

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	GovernmentP ays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Alabama Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Alabama Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Alabama Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72
Alabama Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Alabama UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78
HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89
HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72

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Alabama UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59			
High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74			
High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70			
Alabama UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
Alabama UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Alaska Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Alaska Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Alaska Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52			
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02			
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85			
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64			
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69			
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56			

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Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Alaska Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Arizona Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Arizona Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Arizona Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27			
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29			
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18			
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68			
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79			
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59			
Arizona Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Arizona Aetna Open Access														
High Self	WQ1	535.92	621.08	241.58	379.50	79.35	1161.16	1345.67	523.42	822.25	171.93			
High Self & Family	WQ2	1301.20	1507.96	562.25	945.71	190.98	2819.27	3267.25	1218.21	2049.04	413.79			
High Self Plus One	WQ3	1288.31	1493.01	517.46	975.55	191.36	2791.34	3234.86	1121.16	2113.70	414.62			

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Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Arizona Humana CoverageFirst and Humana Value Plan														
CDHP Self	R61	331.75	374.88	241.58	133.30	37.32	718.79	812.24	523.42	288.82	80.87			
CDHP Self & Family	R62	746.43	843.46	562.25	281.21	81.25	1617.27	1827.50	1218.21	609.29	176.04			
CDHP Self Plus One	R63	713.25	805.98	517.46	288.52	79.39	1545.38	1746.29	1121.16	625.13	172.01			
Value Self	R64	265.17	299.64	224.73	74.91	8.62	574.54	649.22	486.92	162.30	18.67			
Value Self & Family	R65	596.62	674.18	505.64	168.54	19.39	1292.68	1460.72	1095.54	365.18	42.01			
Value Self Plus One	R66	570.11	644.22	483.17	161.05	18.52	1235.24	1395.81	1046.86	348.95	40.14			
Arizona Humana CoverageFirst and Humana Value Plan														
Value Self	R94	241.76	263.52	197.64	65.88	5.44	523.81	570.96	428.22	142.74	11.79			
Value Self & Family	R95	543.95	592.90	444.68	148.22	12.23	1178.56	1284.62	963.47	321.15	26.51			
Value Self Plus One	R96	519.78	566.56	424.92	141.64	11.70	1126.19	1227.55	920.66	306.89	25.34			
CDHP Self	R91	303.64	330.96	241.58	89.38	13.47	657.89	717.08	523.42	193.66	29.19			
CDHP Self & Family	R92	683.17	744.65	558.49	186.16	15.37	1480.20	1613.41	1210.06	403.35	33.30			
CDHP Self Plus One	R93	652.80	711.55	517.46	194.09	30.89	1414.40	1541.69	1121.16	420.53	66.93			
Arizona Humana Health Plan, Inc.														
Standard Self	C74	361.89	412.55	241.58	170.97	44.85	784.10	893.86	523.42	370.44	97.18			
Standard Self & Family	C75	814.24	928.23	562.25	365.98	98.21	1764.19	2011.17	1218.21	792.96	212.79			
Standard Self Plus One	C76	778.03	886.95	517.46	369.49	95.58	1685.73	1921.73	1121.16	800.57	207.10			
High Self	C71	469.79	535.56	241.58	293.98	59.96	1017.88	1160.38	523.42	636.96	129.92			
High Self & Family	C72	1057.01	1205.00	562.25	642.75	132.21	2290.19	2610.83	1218.21	1392.62	286.45			
High Self Plus One	C73	1010.03	1151.44	517.46	633.98	128.07	2188.40	2494.79	1121.16	1373.63	277.49			
Arizona Humana Health Plan, Inc.														
High Self	BF1	659.77	679.56	241.58	437.98	13.98	1429.50	1472.38	523.42	948.96	30.30			
High Self & Family	BF2	1484.43	1528.97	562.25	966.72	28.76	3216.27	3312.77	1218.21	2094.56	62.31			
High Self Plus One	BF3	1418.47	1461.01	517.46	943.55	29.20	3073.35	3165.52	1121.16	2044.36	63.27			
Standard Self	BF4	532.73	575.35	241.58	333.77	36.81	1154.25	1246.59	523.42	723.17	79.76			
Standard Self & Family	BF5	1198.65	1294.54	562.25	732.29	80.11	2597.08	2804.84	1218.21	1586.63	173.57			
Standard Self Plus One	BF6	1145.38	1237.02	517.46	719.56	78.30	2481.66	2680.21	1121.16	1559.05	169.65			

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Arizona UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary														
High Self	WF1	241.32	287.18	215.39	71.79	11.46	522.86	622.22	466.67	155.55	24.84			
High Self & Family	WF2	570.64	679.17	509.38	169.79	27.13	1236.39	1471.54	1103.66	367.88	58.78			
High Self Plus One	WF3	518.79	617.43	463.07	154.36	24.66	1124.05	1337.77	1003.33	334.44	53.43			
Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP														
HDHP Self	LU1	204.85	243.77	182.83	60.94	9.73	443.84	528.17	396.13	132.04	21.08			
HDHP Self & Family	LU2	471.16	560.66	420.50	140.16	22.37	1020.85	1214.76	911.07	303.69	48.48			
HDHP Self Plus One	LU3	440.43	524.10	393.08	131.02	20.91	954.27	1135.55	851.66	283.89	45.32			
Arizona UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	KT1	334.51	360.98	241.58	119.40	20.66	724.77	782.12	523.42	258.70	44.77			
High Self & Family	KT2	836.26	902.47	562.25	340.22	50.43	1811.90	1955.35	1218.21	737.14	109.26			
High Self Plus One	KT3	719.19	776.11	517.46	258.65	43.58	1558.25	1681.57	1121.16	560.41	94.42			
Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	VD1	240.93	286.71	215.03	71.68	11.45	522.02	621.21	465.91	155.30	24.80			
High Self & Family	VD2	569.71	678.06	508.55	169.51	27.08	1234.37	1469.13	1101.85	367.28	58.69			
High Self Plus One	VD3	517.95	616.42	462.32	154.10	24.61	1122.23	1335.58	1001.69	333.89	53.33			
Arizona UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Arkansas Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Arkansas Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			

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Arkansas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72
Arkansas Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Arkansas QualChoice											
High Self	DH1	347.17	354.12	241.58	112.54	1.14	752.20	767.26	523.42	243.84	2.48
High Self & Family	DH2	905.52	923.63	562.25	361.38	2.33	1961.96	2001.20	1218.21	782.99	5.05
High Self Plus One	DH3	674.39	687.89	515.92	171.97	1.70	1461.18	1490.43	1117.82	372.61	3.69
Standard Self	DH4	271.04	276.46	207.35	69.11	1.35	587.25	599.00	449.25	149.75	2.94
Standard Self & Family	DH5	706.96	721.12	540.84	180.28	3.54	1531.75	1562.43	1171.82	390.61	7.67
Standard Self Plus One	DH6	526.51	537.06	402.80	134.26	2.63	1140.77	1163.63	872.72	290.91	5.72
Arkansas UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78
HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89
HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72

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Arkansas UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59			
High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74			
High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70			
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
Arkansas UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
California Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
California Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
California Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52			
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02			
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85			
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64			
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69			
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56			

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
California Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
California Aetna Open Access												
	High Self	2X1	406.40	432.31	241.58	190.73	20.10	880.53	936.67	523.42	413.25	43.56
	High Self & Family	2X2	954.11	1014.93	562.25	452.68	45.04	2067.24	2199.02	1218.21	980.81	97.59
	High Self Plus One	2X3	935.40	995.03	517.46	477.57	46.29	2026.70	2155.90	1121.16	1034.74	100.30
California Anthem Blue Cross Select HMO												
	High Self	B31	357.29	357.29	241.58	115.71	-5.81	774.13	774.13	523.42	250.71	-12.58
	High Self & Family	B32	816.42	816.42	562.25	254.17	-15.78	1768.91	1768.91	1218.21	550.70	-34.19
	High Self Plus One	B33	757.46	757.46	517.46	240.00	-13.34	1641.16	1641.16	1121.16	520.00	-28.90
California Blue Shield of California												
	Access + HMO Self	SI1	384.85	396.40	241.58	154.82	5.74	833.84	858.87	523.42	335.45	12.45
	Access + HMO Self & Family	SI2	885.16	911.72	562.25	349.47	10.78	1917.85	1975.39	1218.21	757.18	23.35
	Access + HMO Self Plus One	SI3	846.67	872.07	517.46	354.61	12.06	1834.45	1889.49	1121.16	768.33	26.14
California Health Net of California												
	Basic Self	P61	149.71	168.02	126.02	42.00	4.57	324.37	364.04	273.03	91.01	9.92
	Basic Self & Family	P62	359.29	403.26	302.45	100.81	10.99	778.46	873.73	655.30	218.43	23.82
	Basic Self Plus One	P63	329.35	369.66	277.25	92.41	10.07	713.59	800.93	600.70	200.23	21.83
California Health Net of California												
	High Self	LP1	483.86	467.53	241.58	225.95	-22.14	1048.36	1012.98	523.42	489.56	-47.96
	High Self & Family	LP2	1161.26	1122.08	562.25	559.83	-54.96	2516.06	2431.17	1218.21	1212.96	-119.08
	High Self Plus One	LP3	1064.49	1028.57	517.46	511.11	-49.26	2306.40	2228.57	1121.16	1107.41	-106.73
California Health Net of California												
	High Self	LB1	697.18	715.68	241.58	474.10	12.69	1510.56	1550.64	523.42	1027.22	27.50
	High Self & Family	LB2	1673.25	1717.61	562.25	1155.36	28.58	3625.38	3721.49	1218.21	2503.28	61.92
	High Self Plus One	LB3	1533.81	1574.47	517.46	1057.01	27.32	3323.26	3411.35	1121.16	2290.19	59.19
	Standard Self	LB4	618.71	676.68	241.58	435.10	52.16	1340.54	1466.14	523.42	942.72	113.02
	Standard Self & Family	LB5	1484.90	1624.02	562.25	1061.77	123.34	3217.28	3518.71	1218.21	2300.50	267.24
	Standard Self Plus One	LB6	1361.16	1488.69	517.46	971.23	114.19	2949.18	3225.50	1121.16	2104.34	247.42

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
California Health Net of California											
Basic Self	T41	407.00	412.70	241.58	171.12	-0.11	881.83	894.18	523.42	370.76	-0.23
Basic Self & Family	T42	976.80	990.48	562.25	428.23	-2.10	2116.40	2146.04	1218.21	927.83	-4.55
Basic Self Plus One	T43	895.41	907.94	517.46	390.48	-0.81	1940.06	1967.20	1121.16	846.04	-1.76
California Kaiser Permanente - Fresno California											
Standard Self	NZ4	261.60	272.36	204.27	68.09	2.69	566.80	590.11	442.58	147.53	5.83
Standard Self & Family	NZ5	604.59	629.48	472.11	157.37	6.22	1309.95	1363.87	1022.90	340.97	13.48
Standard Self Plus One	NZ6	604.59	629.48	472.11	157.37	6.22	1309.95	1363.87	1022.90	340.97	13.48
High Self	NZ1	358.58	370.61	241.58	129.03	6.22	776.92	802.99	523.42	279.57	13.49
High Self & Family	NZ2	828.77	856.55	562.25	294.30	12.00	1795.67	1855.86	1218.21	637.65	26.00
High Self Plus One	NZ3	828.77	856.55	517.46	339.09	14.44	1795.67	1855.86	1121.16	734.70	31.29
California Kaiser Permanente - Northern California											
Basic Self	KC1	300.96	300.96	225.72	75.24	0.00	652.08	652.08	489.06	163.02	0.00
Basic Self & Family	KC2	704.24	704.24	528.18	176.06	0.00	1525.85	1525.85	1144.39	381.46	0.00
Basic Self Plus One	KC3	704.24	704.24	517.46	186.78	-13.34	1525.85	1525.85	1121.16	404.69	-28.90
California Kaiser Permanente - Northern California											
High Self	591	461.75	468.25	241.58	226.67	0.69	1000.46	1014.54	523.42	491.12	1.50
High Self & Family	592	1102.25	1117.78	562.25	555.53	-0.25	2388.21	2421.86	1218.21	1203.65	-0.54
High Self Plus One	593	1102.25	1117.78	517.46	600.32	2.19	2388.21	2421.86	1121.16	1300.70	4.75
Standard Self	594	373.79	379.70	241.58	138.12	0.10	809.88	822.68	523.42	299.26	0.22
Standard Self & Family	595	874.65	888.51	562.25	326.26	-1.92	1895.08	1925.11	1218.21	706.90	-4.16
Standard Self Plus One	596	874.65	888.51	517.46	371.05	0.52	1895.08	1925.11	1121.16	803.95	1.13
California Kaiser Permanente - Southern California											
Standard Self	624	215.22	218.51	163.88	54.63	0.83	466.31	473.44	355.08	118.36	1.78
Standard Self & Family	625	497.40	505.02	378.77	126.25	1.90	1077.70	1094.21	820.66	273.55	4.13
Standard Self Plus One	626	497.40	505.02	378.77	126.25	1.90	1077.70	1094.21	820.66	273.55	4.13
High Self	621	339.42	346.24	241.58	104.66	1.01	735.41	750.19	523.42	226.77	2.20
High Self & Family	622	784.46	800.23	562.25	237.98	-0.01	1699.66	1733.83	1218.21	515.62	-0.02
High Self Plus One	623	784.46	800.23	517.46	282.77	2.43	1699.66	1733.83	1121.16	612.67	5.27
California UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Colorado Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Colorado Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Colorado Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59
Colorado Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Colorado BlueAdvantageHMO on the Pathway HMO Network											
High Self	WW1	293.70	293.70	220.28	73.42	0.00	636.35	636.35	477.26	159.09	0.00
High Self & Family	WW2	715.15	715.15	536.36	178.79	0.00	1549.49	1549.49	1162.12	387.37	0.00
High Self Plus One	WW3	668.15	668.15	501.11	167.04	0.00	1447.66	1447.66	1085.75	361.91	0.00
Colorado Humana Health Plan, Inc.											
High Self	NR1	379.16	443.62	241.58	202.04	58.65	821.51	961.18	523.42	437.76	127.09
High Self & Family	NR2	853.11	998.14	562.25	435.89	129.25	1848.41	2162.64	1218.21	944.43	280.04
High Self Plus One	NR3	815.20	953.78	517.46	436.32	125.24	1766.27	2066.52	1121.16	945.36	271.35
Standard Self	NR4	262.76	307.42	230.57	76.85	11.16	569.31	666.08	499.56	166.52	24.19
Standard Self & Family	NR5	591.22	691.72	518.79	172.93	25.13	1280.98	1498.73	1124.05	374.68	54.44
Standard Self Plus One	NR6	564.93	660.96	495.72	165.24	24.01	1224.02	1432.08	1074.06	358.02	52.02

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Colorado Humana Health Plan, Inc.											
Basic Self	RZ1	240.83	245.65	184.24	61.41	1.20	521.80	532.24	399.18	133.06	2.61
Basic Self & Family	RZ2	541.86	552.70	414.53	138.17	2.71	1174.03	1197.52	898.14	299.38	5.87
Basic Self Plus One	RZ3	517.80	528.15	396.11	132.04	2.59	1121.90	1144.33	858.25	286.08	5.61
Colorado Humana Health Plan, Inc.											
High Self	NT1	352.97	384.74	241.58	143.16	25.96	764.77	833.60	523.42	310.18	56.25
High Self & Family	NT2	794.21	865.69	562.25	303.44	55.70	1720.79	1875.66	1218.21	657.45	120.68
High Self Plus One	NT3	758.90	827.20	517.46	309.74	54.96	1644.28	1792.27	1121.16	671.11	119.09
Standard Self	NT4	249.93	272.43	204.32	68.11	5.63	541.52	590.27	442.70	147.57	12.19
Standard Self & Family	NT5	562.36	612.98	459.74	153.24	12.65	1218.45	1328.12	996.09	332.03	27.42
Standard Self Plus One	NT6	537.39	585.75	439.31	146.44	12.09	1164.35	1269.13	951.85	317.28	26.19
Colorado Humana Health Plan, Inc.											
Basic Self	R21	245.13	286.80	215.10	71.70	10.42	531.12	621.40	466.05	155.35	22.57
Basic Self & Family	R22	551.54	645.31	483.98	161.33	23.45	1195.00	1398.17	1048.63	349.54	50.79
Basic Self Plus One	R23	527.03	616.63	462.47	154.16	22.40	1141.90	1336.03	1002.02	334.01	48.54
Colorado Kaiser Permanente - Colorado											
Standard Self	654	309.83	305.00	228.75	76.25	-1.21	671.30	660.83	495.62	165.21	-2.61
Standard Self & Family	655	700.21	689.29	516.97	172.32	-2.73	1517.12	1493.46	1120.10	373.36	-5.92
Standard Self Plus One	656	700.21	689.29	516.97	172.32	-23.77	1517.12	1493.46	1120.10	373.36	-51.50
High Self	651	364.23	356.72	241.58	115.14	-13.32	789.17	772.89	523.42	249.47	-28.86
High Self & Family	652	823.16	806.19	562.25	243.94	-32.75	1783.51	1746.75	1218.21	528.54	-70.95
High Self Plus One	653	823.16	806.19	517.46	288.73	-30.31	1783.51	1746.75	1121.16	625.59	-65.66
Colorado Kaiser Permanente - Colorado											
Basic Self	N41	223.74	205.62	154.22	51.40	-4.53	484.77	445.51	334.13	111.38	-9.81
Basic Self & Family	N42	505.66	505.82	379.37	126.45	0.04	1095.60	1095.94	821.96	273.98	0.08
Basic Self Plus One	N43	505.66	464.70	348.53	116.17	-10.24	1095.60	1006.85	755.14	251.71	-22.19
Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	204.85	243.77	182.83	60.94	9.73	443.84	528.17	396.13	132.04	21.08
HDHP Self & Family	LU2	471.16	560.66	420.50	140.16	22.37	1020.85	1214.76	911.07	303.69	48.48
HDHP Self Plus One	LU3	440.43	524.10	393.08	131.02	20.91	954.27	1135.55	851.66	283.89	45.32
Colorado UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KT1	334.51	360.98	241.58	119.40	20.66	724.77	782.12	523.42	258.70	44.77
High Self & Family	KT2	836.26	902.47	562.25	340.22	50.43	1811.90	1955.35	1218.21	737.14	109.26
High Self Plus One	KT3	719.19	776.11	517.46	258.65	43.58	1558.25	1681.57	1121.16	560.41	94.42

