58	320.98	206.74	114.24	34.04
	High Family	FX2	668.04	748.21	472.17	276.04	68.39	668.04	748.21	460.36	287.85	80.20
<b>Indiana Humana CoverageFirst</b>												
	CDHP Self	MW1	223.04	227.36	189.85	37.51	.71	223.04	227.36	184.73	42.63	5.83
	CDHP Family	MW2	501.83	505.89	422.42	83.47	.67	501.83	505.89	411.04	94.85	12.05
<b>Indiana Humana Health Plan of Ohio</b>												
	High Self	A61	New Plan	239.99	200.39	39.60	New Plan	New Plan	239.99	194.99	45.00	New Plan
	High Family	A62	New Plan	533.98	445.87	88.11	New Plan	New Plan	533.98	433.86	100.12	New Plan
	Standard Self	A64	New Plan	215.99	180.35	35.64	New Plan	New Plan	215.99	175.49	40.50	New Plan
	Standard Family	A65	New Plan	480.57	401.28	79.29	New Plan	New Plan	480.57	390.46	90.11	New Plan
<b>Indiana Humana Health Plan, Inc.</b>												
	High Self	751	324.08	346.33	212.04	134.29	16.59	324.08	346.33	206.74	139.59	21.89
	High Family	752	729.19	770.59	472.17	298.42	29.62	729.19	770.59	460.36	310.23	41.43
	Standard Self	754	247.86	252.62	210.94	41.68	.20	247.86	252.62	205.25	47.37	5.89
	Standard Family	755	557.70	562.08	469.34	92.74	-4.57	557.70	562.08	456.69	105.39	8.08
<b>Indiana Humana Health Plan, Inc.</b>												
	High Self	MH1	266.33	252.63	210.95	41.68	-18.27	266.33	252.63	205.26	47.37	-12.58
	High Family	MH2	599.25	562.09	469.35	92.74	-46.12	599.25	562.09	456.70	105.39	-33.47
	Standard Self	MH4	247.87	239.98	200.38	39.60	-1.89	247.87	239.98	194.98	45.00	3.51
	Standard Family	MH5	557.71	533.96	445.86	88.10	-9.22	557.71	533.96	433.84	100.12	2.80
<b>Indiana Physicians Health Plan of Northern Indiana</b>												
	High Self	DQ1	273.92	308.00	212.04	95.96	28.42	273.92	308.00	206.74	101.26	33.72
	High Family	DQ2	609.70	685.56	472.17	213.39	64.08	609.70	685.56	460.36	225.20	75.89



<b>Iowa Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Iowa Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>Iowa Coventry Health Care of Iowa</b>												
	High Self	SV1	219.03	240.19	200.56	39.63	3.49	219.03	240.19	195.15	45.04	8.90
	High Family	SV2	561.92	584.85	472.17	112.68	11.15	561.92	584.85	460.36	124.49	22.96
	HDHP Self	SV4	158.92	165.56	138.24	27.32	1.10	158.92	165.56	134.52	31.04	4.82
	HDHP Family	SV5	379.27	395.12	329.93	65.19	2.61	379.27	395.12	321.04	74.08	11.50
<b>Iowa Coventry Health Care of Iowa</b>												
	Standard Self	SY4	170.65	177.14	147.91	29.23	1.07	170.65	177.14	143.93	33.21	5.05
	Standard Family	SY5	401.03	416.29	347.60	68.69	2.52	401.03	416.29	338.24	78.05	11.88
<b>Iowa Health Alliance HMO</b>												
	High Self	FX1	286.58	320.98	212.04	108.94	28.74	286.58	320.98	206.74	114.24	34.04
	High Family	FX2	668.04	748.21	472.17	276.04	68.39	668.04	748.21	460.36	287.85	80.20
<b>Iowa HealthPartners High and Standard Option</b>												
	High Self	V31	337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32	776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34	165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35	381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
<b>Iowa Sanford Health Plan</b>												
	High Self	AU1	303.08	303.08	212.04	91.04	-5.66	303.08	303.08	206.74	96.34	-.36
	High Family	AU2	697.32	697.32	472.17	225.15	-11.78	697.32	697.32	460.36	236.96	.03
	Standard Self	AU4	291.47	291.47	212.04	79.43	-5.66	291.47	291.47	206.74	84.73	-.36
	Standard Family	AU5	670.40	670.40	472.17	198.23	-11.78	670.40	670.40	460.36	210.04	.03
<b>Iowa UnitedHealthcare Plan of the River Valley Inc.</b>												
	High Self	YH1	245.10	256.46	212.04	44.42	3.98	245.10	256.46	206.74	49.72	9.28
	High Family	YH2	585.51	605.84	472.17	133.67	8.55	585.51	605.84	460.36	145.48	20.36
<b>Kansas Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Kansas Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>Kansas Aetna Open Access</b>												
	High Self	HY1	218.16	229.02	191.23	37.79	1.79	218.16	229.02	186.08	42.94	6.94
	High Family	HY2	581.77	610.84	472.17	138.67	17.29	581.77	610.84	460.36	150.48	29.10
<b>Kansas Coventry Health Care of Kansas</b>												
	High Self	HA1	225.16	239.92	200.33	39.59	2.44	225.16	239.92	194.94	44.98	7.83
	High Family	HA2	565.38	563.84	470.81	93.03	-11.96	565.38	563.84	458.12	105.72	.73
	Standard Self	HA4	186.39	202.69	169.25	33.44	2.69	186.39	202.69	164.69	38.00	7.25
	Standard Family	HA5	437.94	476.31	397.72	78.59	6.33	437.94	476.31	387.00	89.31	17.05
<b>Kansas Coventry Health Care of Kansas (Kansas City)-HDHP</b>												
	HDHP Self	9H1	179.46	195.77	163.47	32.30	2.69	179.46	195.77	159.06	36.71	7.10
	HDHP Family	9H2	421.76	460.05	384.14	75.91	6.32	421.76	460.05	373.79	86.26	16.67
<b>Kansas Humana CoverageFirst</b>												
	CDHP Self	PH1	200.73	204.63	170.87	33.76	.64	200.73	204.63	166.26	38.37	5.25
	CDHP Family	PH2	451.65	455.30	380.18	75.12	.60	451.65	455.30	369.93	85.37	10.85
<b>Kansas Humana Health Plan, Inc.</b>												
	High Self	MS1	396.74	429.74	212.04	217.70	27.34	396.74	429.74	206.74	223.00	32.64
	High Family	MS2	892.67	956.17	472.17	484.00	51.72	892.67	956.17	460.36	495.81	63.53
	Standard Self	MS4	247.86	252.58	210.90	41.68	.20	247.86	252.58	205.22	47.36	5.88
	Standard Family	MS5	557.70	562.00	469.27	92.73	-4.58	557.70	562.00	456.63	105.37	8.06
<b>Kentucky Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Kentucky Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>Kentucky Humana CoverageFirst</b>												