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Plan	Option	Enrollment Code										
Colorado UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Connecticut Aetna Advantage												
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Connecticut Aetna Direct												
CDHP Self	N61		282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62		713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63		620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Connecticut Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	EP4		350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44
Value Self & Family	EP5		802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98
Value Self Plus One	EP6		787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68
CDHP Self	EP1		496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32
CDHP Self & Family	EP2		1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37
CDHP Self Plus One	EP3		1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53
Connecticut Aetna HealthFund HDHP												
HDHP Self	Z24		336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	Z25		741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	Z26		727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Connecticut UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Delaware Aetna Advantage												
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
Delaware Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	
Delaware Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	EP4	350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44	
Value Self & Family	EP5	802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98	
Value Self Plus One	EP6	787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68	
CDHP Self	EP1	496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32	
CDHP Self & Family	EP2	1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37	
CDHP Self Plus One	EP3	1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53	
Delaware Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
Delaware Aetna Open Access												
Basic Self	P34	604.65	694.86	241.58	453.28	84.40	1310.08	1505.53	523.42	982.11	182.87	
Basic Self & Family	P35	1403.39	1612.77	562.25	1050.52	193.60	3040.68	3494.34	1218.21	2276.13	419.47	
Basic Self Plus One	P36	1389.48	1596.80	517.46	1079.34	193.98	3010.54	3459.73	1121.16	2338.57	420.29	
High Self	P31	672.28	733.03	241.58	491.45	54.94	1456.61	1588.23	523.42	1064.81	119.04	
High Self & Family	P32	1629.94	1777.25	562.25	1215.00	131.53	3531.54	3850.71	1218.21	2632.50	284.98	
High Self Plus One	P33	1613.79	1759.65	517.46	1242.19	132.52	3496.55	3812.58	1121.16	2691.42	287.13	
Delaware UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
District Of Columbia Aetna Advantage												
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04	
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96	
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89	
District Of Columbia Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93	
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12	
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91	
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74	
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92	
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72	
District Of Columbia Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
District Of Columbia Aetna Open Access												
High Self	JN1	525.03	543.03	241.58	301.45	12.19	1137.57	1176.57	523.42	653.15	26.42	
High Self & Family	JN2	1180.35	1220.79	562.25	658.54	24.66	2557.43	2645.05	1218.21	1426.84	53.43	
High Self Plus One	JN3	1168.66	1208.70	517.46	691.24	26.70	2532.10	2618.85	1121.16	1497.69	57.85	
Basic Self	JN4	321.74	329.73	241.58	88.15	2.18	697.10	714.42	523.42	191.00	4.74	
Basic Self & Family	JN5	736.31	754.58	562.25	192.33	2.49	1595.34	1634.92	1218.21	416.71	5.39	
Basic Self Plus One	JN6	676.15	692.92	517.46	175.46	3.43	1464.99	1501.33	1121.16	380.17	7.44	
District Of Columbia Aetna Saver (Open Access)												
Saver Self	QQ4	274.71	274.71	206.03	68.68	0.00	595.21	595.21	446.41	148.80	0.00	
Saver Self & Family	QQ5	628.68	628.67	471.50	157.17	0.00	1362.14	1362.12	1021.59	340.53	0.00	
Saver Self Plus One	QQ6	577.30	577.30	432.98	144.32	0.00	1250.82	1250.82	938.12	312.70	0.00	
District Of Columbia CareFirst BlueChoice												
Standard Self	2G4	390.25	409.76	241.58	168.18	13.70	845.54	887.81	523.42	364.39	29.69	
Standard Self & Family	2G5	927.21	973.58	562.25	411.33	30.59	2008.96	2109.42	1218.21	891.21	66.27	
Standard Self Plus One	2G6	780.49	819.51	517.46	302.05	25.68	1691.06	1775.61	1121.16	654.45	55.65	
District Of Columbia CareFirst BlueChoice												
HDHP Self	B61	263.12	263.12	197.34	65.78	0.00	570.09	570.09	427.57	142.52	0.00	
HDHP Self & Family	B62	625.16	625.16	468.87	156.29	0.00	1354.51	1354.51	1015.88	338.63	0.00	
HDHP Self Plus One	B63	526.23	526.23	394.67	131.56	0.00	1140.17	1140.17	855.13	285.04	0.00	
Blue Value Plus Self	B64	325.84	334.00	241.58	92.42	2.35	705.99	723.67	523.42	200.25	5.10	
Blue Value Plus Self & Family	B65	774.21	793.56	562.25	231.31	3.57	1677.46	1719.38	1218.21	501.17	7.73	
Blue Value Plus Self Plus One	B66	651.70	667.98	500.99	166.99	4.07	1412.02	1447.29	1085.47	361.82	8.82	

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
District Of Columbia Kaiser Permanente - Mid-Atlantic States											
Basic Self	T71	193.90	197.41	148.06	49.35	0.88	420.12	427.72	320.79	106.93	1.90
Basic Self & Family	T72	473.61	507.47	380.60	126.87	8.47	1026.16	1099.52	824.64	274.88	18.34
Basic Self Plus One	T73	431.49	439.31	329.48	109.83	1.96	934.90	951.84	713.88	237.96	4.24
District Of Columbia Kaiser Permanente - Mid-Atlantic States											
Standard Self	E34	263.79	276.13	207.10	69.03	3.08	571.55	598.28	448.71	149.57	6.68
Standard Self & Family	E35	606.69	635.10	476.33	158.77	7.10	1314.50	1376.05	1032.04	344.01	15.39
Standard Self Plus One	E36	606.69	635.10	476.33	158.77	7.10	1314.50	1376.05	1032.04	344.01	15.39
High Self	E31	333.61	344.42	241.58	102.84	5.00	722.82	746.24	523.42	222.82	10.84
High Self & Family	E32	767.32	792.16	562.25	229.91	9.06	1662.53	1716.35	1218.21	498.14	19.63
High Self Plus One	E33	767.32	792.16	517.46	274.70	11.50	1662.53	1716.35	1121.16	595.19	24.92
District Of Columbia M.D. IPA											
High Self	JP1	404.59	438.87	241.58	197.29	28.47	876.61	950.89	523.42	427.47	61.70
High Self & Family	JP2	1134.48	1230.59	562.25	668.34	80.33	2458.04	2666.28	1218.21	1448.07	174.05
High Self Plus One	JP3	790.17	857.12	517.46	339.66	53.61	1712.04	1857.09	1121.16	735.93	116.15
District Of Columbia UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	224.57	239.96	179.97	59.99	3.85	486.57	519.91	389.93	129.98	8.34
HDHP Self & Family	V42	516.51	551.91	413.93	137.98	8.85	1119.11	1195.81	896.86	298.95	19.17
HDHP Self Plus One	V43	482.83	515.91	386.93	128.98	8.27	1046.13	1117.81	838.36	279.45	17.92
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	329.95	355.57	241.58	113.99	19.81	714.89	770.40	523.42	246.98	42.93
High Self & Family	LR2	781.98	842.69	562.25	280.44	44.93	1694.29	1825.83	1218.21	607.62	97.35
High Self Plus One	LR3	709.38	764.46	517.46	247.00	41.74	1536.99	1656.33	1121.16	535.17	90.44
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	240.69	255.98	191.99	63.99	3.82	521.50	554.62	415.97	138.65	8.28
Value Self & Family	L92	674.89	717.76	538.32	179.44	10.72	1462.26	1555.15	1166.36	388.79	23.23
Value Self Plus One	L93	470.06	499.93	374.95	124.98	7.47	1018.46	1083.18	812.39	270.79	16.18

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
District Of Columbia UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Florida Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Florida Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Florida Aetna HealthFund CDHP and Aetna Value Plan														
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93			
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12			
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91			
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74			
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92			
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72			
Florida Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Florida AvMed														
HDHP Self	WZ1	371.61	351.73	241.58	110.15	-25.69	805.16	762.08	523.42	238.66	-55.66			
HDHP Self & Family	WZ2	863.70	813.23	562.25	250.98	-66.25	1871.35	1762.00	1218.21	543.79	-143.54			
HDHP Self Plus One	WZ3	748.77	705.54	517.46	188.08	-56.57	1622.34	1528.67	1121.16	407.51	-122.57			

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
Florida AvMed											
Standard Self	ML4	327.34	378.91	241.58	137.33	45.76	709.24	820.97	523.42	297.55	99.15
Standard Self & Family	ML5	796.99	922.58	562.25	360.33	109.81	1726.81	1998.92	1218.21	780.71	237.92
Standard Self Plus One	ML6	687.40	795.72	517.46	278.26	94.98	1489.37	1724.06	1121.16	602.90	205.79
Florida Capital Health Plan											
High Self	EA1	314.13	318.68	239.01	79.67	1.14	680.62	690.47	517.85	172.62	2.47
High Self & Family	EA2	728.00	738.55	553.91	184.64	2.64	1577.33	1600.19	1200.14	400.05	5.72
High Self Plus One	EA3	686.96	696.92	517.46	179.46	-3.38	1488.41	1509.99	1121.16	388.83	-7.32
Florida Humana CoverageFirst and Humana Value Plan											
Value Self	W94	237.04	270.22	202.67	67.55	8.29	513.59	585.48	439.11	146.37	17.97
Value Self & Family	W95	533.34	608.00	456.00	152.00	18.67	1155.57	1317.33	988.00	329.33	40.44
Value Self Plus One	W96	509.63	580.98	435.74	145.24	17.83	1104.20	1258.79	944.09	314.70	38.65
CDHP Self	W91	280.20	319.43	239.57	79.86	9.81	607.10	692.10	519.08	173.02	21.25
CDHP Self & Family	W92	630.44	718.70	539.03	179.67	22.06	1365.95	1557.18	1167.89	389.29	47.80
CDHP Self Plus One	W93	602.43	686.76	515.07	171.69	21.08	1305.27	1487.98	1115.99	371.99	45.67
Florida Humana CoverageFirst and Humana Value Plan											
CDHP Self	QP1	334.64	354.72	241.58	113.14	14.27	725.05	768.56	523.42	245.14	30.93
CDHP Self & Family	QP2	753.94	799.18	562.25	236.93	29.46	1633.54	1731.56	1218.21	513.35	63.83
CDHP Self Plus One	QP3	720.43	763.65	517.46	246.19	29.88	1560.93	1654.58	1121.16	533.42	64.75
Value Self	QP4	239.70	254.08	190.56	63.52	3.60	519.35	550.51	412.88	137.63	7.79
Value Self & Family	QP5	539.30	571.66	428.75	142.91	8.09	1168.48	1238.60	928.95	309.65	17.53
Value Self Plus One	QP6	515.34	546.26	409.70	136.56	7.73	1116.57	1183.56	887.67	295.89	16.75
Florida Humana CoverageFirst and Humana Value Plan											
Value Self	MJ4	239.82	259.01	194.26	64.75	4.80	519.61	561.19	420.89	140.30	10.40
Value Self & Family	MJ5	539.60	582.77	437.08	145.69	10.79	1169.13	1262.67	947.00	315.67	23.39
Value Self Plus One	MJ6	515.62	556.87	417.65	139.22	10.32	1117.18	1206.55	904.91	301.64	22.35
CDHP Self	MJ1	437.57	472.58	241.58	231.00	29.20	948.07	1023.92	523.42	500.50	63.27
CDHP Self & Family	MJ2	984.53	1063.29	562.25	501.04	62.98	2133.15	2303.80	1218.21	1085.59	136.46
CDHP Self Plus One	MJ3	940.78	1016.05	517.46	498.59	61.93	2038.36	2201.44	1121.16	1080.28	134.18

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Florida Humana CoverageFirst and Humana Value Plan											
Value Self	X24	227.62	236.72	177.54	59.18	2.28	493.18	512.89	384.67	128.22	4.93
Value Self & Family	X25	512.15	532.64	399.48	133.16	5.12	1109.66	1154.05	865.54	288.51	11.10
Value Self Plus One	X26	489.39	508.97	381.73	127.24	4.89	1060.35	1102.77	827.08	275.69	10.60
CDHP Self	X21	269.07	279.83	209.87	69.96	2.69	582.99	606.30	454.73	151.57	5.82
CDHP Self & Family	X22	605.42	629.64	472.23	157.41	6.06	1311.74	1364.22	1023.17	341.05	13.12
CDHP Self Plus One	X23	578.51	601.65	451.24	150.41	5.78	1253.44	1303.58	977.69	325.89	12.53
Florida Humana Medical Plan, Inc.											
Standard Self	LL4	496.13	550.71	241.58	309.13	48.77	1074.95	1193.21	523.42	669.79	105.68
Standard Self & Family	LL5	1116.28	1239.07	562.25	676.82	107.01	2418.61	2684.65	1218.21	1466.44	231.85
Standard Self Plus One	LL6	1066.67	1184.00	517.46	666.54	103.99	2311.12	2565.33	1121.16	1444.17	225.31
High Self	LL1	765.76	788.74	241.58	547.16	17.17	1659.15	1708.94	523.42	1185.52	37.21
High Self & Family	LL2	1722.95	1774.64	562.25	1212.39	35.91	3733.06	3845.05	1218.21	2626.84	77.80
High Self Plus One	LL3	1646.37	1695.76	517.46	1178.30	36.05	3567.14	3674.15	1121.16	2552.99	78.11
Florida Humana Medical Plan, Inc.											
High Self	EE1	514.68	576.43	241.58	334.85	55.94	1115.14	1248.93	523.42	725.51	121.21
High Self & Family	EE2	1158.03	1296.99	562.25	734.74	123.18	2509.07	2810.15	1218.21	1591.94	266.89
High Self Plus One	EE3	1106.58	1239.37	517.46	721.91	119.45	2397.59	2685.30	1121.16	1564.14	258.81
Standard Self	EE4	460.21	515.43	241.58	273.85	49.41	997.12	1116.77	523.42	593.35	107.07
Standard Self & Family	EE5	1035.46	1159.71	562.25	597.46	108.47	2243.50	2512.71	1218.21	1294.50	235.02
Standard Self Plus One	EE6	989.44	1108.17	517.46	590.71	105.39	2143.79	2401.04	1121.16	1279.88	228.35
Florida Humana Medical Plan, Inc.											
Standard Self	E24	330.47	353.60	241.58	112.02	17.32	716.02	766.13	523.42	242.71	37.53
Standard Self & Family	E25	743.54	795.59	562.25	233.34	36.27	1611.00	1723.78	1218.21	505.57	78.59
Standard Self Plus One	E26	710.49	760.22	517.46	242.76	36.39	1539.40	1647.14	1121.16	525.98	78.84
High Self	E21	555.07	593.92	241.58	352.34	33.04	1202.65	1286.83	523.42	763.41	71.60
High Self & Family	E22	1248.86	1336.28	562.25	774.03	71.64	2705.86	2895.27	1218.21	1677.06	155.22
High Self Plus One	E23	1193.36	1276.89	517.46	759.43	70.19	2585.61	2766.60	1121.16	1645.44	152.09

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
Florida Humana Medical Plan, Inc.											
High Self	EX1	412.34	470.07	241.58	228.49	51.92	893.40	1018.49	523.42	495.07	112.51
High Self & Family	EX2	927.74	1057.63	562.25	495.38	114.11	2010.10	2291.53	1218.21	1073.32	247.24
High Self Plus One	EX3	886.51	1010.62	517.46	493.16	110.77	1920.77	2189.68	1121.16	1068.52	240.01
Standard Self	EX4	337.95	385.26	241.58	143.68	41.50	732.23	834.73	523.42	311.31	89.92
Standard Self & Family	EX5	760.39	866.84	562.25	304.59	90.67	1647.51	1878.15	1218.21	659.94	196.45
Standard Self Plus One	EX6	726.59	828.31	517.46	310.85	88.38	1574.28	1794.67	1121.16	673.51	191.49
Florida UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78
HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89
HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72
Florida UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59
High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74
High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	LV1	323.74	346.44	241.58	104.86	16.89	701.44	750.62	523.42	227.20	36.60
Value Self & Family	LV2	971.21	1039.34	562.25	477.09	52.35	2104.29	2251.90	1218.21	1033.69	113.42
Value Self Plus One	LV3	696.03	744.87	517.46	227.41	35.50	1508.07	1613.89	1121.16	492.73	76.92
Florida UnitedHealthcare Insurance Company, Inc. Choice Primary											
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64
Florida UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Georgia Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Georgia Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Georgia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72
Georgia Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Georgia Aetna Open Access											
High Self	2U1	800.01	833.47	241.58	591.89	27.65	1733.36	1805.85	523.42	1282.43	59.91
High Self & Family	2U2	1842.78	1919.87	562.25	1357.62	61.31	3992.69	4159.72	1218.21	2941.51	132.84
High Self Plus One	2U3	1824.53	1900.86	517.46	1383.40	62.99	3953.15	4118.53	1121.16	2997.37	136.48
Georgia Blue Open Access POS											
High Self	QM1	288.54	302.96	227.22	75.74	3.61	625.17	656.41	492.31	164.10	7.81
High Self & Family	QM2	757.14	779.85	562.25	217.60	6.93	1640.47	1689.68	1218.21	471.47	15.02
High Self Plus One	QM3	635.88	667.67	500.75	166.92	7.95	1377.74	1446.62	1084.97	361.65	17.22
Georgia Humana CoverageFirst and Humana Value Plan											
Value Self	S94	254.72	282.74	212.06	70.68	7.00	551.89	612.60	459.45	153.15	15.18
Value Self & Family	S95	573.11	636.16	477.12	159.04	15.76	1241.74	1378.35	1033.76	344.59	34.16
Value Self Plus One	S96	547.65	607.89	455.92	151.97	15.06	1186.58	1317.10	987.83	329.27	32.63
CDHP Self	S91	319.91	355.11	241.58	113.53	29.39	693.14	769.41	523.42	245.99	63.69
CDHP Self & Family	S92	719.82	798.99	562.25	236.74	56.79	1559.61	1731.15	1218.21	512.94	123.04
CDHP Self Plus One	S93	687.82	763.48	517.46	246.02	62.32	1490.28	1654.21	1121.16	533.05	135.03

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Georgia Humana CoverageFirst and Humana Value Plan											
Value Self	AD4	340.40	381.25	241.58	139.67	35.04	737.53	826.04	523.42	302.62	75.93
Value Self & Family	AD5	765.88	857.78	562.25	295.53	76.12	1659.41	1858.52	1218.21	640.31	164.92
Value Self Plus One	AD6	731.85	819.67	517.46	302.21	74.48	1585.68	1775.95	1121.16	654.79	161.37
CDHP Self	AD1	449.25	503.16	241.58	261.58	48.10	973.38	1090.18	523.42	566.76	104.22
CDHP Self & Family	AD2	1010.80	1132.09	562.25	569.84	105.51	2190.07	2452.86	1218.21	1234.65	228.60
CDHP Self Plus One	AD3	965.88	1081.78	517.46	564.32	102.56	2092.74	2343.86	1121.16	1222.70	222.22
Georgia Humana CoverageFirst and Humana Value Plan											
CDHP Self	LM1	313.49	344.83	241.58	103.25	24.88	679.23	747.13	523.42	223.71	53.90
CDHP Self & Family	LM2	705.37	775.90	562.25	213.65	37.31	1528.30	1681.12	1218.21	462.91	80.84
CDHP Self Plus One	LM3	674.01	741.42	517.46	223.96	54.07	1460.36	1606.41	1121.16	485.25	117.15
Value Self	LM4	296.56	326.22	241.58	84.64	10.50	642.55	706.81	523.42	183.39	22.75
Value Self & Family	LM5	667.25	733.98	550.49	183.49	16.68	1445.71	1590.29	1192.72	397.57	36.14
Value Self Plus One	LM6	637.60	701.37	517.46	183.91	24.51	1381.47	1519.64	1121.16	398.48	53.11
Georgia Humana Employers Health Plan of Georgia, Inc.											
Basic Self	RM1	299.32	332.25	241.58	90.67	15.84	648.53	719.88	523.42	196.46	34.33
Basic Self & Family	RM2	673.49	747.57	560.68	186.89	18.52	1459.23	1619.74	1214.81	404.93	40.12
Basic Self Plus One	RM3	643.55	714.34	517.46	196.88	35.99	1394.36	1547.74	1121.16	426.58	77.99
Georgia Humana Employers Health Plan of Georgia, Inc.											
Standard Self	DN4	335.09	375.30	241.58	133.72	34.40	726.03	813.15	523.42	289.73	74.54
Standard Self & Family	DN5	753.93	844.40	562.25	282.15	74.69	1633.52	1829.53	1218.21	611.32	161.82
Standard Self Plus One	DN6	720.43	806.88	517.46	289.42	73.11	1560.93	1748.24	1121.16	627.08	158.41
High Self	DN1	360.28	403.51	241.58	161.93	37.42	780.61	874.27	523.42	350.85	81.08
High Self & Family	DN2	810.63	907.90	562.25	345.65	81.49	1756.37	1967.12	1218.21	748.91	176.56
High Self Plus One	DN3	774.60	867.56	517.46	350.10	79.62	1678.30	1879.71	1121.16	758.55	172.51
Georgia Humana Employers Health Plan of Georgia, Inc.											
Basic Self	RJ1	276.04	309.16	231.87	77.29	8.28	598.09	669.85	502.39	167.46	17.94
Basic Self & Family	RJ2	621.10	695.64	521.73	173.91	18.64	1345.72	1507.22	1130.42	376.80	40.37
Basic Self Plus One	RJ3	593.50	664.72	498.54	166.18	17.81	1285.92	1440.23	1080.17	360.06	38.58
Georgia Humana Employers Health Plan of Georgia, Inc.											
Basic Self	Q71	352.06	390.79	241.58	149.21	32.92	762.80	846.71	523.42	323.29	71.33
Basic Self & Family	Q72	792.15	879.28	562.25	317.03	71.35	1716.33	1905.11	1218.21	686.90	154.59
Basic Self Plus One	Q73	756.93	840.20	517.46	322.74	69.93	1640.02	1820.43	1121.16	699.27	151.51

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates					
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment		
Georgia Humana Employers Health Plan of Georgia, Inc.												
Standard Self	CB4	577.13	525.18	241.58	283.60	-57.76	1250.45	1137.89	523.42	614.47	-125.14	
Standard Self & Family	CB5	1298.54	1181.68	562.25	619.43	-132.64	2813.50	2560.31	1218.21	1342.10	-287.38	
Standard Self Plus One	CB6	1240.83	1129.16	517.46	611.70	-125.01	2688.47	2446.51	1121.16	1325.35	-270.86	
High Self	CB1	530.11	588.41	241.58	346.83	52.49	1148.57	1274.89	523.42	751.47	113.74	
High Self & Family	CB2	1192.80	1324.00	562.25	761.75	115.42	2584.40	2868.67	1218.21	1650.46	250.08	
High Self Plus One	CB3	1139.82	1265.20	517.46	747.74	112.04	2469.61	2741.27	1121.16	1620.11	242.76	
Georgia Humana Employers Health Plan of Georgia, Inc.												
High Self	DG1	610.12	640.63	241.58	399.05	24.70	1321.93	1388.03	523.42	864.61	53.52	
High Self & Family	DG2	1372.77	1441.41	562.25	879.16	52.86	2974.34	3123.06	1218.21	1904.85	114.53	
High Self Plus One	DG3	1311.78	1377.37	517.46	859.91	52.25	2842.19	2984.30	1121.16	1863.14	113.21	
Standard Self	DG4	540.85	600.35	241.58	358.77	53.69	1171.84	1300.76	523.42	777.34	116.34	
Standard Self & Family	DG5	1216.94	1350.79	562.25	788.54	118.07	2636.70	2926.71	1218.21	1708.50	255.82	
Standard Self Plus One	DG6	1162.88	1290.79	517.46	773.33	114.57	2519.57	2796.71	1121.16	1675.55	248.24	
Georgia Kaiser Permanente - Georgia												
High Self	F81	336.94	346.66	241.58	105.08	3.91	730.04	751.10	523.42	227.68	8.48	
High Self & Family	F82	761.48	783.46	562.25	221.21	6.20	1649.87	1697.50	1218.21	479.29	13.44	
High Self Plus One	F83	761.48	783.46	517.46	266.00	8.64	1649.87	1697.50	1121.16	576.34	18.73	
Standard Self	F84	254.92	268.20	201.15	67.05	3.32	552.33	581.10	435.83	145.27	7.19	
Standard Self & Family	F85	576.12	606.12	454.59	151.53	7.50	1248.26	1313.26	984.95	328.31	16.25	
Standard Self Plus One	F86	576.12	606.12	454.59	151.53	7.50	1248.26	1313.26	984.95	328.31	16.25	
Georgia Kaiser Permanente - Georgia												
Basic Self	LA1	181.55	193.34	145.01	48.33	2.94	393.36	418.90	314.18	104.72	6.38	
Basic Self & Family	LA2	410.30	436.92	327.69	109.23	6.66	888.98	946.66	710.00	236.66	14.42	
Basic Self Plus One	LA3	410.30	436.92	327.69	109.23	6.66	888.98	946.66	710.00	236.66	14.42	
Georgia UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42	
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60	
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62	
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced												
Value Self	LV1	323.74	346.44	241.58	104.86	16.89	701.44	750.62	523.42	227.20	36.60	
Value Self & Family	LV2	971.21	1039.34	562.25	477.09	52.35	2104.29	2251.90	1218.21	1033.69	113.42	
Value Self Plus One	LV3	696.03	744.87	517.46	227.41	35.50	1508.07	1613.89	1121.16	492.73	76.92	

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Georgia UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
Georgia UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Guam Calvo's SelectCare														
Standard Self	B44	183.11	198.36	148.77	49.59	3.81	396.74	429.78	322.34	107.44	8.26			
Standard Self & Family	B45	532.03	576.33	432.25	144.08	11.07	1152.73	1248.72	936.54	312.18	24.00			
Standard Self Plus One	B46	360.97	391.02	293.27	97.75	7.51	782.10	847.21	635.41	211.80	16.28			
High Self	B41	226.87	240.78	180.59	60.19	3.47	491.55	521.69	391.27	130.42	7.53			
High Self & Family	B42	600.87	637.74	478.31	159.43	9.21	1301.89	1381.77	1036.33	345.44	19.97			
High Self Plus One	B43	442.72	469.88	352.41	117.47	6.79	959.23	1018.07	763.55	254.52	14.71			
Guam TakeCare														
HDHP Self	KX1	57.34	55.63	41.72	13.91	-0.42	124.24	120.53	90.40	30.13	-0.93			
HDHP Self & Family	KX2	156.61	149.15	111.86	37.29	-1.86	339.32	323.16	242.37	80.79	-4.04			
HDHP Self Plus One	KX3	141.28	134.28	100.71	33.57	-1.75	306.11	290.94	218.21	72.73	-3.80			
Guam TakeCare														
Standard Self	JK4	179.65	186.67	140.00	46.67	1.76	389.24	404.45	303.34	101.11	3.80			
Standard Self & Family	JK5	508.76	528.64	396.48	132.16	4.97	1102.31	1145.39	859.04	286.35	10.77			
Standard Self Plus One	JK6	354.07	367.91	275.93	91.98	3.46	767.15	797.14	597.86	199.28	7.49			
High Self	JK1	227.24	229.76	172.32	57.44	0.63	492.35	497.81	373.36	124.45	1.36			
High Self & Family	JK2	542.03	548.02	411.02	137.00	1.49	1174.40	1187.38	890.54	296.84	3.24			
High Self Plus One	JK3	448.95	453.92	340.44	113.48	1.24	972.73	983.49	737.62	245.87	2.69			
Hawaii Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Hawaii Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
Plan	Option	Enrollment Code									
Hawaii Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56
Hawaii Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Hawaii HMSA Plan											
High Self	871	291.34	291.34	218.51	72.83	0.00	631.24	631.24	473.43	157.81	0.00
High Self & Family	872	654.93	654.93	491.20	163.73	0.00	1419.02	1419.02	1064.27	354.75	0.00
High Self Plus One	873	638.34	638.34	478.76	159.58	0.00	1383.07	1383.07	1037.30	345.77	0.00
Standard Self	874	198.91	209.46	157.10	52.36	2.63	430.97	453.83	340.37	113.46	5.72
Standard Self & Family	875	447.15	470.85	353.14	117.71	5.92	968.83	1020.18	765.14	255.04	12.83
Standard Self Plus One	876	435.80	458.90	344.18	114.72	5.77	944.23	994.28	745.71	248.57	12.51
Hawaii Kaiser Permanente - Hawaii											
High Self	631	311.79	311.79	233.84	77.95	0.00	675.55	675.55	506.66	168.89	0.00
High Self & Family	632	695.31	695.31	521.48	173.83	0.00	1506.51	1506.51	1129.88	376.63	0.00
High Self Plus One	633	695.31	695.31	517.46	177.85	-13.34	1506.51	1506.51	1121.16	385.35	-28.90
Standard Self	634	222.07	233.16	174.87	58.29	2.77	481.15	505.18	378.89	126.29	6.00
Standard Self & Family	635	495.22	519.93	389.95	129.98	6.18	1072.98	1126.52	844.89	281.63	13.39
Standard Self Plus One	636	495.22	519.93	389.95	129.98	6.18	1072.98	1126.52	844.89	281.63	13.39
Idaho Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Idaho Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
Idaho Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37
Idaho Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Idaho Altius Health Plan											
High Self	9K1	465.72	483.86	241.58	242.28	12.33	1009.06	1048.36	523.42	524.94	26.72
High Self & Family	9K2	1029.93	1070.06	562.25	507.81	24.35	2231.52	2318.46	1218.21	1100.25	52.75
High Self Plus One	9K3	1019.73	1059.46	517.46	542.00	26.39	2209.42	2295.50	1121.16	1174.34	57.18
HDHP Self	9K4	244.26	310.38	232.79	77.59	16.53	529.23	672.49	504.37	168.12	35.81
HDHP Self & Family	9K5	510.48	648.66	486.50	162.16	34.54	1106.04	1405.43	1054.07	351.36	74.85
HDHP Self Plus One	9K6	500.48	635.93	476.95	158.98	33.86	1084.37	1377.85	1033.39	344.46	73.37
Idaho Altius Health Plan											
Standard Self	DK4	351.37	407.59	241.58	166.01	50.41	761.30	883.11	523.42	359.69	109.23
Standard Self & Family	DK5	775.95	900.09	562.25	337.84	108.36	1681.23	1950.20	1218.21	731.99	234.78
Standard Self Plus One	DK6	768.26	891.17	517.46	373.71	109.57	1664.56	1930.87	1121.16	809.71	237.41
Idaho Kaiser Permanente - Washington Core											
Standard Self	544	278.83	285.24	213.93	71.31	1.60	604.13	618.02	463.52	154.50	3.47
Standard Self & Family	545	641.32	656.05	492.04	164.01	3.68	1389.53	1421.44	1066.08	355.36	7.98
Standard Self Plus One	546	641.32	656.05	492.04	164.01	3.68	1389.53	1421.44	1066.08	355.36	7.98
High Self	541	390.34	398.66	241.58	157.08	2.51	845.74	863.76	523.42	340.34	5.44
High Self & Family	542	858.76	877.04	562.25	314.79	2.50	1860.65	1900.25	1218.21	682.04	5.41
High Self Plus One	543	858.76	877.04	517.46	359.58	4.94	1860.65	1900.25	1121.16	779.09	10.70
Idaho Kaiser Permanente - Washington Core											
Prosper Self	PT4	New Plan	180.00	135.00	45.00	New Plan	New Plan	390.00	292.50	97.50	New Plan
Prosper Self & Family	PT5	New Plan	503.99	377.99	126.00	New Plan	New Plan	1091.98	818.99	272.99	New Plan
Prosper Self Plus One	PT6	New Plan	436.00	327.00	109.00	New Plan	New Plan	944.67	708.50	236.17	New Plan