	CDHP Self	6N1	185.79	204.96	171.14	33.82	3.16	185.79	204.96	166.53	38.43	7.77
	CDHP Family	6N2	418.04	456.05	380.80	75.25	6.27	418.04	456.05	370.54	85.51	16.53

<b>Kentucky Humana Health Plan of Ohio</b>													
	High Self	A61	New Plan	239.99	200.39	39.60	New Plan	New Plan	239.99	194.99	45.00	New Plan	
	High Family	A62	New Plan	533.98	445.87	88.11	New Plan	New Plan	533.98	433.86	100.12	New Plan	
	Standard Self	A64	New Plan	215.99	180.35	35.64	New Plan	New Plan	215.99	175.49	40.50	New Plan	
	Standard Family	A65	New Plan	480.57	401.28	79.29	New Plan	New Plan	480.57	390.46	90.11	New Plan	
<b>Kentucky Humana Health Plan, Inc.</b>													
	High Self	MH1		266.33	252.63	210.95	41.68	-18.27	266.33	252.63	205.26	47.37	-12.58
	High Family	MH2		599.25	562.09	469.35	92.74	-46.12	599.25	562.09	456.70	105.39	-33.47
	Standard Self	MH4		247.87	239.98	200.38	39.60	-1.89	247.87	239.98	194.98	45.00	3.51
	Standard Family	MH5		557.71	533.96	445.86	88.10	-9.22	557.71	533.96	433.84	100.12	2.80
<b>Kentucky Humana Health Plan, Inc.</b>													
	High Self	MI1		247.35	262.65	212.04	50.61	9.64	247.35	262.65	206.74	55.91	14.94
	High Family	MI2		556.56	584.41	472.17	112.24	16.07	556.56	584.41	460.36	124.05	27.88
	Standard Self	MI4		210.68	239.98	200.38	39.60	4.84	210.68	239.98	194.98	45.00	10.24
	Standard Family	MI5		474.03	533.96	445.86	88.10	9.89	474.03	533.96	433.84	100.12	21.91
<b>Louisiana Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Louisiana Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan	
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
<b>Louisiana Coventry Health Care of Louisiana</b>													
	High Self	BJ1		273.52	285.33	212.04	73.29	6.15	273.52	285.33	206.74	78.59	11.45
	High Family	BJ2		635.22	662.65	472.17	190.48	15.65	635.22	662.65	460.36	202.29	27.46
	Standard Self	BJ4		240.64	240.64	200.93	39.71	.00	240.64	240.64	195.52	45.12	5.41
	Standard Family	BJ5		558.85	558.85	466.64	92.21	-6.25	558.85	558.85	454.07	104.78	6.32
<b>Maine Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Maine Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan	
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan	
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan	
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan	
<b>Maryland Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Maryland Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan	
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan	
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan	
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan	
<b>Maryland Aetna Open Access</b>													
	High Self	JN1		341.73	392.10	212.04	180.06	44.71	341.73	392.10	206.74	185.36	50.01
	High Family	JN2		765.45	878.26	472.17	406.09	101.03	765.45	878.26	460.36	417.90	112.84
	Basic Self	JN4		229.78	246.99	206.24	40.75	2.84	229.78	246.99	200.68	46.31	8.40
	Basic Family	JN5		537.75	561.70	469.02	92.68	3.95	537.75	561.70	456.38	105.32	16.59
<b>Maryland CareFirst BlueChoice</b>													
	High Self	2G1		250.36	262.88	212.04	50.84	6.86	250.36	262.88	206.74	56.14	12.16
	High Family	2G2		563.22	591.39	472.17	119.22	16.39	563.22	591.39	460.36	131.03	28.20
	Standard Self	2G4		237.85	249.74	208.53	41.21	1.96	237.85	249.74	202.91	46.83	7.58
	Standard Family	2G5		535.06	561.82	469.12	92.70	4.42	535.06	561.82	456.48	105.34	17.06
<b>Maryland CareFirst BlueChoice</b>													
	HDHP Self	B61	New Plan	235.27	196.45	38.82	New Plan	New Plan	235.27	191.16	44.11	New Plan	
	HDHP Family	B62	New Plan	524.78	438.19	86.59	New Plan	New Plan	524.78	426.38	98.40	New Plan	
<b>Maryland Coventry Health Care</b>													
	High Self	IG1		199.49	252.90	211.17	41.73	8.81	199.49	252.90	205.48	47.42	14.50
	High Family	IG2		500.66	634.70	472.17	162.53	79.92	500.66	634.70	460.36	174.34	91.73
	Standard Self	IG4		185.52	227.61	190.05	37.56	6.95	185.52	227.61	184.93	42.68	12.07
	Standard Family	IG5		463.78	569.03	472.17	96.86	20.34	463.78	569.03	460.36	108.67	32.15
<b>Maryland Coventry Health Care HDHP</b>													
	HDHP Self	GZ1		181.55	219.59	183.36	36.23	6.27	181.55	219.59	178.42	41.17	11.21
	HDHP Family	GZ2		415.53	496.98	414.98	82.00	13.44	415.53	496.98	403.80	93.18	24.62
<b>Maryland Kaiser Foundation Health Plan Mid-Atlantic States</b>													
	High Self	E31		254.06	261.37	212.04	49.33	1.65	254.06	261.37	206.74	54.63	6.95
	High Family	E32		584.36	601.15	472.17	128.98	5.01	584.36	601.15	460.36	140.79	16.82
	Standard Self	E34		165.58	174.38	145.61	28.77	1.45	165.58	174.38	141.68	32.70	5.38
	Standard Family	E35		380.84	401.06	334.89	66.17	3.33	380.84	401.06	325.86	75.20	12.36

<b>Maryland M.D. IPA</b>												
	High Self	JP1	262.27	267.90	212.04	55.86	-.03	262.27	267.90	206.74	61.16	5.27
	High Family	JP2	604.78	617.78	472.17	145.61	1.22	604.78	617.78	460.36	157.42	13.03
<b>Massachusetts Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Massachusetts Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>Massachusetts Fallon Community Health Plan</b>												
	Basic Self	JG1	283.47	291.79	212.04	79.75	2.66	283.47	291.79	206.74	85.05	7.96
	Basic Family	JG2	688.92	709.13	472.17	236.96	8.43	688.92	709.13	460.36	248.77	20.24
<b>Michigan Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Michigan Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>Michigan Bluecare Network of MI</b>												