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium		Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium		Total Premium	Government Pays	Employee Pays	Change in employee payment
Idaho UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan		411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan		1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan		905.80	679.35	226.45	New Plan
Illinois Aetna Advantage												
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Illinois Aetna Direct												
CDHP Self	N61		282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62		713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63		620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Illinois Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	H41		382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42		871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43		863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44		372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45		854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46		838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37
Illinois Aetna HealthFund HDHP												
HDHP Self	224		336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225		741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226		727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Illinois Blue Preferred												
High Self	9G1		384.56	403.49	241.58	161.91	13.12	833.21	874.23	523.42	350.81	28.44
High Self & Family	9G2		857.94	915.93	562.25	353.68	42.21	1858.87	1984.52	1218.21	766.31	91.46
High Self Plus One	9G3		812.58	859.44	517.46	341.98	33.52	1760.59	1862.12	1121.16	740.96	72.63
Standard Self	9G4		277.21	292.46	219.35	73.11	3.81	600.62	633.66	475.25	158.41	8.26
Standard Self & Family	9G5		787.85	811.49	562.25	249.24	7.86	1707.01	1758.23	1218.21	540.02	17.03
Standard Self Plus One	9G6		712.48	726.73	517.46	209.27	0.91	1543.71	1574.58	1121.16	453.42	1.97
Illinois Health Alliance HMO												
Standard Self	K84		308.37	315.49	236.62	78.87	1.78	668.14	683.56	512.67	170.89	3.86
Standard Self & Family	K85		832.61	731.24	548.43	182.81	-103.33	1803.99	1584.35	1188.26	396.09	-223.88
Standard Self Plus One	K86		714.36	674.59	505.94	168.65	-41.59	1547.78	1461.61	1096.21	365.40	-90.12

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Illinois Humana CoverageFirst and Humana Value Plan											
Value Self	GB4	349.91	363.91	241.58	122.33	8.19	758.14	788.47	523.42	265.05	17.75
Value Self & Family	GB5	787.28	818.77	562.25	256.52	15.71	1705.77	1774.00	1218.21	555.79	34.04
Value Self Plus One	GB6	752.29	782.38	517.46	264.92	16.75	1629.96	1695.16	1121.16	574.00	36.30
CDHP Self	GB1	544.86	566.65	241.58	325.07	15.98	1180.53	1227.74	523.42	704.32	34.63
CDHP Self & Family	GB2	1225.91	1274.95	562.25	712.70	33.26	2656.14	2762.39	1218.21	1544.18	72.06
CDHP Self Plus One	GB3	1171.44	1218.30	517.46	700.84	33.52	2538.12	2639.65	1121.16	1518.49	72.63
Illinois Humana CoverageFirst and Humana Value Plan											
Value Self	MW4	348.42	372.81	241.58	131.23	18.58	754.91	807.76	523.42	284.34	40.27
Value Self & Family	MW5	783.93	838.80	562.25	276.55	39.09	1698.52	1817.40	1218.21	599.19	84.69
Value Self Plus One	MW6	749.10	801.54	517.46	284.08	39.10	1623.05	1736.67	1121.16	615.51	84.72
CDHP Self	MW1	422.78	473.52	241.58	231.94	44.93	916.02	1025.96	523.42	502.54	97.36
CDHP Self & Family	MW2	951.30	1065.45	562.25	503.20	98.37	2061.15	2308.48	1218.21	1090.27	213.14
CDHP Self Plus One	MW3	909.00	1018.09	517.46	500.63	95.75	1969.50	2205.86	1121.16	1084.70	207.46
Illinois Humana Health Plan, Inc.											
Standard Self	754	439.34	482.47	241.58	240.89	37.32	951.90	1045.35	523.42	521.93	80.87
Standard Self & Family	755	988.51	1085.55	562.25	523.30	81.26	2141.77	2352.03	1218.21	1133.82	176.07
Standard Self Plus One	756	944.58	1037.32	517.46	519.86	79.40	2046.59	2247.53	1121.16	1126.37	172.04
High Self	751	571.82	631.85	241.58	390.27	54.22	1238.94	1369.01	523.42	845.59	117.49
High Self & Family	752	1286.59	1421.69	562.25	859.44	119.32	2787.61	3080.33	1218.21	1862.12	258.53
High Self Plus One	753	1229.42	1358.50	517.46	841.04	115.74	2663.74	2943.42	1121.16	1822.26	250.78
Illinois Humana Health Plan, Inc.											
High Self	9F1	894.61	930.39	241.58	688.81	29.97	1938.32	2015.85	523.42	1492.43	64.95
High Self & Family	9F2	2012.86	2093.37	562.25	1531.12	64.73	4361.20	4535.64	1218.21	3317.43	140.25
High Self Plus One	9F3	1923.39	2000.32	517.46	1482.86	63.59	4167.35	4334.03	1121.16	3212.87	137.78
Illinois Humana Health Plan, Inc.											
Standard Self	AB4	530.55	573.09	241.58	331.51	36.73	1149.53	1241.70	523.42	718.28	79.59
Standard Self & Family	AB5	1193.74	1289.49	562.25	727.24	79.97	2586.44	2793.90	1218.21	1575.69	173.27
Standard Self Plus One	AB6	1140.69	1232.18	517.46	714.72	78.15	2471.50	2669.72	1121.16	1548.56	169.32
Basic Self	AB1	349.22	363.19	241.58	121.61	8.16	756.64	786.91	523.42	263.49	17.69
Basic Self & Family	AB2	785.77	817.20	562.25	254.95	15.65	1702.50	1770.60	1218.21	552.39	33.91
Basic Self Plus One	AB3	750.85	780.88	517.46	263.42	16.69	1626.84	1691.91	1121.16	570.75	36.17

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Illinois Humana Health Plan, Inc.												
	Basic Self	RW1	345.34	378.02	241.58	136.44	26.87	748.24	819.04	523.42	295.62	58.22
	Basic Self & Family	RW2	777.02	850.55	562.25	288.30	57.75	1683.54	1842.86	1218.21	624.65	125.13
	Basic Self Plus One	RW3	742.49	812.75	517.46	295.29	56.92	1608.73	1760.96	1121.16	639.80	123.33
Illinois Union Health Service												
	High Self	761	343.42	360.95	241.58	119.37	11.72	744.08	782.06	523.42	258.64	25.40
	High Self & Family	762	877.68	905.96	562.25	343.71	12.50	1901.64	1962.91	1218.21	744.70	27.08
	High Self Plus One	763	770.00	799.54	517.46	282.08	16.20	1668.33	1732.34	1121.16	611.18	35.11
Illinois UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
	High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
	High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
	High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced												
	Value Self	L91	240.69	255.98	191.99	63.99	3.82	521.50	554.62	415.97	138.65	8.28
	Value Self & Family	L92	674.89	717.76	538.32	179.44	10.72	1462.26	1555.15	1166.36	388.79	23.23
	Value Self Plus One	L93	470.06	499.93	374.95	124.98	7.47	1018.46	1083.18	812.39	270.79	16.18
Illinois UnitedHealthcare Insurance Company, Inc. Choice Primary												
	High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50
	High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42
	High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64
Illinois UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
	High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
	High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
	High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Indiana Aetna Advantage												
	Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
	Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
	Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Indiana Aetna Direct												
	CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
	CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
	CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
Indiana Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52	
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02	
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85	
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64	
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69	
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56	
Indiana Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
Indiana Health Alliance HMO												
Standard Self	K84	308.37	315.49	236.62	78.87	1.78	668.14	683.56	512.67	170.89	3.86	
Standard Self & Family	K85	832.61	731.24	548.43	182.81	-103.33	1803.99	1584.35	1188.26	396.09	-223.88	
Standard Self Plus One	K86	714.36	674.59	505.94	168.65	-41.59	1547.78	1461.61	1096.21	365.40	-90.12	
Indiana Humana CoverageFirst												
CDHP Self	TC1	304.37	340.88	241.58	99.30	23.21	659.47	738.57	523.42	215.15	50.28	
CDHP Self & Family	TC2	684.80	766.98	562.25	204.73	33.53	1483.73	1661.79	1218.21	443.58	72.65	
CDHP Self Plus One	TC3	654.38	732.90	517.46	215.44	51.85	1417.82	1587.95	1121.16	466.79	112.34	
Indiana Humana CoverageFirst and Humana Value Plan												
Value Self	MW4	348.42	372.81	241.58	131.23	18.58	754.91	807.76	523.42	284.34	40.27	
Value Self & Family	MW5	783.93	838.80	562.25	276.55	39.09	1698.52	1817.40	1218.21	599.19	84.69	
Value Self Plus One	MW6	749.10	801.54	517.46	284.08	39.10	1623.05	1736.67	1121.16	615.51	84.72	
CDHP Self	MW1	422.78	473.52	241.58	231.94	44.93	916.02	1025.96	523.42	502.54	97.36	
CDHP Self & Family	MW2	951.30	1065.45	562.25	503.20	98.37	2061.15	2308.48	1218.21	1090.27	213.14	
CDHP Self Plus One	MW3	909.00	1018.09	517.46	500.63	95.75	1969.50	2205.86	1121.16	1084.70	207.46	
Indiana Humana CoverageFirst and Humana Value Plan												
Value Self	X34	283.90	298.10	223.58	74.52	3.55	615.12	645.88	484.41	161.47	7.69	
Value Self & Family	X35	638.79	670.73	503.05	167.68	7.98	1384.05	1453.25	1089.94	363.31	17.30	
Value Self Plus One	X36	610.40	640.92	480.69	160.23	7.63	1322.53	1388.66	1041.50	347.16	16.53	
CDHP Self	X31	368.97	387.42	241.58	145.84	12.64	799.44	839.41	523.42	315.99	27.39	
CDHP Self & Family	X32	830.20	871.71	562.25	309.46	25.73	1798.77	1888.71	1218.21	670.50	55.75	
CDHP Self Plus One	X33	793.30	832.97	517.46	315.51	26.33	1718.82	1804.77	1121.16	683.61	57.05	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
Indiana Humana Health Plan of Ohio, Inc.												
High Self	A61	692.76	727.40	241.58	485.82	28.83	1500.98	1576.03	523.42	1052.61	62.47	
High Self & Family	A62	1558.72	1636.66	562.25	1074.41	62.16	3377.23	3546.10	1218.21	2327.89	134.68	
High Self Plus One	A63	1489.45	1563.92	517.46	1046.46	61.13	3227.14	3388.49	1121.16	2267.33	132.45	
Standard Self	A64	541.00	568.05	241.58	326.47	21.24	1172.17	1230.78	523.42	707.36	46.03	
Standard Self & Family	A65	1217.27	1278.14	562.25	715.89	45.09	2637.42	2769.30	1218.21	1551.09	97.69	
Standard Self Plus One	A66	1163.17	1221.32	517.46	703.86	44.81	2520.20	2646.19	1121.16	1525.03	97.09	
Indiana Humana Health Plan, Inc.												
Standard Self	754	439.34	482.47	241.58	240.89	37.32	951.90	1045.35	523.42	521.93	80.87	
Standard Self & Family	755	988.51	1085.55	562.25	523.30	81.26	2141.77	2352.03	1218.21	1133.82	176.07	
Standard Self Plus One	756	944.58	1037.32	517.46	519.86	79.40	2046.59	2247.53	1121.16	1126.37	172.04	
High Self	751	571.82	631.85	241.58	390.27	54.22	1238.94	1369.01	523.42	845.59	117.49	
High Self & Family	752	1286.59	1421.69	562.25	859.44	119.32	2787.61	3080.33	1218.21	1862.12	258.53	
High Self Plus One	753	1229.42	1358.50	517.46	841.04	115.74	2663.74	2943.42	1121.16	1822.26	250.78	
Indiana Humana Health Plan, Inc.												
High Self	MH1	509.98	560.99	241.58	319.41	45.20	1104.96	1215.48	523.42	692.06	97.94	
High Self & Family	MH2	1147.47	1262.23	562.25	699.98	98.98	2486.19	2734.83	1218.21	1516.62	214.45	
High Self Plus One	MH3	1096.47	1206.12	517.46	688.66	96.31	2375.69	2613.26	1121.16	1492.10	208.67	
Standard Self	MH4	396.76	436.44	241.58	194.86	33.87	859.65	945.62	523.42	422.20	73.39	
Standard Self & Family	MH5	892.70	981.98	562.25	419.73	73.50	1934.18	2127.62	1218.21	909.41	159.25	
Standard Self Plus One	MH6	853.03	938.33	517.46	420.87	71.96	1848.23	2033.05	1121.16	911.89	155.92	
Indiana UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Iowa Aetna Advantage												
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04	
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96	
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89	
Iowa Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Iowa Aetna HealthFund CDHP and Aetna Value Plan														
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21			
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90			
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39			
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14			
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21			
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37			
Iowa Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Iowa Health Alliance HMO														
Standard Self	K84	308.37	315.49	236.62	78.87	1.78	668.14	683.56	512.67	170.89	3.86			
Standard Self & Family	K85	832.61	731.24	548.43	182.81	-103.33	1803.99	1584.35	1188.26	396.09	-223.88			
Standard Self Plus One	K86	714.36	674.59	505.94	168.65	-41.59	1547.78	1461.61	1096.21	365.40	-90.12			
Iowa HealthPartners														
Standard Self	V34	212.27	235.11	176.33	58.78	5.71	459.92	509.41	382.06	127.35	12.37			
Standard Self & Family	V35	517.11	572.74	429.56	143.18	13.90	1120.41	1240.94	930.71	310.23	30.13			
Standard Self Plus One	V36	469.13	519.60	389.70	129.90	12.62	1016.45	1125.80	844.35	281.45	27.34			
High Self	V31	328.76	308.34	231.26	77.08	-15.91	712.31	668.07	501.05	167.02	-34.45			
High Self & Family	V32	800.86	751.10	562.25	188.85	-65.54	1735.20	1627.38	1218.21	409.17	-142.01			
High Self Plus One	V33	726.56	681.42	511.07	170.35	-52.09	1574.21	1476.41	1107.31	369.10	-112.85			
Iowa UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary														
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42			
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60			
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62			
Iowa UnitedHealthcare Insurance Company, Inc. Choice HDHP														
HDHP Self	N71	281.73	319.78	239.84	79.94	9.51	610.42	692.86	519.65	173.21	20.61			
HDHP Self & Family	N72	647.99	735.49	551.62	183.87	21.87	1403.98	1593.56	1195.17	398.39	47.40			
HDHP Self Plus One	N73	605.73	687.52	515.64	171.88	20.45	1312.42	1489.63	1117.22	372.41	44.31			
Iowa UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	LJ1	332.39	358.54	241.58	116.96	20.34	720.18	776.84	523.42	253.42	44.08			
High Self & Family	LJ2	830.99	896.36	562.25	334.11	49.59	1800.48	1942.11	1218.21	723.90	107.44			
High Self Plus One	LJ3	714.65	770.87	517.46	253.41	42.88	1548.41	1670.22	1121.16	549.06	92.91			

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Iowa UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07		506.74	576.72	432.54	144.18	17.50		
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12		1198.23	1363.94	1022.96	340.98	41.42		
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37		1089.38	1239.94	929.96	309.98	37.64		
Iowa UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	New Plan	411.73	308.80	102.93	New Plan		
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	New Plan	1091.07	818.30	272.77	New Plan		
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	New Plan	905.80	679.35	226.45	New Plan		
Kansas Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17		463.84	500.02	375.02	125.00	9.04		
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05		1229.17	1325.00	993.75	331.25	23.96		
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18		1020.44	1100.02	825.02	275.00	19.89		
Kansas Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37		612.65	615.83	461.87	153.96	0.80		
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93		1545.01	1553.07	1164.80	388.27	2.02		
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81		1343.55	1350.55	1012.91	337.64	1.75		
Kansas Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	G54	328.95	330.94	241.58	89.36	-3.82		712.73	717.04	523.42	193.62	-8.27		
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21		1632.37	1642.27	1218.21	424.06	-24.29		
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85		1600.37	1610.09	1121.16	488.93	-19.18		
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39		904.50	1058.76	523.42	535.34	141.68		
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67		2063.10	2415.08	1218.21	1196.87	317.79		
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50		2042.71	2391.20	1121.16	1270.04	319.59		
Kansas Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60		728.80	786.02	523.42	262.60	44.64		
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48		1607.60	1733.83	1218.21	515.62	92.04		
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79		1576.10	1699.88	1121.16	578.72	94.88		
Kansas Aetna Open Access														
High Self	HA1	507.66	533.78	241.58	292.20	20.31		1099.93	1156.52	523.42	633.10	44.01		
High Self & Family	HA2	1199.16	1260.88	562.25	698.63	45.94		2598.18	2731.91	1218.21	1513.70	99.54		
High Self Plus One	HA3	1187.32	1248.41	517.46	730.95	47.75		2572.53	2704.89	1121.16	1583.73	103.46		
Standard Self	HA4	330.63	416.01	241.58	174.43	79.57		716.37	901.36	523.42	377.94	172.41		
Standard Self & Family	HA5	780.41	981.94	562.25	419.69	185.75		1690.89	2127.54	1218.21	909.33	402.46		
Standard Self Plus One	HA6	772.69	972.22	517.46	454.76	186.19		1674.16	2106.48	1121.16	985.32	403.42		