	High Self	H61	266.31	228.38	190.70	37.68	-22.25	266.31	228.38	185.56	42.82	-17.11
	High Family	H62	692.19	593.36	472.17	121.19	-110.61	692.19	593.36	460.36	133.00	-98.80
<b>Michigan Bluecare Network of MI</b>												
	High Self	J31	282.09	278.02	212.04	65.98	-9.73	282.09	278.02	206.74	71.28	-4.43
	High Family	J32	733.22	722.42	472.17	250.25	-22.58	733.22	722.42	460.36	262.06	-10.77
<b>Michigan Bluecare Network of MI</b>												
	High Self	K51	258.50	283.83	212.04	71.79	19.67	258.50	283.83	206.74	77.09	24.97
	High Family	K52	589.49	647.03	472.17	174.86	45.76	589.49	647.03	460.36	186.67	57.57
<b>Michigan Bluecare Network of MI</b>												
	High Self	LX1	238.71	267.62	212.04	55.58	16.19	238.71	267.62	206.74	60.88	21.49
	High Family	LX2	620.42	642.00	472.17	169.83	9.80	620.42	642.00	460.36	181.64	21.61
<b>Michigan Grand Valley Health Plan</b>												
	High Self	RL1	273.47	301.45	212.04	89.41	22.32	273.47	301.45	206.74	94.71	27.62
	High Family	RL2	711.00	705.39	472.17	233.22	-17.39	711.00	705.39	460.36	245.03	-5.58
	Standard Self	RL4	239.50	281.70	212.04	69.66	30.14	239.50	281.70	206.74	74.96	35.44
	Standard Family	RL5	622.71	659.19	472.17	187.02	24.70	622.71	659.19	460.36	198.83	36.51
<b>Michigan Health Alliance Plan</b>												
	High Self	521	257.34	271.61	212.04	59.57	8.61	257.34	271.61	206.74	64.87	13.91
	High Family	522	617.62	651.84	472.17	179.67	22.44	617.62	651.84	460.36	191.48	34.25
<b>Michigan Health Alliance Plan</b>												
	Standard Self	GY4	236.71	259.24	212.04	47.20	8.14	236.71	259.24	206.74	52.50	13.44
	Standard Family	GY5	568.14	622.17	472.17	150.00	42.25	568.14	622.17	460.36	161.81	54.06
<b>Michigan HealthPlus of MI</b>												
	High Self	X51	221.57	245.33	204.85	40.48	3.92	221.57	245.33	199.33	46.00	9.44
	High Family	X52	575.70	637.45	472.17	165.28	49.97	575.70	637.45	460.36	177.09	61.78
<b>Michigan Physicians Health Plan</b>												
	Standard Self	9U4	278.71	222.32	185.64	36.68	-35.65	278.71	222.32	180.64	41.68	-30.65
	Standard Family	9U5	671.70	520.61	434.71	85.90	-125.41	671.70	520.61	423.00	97.61	-113.70
<b>Minnesota Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Minnesota Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>Minnesota HealthPartners High and Standard Option</b>												
	High Self	V31	337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32	776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34	165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35	381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
<b>Mississippi Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Mississippi Aetna HealthFund CDHP and Value Plan</b>												



	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
<b>Missouri</b>	<b>Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Missouri</b>	<b>Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan	
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan	
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan	
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan	
<b>Missouri</b>	<b>Aetna Open Access</b>												
	High Self	HY1		218.16	229.02	191.23	37.79	1.79	218.16	229.02	186.08	42.94	6.94
	High Family	HY2		581.77	610.84	472.17	138.67	17.29	581.77	610.84	460.36	150.48	29.10
<b>Missouri</b>	<b>Blue Preferred Plus POS</b>												
	High Self	9G1		306.71	322.05	212.04	110.01	9.68	306.71	322.05	206.74	115.31	14.98
	High Family	9G2		664.05	697.26	472.17	225.09	21.43	664.05	697.26	460.36	236.90	33.24
<b>Missouri</b>	<b>Coventry Health Care of Kansas</b>												
	High Self	HA1		225.16	239.92	200.33	39.59	2.44	225.16	239.92	194.94	44.98	7.83
	High Family	HA2		565.38	563.84	470.81	93.03	-11.96	565.38	563.84	458.12	105.72	.73
	Standard Self	HA4		186.39	202.69	169.25	33.44	2.69	186.39	202.69	164.69	38.00	7.25
	Standard Family	HA5		437.94	476.31	397.72	78.59	6.33	437.94	476.31	387.00	89.31	17.05
<b>Missouri</b>	<b>Coventry Health Care of Kansas (Kansas City)-HDHP</b>												
	HDHP Self	9H1		179.46	195.77	163.47	32.30	2.69	179.46	195.77	159.06	36.71	7.10
	HDHP Family	9H2		421.76	460.05	384.14	75.91	6.32	421.76	460.05	373.79	86.26	16.67
<b>Missouri</b>	<b>Humana CoverageFirst</b>												
	CDHP Self	PH1		200.73	204.63	170.87	33.76	.64	200.73	204.63	166.26	38.37	5.25
	CDHP Family	PH2		451.65	455.30	380.18	75.12	.60	451.65	455.30	369.93	85.37	10.85
<b>Missouri</b>	<b>Humana Health Plan, Inc.</b>												
	High Self	MS1		396.74	429.74	212.04	217.70	27.34	396.74	429.74	206.74	223.00	32.64
	High Family	MS2		892.67	956.17	472.17	484.00	51.72	892.67	956.17	460.36	495.81	63.53
	Standard Self	MS4		247.86	252.58	210.90	41.68	.20	247.86	252.58	205.22	47.36	5.88
	Standard Family	MS5		557.70	562.00	469.27	92.73	-4.58	557.70	562.00	456.63	105.37	8.06
<b>Missouri</b>	<b>United Healthcare of the Midwest, Inc.</b>												
	High Self	B91		275.07	289.62	212.04	77.58	8.89	275.07	289.62	206.74	82.88	14.19
	High Family	B92		614.54	647.03	472.17	174.86	20.71	614.54	647.03	460.36	186.67	32.52
<b>Montana</b>	<b>Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Montana</b>	<b>Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
<b>Nebraska</b>	<b>Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Nebraska</b>	<b>Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
<b>Nevada</b>	<b>Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Nevada</b>	<b>Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan	
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan	
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan	
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan	
<b>Nevada</b>	<b>Aetna Open Access</b>												
	High Self	HF1		195.37	205.29	171.42	33.87	1.63	195.37	205.29	166.80	38.49	6.25
	High Family	HF2		569.64	598.12	472.17	125.95	16.70	569.64	598.12	460.36	137.76	28.51
<b>Nevada</b>	<b>Health Plan of Nevada</b>												
	High Self	NM1		192.88	182.47	152.36	30.11	-1.72	192.88	182.47	148.26	34.21	2.38
	High Family	NM2		454.81	430.27	359.28	70.99	-4.05	454.81	430.27	349.59	80.68	5.64
<b>New Hampshire</b>	<b>Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86

<b>New Hampshire Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>New Jersey Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>New Jersey Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>New Jersey Aetna Open Access</b>												
	High Self	JR1	377.88	425.04	212.04	213.00	41.50	377.88	425.04	206.74	218.30	46.80
	High Family	JR2	869.25	977.69	472.17	505.52	96.66	869.25	977.69	460.36	517.33	108.47
	Basic Self	JR4	298.44	312.75	212.04	100.71	8.65	298.44	312.75	206.74	106.01	13.95
	Basic Family	JR5	688.91	721.94	472.17	249.77	21.25	688.91	721.94	460.36	261.58	33.06
<b>New Jersey Aetna Open Access</b>												
	High Self	P31	473.69	499.15	212.04	287.11	19.80	473.69	499.15	206.74	292.41	25.10
	High Family	P32	1142.94	1204.37	472.17	732.20	49.65	1142.94	1204.37	460.36	744.01	61.46
	Basic Self	P34	342.65	372.11	212.04	160.07	23.80	342.65	372.11	206.74	165.37	29.10
	Basic Family	P35	791.22	859.25	472.17	387.08	56.25	791.22	859.25	460.36	398.89	68.06
<b>New Jersey GHI Health Plan</b>												
	High Self	801	303.17	324.40	212.04	112.36	15.57	303.17	324.40	206.74	117.66	20.87
	High Family	802	757.99	811.05	472.17	338.88	41.28	757.99	811.05	460.36	350.69	53.09
	Standard Self	804	215.66	237.23	198.09	39.14	3.56	215.66	237.23	192.75	44.48	8.90
	Standard Family	805	503.45	553.80	462.42	91.38	8.31	503.45	553.80	449.96	103.84	20.77
<b>New Mexico Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>New Mexico Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>New Mexico Lovelace Health Plan</b>												
	High Self	Q11	291.32	219.88	183.60	36.28	-48.66	291.32	219.88	178.65	41.23	-43.71
	High Family	Q12	684.63	516.71	431.45	85.26	-138.98	684.63	516.71	419.83	96.88	-127.36
<b>New Mexico Presbyterian Health Plan</b>												
	High Self	P21	265.92	281.32	212.04	69.28	9.74	265.92	281.32	206.74	74.58	15.04
	High Family	P22	603.93	638.91	472.17	166.74	23.20	603.93	638.91	460.36	178.55	35.01
<b>New York Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>New York Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>New York Aetna Open Access</b>												
	High Self	JC1	334.60	377.58	212.04	165.54	37.32	334.60	377.58	206.74	170.84	42.62
	High Family	JC2	823.62	929.43	472.17	457.26	94.03	823.62	929.43	460.36	469.07	105.84
	Basic Self	JC4	271.23	322.08	212.04	110.04	45.19	271.23	322.08	206.74	115.34	50.49
	Basic Family	JC5	659.07	782.61	472.17	310.44	111.76	659.07	782.61	460.36	322.25	123.57
<b>New York Blue Choice</b>												
	High Self	MK1	287.52	325.82	212.04	113.78	32.64	287.52	325.82	206.74	119.08	37.94
	High Family	MK2	666.53	755.31	472.17	283.14	77.00	666.53	755.31	460.36	294.95	88.81
	Standard Self	MK4	246.13	271.10	212.04	59.06	18.45	246.13	271.10	206.74	64.36	23.75
	Standard Family	MK5	615.78	676.62	472.17	204.45	49.06	615.78	676.62	460.36	216.26	60.87
<b>New York CDPHP Universal Benefits, Inc.</b>												
	High Self	SG1	265.46	284.40	212.04	72.36	13.28	265.46	284.40	206.74	77.66	18.58
	High Family	SG2	672.32	720.26	472.17	248.09	36.16	672.32	720.26	460.36	259.90	47.97
	Standard Self	SG4	198.66	212.85	177.73	35.12	2.34	198.66	212.85	172.94	39.91	7.13
	Standard Family	SG5	512.51	549.12	458.52	90.60	6.04	512.51	549.12	446.16	102.96	18.40
<b>New York GHI HMO Select</b>												
	High Self	6V1	360.37	234.95	196.18	38.77	-115.22	360.37	234.95	190.90	44.05	-109.94
	High Family	6V2	917.89	600.04	472.17	127.87	-329.63	917.89	600.04	460.36	139.68	-317.82
<b>New York GHI HMO Select</b>												
	High Self	X41	311.05	261.54	212.04	49.50	-55.17	311.05	261.54	206.74	54.80	-49.87

	High Family	X42	787.98	671.67	472.17	199.50	-128.09	787.98	671.67	460.36	211.31	-116.28
<b>New York</b>	<b>GHI Health Plan</b>											
	High Self	801	303.17	324.40	212.04	112.36	15.57	303.17	324.40	206.74	117.66	20.87
	High Family	802	757.99	811.05	472.17	338.88	41.28	757.99	811.05	460.36	350.69	53.09
	Standard Self	804	215.66	237.23	198.09	39.14	3.56	215.66	237.23	192.75	44.48	8.90
	Standard Family	805	503.45	553.80	462.42	91.38	8.31	503.45	553.80	449.96	103.84	20.77
<b>New York</b>	<b>HIP Health of Greater New York</b>											
	High Self	511	279.97	294.42	212.04	82.38	8.79	279.97	294.42	206.74	87.68	14.09
	High Family	512	741.92	780.23	472.17	308.06	26.53	741.92	780.23	460.36	319.87	38.34
	Standard Self	514	249.09	262.92	212.04	50.88	8.17	249.09	262.92	206.74	56.18	13.47
	Standard Family	515	660.09	696.74	472.17	224.57	24.87	660.09	696.74	460.36	236.38	36.68
<b>New York</b>	<b>Independent Health Assoc</b>											
	High Self	QA1	254.65	279.84	212.04	67.80	19.53	254.65	279.84	206.74	73.10	24.83
	High Family	QA2	636.67	699.61	472.17	227.44	51.16	636.67	699.61	460.36	239.25	62.97