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
Kansas Humana CoverageFirst and Humana Value Plan											
Value Self	PH4	223.40	243.51	182.63	60.88	5.03	484.03	527.61	395.71	131.90	10.89
Value Self & Family	PH5	502.66	547.90	410.93	136.97	11.31	1089.10	1187.12	890.34	296.78	24.51
Value Self Plus One	PH6	480.31	523.55	392.66	130.89	10.81	1040.67	1134.36	850.77	283.59	23.42
CDHP Self	PH1	330.05	349.86	241.58	108.28	14.00	715.11	758.03	523.42	234.61	30.34
CDHP Self & Family	PH2	742.63	787.19	562.25	224.94	28.78	1609.03	1705.58	1218.21	487.37	62.36
CDHP Self Plus One	PH3	709.62	752.20	517.46	234.74	29.24	1537.51	1629.77	1121.16	508.61	63.36
Kansas Humana Health Plan, Inc.											
High Self	MS1	795.31	829.31	241.58	587.73	28.19	1723.17	1796.84	523.42	1273.42	61.09
High Self & Family	MS2	1789.44	1865.95	562.25	1303.70	60.73	3877.12	4042.89	1218.21	2824.68	131.58
High Self Plus One	MS3	1709.91	1783.00	517.46	1265.54	59.75	3704.81	3863.17	1121.16	2742.01	129.46
Standard Self	MS4	492.46	554.12	241.58	312.54	55.85	1067.00	1200.59	523.42	677.17	121.01
Standard Self & Family	MS5	1108.05	1246.77	562.25	684.52	122.94	2400.78	2701.34	1218.21	1483.13	266.37
Standard Self Plus One	MS6	1058.81	1191.38	517.46	673.92	119.23	2294.09	2581.32	1121.16	1460.16	258.33
Kansas UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Kentucky Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Kentucky Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Kentucky Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Kentucky Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	728.80	786.02	523.42	262.60	44.64		
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1607.60	1733.83	1218.21	515.62	92.04		
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1576.10	1699.88	1121.16	578.72	94.88		
Kentucky Humana CoverageFirst														
CDHP Self	TC1	304.37	340.88	241.58	99.30	23.21	659.47	659.47	738.57	523.42	215.15	50.28		
CDHP Self & Family	TC2	684.80	766.98	562.25	204.73	33.53	1483.73	1483.73	1661.79	1218.21	443.58	72.65		
CDHP Self Plus One	TC3	654.38	732.90	517.46	215.44	51.85	1417.82	1417.82	1587.95	1121.16	466.79	112.34		
Kentucky Humana CoverageFirst														
CDHP Self	6N1	353.86	382.17	241.58	140.59	22.50	766.70	766.70	828.04	523.42	304.62	48.76		
CDHP Self & Family	6N2	796.19	859.88	562.25	297.63	47.91	1725.08	1725.08	1863.07	1218.21	644.86	103.80		
CDHP Self Plus One	6N3	760.80	821.67	517.46	304.21	47.53	1648.40	1648.40	1780.29	1121.16	659.13	102.99		
Kentucky Humana CoverageFirst and Humana Value Plan														
Value Self	X34	283.90	298.10	223.58	74.52	3.55	615.12	615.12	645.88	484.41	161.47	7.69		
Value Self & Family	X35	638.79	670.73	503.05	167.68	7.98	1384.05	1384.05	1453.25	1089.94	363.31	17.30		
Value Self Plus One	X36	610.40	640.92	480.69	160.23	7.63	1322.53	1322.53	1388.66	1041.50	347.16	16.53		
CDHP Self	X31	368.97	387.42	241.58	145.84	12.64	799.44	799.44	839.41	523.42	315.99	27.39		
CDHP Self & Family	X32	830.20	871.71	562.25	309.46	25.73	1798.77	1798.77	1888.71	1218.21	670.50	55.75		
CDHP Self Plus One	X33	793.30	832.97	517.46	315.51	26.33	1718.82	1718.82	1804.77	1121.16	683.61	57.05		
Kentucky Humana Health Plan of Ohio, Inc.														
High Self	A61	692.76	727.40	241.58	485.82	28.83	1500.98	1500.98	1576.03	523.42	1052.61	62.47		
High Self & Family	A62	1558.72	1636.66	562.25	1074.41	62.16	3377.23	3377.23	3546.10	1218.21	2327.89	134.68		
High Self Plus One	A63	1489.45	1563.92	517.46	1046.46	61.13	3227.14	3227.14	3388.49	1121.16	2267.33	132.45		
Standard Self	A64	541.00	568.05	241.58	326.47	21.24	1172.17	1172.17	1230.78	523.42	707.36	46.03		
Standard Self & Family	A65	1217.27	1278.14	562.25	715.89	45.09	2637.42	2637.42	2769.30	1218.21	1551.09	97.69		
Standard Self Plus One	A66	1163.17	1221.32	517.46	703.86	44.81	2520.20	2520.20	2646.19	1121.16	1525.03	97.09		
Kentucky Humana Health Plan of Ohio, Inc.														
Basic Self	W61	280.90	294.95	221.21	73.74	3.52	608.62	608.62	639.06	479.30	159.76	7.61		
Basic Self & Family	W62	632.05	663.66	497.75	165.91	7.90	1369.44	1369.44	1437.93	1078.45	359.48	17.12		
Basic Self Plus One	W63	603.96	634.16	475.62	158.54	7.55	1308.58	1308.58	1374.01	1030.51	343.50	16.36		

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Kentucky Humana Health Plan, Inc.														
High Self	MI1	637.59	663.10	241.58	421.52	19.70	1381.45	1436.72	523.42	913.30	42.69			
High Self & Family	MI2	1434.57	1491.94	562.25	929.69	41.59	3108.24	3232.54	1218.21	2014.33	90.11			
High Self Plus One	MI3	1370.81	1425.65	517.46	908.19	41.50	2970.09	3088.91	1121.16	1967.75	89.92			
Standard Self	MI4	408.46	424.80	241.58	183.22	10.53	885.00	920.40	523.42	396.98	22.82			
Standard Self & Family	MI5	919.02	955.78	562.25	393.53	20.98	1991.21	2070.86	1218.21	852.65	45.46			
Standard Self Plus One	MI6	878.19	913.31	517.46	395.85	21.78	1902.75	1978.84	1121.16	857.68	47.19			
Kentucky Humana Health Plan, Inc.														
High Self	MH1	509.98	560.99	241.58	319.41	45.20	1104.96	1215.48	523.42	692.06	97.94			
High Self & Family	MH2	1147.47	1262.23	562.25	699.98	98.98	2486.19	2734.83	1218.21	1516.62	214.45			
High Self Plus One	MH3	1096.47	1206.12	517.46	688.66	96.31	2375.69	2613.26	1121.16	1492.10	208.67			
Standard Self	MH4	396.76	436.44	241.58	194.86	33.87	859.65	945.62	523.42	422.20	73.39			
Standard Self & Family	MH5	892.70	981.98	562.25	419.73	73.50	1934.18	2127.62	1218.21	909.41	159.25			
Standard Self Plus One	MH6	853.03	938.33	517.46	420.87	71.96	1848.23	2033.05	1121.16	911.89	155.92			
Kentucky UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary														
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42			
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60			
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62			
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HDHP														
HDHP Self	N71	281.73	319.78	239.84	79.94	9.51	610.42	692.86	519.65	173.21	20.61			
HDHP Self & Family	N72	647.99	735.49	551.62	183.87	21.87	1403.98	1593.56	1195.17	398.39	47.40			
HDHP Self Plus One	N73	605.73	687.52	515.64	171.88	20.45	1312.42	1489.63	1117.22	372.41	44.31			
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	LJ1	332.39	358.54	241.58	116.96	20.34	720.18	776.84	523.42	253.42	44.08			
High Self & Family	LJ2	830.99	896.36	562.25	334.11	49.59	1800.48	1942.11	1218.21	723.90	107.44			
High Self Plus One	LJ3	714.65	770.87	517.46	253.41	42.88	1548.41	1670.22	1121.16	549.06	92.91			
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Kentucky UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	New Plan	411.73	308.80	102.93	New Plan	New Plan	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	New Plan	1091.07	818.30	272.77	New Plan	New Plan	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	New Plan	905.80	679.35	226.45	New Plan	New Plan	New Plan
Louisiana Aetna Advantage														
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04		
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96		
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89		
Louisiana Aetna Direct														
CDHP Self	N61		282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80		
CDHP Self & Family	N62		713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02		
CDHP Self Plus One	N63		620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75		
Louisiana Aetna HealthFund CDHP and Aetna Value Plan														
CDHP Self	F51		382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93		
CDHP Self & Family	F52		872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12		
CDHP Self Plus One	F53		864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91		
Value Self	F54		378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74		
Value Self & Family	F55		866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92		
Value Self Plus One	F56		849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72		
Louisiana Aetna HealthFund HDHP														
HDHP Self	224		336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64		
HDHP Self & Family	225		741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04		
HDHP Self Plus One	226		727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88		
Louisiana Humana Health Benefit Plan of Louisiana, Inc.														
Standard Self	BC4		311.14	342.25	241.58	100.67	22.89	674.14	741.54	523.42	218.12	49.59		
Standard Self & Family	BC5		700.06	770.06	562.25	207.81	32.80	1516.80	1668.46	1218.21	450.25	71.05		
Standard Self Plus One	BC6		668.94	735.83	517.46	218.37	51.14	1449.37	1594.30	1121.16	473.14	110.80		
High Self	BC1		416.00	457.60	241.58	216.02	35.79	901.33	991.47	523.42	468.05	77.56		
High Self & Family	BC2		936.01	1029.61	562.25	467.36	77.82	2028.02	2230.82	1218.21	1012.61	168.61		
High Self Plus One	BC3		894.41	983.85	517.46	466.39	76.10	1937.89	2131.68	1121.16	1010.52	164.89		

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Louisiana Humana Health Benefit Plan of Louisiana, Inc.														
High Self	AE1	494.50	558.78	241.58	317.20	58.47	1071.42	1210.69	523.42	687.27	126.69			
High Self & Family	AE2	1112.60	1257.25	562.25	695.00	128.87	2410.63	2724.04	1218.21	1505.83	279.22			
High Self Plus One	AE3	1063.16	1201.38	517.46	683.92	124.88	2303.51	2602.99	1121.16	1481.83	270.58			
Standard Self	AE4	372.67	421.12	241.58	179.54	42.64	807.45	912.43	523.42	389.01	92.40			
Standard Self & Family	AE5	838.52	947.53	562.25	385.28	93.23	1816.79	2052.98	1218.21	834.77	202.00			
Standard Self Plus One	AE6	801.25	905.41	517.46	387.95	90.82	1736.04	1961.72	1121.16	840.56	196.78			
Louisiana UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary														
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42			
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60			
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62			
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP														
HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78			
HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89			
HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72			
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59			
High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74			
High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70			
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
Louisiana UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Maine Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Maine Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Maine Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	EP4	350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44			
Value Self & Family	EP5	802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98			
Value Self Plus One	EP6	787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68			
CDHP Self	EP1	496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32			
CDHP Self & Family	EP2	1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37			
CDHP Self Plus One	EP3	1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53			
Maine Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Maine UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Maryland Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Maryland Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Maryland Aetna HealthFund CDHP and Aetna Value Plan														
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93			
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12			
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91			
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74			
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92			
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72			

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Maryland Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Maryland Aetna Open Access												
	High Self	JN1	525.03	543.03	241.58	301.45	12.19	1137.57	1176.57	523.42	653.15	26.42
	High Self & Family	JN2	1180.35	1220.79	562.25	658.54	24.66	2557.43	2645.05	1218.21	1426.84	53.43
	High Self Plus One	JN3	1168.66	1208.70	517.46	691.24	26.70	2532.10	2618.85	1121.16	1497.69	57.85
	Basic Self	JN4	321.74	329.73	241.58	88.15	2.18	697.10	714.42	523.42	191.00	4.74
	Basic Self & Family	JN5	736.31	754.58	562.25	192.33	2.49	1595.34	1634.92	1218.21	416.71	5.39
	Basic Self Plus One	JN6	676.15	692.92	517.46	175.46	3.43	1464.99	1501.33	1121.16	380.17	7.44
Maryland Aetna Saver (Open Access)												
	Saver Self	QQ4	274.71	274.71	206.03	68.68	0.00	595.21	595.21	446.41	148.80	0.00
	Saver Self & Family	QQ5	628.68	628.67	471.50	157.17	0.00	1362.14	1362.12	1021.59	340.53	0.00
	Saver Self Plus One	QQ6	577.30	577.30	432.98	144.32	0.00	1250.82	1250.82	938.12	312.70	0.00
Maryland CareFirst BlueChoice												
	Standard Self	2G4	390.25	409.76	241.58	168.18	13.70	845.54	887.81	523.42	364.39	29.69
	Standard Self & Family	2G5	927.21	973.58	562.25	411.33	30.59	2008.96	2109.42	1218.21	891.21	66.27
	Standard Self Plus One	2G6	780.49	819.51	517.46	302.05	25.68	1691.06	1775.61	1121.16	654.45	55.65
Maryland CareFirst BlueChoice												
	HDHP Self	B61	263.12	263.12	197.34	65.78	0.00	570.09	570.09	427.57	142.52	0.00
	HDHP Self & Family	B62	625.16	625.16	468.87	156.29	0.00	1354.51	1354.51	1015.88	338.63	0.00
	HDHP Self Plus One	B63	526.23	526.23	394.67	131.56	0.00	1140.17	1140.17	855.13	285.04	0.00
	Blue Value Plus Self	B64	325.84	334.00	241.58	92.42	2.35	705.99	723.67	523.42	200.25	5.10
	Blue Value Plus Self & Family	B65	774.21	793.56	562.25	231.31	3.57	1677.46	1719.38	1218.21	501.17	7.73
	Blue Value Plus Self Plus One	B66	651.70	667.98	500.99	166.99	4.07	1412.02	1447.29	1085.47	361.82	8.82
Maryland Kaiser Permanente - Mid-Atlantic States												
	Basic Self	T71	193.90	197.41	148.06	49.35	0.88	420.12	427.72	320.79	106.93	1.90
	Basic Self & Family	T72	473.61	507.47	380.60	126.87	8.47	1026.16	1099.52	824.64	274.88	18.34
	Basic Self Plus One	T73	431.49	439.31	329.48	109.83	1.96	934.90	951.84	713.88	237.96	4.24

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Maryland Kaiser Permanente - Mid-Atlantic States											
Standard Self	E34	263.79	276.13	207.10	69.03	3.08	571.55	598.28	448.71	149.57	6.68
Standard Self & Family	E35	606.69	635.10	476.33	158.77	7.10	1314.50	1376.05	1032.04	344.01	15.39
Standard Self Plus One	E36	606.69	635.10	476.33	158.77	7.10	1314.50	1376.05	1032.04	344.01	15.39
High Self	E31	333.61	344.42	241.58	102.84	5.00	722.82	746.24	523.42	222.82	10.84
High Self & Family	E32	767.32	792.16	562.25	229.91	9.06	1662.53	1716.35	1218.21	498.14	19.63
High Self Plus One	E33	767.32	792.16	517.46	274.70	11.50	1662.53	1716.35	1121.16	595.19	24.92
Maryland M.D. IPA											
High Self	JP1	404.59	438.87	241.58	197.29	28.47	876.61	950.89	523.42	427.47	61.70
High Self & Family	JP2	1134.48	1230.59	562.25	668.34	80.33	2458.04	2666.28	1218.21	1448.07	174.05
High Self Plus One	JP3	790.17	857.12	517.46	339.66	53.61	1712.04	1857.09	1121.16	735.93	116.15
Maryland UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	224.57	239.96	179.97	59.99	3.85	486.57	519.91	389.93	129.98	8.34
HDHP Self & Family	V42	516.51	551.91	413.93	137.98	8.85	1119.11	1195.81	896.86	298.95	19.17
HDHP Self Plus One	V43	482.83	515.91	386.93	128.98	8.27	1046.13	1117.81	838.36	279.45	17.92
Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	329.95	355.57	241.58	113.99	19.81	714.89	770.40	523.42	246.98	42.93
High Self & Family	LR2	781.98	842.69	562.25	280.44	44.93	1694.29	1825.83	1218.21	607.62	97.35
High Self Plus One	LR3	709.38	764.46	517.46	247.00	41.74	1536.99	1656.33	1121.16	535.17	90.44
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	240.69	255.98	191.99	63.99	3.82	521.50	554.62	415.97	138.65	8.28
Value Self & Family	L92	674.89	717.76	538.32	179.44	10.72	1462.26	1555.15	1166.36	388.79	23.23
Value Self Plus One	L93	470.06	499.93	374.95	124.98	7.47	1018.46	1083.18	812.39	270.79	16.18
Maryland UnitedHealthcare Insurance Company, Inc. Choice Primary											
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Maryland UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	New Plan	411.73	308.80	102.93	New Plan		
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	New Plan	1091.07	818.30	272.77	New Plan		
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	New Plan	905.80	679.35	226.45	New Plan		
Massachusetts Aetna Advantage														
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04		
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96		
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89		
Massachusetts Aetna Direct														
CDHP Self	N61		282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80		
CDHP Self & Family	N62		713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02		
CDHP Self Plus One	N63		620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75		
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	EP4		350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44		
Value Self & Family	EP5		802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98		
Value Self Plus One	EP6		787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68		
CDHP Self	EP1		496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32		
CDHP Self & Family	EP2		1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37		
CDHP Self Plus One	EP3		1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53		
Massachusetts Aetna HealthFund HDHP														
HDHP Self	Z24		336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64		
HDHP Self & Family	Z25		741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04		
HDHP Self Plus One	Z26		727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88		
Massachusetts UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	New Plan	411.73	308.80	102.93	New Plan		
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	New Plan	1091.07	818.30	272.77	New Plan		
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	New Plan	905.80	679.35	226.45	New Plan		
Michigan Aetna Advantage														
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04		
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96		
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89		

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Michigan Aetna Direct												
	CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
	CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
	CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Michigan Aetna HealthFund CDHP and Aetna Value Plan												
	Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27
	Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29
	Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18
	CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68
	CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79
	CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59
Michigan Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Michigan Blue Care Network of Michigan												
	High Self	LX1	342.86	353.45	241.58	111.87	4.78	742.86	765.81	523.42	242.39	10.37
	High Self & Family	LX2	836.58	862.42	562.25	300.17	10.06	1812.59	1868.58	1218.21	650.37	21.80
	High Self Plus One	LX3	788.57	812.95	517.46	295.49	11.04	1708.57	1761.39	1121.16	640.23	23.92
Michigan Blue Care Network of Michigan												
	High Self	K51	442.03	459.92	241.58	218.34	12.08	957.73	996.49	523.42	473.07	26.18
	High Self & Family	K52	1078.53	1122.21	562.25	559.96	27.90	2336.82	2431.46	1218.21	1213.25	60.45
	High Self Plus One	K53	1016.64	1057.83	517.46	540.37	27.85	2202.72	2291.97	1121.16	1170.81	60.35
Michigan Health Alliance Plan												
	High Self	521	363.64	388.70	241.58	147.12	19.25	787.89	842.18	523.42	318.76	41.71
	High Self & Family	522	887.28	948.43	562.25	386.18	45.37	1922.44	2054.93	1218.21	836.72	98.30
	High Self Plus One	523	836.37	894.00	517.46	376.54	44.29	1812.14	1937.00	1121.16	815.84	95.96
Michigan Health Alliance Plan												
	Standard Self	GY4	283.49	257.33	193.00	64.33	-6.54	614.23	557.55	418.16	139.39	-14.17
	Standard Self & Family	GY5	691.74	627.88	470.91	156.97	-15.96	1498.77	1360.41	1020.31	340.10	-34.59
	Standard Self Plus One	GY6	652.05	591.85	443.89	147.96	-15.05	1412.78	1282.34	961.76	320.58	-32.61

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Plan	Option	Enrollment Code										
Michigan Priority Health												
	High Self	LE1	424.42	478.75	241.58	237.17	48.52	919.58	1037.29	523.42	513.87	105.13
	High Self & Family	LE2	997.39	1125.06	562.25	562.81	111.89	2161.01	2437.63	1218.21	1219.42	242.43
	High Self Plus One	LE3	933.72	1053.25	517.46	535.79	106.19	2023.06	2282.04	1121.16	1160.88	230.08
	Standard Self	LE4	248.92	271.10	203.33	67.77	5.54	539.33	587.38	440.54	146.84	12.01
	Standard Self & Family	LE5	584.97	637.07	477.80	159.27	13.03	1267.44	1380.32	1035.24	345.08	28.22
	Standard Self Plus One	LE6	547.63	596.41	447.31	149.10	12.19	1186.53	1292.22	969.17	323.05	26.42
Michigan Priority Health												
	Value Self	Y41	218.42	218.42	163.82	54.60	0.00	473.24	473.24	354.93	118.31	0.00
	Value Self & Family	Y42	513.29	513.29	384.97	128.32	0.00	1112.13	1112.13	834.10	278.03	0.00
	Value Self Plus One	Y43	480.52	480.52	360.39	120.13	0.00	1041.13	1041.13	780.85	260.28	0.00
Michigan UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
	High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
	High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
	High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Minnesota Aetna Advantage												
	Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
	Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
	Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Minnesota Aetna Direct												
	CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
	CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
	CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Minnesota Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
	CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
	CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
	Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
	Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
	Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37
Minnesota Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Minnesota HealthPartners												
	Standard Self	V34	212.27	235.11	176.33	58.78	5.71	459.92	509.41	382.06	127.35	12.37
	Standard Self & Family	V35	517.11	572.74	429.56	143.18	13.90	1120.41	1240.94	930.71	310.23	30.13
	Standard Self Plus One	V36	469.13	519.60	389.70	129.90	12.62	1016.45	1125.80	844.35	281.45	27.34
	High Self	V31	328.76	308.34	231.26	77.08	-15.91	712.31	668.07	501.05	167.02	-34.45
	High Self & Family	V32	800.86	751.10	562.25	188.85	-65.54	1735.20	1627.38	1218.21	409.17	-142.01
	High Self Plus One	V33	726.56	681.42	511.07	170.35	-52.09	1574.21	1476.41	1107.31	369.10	-112.85
Minnesota UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
	High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
	High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
	High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Mississippi Aetna Advantage												
	Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
	Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
	Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Mississippi Aetna Direct												
	CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
	CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
	CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Mississippi Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
	CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
	CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
	Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
	Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
	Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37
Mississippi Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Mississippi UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42	
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60	
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62	
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP												
HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78	
HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89	
HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72	
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59	
High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74	
High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70	
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Primary												
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50	
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42	
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64	
Mississippi UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Missouri Aetna Advantage												
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04	
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96	
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89	
Missouri Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
Missouri Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59
Missouri Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Missouri Aetna Open Access											
High Self	HA1	507.66	533.78	241.58	292.20	20.31	1099.93	1156.52	523.42	633.10	44.01
High Self & Family	HA2	1199.16	1260.88	562.25	698.63	45.94	2598.18	2731.91	1218.21	1513.70	99.54
High Self Plus One	HA3	1187.32	1248.41	517.46	730.95	47.75	2572.53	2704.89	1121.16	1583.73	103.46
Standard Self	HA4	330.63	416.01	241.58	174.43	79.57	716.37	901.36	523.42	377.94	172.41
Standard Self & Family	HA5	780.41	981.94	562.25	419.69	185.75	1690.89	2127.54	1218.21	909.33	402.46
Standard Self Plus One	HA6	772.69	972.22	517.46	454.76	186.19	1674.16	2106.48	1121.16	985.32	403.42
Missouri Blue Preferred											
High Self	9G1	384.56	403.49	241.58	161.91	13.12	833.21	874.23	523.42	350.81	28.44
High Self & Family	9G2	857.94	915.93	562.25	353.68	42.21	1858.87	1984.52	1218.21	766.31	91.46
High Self Plus One	9G3	812.58	859.44	517.46	341.98	33.52	1760.59	1862.12	1121.16	740.96	72.63
Standard Self	9G4	277.21	292.46	219.35	73.11	3.81	600.62	633.66	475.25	158.41	8.26
Standard Self & Family	9G5	787.85	811.49	562.25	249.24	7.86	1707.01	1758.23	1218.21	540.02	17.03
Standard Self Plus One	9G6	712.48	726.73	517.46	209.27	0.91	1543.71	1574.58	1121.16	453.42	1.97
Missouri Humana CoverageFirst and Humana Value Plan											
Value Self	PH4	223.40	243.51	182.63	60.88	5.03	484.03	527.61	395.71	131.90	10.89
Value Self & Family	PH5	502.66	547.90	410.93	136.97	11.31	1089.10	1187.12	890.34	296.78	24.51
Value Self Plus One	PH6	480.31	523.55	392.66	130.89	10.81	1040.67	1134.36	850.77	283.59	23.42
CDHP Self	PH1	330.05	349.86	241.58	108.28	14.00	715.11	758.03	523.42	234.61	30.34
CDHP Self & Family	PH2	742.63	787.19	562.25	224.94	28.78	1609.03	1705.58	1218.21	487.37	62.36
CDHP Self Plus One	PH3	709.62	752.20	517.46	234.74	29.24	1537.51	1629.77	1121.16	508.61	63.36

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
Missouri Humana Health Plan, Inc.											
High Self	MS1	795.31	829.31	241.58	587.73	28.19	1723.17	1796.84	523.42	1273.42	61.09
High Self & Family	MS2	1789.44	1865.95	562.25	1303.70	60.73	3877.12	4042.89	1218.21	2824.68	131.58
High Self Plus One	MS3	1709.91	1783.00	517.46	1265.54	59.75	3704.81	3863.17	1121.16	2742.01	129.46
Standard Self	MS4	492.46	554.12	241.58	312.54	55.85	1067.00	1200.59	523.42	677.17	121.01
Standard Self & Family	MS5	1108.05	1246.77	562.25	684.52	122.94	2400.78	2701.34	1218.21	1483.13	266.37
Standard Self Plus One	MS6	1058.81	1191.38	517.46	673.92	119.23	2294.09	2581.32	1121.16	1460.16	258.33
Missouri UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Missouri UnitedHealthcare Insurance Company, Inc. Choice Primary											
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64
Missouri UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Montana Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Montana Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Montana Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
Montana Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
Montana UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Nebraska Aetna Advantage												
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04	
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96	
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89	
Nebraska Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	
Nebraska Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21	
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90	
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39	
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14	
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21	
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37	
Nebraska Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
Nebraska UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Nevada Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Nevada Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Nevada Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59
Nevada Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Nevada Health Plan of Nevada, Inc.											
High Self	NM1	326.30	342.08	241.58	100.50	9.97	706.98	741.17	523.42	217.75	21.61
High Self & Family	NM2	773.30	810.69	562.25	248.44	21.61	1675.48	1756.50	1218.21	538.29	46.83
High Self Plus One	NM3	619.98	649.95	487.46	162.49	7.50	1343.29	1408.23	1056.17	352.06	16.24
Nevada UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	WF1	241.32	287.18	215.39	71.79	11.46	522.86	622.22	466.67	155.55	24.84
High Self & Family	WF2	570.64	679.17	509.38	169.79	27.13	1236.39	1471.54	1103.66	367.88	58.78
High Self Plus One	WF3	518.79	617.43	463.07	154.36	24.66	1124.05	1337.77	1003.33	334.44	53.43
Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	204.85	243.77	182.83	60.94	9.73	443.84	528.17	396.13	132.04	21.08
HDHP Self & Family	LU2	471.16	560.66	420.50	140.16	22.37	1020.85	1214.76	911.07	303.69	48.48
HDHP Self Plus One	LU3	440.43	524.10	393.08	131.02	20.91	954.27	1135.55	851.66	283.89	45.32

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO														
High Self	KT1	334.51	360.98	241.58	119.40	20.66	724.77	724.77	782.12	523.42	258.70	44.77		
High Self & Family	KT2	836.26	902.47	562.25	340.22	50.43	1811.90	1811.90	1955.35	1218.21	737.14	109.26		
High Self Plus One	KT3	719.19	776.11	517.46	258.65	43.58	1558.25	1558.25	1681.57	1121.16	560.41	94.42		
Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	VD1	240.93	286.71	215.03	71.68	11.45	522.02	522.02	621.21	465.91	155.30	24.80		
High Self & Family	VD2	569.71	678.06	508.55	169.51	27.08	1234.37	1234.37	1469.13	1101.85	367.28	58.69		
High Self Plus One	VD3	517.95	616.42	462.32	154.10	24.61	1122.23	1122.23	1335.58	1001.69	333.89	53.33		
Nevada UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	New Plan	411.73	308.80	102.93	New Plan		
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	New Plan	1091.07	818.30	272.77	New Plan		
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	New Plan	905.80	679.35	226.45	New Plan		
New Hampshire Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	463.84	500.02	375.02	125.00	9.04		
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1229.17	1325.00	993.75	331.25	23.96		
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1020.44	1100.02	825.02	275.00	19.89		
New Hampshire Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	612.65	615.83	461.87	153.96	0.80		
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1545.01	1553.07	1164.80	388.27	2.02		
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1343.55	1350.55	1012.91	337.64	1.75		
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	EP4	350.59	387.52	241.58	145.94	31.12	759.61	759.61	839.63	523.42	316.21	67.44		
Value Self & Family	EP5	802.85	887.39	562.25	325.14	68.76	1739.51	1739.51	1922.68	1218.21	704.47	148.98		
Value Self Plus One	EP6	787.10	869.98	517.46	352.52	69.54	1705.38	1705.38	1884.96	1121.16	763.80	150.68		
CDHP Self	EP1	496.50	519.07	241.58	277.49	16.76	1075.75	1075.75	1124.65	523.42	601.23	36.32		
CDHP Self & Family	EP2	1132.30	1183.79	562.25	621.54	35.71	2453.32	2453.32	2564.88	1218.21	1346.67	77.37		
CDHP Self Plus One	EP3	1121.09	1172.06	517.46	654.60	37.63	2429.03	2429.03	2539.46	1121.16	1418.30	81.53		
New Hampshire Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	728.80	786.02	523.42	262.60	44.64		
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1607.60	1733.83	1218.21	515.62	92.04		
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1576.10	1699.88	1121.16	578.72	94.88		

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
New Hampshire UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	New Plan	411.73	308.80	102.93	New Plan		
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	New Plan	1091.07	818.30	272.77	New Plan		
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	New Plan	905.80	679.35	226.45	New Plan		
New Jersey Aetna Advantage														
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04		
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96		
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89		
New Jersey Aetna Direct														
CDHP Self	N61		282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80		
CDHP Self & Family	N62		713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02		
CDHP Self Plus One	N63		620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75		
New Jersey Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	EP4		350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44		
Value Self & Family	EP5		802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98		
Value Self Plus One	EP6		787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68		
CDHP Self	EP1		496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32		
CDHP Self & Family	EP2		1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37		
CDHP Self Plus One	EP3		1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53		
New Jersey Aetna HealthFund HDHP														
HDHP Self	Z24		336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64		
HDHP Self & Family	Z25		741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04		
HDHP Self Plus One	Z26		727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88		
New Jersey Aetna Open Access														
High Self	JR1		712.96	764.68	241.58	523.10	45.91	1544.75	1656.81	523.42	1133.39	99.48		
High Self & Family	JR2		1646.86	1766.32	562.25	1204.07	103.68	3568.20	3827.03	1218.21	2608.82	224.64		
High Self Plus One	JR3		1630.54	1748.82	517.46	1231.36	104.94	3532.84	3789.11	1121.16	2667.95	227.37		
Basic Self	JR4		633.82	659.70	241.58	418.12	20.07	1373.28	1429.35	523.42	905.93	43.49		
Basic Self & Family	JR5		1468.93	1528.94	562.25	966.69	44.23	3182.68	3312.70	1218.21	2094.49	95.83		
Basic Self Plus One	JR6		1454.38	1513.79	517.46	996.33	46.07	3151.16	3279.88	1121.16	2158.72	99.82		