	HDHP Self	QA4	177.85	182.99	152.80	30.19	.84	177.85	182.99	148.68	34.31	4.96
	HDHP Family	QA5	456.32	476.55	397.92	78.63	3.34	456.32	476.55	387.20	89.35	14.06
<b>New York</b>	<b>Independent Health Association</b>											
	Standard Self	C54	New Plan	271.48	212.04	59.44	New Plan	New Plan	271.48	206.74	64.74	New Plan
	Standard Family	C55	New Plan	678.69	472.17	206.52	New Plan	New Plan	678.69	460.36	218.33	New Plan
<b>New York</b>	<b>MVP Health Care</b>											
	High Self	GA1	246.69	258.30	212.04	46.26	5.56	246.69	258.30	206.74	51.56	10.86
	High Family	GA2	617.25	646.58	472.17	174.41	17.55	617.25	646.58	460.36	186.22	29.36
	Standard Self	GA4	220.25	236.01	197.07	38.94	2.60	220.25	236.01	191.76	44.25	7.91
	Standard Family	GA5	551.06	586.03	472.17	113.86	22.94	551.06	586.03	460.36	125.67	34.75
<b>New York</b>	<b>MVP Health Care</b>											
	High Self	GV1	241.78	220.83	184.39	36.44	-3.45	241.78	220.83	179.42	41.41	1.52
	High Family	GV2	604.98	552.59	461.41	91.18	-53.41	604.98	552.59	448.98	103.61	-40.98
	Standard Self	GV4	210.91	197.07	164.55	32.52	-2.28	210.91	197.07	160.12	36.95	2.15
	Standard Family	GV5	527.70	493.10	411.74	81.36	-5.71	527.70	493.10	400.64	92.46	5.39
<b>New York</b>	<b>MVP Health Care</b>											
	High Self	M91	259.82	275.31	212.04	63.27	9.83	259.82	275.31	206.74	68.57	15.13
	High Family	M92	650.10	690.09	472.17	217.92	28.21	650.10	690.09	460.36	229.73	40.02
	Standard Self	M94	231.26	250.21	208.93	41.28	3.12	231.26	250.21	203.30	46.91	8.75
	Standard Family	M95	578.64	625.87	472.17	153.70	35.45	578.64	625.87	460.36	165.51	47.26
<b>New York</b>	<b>MVP Health Care</b>											
	High Self	MF1	296.24	296.90	212.04	84.86	-5.00	296.24	296.90	206.74	90.16	.30
	High Family	MF2	741.25	731.73	472.17	259.56	-21.30	741.25	731.73	460.36	271.37	-9.49
	Standard Self	MF4	262.83	238.45	199.11	39.34	-17.11	262.83	238.45	193.74	44.71	-11.74
	Standard Family	MF5	657.58	596.67	472.17	124.50	-72.69	657.58	596.67	460.36	136.31	-60.88
<b>New York</b>	<b>MVP Health Care</b>											
	High Self	MX1	263.76	270.15	212.04	58.11	.73	263.76	270.15	206.74	63.41	6.03
	High Family	MX2	659.77	676.16	472.17	203.99	4.61	659.77	676.16	460.36	215.80	16.42
	Standard Self	MX4	233.31	244.15	203.87	40.28	1.78	233.31	244.15	198.37	45.78	7.28
	Standard Family	MX5	583.13	613.30	472.17	141.13	18.39	583.13	613.30	460.36	152.94	30.20
<b>North Carolina</b>	<b>Aetna HealthFund</b>											
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>North Carolina</b>	<b>Aetna HealthFund CDHP and Value Plan</b>											
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>North Dakota</b>	<b>Aetna HealthFund</b>											
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>North Dakota</b>	<b>Aetna HealthFund CDHP and Value Plan</b>											
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>North Dakota</b>	<b>HealthPartners High and Standard Option</b>											
	High Self	V31	337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32	776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34	165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35	381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
<b>North Dakota</b>	<b>Heart of America Health Plan</b>											
	High Self	RU1	207.43	227.97	190.35	37.62	3.39	207.43	227.97	185.23	42.74	8.51
	High Family	RU2	533.10	585.89	472.17	113.72	25.76	533.10	585.89	460.36	125.53	37.57
<b>North Dakota</b>	<b>Sanford Health Plan</b>											
	High Self	C91	New Plan	293.49	212.04	81.45	New Plan	New Plan	293.49	206.74	86.75	New Plan

	High Family	C92	New Plan	675.04	472.17	202.87	New Plan	New Plan	675.04	460.36	214.68	New Plan	
	Standard Self	C94	New Plan	261.11	212.04	49.07	New Plan	New Plan	261.11	206.74	54.37	New Plan	
	Standard Family	C95	New Plan	649.17	472.17	177.00	New Plan	New Plan	649.17	460.36	188.81	New Plan	
<b>Ohio Aetna HealthFund</b>													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Ohio AultCare HMO</b>													
	High Self	3A1		267.57	249.67	208.47	41.20	-19.99	267.57	249.67	202.86	46.81	-14.38
	High Family	3A2		656.92	613.00	472.17	140.83	-55.70	656.92	613.00	460.36	152.64	-43.89
	HDHP Self	3A4		143.26	151.84	126.79	25.05	1.41	143.26	151.84	123.37	28.47	4.83
	HDHP Family	3A5		287.04	304.25	254.05	50.20	2.84	287.04	304.25	247.20	57.05	9.69
<b>Ohio Humana Health Plan of Ohio</b>													
	High Self	A61	New Plan	239.99	200.39	39.60	New Plan	New Plan	239.99	194.99	45.00	New Plan	
	High Family	A62	New Plan	533.98	445.87	88.11	New Plan	New Plan	533.98	433.86	100.12	New Plan	
	Standard Self	A64	New Plan	215.99	180.35	35.64	New Plan	New Plan	215.99	175.49	40.50	New Plan	
	Standard Family	A65	New Plan	480.57	401.28	79.29	New Plan	New Plan	480.57	390.46	90.11	New Plan	
<b>Ohio Kaiser Foundation Health Plan of Ohio</b>													
	High Self	641		301.24	310.09	212.04	98.05	3.19	301.24	310.09	206.74	103.35	8.49
	High Family	642		692.86	713.19	472.17	241.02	8.55	692.86	713.19	460.36	252.83	20.36
	Standard Self	644		199.46	213.72	178.46	35.26	2.35	199.46	213.72	173.65	40.07	7.16
	Standard Family	645		458.76	491.57	410.46	81.11	5.41	458.76	491.57	399.40	92.17	16.47
<b>Ohio The Health Plan of the Upper Ohio Valley</b>													
	High Self	U41		255.88	306.68	212.04	94.64	45.14	255.88	306.68	206.74	99.94	50.44
	High Family	U42		578.33	693.09	472.17	220.92	102.98	578.33	693.09	460.36	232.73	114.79