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
New Jersey Aetna Open Access											
Basic Self	P34	604.65	694.86	241.58	453.28	84.40	1310.08	1505.53	523.42	982.11	182.87
Basic Self & Family	P35	1403.39	1612.77	562.25	1050.52	193.60	3040.68	3494.34	1218.21	2276.13	419.47
Basic Self Plus One	P36	1389.48	1596.80	517.46	1079.34	193.98	3010.54	3459.73	1121.16	2338.57	420.29
High Self	P31	672.28	733.03	241.58	491.45	54.94	1456.61	1588.23	523.42	1064.81	119.04
High Self & Family	P32	1629.94	1777.25	562.25	1215.00	131.53	3531.54	3850.71	1218.21	2632.50	284.98
High Self Plus One	P33	1613.79	1759.65	517.46	1242.19	132.52	3496.55	3812.58	1121.16	2691.42	287.13
New Jersey GHI Health Plan											
Standard Self	804	463.69	479.93	241.58	238.35	10.43	1004.66	1039.85	523.42	516.43	22.61
Standard Self & Family	805	1124.96	1164.33	562.25	602.08	23.59	2437.41	2522.72	1218.21	1304.51	51.12
Standard Self Plus One	806	1078.58	1116.34	517.46	598.88	24.42	2336.92	2418.74	1121.16	1297.58	52.92
New Jersey UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
New Mexico Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
New Mexico Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
New Mexico Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59
New Mexico Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
New Mexico Presbyterian Health Plan											
High Self	P21	388.15	390.89	241.58	149.31	-3.07	840.99	846.93	523.42	323.51	-6.64
High Self & Family	P22	912.14	918.62	562.25	356.37	-9.30	1976.30	1990.34	1218.21	772.13	-20.15
High Self Plus One	P23	881.09	887.35	517.46	369.89	-7.08	1909.03	1922.59	1121.16	801.43	-15.34
New Mexico Presbyterian Health Plan											
Standard Self	PS4	327.82	325.99	241.58	84.41	-7.64	710.28	706.31	523.42	182.89	-16.55
Standard Self & Family	PS5	770.38	766.08	562.25	203.83	-20.08	1669.16	1659.84	1218.21	441.63	-43.51
Standard Self Plus One	PS6	744.16	740.02	517.46	222.56	-17.48	1612.35	1603.38	1121.16	482.22	-37.87
Wellness Self	PS1	286.10	291.72	218.79	72.93	1.41	619.88	632.06	474.05	158.01	3.04
Wellness Self & Family	PS2	672.35	685.55	514.16	171.39	3.30	1456.76	1485.36	1114.02	371.34	7.15
Wellness Self Plus One	PS3	649.47	662.21	496.66	165.55	3.18	1407.19	1434.79	1076.09	358.70	6.90
New Mexico True Health New Mexico											
High Self	EL1	286.23	294.96	221.22	73.74	2.18	620.17	639.08	479.31	159.77	4.73
High Self & Family	EL2	675.91	696.52	522.39	174.13	5.15	1464.47	1509.13	1131.85	377.28	11.16
High Self Plus One	EL3	640.63	660.16	495.12	165.04	4.88	1388.03	1430.35	1072.76	357.59	10.58
New Mexico UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
New York Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
New York Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
New York Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44
Value Self & Family	EP5	802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98
Value Self Plus One	EP6	787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68
CDHP Self	EP1	496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32
CDHP Self & Family	EP2	1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37
CDHP Self Plus One	EP3	1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
New York Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
New York Aetna Open Access												
	High Self	JC1	609.40	673.65	241.58	432.07	58.44	1320.37	1459.58	523.42	936.16	126.63
	High Self & Family	JC2	1505.80	1664.57	562.25	1102.32	142.99	3262.57	3606.57	1218.21	2388.36	309.81
	High Self Plus One	JC3	1490.89	1648.10	517.46	1130.64	143.87	3230.26	3570.88	1121.16	2449.72	311.72
	Basic Self	JC4	508.81	563.01	241.58	321.43	48.39	1102.42	1219.86	523.42	696.44	104.86
	Basic Self & Family	JC5	1241.09	1373.31	562.25	811.06	116.44	2689.03	2975.51	1218.21	1757.30	252.29
	Basic Self Plus One	JC6	1228.82	1359.72	517.46	842.26	117.56	2662.44	2946.06	1121.16	1824.90	254.72
New York CDPHP												
	Standard Self	SG4	290.59	325.18	241.58	83.60	10.95	629.61	704.56	523.42	181.14	23.74
	Standard Self & Family	SG5	827.37	780.40	562.25	218.15	-62.75	1792.64	1690.87	1218.21	472.66	-135.96
	Standard Self Plus One	SG6	601.50	721.90	517.46	204.44	54.07	1303.25	1564.12	1121.16	442.96	117.15
New York GHI Health Plan												
	Standard Self	804	463.69	479.93	241.58	238.35	10.43	1004.66	1039.85	523.42	516.43	22.61
	Standard Self & Family	805	1124.96	1164.33	562.25	602.08	23.59	2437.41	2522.72	1218.21	1304.51	51.12
	Standard Self Plus One	806	1078.58	1116.34	517.46	598.88	24.42	2336.92	2418.74	1121.16	1297.58	52.92
New York HIP of Greater NY												
	Standard Self	YL4	375.63	415.70	241.58	174.12	34.26	813.87	900.68	523.42	377.26	74.23
	Standard Self & Family	YL5	1079.99	1208.42	562.25	646.17	112.65	2339.98	2618.24	1218.21	1400.03	244.07
	Standard Self Plus One	YL6	683.19	759.04	517.46	241.58	62.51	1480.25	1644.59	1121.16	523.43	135.44
New York HIP of Greater NY												
	High Self	511	494.33	484.96	241.58	243.38	-15.18	1071.05	1050.75	523.42	527.33	-32.88
	High Self & Family	512	1422.45	1409.72	562.25	847.47	-28.51	3081.98	3054.39	1218.21	1836.18	-61.78
	High Self Plus One	513	899.33	885.52	517.46	368.06	-27.15	1948.55	1918.63	1121.16	797.47	-58.82
New York Independent Health												
	Standard Self	C54	328.44	333.30	241.58	91.72	-0.95	711.62	722.15	523.42	198.73	-2.05
	Standard Self & Family	C55	886.79	899.91	562.25	337.66	-2.66	1921.38	1949.81	1218.21	731.60	-5.76
	Standard Self Plus One	C56	837.51	849.92	517.46	332.46	-0.93	1814.61	1841.49	1121.16	720.33	-2.02

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
New York Independent Health												
	High Self	QA1	352.00	365.05	241.58	123.47	7.24	762.67	790.94	523.42	267.52	15.69
	High Self & Family	QA2	950.39	985.64	562.25	423.39	19.47	2059.18	2135.55	1218.21	917.34	42.18
	High Self Plus One	QA3	897.60	930.88	517.46	413.42	19.94	1944.80	2016.91	1121.16	895.75	43.21
	HDHP Self	QA4	273.63	276.60	207.45	69.15	0.74	592.87	599.30	449.48	149.82	1.60
	HDHP Self & Family	QA5	707.60	716.01	537.01	179.00	2.10	1533.13	1551.36	1163.52	387.84	4.56
	HDHP Self Plus One	QA6	659.82	681.12	510.84	170.28	5.33	1429.61	1475.76	1106.82	368.94	11.54
New York UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
	High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
	High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
	High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
North Carolina Aetna Advantage												
	Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
	Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
	Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
North Carolina Aetna Direct												
	CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
	CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
	CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
North Carolina Aetna HealthFund CDHP and Aetna Value Plan												
	CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93
	CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12
	CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91
	Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74
	Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92
	Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72
North Carolina Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
North Carolina UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
	High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
	High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
	High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78
HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89
HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59
High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74
High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Primary											
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64
North Carolina UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
North Dakota Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
North Dakota Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
North Dakota Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
North Dakota Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
North Dakota HealthPartners														
Standard Self	V34	212.27	235.11	176.33	58.78	5.71	459.92	509.41	382.06	127.35	12.37			
Standard Self & Family	V35	517.11	572.74	429.56	143.18	13.90	1120.41	1240.94	930.71	310.23	30.13			
Standard Self Plus One	V36	469.13	519.60	389.70	129.90	12.62	1016.45	1125.80	844.35	281.45	27.34			
High Self	V31	328.76	308.34	231.26	77.08	-15.91	712.31	668.07	501.05	167.02	-34.45			
High Self & Family	V32	800.86	751.10	562.25	188.85	-65.54	1735.20	1627.38	1218.21	409.17	-142.01			
High Self Plus One	V33	726.56	681.42	511.07	170.35	-52.09	1574.21	1476.41	1107.31	369.10	-112.85			
North Dakota UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Northern Mariana Islands TakeCare														
HDHP Self	KX1	57.34	55.63	41.72	13.91	-0.42	124.24	120.53	90.40	30.13	-0.93			
HDHP Self & Family	KX2	156.61	149.15	111.86	37.29	-1.86	339.32	323.16	242.37	80.79	-4.04			
HDHP Self Plus One	KX3	141.28	134.28	100.71	33.57	-1.75	306.11	290.94	218.21	72.73	-3.80			
Northern Mariana Islands TakeCare														
Standard Self	JK4	179.65	186.67	140.00	46.67	1.76	389.24	404.45	303.34	101.11	3.80			
Standard Self & Family	JK5	508.76	528.64	396.48	132.16	4.97	1102.31	1145.39	859.04	286.35	10.77			
Standard Self Plus One	JK6	354.07	367.91	275.93	91.98	3.46	767.15	797.14	597.86	199.28	7.49			
High Self	JK1	227.24	229.76	172.32	57.44	0.63	492.35	497.81	373.36	124.45	1.36			
High Self & Family	JK2	542.03	548.02	411.02	137.00	1.49	1174.40	1187.38	890.54	296.84	3.24			
High Self Plus One	JK3	448.95	453.92	340.44	113.48	1.24	972.73	983.49	737.62	245.87	2.69			
Ohio Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Ohio Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
Ohio Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56
Ohio Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Ohio AultCare Insurance Company											
High Self	3A1	388.63	404.25	241.58	162.67	9.81	842.03	875.88	523.42	352.46	21.27
High Self & Family	3A2	959.90	998.44	562.25	436.19	22.76	2079.78	2163.29	1218.21	945.08	49.32
High Self Plus One	3A3	816.11	848.88	517.46	331.42	19.43	1768.24	1839.24	1121.16	718.08	42.10
HDHP Self	3A4	201.98	215.02	161.27	53.75	3.26	437.62	465.88	349.41	116.47	7.07
HDHP Self & Family	3A5	646.73	688.51	516.38	172.13	10.45	1401.25	1491.77	1118.83	372.94	22.63
HDHP Self Plus One	3A6	383.98	408.78	306.59	102.19	6.20	831.96	885.69	664.27	221.42	13.43
Ohio Humana CoverageFirst and Humana Value Plan											
Value Self	X34	283.90	298.10	223.58	74.52	3.55	615.12	645.88	484.41	161.47	7.69
Value Self & Family	X35	638.79	670.73	503.05	167.68	7.98	1384.05	1453.25	1089.94	363.31	17.30
Value Self Plus One	X36	610.40	640.92	480.69	160.23	7.63	1322.53	1388.66	1041.50	347.16	16.53
CDHP Self	X31	368.97	387.42	241.58	145.84	12.64	799.44	839.41	523.42	315.99	27.39
CDHP Self & Family	X32	830.20	871.71	562.25	309.46	25.73	1798.77	1888.71	1218.21	670.50	55.75
CDHP Self Plus One	X33	793.30	832.97	517.46	315.51	26.33	1718.82	1804.77	1121.16	683.61	57.05
Ohio Humana Health Plan of Ohio, Inc.											
High Self	A61	692.76	727.40	241.58	485.82	28.83	1500.98	1576.03	523.42	1052.61	62.47
High Self & Family	A62	1558.72	1636.66	562.25	1074.41	62.16	3377.23	3546.10	1218.21	2327.89	134.68
High Self Plus One	A63	1489.45	1563.92	517.46	1046.46	61.13	3227.14	3388.49	1121.16	2267.33	132.45
Standard Self	A64	541.00	568.05	241.58	326.47	21.24	1172.17	1230.78	523.42	707.36	46.03
Standard Self & Family	A65	1217.27	1278.14	562.25	715.89	45.09	2637.42	2769.30	1218.21	1551.09	97.69
Standard Self Plus One	A66	1163.17	1221.32	517.46	703.86	44.81	2520.20	2646.19	1121.16	1525.03	97.09

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Ohio Humana Health Plan of Ohio, Inc.											
Basic Self	W61	280.90	294.95	221.21	73.74	3.52	608.62	639.06	479.30	159.76	7.61
Basic Self & Family	W62	632.05	663.66	497.75	165.91	7.90	1369.44	1437.93	1078.45	359.48	17.12
Basic Self Plus One	W63	603.96	634.16	475.62	158.54	7.55	1308.58	1374.01	1030.51	343.50	16.36
Ohio Medical Mutual of Ohio											
Basic Self	YF1	203.14	191.56	143.67	47.89	-2.89	440.14	415.05	311.29	103.76	-6.27
Basic Self & Family	YF2	487.54	459.74	344.81	114.93	-6.95	1056.34	996.10	747.08	249.02	-15.06
Basic Self Plus One	YF3	446.92	421.43	316.07	105.36	-6.37	968.33	913.10	684.83	228.27	-13.81
Standard Self	YF4	447.22	455.01	241.58	213.43	1.98	968.98	985.86	523.42	462.44	4.30
Standard Self & Family	YF5	1073.33	1092.02	562.25	529.77	2.91	2325.55	2366.04	1218.21	1147.83	6.30
Standard Self Plus One	YF6	983.88	1001.02	517.46	483.56	3.80	2131.74	2168.88	1121.16	1047.72	8.24
Ohio Medical Mutual of Ohio											
Standard Self	644	474.36	434.29	241.58	192.71	-45.88	1027.78	940.96	523.42	417.54	-99.40
Standard Self & Family	645	1138.48	1042.30	562.25	480.05	-111.96	2466.71	2258.32	1218.21	1040.11	-242.58
Standard Self Plus One	646	1043.61	955.44	517.46	437.98	-101.51	2261.16	2070.12	1121.16	948.96	-219.94
Ohio Medical Mutual of Ohio											
Standard Self	X64	392.04	397.54	241.58	155.96	-0.31	849.42	861.34	523.42	337.92	-0.66
Standard Self & Family	X65	940.89	954.10	562.25	391.85	-2.57	2038.60	2067.22	1218.21	849.01	-5.57
Standard Self Plus One	X66	862.48	874.59	517.46	357.13	-1.23	1868.71	1894.95	1121.16	773.79	-2.66
Basic Self	X61	203.07	187.05	140.29	46.76	-4.01	439.99	405.28	303.96	101.32	-8.68
Basic Self & Family	X62	487.36	448.93	336.70	112.23	-9.61	1055.95	972.68	729.51	243.17	-20.82
Basic Self Plus One	X63	446.75	411.52	308.64	102.88	-8.81	967.96	891.63	668.72	222.91	-19.08
Ohio Medical Mutual of Ohio											
Basic Self	UX1	203.14	189.79	142.34	47.45	-3.33	440.14	411.21	308.41	102.80	-7.23
Basic Self & Family	UX2	487.54	455.50	341.63	113.87	-8.01	1056.34	986.92	740.19	246.73	-17.35
Basic Self Plus One	UX3	446.92	417.54	313.16	104.38	-7.35	968.33	904.67	678.50	226.17	-15.91
Ohio UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates					2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment	Total Premium		Government Pays	Employee Pays	Change in employee payment	
Oklahoma Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Oklahoma Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56
Oklahoma Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Oklahoma GlobalHealth											
Standard Self	IM4	287.51	304.58	228.44	76.14	4.26	622.94	659.92	494.94	164.98	9.25
Standard Self & Family	IM5	718.79	761.47	562.25	199.22	19.52	1557.38	1649.85	1218.21	431.64	42.30
Standard Self Plus One	IM6	575.03	609.17	456.88	152.29	8.53	1245.90	1319.87	989.90	329.97	18.50
High Self	IM1	304.28	322.28	241.58	80.70	4.63	659.27	698.27	523.42	174.85	10.03
High Self & Family	IM2	760.69	805.69	562.25	243.44	29.22	1648.16	1745.66	1218.21	527.45	63.31
High Self Plus One	IM3	608.55	644.56	483.42	161.14	9.00	1318.53	1396.55	1047.41	349.14	19.51
Oklahoma UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Oregon Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
Oregon Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	
Oregon Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21	
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90	
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39	
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14	
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21	
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37	
Oregon Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
Oregon Kaiser Permanente - Northwest												
Standard Self	574	299.06	317.70	238.28	79.42	4.66	647.96	688.35	516.26	172.09	10.10	
Standard Self & Family	575	687.02	729.85	547.39	182.46	10.71	1488.54	1581.34	1186.01	395.33	23.20	
Standard Self Plus One	576	687.02	729.85	517.46	212.39	29.49	1488.54	1581.34	1121.16	460.18	63.90	
High Self	571	336.89	346.93	241.58	105.35	4.23	729.93	751.68	523.42	228.26	9.17	
High Self & Family	572	760.94	783.61	562.25	221.36	6.89	1648.70	1697.82	1218.21	479.61	14.93	
High Self Plus One	573	760.94	783.61	517.46	266.15	9.33	1648.70	1697.82	1121.16	576.66	20.22	
Oregon Kaiser Permanente - Northwest												
Prosper Self	AM1	New Plan	180.82	135.62	45.20	New Plan	New Plan	391.78	293.84	97.94	New Plan	
Prosper Self & Family	AM2	New Plan	427.60	320.70	106.90	New Plan	New Plan	926.47	694.85	231.62	New Plan	
Prosper Self Plus One	AM3	New Plan	388.75	291.56	97.19	New Plan	New Plan	842.29	631.72	210.57	New Plan	
Oregon UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
High Self	WF1	241.32	287.18	215.39	71.79	11.46	522.86	622.22	466.67	155.55	24.84	
High Self & Family	WF2	570.64	679.17	509.38	169.79	27.13	1236.39	1471.54	1103.66	367.88	58.78	
High Self Plus One	WF3	518.79	617.43	463.07	154.36	24.66	1124.05	1337.77	1003.33	334.44	53.43	
Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP												
HDHP Self	LU1	204.85	243.77	182.83	60.94	9.73	443.84	528.17	396.13	132.04	21.08	
HDHP Self & Family	LU2	471.16	560.66	420.50	140.16	22.37	1020.85	1214.76	911.07	303.69	48.48	
HDHP Self Plus One	LU3	440.43	524.10	393.08	131.02	20.91	954.27	1135.55	851.66	283.89	45.32	