<b>Oklahoma Aetna HealthFund</b>													
	CDHP Self	221		257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222		585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Oklahoma Globalhealth, Inc.</b>													
	High Self	IM1		180.53	195.17	162.97	32.20	2.41	180.53	195.17	158.58	36.59	6.80
	High Family	IM2		435.07	470.35	392.74	77.61	5.82	435.07	470.35	382.16	88.19	16.40
<b>Oregon Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Oregon Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
<b>Oregon Kaiser Foundation Health Plan of Northwest</b>													
	High Self	571		282.31	288.87	212.04	76.83	.90	282.31	288.87	206.74	82.13	6.20
	High Family	572		637.64	652.45	472.17	180.28	3.03	637.64	652.45	460.36	192.09	14.84
	Standard Self	574		215.57	233.01	194.56	38.45	2.88	215.57	233.01	189.32	43.69	8.12
	Standard Family	575		495.21	535.29	446.97	88.32	6.61	495.21	535.29	434.92	100.37	18.66
<b>Oregon Kaiser Foundation Health Plan of the Northwest</b>													
	Basic Self	B51	New Plan	214.17	178.83	35.34	New Plan	New Plan	214.17	174.01	40.16	New Plan	
	Basic Family	B52	New Plan	492.01	410.83	81.18	New Plan	New Plan	492.01	399.76	92.25	New Plan	
<b>Pennsylvania Aetna HealthFund</b>													
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Pennsylvania Aetna HealthFund CDHP and Value Plan</b>													
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan	
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan	
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan	
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan	
<b>Pennsylvania Aetna Open Access</b>													
	High Self	P31		473.69	499.15	212.04	287.11	19.80	473.69	499.15	206.74	292.41	25.10
	High Family	P32		1142.94	1204.37	472.17	732.20	49.65	1142.94	1204.37	460.36	744.01	61.46
	Basic Self	P34		342.65	372.11	212.04	160.07	23.80	342.65	372.11	206.74	165.37	29.10
	Basic Family	P35		791.22	859.25	472.17	387.08	56.25	791.22	859.25	460.36	398.89	68.06
<b>Pennsylvania Aetna Open Access</b>													
	High Self	YE1		225.51	239.49	199.97	39.52	2.31	225.51	239.49	194.59	44.90	7.69
	High Family	YE2		589.04	599.04	472.17	126.87	-1.78	589.04	599.04	460.36	138.68	10.03
<b>Pennsylvania Geisinger Health Plan</b>													
	Standard Self	GG4		297.53	297.50	212.04	85.46	-5.69	297.53	297.50	206.74	90.76	-0.39
	Standard Family	GG5		684.34	684.27	472.17	212.10	-11.85	684.34	684.27	460.36	223.91	-0.04
<b>Pennsylvania HealthAmerica Pennsylvania</b>													

	High Self	261	264.01	275.44	212.04	63.40	5.77	264.01	275.44	206.74	68.70	11.07
	High Family	262	620.44	647.29	472.17	175.12	15.07	620.44	647.29	460.36	186.93	26.88
<b>Pennsylvania HealthAmerica Pennsylvania - HDHP</b>												
	HDHP Self	Y61	219.96	219.96	183.67	36.29	.00	219.96	219.96	178.72	41.24	4.95
	HDHP Family	Y62	506.41	506.41	422.85	83.56	.00	506.41	506.41	411.46	94.95	11.39
<b>Pennsylvania UPMC Health Plan</b>												
	High Self	8W1	275.45	291.51	212.04	79.47	10.40	275.45	291.51	206.74	84.77	15.70
	High Family	8W2	633.55	670.47	472.17	198.30	25.14	633.55	670.47	460.36	210.11	36.95
	HDHP Self	8W4	219.39	228.80	191.05	37.75	1.55	219.39	228.80	185.90	42.90	6.70
	HDHP Family	8W5	491.45	515.02	430.04	84.98	3.89	491.45	515.02	418.45	96.57	15.48
<b>Pennsylvania UPMC Health Plan</b>												
	Standard Self	UW4	256.14	245.80	205.24	40.56	-9.20	256.14	245.80	199.71	46.09	-3.67
	Standard Family	UW5	589.14	565.33	472.05	93.28	-35.47	589.14	565.33	459.33	106.00	-22.75
<b>Puerto Rico Humana Health Plans of Puerto Rico, Inc.</b>												
	High Self	ZJ1	150.97	151.99	126.91	25.08	.17	150.97	151.99	123.49	28.50	3.59
	High Family	ZJ2	339.67	338.16	282.36	55.80	-.25	339.67	338.16	274.76	63.40	7.35
<b>Puerto Rico Triple-S Salud, Inc.</b>												
	High Self	891	154.88	154.88	129.32	25.56	.00	154.88	154.88	125.84	29.04	3.48
	High Family	892	348.47	348.47	290.97	57.50	.00	348.47	348.47	283.13	65.34	7.84
<b>Rhode Island Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Rhode Island Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	EP1	New Plan	275.82	212.04	63.78	New Plan	New Plan	275.82	206.74	69.08	New Plan
	CDHP Family	EP2	New Plan	626.36	472.17	154.19	New Plan	New Plan	626.36	460.36	166.00	New Plan
	Basic Self	EP4	New Plan	223.19	186.36	36.83	New Plan	New Plan	223.19	181.34	41.85	New Plan
	Basic Family	EP5	New Plan	506.85	423.22	83.63	New Plan	New Plan	506.85	411.82	95.03	New Plan
<b>South Carolina Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>South Dakota Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>South Dakota Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>South Dakota HealthPartners High and Standard Option</b>												
	High Self	V31	337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32	776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34	165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35	381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
<b>South Dakota Sanford Health Plan</b>												
	High Self	AU1	303.08	303.08	212.04	91.04	-5.66	303.08	303.08	206.74	96.34	-.36
	High Family	AU2	697.32	697.32	472.17	225.15	-11.78	697.32	697.32	460.36	236.96	.03
	Standard Self	AU4	291.47	291.47	212.04	79.43	-5.66	291.47	291.47	206.74	84.73	-.36
	Standard Family	AU5	670.40	670.40	472.17	198.23	-11.78	670.40	670.40	460.36	210.04	.03
<b>Tennessee Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Tennessee Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>Tennessee Aetna Open Access</b>												
	High Self	UB1	258.88	307.78	212.04	95.74	43.24	258.88	307.78	206.74	101.04	48.54
	High Family	UB2	660.09	784.77	472.17	312.60	112.90	660.09	784.77	460.36	324.41	124.71
<b>Tennessee Humana Health Plan, Inc.</b>												
	High Self	GJ1	247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37	5.88
	High Family	GJ2	557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39	8.07
	Standard Self	GJ4	211.93	215.99	180.35	35.64	.67	211.93	215.99	175.49	40.50	5.53
	Standard Family	GJ5	476.83	480.58	401.28	79.30	.62	476.83	480.58	390.47	90.11	11.43
<b>Texas Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25



	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Texas Aetna Open Access</b>												
	High Self	P11	346.32	367.33	212.04	155.29	15.35	346.32	367.33	206.74	160.59	20.65
	High Family	P12	872.45	925.38	472.17	453.21	41.15	872.45	925.38	460.36	465.02	52.96
<b>Texas Aetna Whole Health</b>												
	Basic Self	ES1	New Plan	223.24	186.41	36.83	New Plan	New Plan	223.24	181.38	41.86	New Plan
	Basic Family	ES2	New Plan	588.46	472.17	116.29	New Plan	New Plan	588.46	460.36	128.10	New Plan
<b>Texas Firstcare</b>												
	High Self	B71	New Plan	181.62	151.65	29.97	New Plan	New Plan	181.62	147.57	34.05	New Plan
	High Family	B72	New Plan	544.88	454.97	89.91	New Plan	New Plan	544.88	442.72	102.16	New Plan
<b>Texas Firstcare</b>												
	High Self	CK1		226.53	184.78	154.29	30.49	-6.89	226.53	184.78	150.13	34.65
	High Family	CK2		679.62	554.34	462.87	91.47	-127.76	679.62	554.34	450.40	103.94
<b>Texas Firstcare</b>												
	High Self	CN1	New Plan	219.95	183.66	36.29	New Plan	New Plan	219.95	178.71	41.24	New Plan
	High Family	CN2	New Plan	659.88	472.17	187.71	New Plan	New Plan	659.88	460.36	199.52	New Plan
<b>Texas Firstcare</b>												
	High Self	CZ1	New Plan	214.04	178.72	35.32	New Plan	New Plan	214.04	173.91	40.13	New Plan
	High Family	CZ2	New Plan	642.15	472.17	169.98	New Plan	New Plan	642.15	460.36	181.79	New Plan
<b>Texas Firstcare</b>												
	High Self	ET1	New Plan	207.57	173.32	34.25	New Plan	New Plan	207.57	168.65	38.92	New Plan
	High Family	ET2	New Plan	622.72	472.17	150.55	New Plan	New Plan	622.72	460.36	162.36	New Plan
<b>Texas Humana CoverageFirst</b>												
	CDHP Self	TP1		218.58	225.67	188.43	37.24	1.17	218.58	225.67	183.36	42.31
	CDHP Family	TP2		491.81	502.10	419.25	82.85	1.70	491.81	502.10	407.96	94.14
<b>Texas Humana CoverageFirst</b>												
	CDHP Self	TU1		223.04	227.36	189.85	37.51	.71	223.04	227.36	184.73	42.63
	CDHP Family	TU2		501.83	505.89	422.42	83.47	.67	501.83	505.89	411.04	94.85
<b>Texas Humana CoverageFirst</b>												
	CDHP Self	TV1		226.78	238.73	199.34	39.39	1.97	226.78	238.73	193.97	44.76
	CDHP Family	TV2		510.26	531.17	443.53	87.64	3.45	510.26	531.17	431.58	99.59
<b>Texas Humana Health Plan of Texas</b>												
	High Self	UC1		270.42	295.08	212.04	83.04	19.00	270.42	295.08	206.74	88.34
	High Family	UC2		608.45	656.54	472.17	184.37	36.31	608.45	656.54	460.36	196.18
	Standard Self	UC4		247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37
	Standard Family	UC5		557.70	562.09	469.35	92.74	-4.57	557.70	562.09	456.70	105.39
<b>Texas Humana Health Plan of Texas</b>												
	High Self	UR1		392.04	412.87	212.04	200.83	15.17	392.04	412.87	206.74	206.13
	High Family	UR2		882.10	918.63	472.17	446.46	24.75	882.10	918.63	460.36	458.27
	Standard Self	UR4		247.86	252.62	210.94	41.68	.20	247.86	252.62	205.25	47.37
	Standard Family	UR5		557.70	562.08	469.34	92.74	-4.57	557.70	562.08	456.69	105.39
<b>Texas Humana Health Plan of Texas</b>												
	High Self	UU1		276.02	290.82	212.04	78.78	9.14	276.02	290.82	206.74	84.08
	High Family	UU2		621.04	647.05	472.17	174.88	14.23	621.04	647.05	460.36	186.69
	Standard Self	UU4		247.87	252.63	210.95	41.68	.19	247.87	252.63	205.26	47.37
	Standard Family	UU5		557.71	562.09	469.35	92.74	-4.58	557.71	562.09	456.70	105.39
<b>Texas UnitedHealthcare Benefits of Texas, Inc.</b>												
	High Self	GF1		275.63	286.22	212.04	74.18	4.93	275.63	286.22	206.74	79.48
	High Family	GF2		634.22	658.55	472.17	186.38	12.55	634.22	658.55	460.36	198.19
<b>Utah Aetna HealthFund</b>												
	HDHP Self	224		173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92
	HDHP Family	225		380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65
<b>Utah Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	G51	New Plan	268.08	212.04	56.04	New Plan	New Plan	268.08	206.74	61.34	New Plan
	CDHP Family	G52	New Plan	608.80	472.17	136.63	New Plan	New Plan	608.80	460.36	148.44	New Plan
	Basic Self	G54	New Plan	225.45	188.25	37.20	New Plan	New Plan	225.45	183.18	42.27	New Plan
	Basic Family	G55	New Plan	511.98	427.50	84.48	New Plan	New Plan	511.98	415.98	96.00	New Plan
<b>Utah Altius Health Plans</b>												
	High Self	9K1		277.07	288.15	212.04	76.11	5.42	277.07	288.15	206.74	81.41
	High Family	9K2		609.59	633.97	472.17	161.80	12.60	609.59	633.97	460.36	173.61
	HDHP Self	9K4		160.70	160.70	134.18	26.52	.00	160.70	160.70	130.57	30.13
	HDHP Family	9K5		332.92	332.92	277.99	54.93	.00	332.92	332.92	270.50	62.42
<b>Utah Altius Health Plans</b>												
	Standard Self	DK4		196.63	208.43	174.04	34.39	1.95	196.63	208.43	169.35	39.08
	Standard Family	DK5		432.57	458.53	382.87	75.66	4.29	432.57	458.53	372.56	85.97
<b>Utah SelectHealth</b>												
	High Self	SF1		287.13	285.34	212.04	73.30	-7.45	287.13	285.34	206.74	78.60
	High Family	SF2		631.87	636.52	472.17	164.35	-7.13	631.87	636.52	460.36	176.16
	Standard Self	SF4	New Plan	255.09	212.04	43.05	New Plan	New Plan	255.09	206.74	48.35	New Plan
	Standard Family	SF5	New Plan	569.04	472.17	96.87	New Plan	New Plan	569.04	460.36	108.68	New Plan



	Standard Self	L11	196.62	204.94	171.12	33.82	1.38	196.62	204.94	166.51	38.43	5.99
	Standard Family	L12	424.40	442.37	369.38	72.99	2.96	424.40	442.37	359.43	82.94	12.91
	HDHP Self	L14	176.22	185.02	154.49	30.53	1.45	176.22	185.02	150.33	34.69	5.61
	HDHP Family	L15	385.06	404.30	337.59	66.71	3.18	385.06	404.30	328.49	75.81	12.28
<b>Washington KPS Health Plans</b>												
	High Self	VT1	307.31	316.54	212.04	104.50	3.57	307.31	316.54	206.74	109.80	8.87
	High Family	VT2	671.51	691.67	472.17	219.50	8.38	671.51	691.67	460.36	231.31	20.19
<b>Washington Kaiser Foundation Health Plan of Northwest</b>												
	High Self	571	282.31	288.87	212.04	76.83	.90	282.31	288.87	206.74	82.13	6.20
	High Family	572	637.64	652.45	472.17	180.28	3.03	637.64	652.45	460.36	192.09	14.84
	Standard Self	574	215.57	233.01	194.56	38.45	2.88	215.57	233.01	189.32	43.69	8.12
	Standard Family	575	495.21	535.29	446.97	88.32	6.61	495.21	535.29	434.92	100.37	18.66
<b>Washington Kaiser Foundation Health Plan of the Northwest</b>												
	Basic Self	B51	New Plan	214.17	178.83	35.34	New Plan	New Plan	214.17	174.01	40.16	New Plan
	Basic Family	B52	New Plan	492.01	410.83	81.18	New Plan	New Plan	492.01	399.76	92.25	New Plan
<b>West Virginia Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>West Virginia Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	F51	New Plan	264.09	212.04	52.05	New Plan	New Plan	264.09	206.74	57.35	New Plan
	CDHP Family	F52	New Plan	599.73	472.17	127.56	New Plan	New Plan	599.73	460.36	139.37	New Plan
	Basic Self	F54	New Plan	229.60	191.72	37.88	New Plan	New Plan	229.60	186.55	43.05	New Plan
	Basic Family	F55	New Plan	521.41	435.38	86.03	New Plan	New Plan	521.41	423.65	97.76	New Plan
<b>West Virginia The Health Plan of the Upper Ohio Valley</b>												
	High Self	U41	255.88	306.68	212.04	94.64	45.14	255.88	306.68	206.74	99.94	50.44
	High Family	U42	578.33	693.09	472.17	220.92	102.98	578.33	693.09	460.36	232.73	114.79
<b>Wisconsin Aetna HealthFund</b>												
	CDHP Self	221	257.77	276.33	212.04	64.29	12.90	257.77	276.33	206.74	69.59	18.20
	CDHP Family	222	585.38	627.52	472.17	155.35	30.36	585.38	627.52	460.36	167.16	42.17
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Wisconsin Aetna Whole Health</b>												
	Basic Self	F71	New Plan	184.62	154.16	30.46	New Plan	New Plan	184.62	150.00	34.62	New Plan
	Basic Family	F72	New Plan	508.71	424.77	83.94	New Plan	New Plan	508.71	413.33	95.38	New Plan
<b>Wisconsin Dean Health Plan</b>												
	High Self	WD1	255.11	287.50	212.04	75.46	26.73	255.11	287.50	206.74	80.76	32.03
	High Family	WD2	637.78	718.73	472.17	246.56	69.17	637.78	718.73	460.36	258.37	80.98
<b>Wisconsin Group Health Cooperative</b>												
	High Self	WJ1	230.85	241.65	201.78	39.87	1.78	230.85	241.65	196.34	45.31	7.22
	High Family	WJ2	577.29	604.32	472.17	132.15	15.25	577.29	604.32	460.36	143.96	27.06
<b>Wisconsin HealthPartners High and Standard Option</b>												
	High Self	V31	337.53	337.53	212.04	125.49	-5.66	337.53	337.53	206.74	130.79	-.36
	High Family	V32	776.32	776.32	472.17	304.15	-11.78	776.32	776.32	460.36	315.96	.03
	Standard Self	V34	165.92	165.92	138.54	27.38	.00	165.92	165.92	134.81	31.11	3.73
	Standard Family	V35	381.62	381.62	318.65	62.97	.00	381.62	381.62	310.07	71.55	8.58
<b>Wisconsin MercyCare HMO</b>												
	High Self	EY1	235.66	240.28	200.63	39.65	.77	235.66	240.28	195.23	45.05	6.17
	High Family	EY2	589.16	600.97	472.17	128.80	.03	589.16	600.97	460.36	140.61	11.84
<b>Wisconsin Physicians Plus</b>												
	High Self	LW1	231.49	234.85	196.10	38.75	.55	231.49	234.85	190.82	44.03	5.83
	High Family	LW2	590.39	598.93	472.17	126.76	-3.24	590.39	598.93	460.36	138.57	8.57
<b>Wyoming Aetna HealthFund</b>												
	HDHP Self	224	173.76	191.55	159.94	31.61	2.94	173.76	191.55	155.63	35.92	7.25
	HDHP Family	225	380.55	419.48	350.27	69.21	6.42	380.55	419.48	340.83	78.65	15.86
<b>Wyoming Aetna HealthFund CDHP and Value Plan</b>												
	CDHP Self	H41	New Plan	263.70	212.04	51.66	New Plan	New Plan	263.70	206.74	56.96	New Plan
	CDHP Family	H42	New Plan	598.85	472.17	126.68	New Plan	New Plan	598.85	460.36	138.49	New Plan
	Basic Self	H44	New Plan	230.19	192.21	37.98	New Plan	New Plan	230.19	187.03	43.16	New Plan
	Basic Family	H45	New Plan	522.77	436.51	86.26	New Plan	New Plan	522.77	424.75	98.02	New Plan
<b>Wyoming Altius Health Plans</b>												
	High Self	9K1	277.07	288.15	212.04	76.11	5.42	277.07	288.15	206.74	81.41	10.72
	High Family	9K2	609.59	633.97	472.17	161.80	12.60	609.59	633.97	460.36	173.61	24.41
	HDHP Self	9K4	160.70	160.70	134.18	26.52	.00	160.70	160.70	130.57	30.13	3.61
	HDHP Family	9K5	332.92	332.92	277.99	54.93	.00	332.92	332.92	270.50	62.42	7.49
<b>Wyoming Altius Health Plans</b>												
	Standard Self	DK4	196.63	208.43	174.04	34.39	1.95	196.63	208.43	169.35	39.08	6.64
	Standard Family	DK5	432.57	458.53	382.87	75.66	4.29	432.57	458.53	372.56	85.97	14.60