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates					
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment		
Oregon UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
High Self	KT1	334.51	360.98	241.58	119.40	20.66	724.77	782.12	523.42	258.70	44.77	
High Self & Family	KT2	836.26	902.47	562.25	340.22	50.43	1811.90	1955.35	1218.21	737.14	109.26	
High Self Plus One	KT3	719.19	776.11	517.46	258.65	43.58	1558.25	1681.57	1121.16	560.41	94.42	
Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary												
High Self	VD1	240.93	286.71	215.03	71.68	11.45	522.02	621.21	465.91	155.30	24.80	
High Self & Family	VD2	569.71	678.06	508.55	169.51	27.08	1234.37	1469.13	1101.85	367.28	58.69	
High Self Plus One	VD3	517.95	616.42	462.32	154.10	24.61	1122.23	1335.58	1001.69	333.89	53.33	
Oregon UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Palau TakeCare												
HDHP Self	KX1	57.34	55.63	41.72	13.91	-0.42	124.24	120.53	90.40	30.13	-0.93	
HDHP Self & Family	KX2	156.61	149.15	111.86	37.29	-1.86	339.32	323.16	242.37	80.79	-4.04	
HDHP Self Plus One	KX3	141.28	134.28	100.71	33.57	-1.75	306.11	290.94	218.21	72.73	-3.80	
Palau TakeCare												
Standard Self	JK4	179.65	186.67	140.00	46.67	1.76	389.24	404.45	303.34	101.11	3.80	
Standard Self & Family	JK5	508.76	528.64	396.48	132.16	4.97	1102.31	1145.39	859.04	286.35	10.77	
Standard Self Plus One	JK6	354.07	367.91	275.93	91.98	3.46	767.15	797.14	597.86	199.28	7.49	
High Self	JK1	227.24	229.76	172.32	57.44	0.63	492.35	497.81	373.36	124.45	1.36	
High Self & Family	JK2	542.03	548.02	411.02	137.00	1.49	1174.40	1187.38	890.54	296.84	3.24	
High Self Plus One	JK3	448.95	453.92	340.44	113.48	1.24	972.73	983.49	737.62	245.87	2.69	
Pennsylvania Aetna Advantage												
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04	
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96	
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89	
Pennsylvania Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37
Pennsylvania Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Pennsylvania Aetna Open Access											
Basic Self	P34	604.65	694.86	241.58	453.28	84.40	1310.08	1505.53	523.42	982.11	182.87
Basic Self & Family	P35	1403.39	1612.77	562.25	1050.52	193.60	3040.68	3494.34	1218.21	2276.13	419.47
Basic Self Plus One	P36	1389.48	1596.80	517.46	1079.34	193.98	3010.54	3459.73	1121.16	2338.57	420.29
High Self	P31	672.28	733.03	241.58	491.45	54.94	1456.61	1588.23	523.42	1064.81	119.04
High Self & Family	P32	1629.94	1777.25	562.25	1215.00	131.53	3531.54	3850.71	1218.21	2632.50	284.98
High Self Plus One	P33	1613.79	1759.65	517.46	1242.19	132.52	3496.55	3812.58	1121.16	2691.42	287.13
Pennsylvania Aetna Open Access											
High Self	YE1	560.83	556.87	241.58	315.29	-9.77	1215.13	1206.55	523.42	683.13	-21.16
High Self & Family	YE2	1408.24	1398.29	562.25	836.04	-25.73	3051.19	3029.63	1218.21	1811.42	-55.75
High Self Plus One	YE3	1394.30	1384.45	517.46	866.99	-23.19	3020.98	2999.64	1121.16	1878.48	-50.24
Pennsylvania Geisinger Health Plan											
Standard Self	GG4	379.72	421.24	241.58	179.66	35.71	822.73	912.69	523.42	389.27	77.38
Standard Self & Family	GG5	869.39	964.44	562.25	402.19	79.27	1883.68	2089.62	1218.21	871.41	171.75
Standard Self Plus One	GG6	820.48	910.19	517.46	392.73	76.37	1777.71	1972.08	1121.16	850.92	165.47
Pennsylvania Geisinger Health Plan											
Basic Self	AJ1	New Plan	370.18	241.58	128.60	New Plan	New Plan	802.06	523.42	278.64	New Plan
Basic Self & Family	AJ2	New Plan	847.53	562.25	285.28	New Plan	New Plan	1836.32	1218.21	618.11	New Plan
Basic Self Plus One	AJ3	New Plan	799.84	517.46	282.38	New Plan	New Plan	1732.99	1121.16	611.83	New Plan

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Pennsylvania UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42	
High Self & Family AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60	
High Self Plus One AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62	
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self V41	224.57	239.96	179.97	59.99	3.85	486.57	519.91	389.93	129.98	8.34	
HDHP Self & Family V42	516.51	551.91	413.93	137.98	8.85	1119.11	1195.81	896.86	298.95	19.17	
HDHP Self Plus One V43	482.83	515.91	386.93	128.98	8.27	1046.13	1117.81	838.36	279.45	17.92	
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self LR1	329.95	355.57	241.58	113.99	19.81	714.89	770.40	523.42	246.98	42.93	
High Self & Family LR2	781.98	842.69	562.25	280.44	44.93	1694.29	1825.83	1218.21	607.62	97.35	
High Self Plus One LR3	709.38	764.46	517.46	247.00	41.74	1536.99	1656.33	1121.16	535.17	90.44	
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Primary											
High Self Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50	
High Self & Family Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42	
High Self Plus One Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64	
Pennsylvania UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
Pennsylvania UPMC Health Plan											
Standard Self YT4	417.27	445.99	241.58	204.41	22.91	904.09	966.31	523.42	442.89	49.64	
Standard Self & Family YT5	979.37	1047.06	562.25	484.81	51.91	2121.97	2268.63	1218.21	1050.42	112.47	
Standard Self Plus One YT6	938.06	1002.82	517.46	485.36	51.42	2032.46	2172.78	1121.16	1051.62	111.42	
Pennsylvania UPMC Health Plan											
HDHP Self YS4	358.06	373.13	241.58	131.55	9.26	775.80	808.45	523.42	285.03	20.07	
HDHP Self & Family YS5	826.64	862.11	562.25	299.86	19.69	1791.05	1867.91	1218.21	649.70	42.67	
HDHP Self Plus One YS6	794.64	828.60	517.46	311.14	20.62	1721.72	1795.30	1121.16	674.14	44.68	
Pennsylvania UPMC Health Plan											
HDHP Self 8W4	281.83	296.15	222.11	74.04	3.58	610.63	641.66	481.25	160.41	7.75	
HDHP Self & Family 8W5	648.46	681.63	511.22	170.41	8.30	1405.00	1476.87	1107.65	369.22	17.97	
HDHP Self Plus One 8W6	623.83	655.71	491.78	163.93	7.97	1351.63	1420.71	1065.53	355.18	17.27	

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Pennsylvania UPMC Health Plan											
Standard Self	UW4	310.93	314.87	236.15	78.72	0.99	673.68	682.22	511.67	170.55	2.13
Standard Self & Family	UW5	729.57	739.04	554.28	184.76	1.66	1580.74	1601.25	1200.94	400.31	3.59
Standard Self Plus One	UW6	698.86	707.88	517.46	190.42	-4.32	1514.20	1533.74	1121.16	412.58	-9.36
Puerto Rico Humana Health Plans of Puerto Rico, Inc.											
High Self	ZJ1	180.11	211.33	158.50	52.83	7.80	390.24	457.88	343.41	114.47	16.91
High Self & Family	ZJ2	405.26	475.49	356.62	118.87	17.56	878.06	1030.23	772.67	257.56	38.05
High Self Plus One	ZJ3	387.24	454.36	340.77	113.59	16.78	839.02	984.45	738.34	246.11	36.36
Puerto Rico Triple-S Salud Inc. Puerto Rico											
High Self	891	180.02	180.02	135.02	45.00	0.00	390.04	390.04	292.53	97.51	0.00
High Self & Family	892	412.25	412.25	309.19	103.06	0.00	893.21	893.21	669.91	223.30	0.00
High Self Plus One	893	404.21	404.21	303.16	101.05	0.00	875.79	875.79	656.84	218.95	0.00
Rhode Island Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Rhode Island Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44
Value Self & Family	EP5	802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98
Value Self Plus One	EP6	787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68
CDHP Self	EP1	496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32
CDHP Self & Family	EP2	1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37
CDHP Self Plus One	EP3	1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53
Rhode Island Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Plan	Option	Enrollment Code										
Rhode Island UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
South Carolina Aetna Advantage												
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
South Carolina Aetna Direct												
CDHP Self	N61		282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62		713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63		620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
South Carolina Aetna HealthFund CDHP and Aetna Value Plan												
Value Self	JS4		495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52
Value Self & Family	JS5		1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02
Value Self Plus One	JS6		1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85
CDHP Self	JS1		463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64
CDHP Self & Family	JS2		1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69
CDHP Self Plus One	JS3		1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56
South Carolina Aetna HealthFund HDHP												
HDHP Self	Z24		336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	Z25		741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	Z26		727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
South Carolina UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan	
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan	
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan	
South Dakota Aetna Advantage												
Advantage Self	Z24		214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25		567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26		470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89

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

Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates			
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
South Dakota Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
South Dakota Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59
South Dakota Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
South Dakota HealthPartners											
Standard Self	V34	212.27	235.11	176.33	58.78	5.71	459.92	509.41	382.06	127.35	12.37
Standard Self & Family	V35	517.11	572.74	429.56	143.18	13.90	1120.41	1240.94	930.71	310.23	30.13
Standard Self Plus One	V36	469.13	519.60	389.70	129.90	12.62	1016.45	1125.80	844.35	281.45	27.34
High Self	V31	328.76	308.34	231.26	77.08	-15.91	712.31	668.07	501.05	167.02	-34.45
High Self & Family	V32	800.86	751.10	562.25	188.85	-65.54	1735.20	1627.38	1218.21	409.17	-142.01
High Self Plus One	V33	726.56	681.42	511.07	170.35	-52.09	1574.21	1476.41	1107.31	369.10	-112.85
South Dakota UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Tennessee Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)		2021 Biweekly premium rates						2021 Monthly premium rates				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment		
Tennessee Aetna Direct												
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80	
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02	
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75	
Tennessee Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93	
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12	
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91	
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74	
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92	
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72	
Tennessee Aetna HealthFund HDHP												
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64	
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04	
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88	
Tennessee Humana CoverageFirst and Humana Value Plan												
CDHP Self	TT1	343.99	364.62	241.58	123.04	14.82	745.31	790.01	523.42	266.59	32.12	
CDHP Self & Family	TT2	773.99	820.42	562.25	258.17	30.65	1676.98	1777.58	1218.21	559.37	66.41	
CDHP Self Plus One	TT3	739.59	783.96	517.46	266.50	31.03	1602.45	1698.58	1121.16	577.42	67.23	
Value Self	TT4	315.21	334.12	241.58	92.54	13.10	682.96	723.93	523.42	200.51	28.39	
Value Self & Family	TT5	709.21	751.75	562.25	189.50	12.20	1536.62	1628.79	1218.21	410.58	26.43	
Value Self Plus One	TT6	677.68	718.35	517.46	200.89	27.33	1468.31	1556.43	1121.16	435.27	59.22	
Tennessee Humana Health Plan, Inc.												
High Self	GJ1	542.67	564.38	241.58	322.80	15.90	1175.79	1222.82	523.42	699.40	34.45	
High Self & Family	GJ2	1220.97	1269.81	562.25	707.56	33.06	2645.44	2751.26	1218.21	1533.05	71.63	
High Self Plus One	GJ3	1166.70	1213.37	517.46	695.91	33.33	2527.85	2628.97	1121.16	1507.81	72.22	
Standard Self	GJ4	401.60	417.65	241.58	176.07	10.24	870.13	904.91	523.42	381.49	22.20	
Standard Self & Family	GJ5	903.59	939.73	562.25	377.48	20.36	1957.78	2036.08	1218.21	817.87	44.11	
Standard Self Plus One	GJ6	863.43	897.97	517.46	380.51	21.20	1870.77	1945.60	1121.16	824.44	45.93	
Tennessee UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42	
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60	
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62	

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP												
	HDHP Self	LS1	209.88	224.24	168.18	56.06	3.59	454.74	485.85	364.39	121.46	7.78
	HDHP Self & Family	LS2	482.73	515.77	386.83	128.94	8.26	1045.92	1117.50	838.13	279.37	17.89
	HDHP Self Plus One	LS3	451.25	482.12	361.59	120.53	7.72	977.71	1044.59	783.44	261.15	16.72
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
	High Self	KK1	329.48	354.94	241.58	113.36	19.65	713.87	769.04	523.42	245.62	42.59
	High Self & Family	KK2	823.71	887.37	562.25	325.12	47.88	1784.71	1922.64	1218.21	704.43	103.74
	High Self Plus One	KK3	708.40	763.14	517.46	245.68	41.40	1534.87	1653.47	1121.16	532.31	89.70
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Primary												
	High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50
	High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42
	High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64
Tennessee UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan												
	High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
	High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
	High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Texas Aetna Advantage												
	Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
	Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
	Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Texas Aetna Direct												
	CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
	CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
	CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Texas Aetna HealthFund CDHP and Aetna Value Plan												
	Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52
	Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02
	Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85
	CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64
	CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69
	CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Texas Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Texas Humana CoverageFirst and Humana Value Plan														
Value Self	T34	243.77	260.82	195.62	65.20	4.26	528.17	565.11	423.83	141.28	9.24			
Value Self & Family	T35	548.46	586.86	440.15	146.71	9.60	1188.33	1271.53	953.65	317.88	20.80			
Value Self Plus One	T36	524.09	560.78	420.59	140.19	9.17	1135.53	1215.02	911.27	303.75	19.87			
CDHP Self	T31	350.19	374.71	241.58	133.13	18.71	758.75	811.87	523.42	288.45	40.54			
CDHP Self & Family	T32	787.92	843.08	562.25	280.83	39.38	1707.16	1826.67	1218.21	608.46	85.32			
CDHP Self Plus One	T33	752.92	805.62	517.46	288.16	39.36	1631.33	1745.51	1121.16	624.35	85.28			
Texas Humana CoverageFirst and Humana Value Plan														
CDHP Self	TV1	388.63	419.72	241.58	178.14	25.28	842.03	909.39	523.42	385.97	54.78			
CDHP Self & Family	TV2	874.43	944.38	562.25	382.13	54.17	1894.60	2046.16	1218.21	827.95	117.37			
CDHP Self Plus One	TV3	835.57	902.42	517.46	384.96	53.51	1810.40	1955.24	1121.16	834.08	115.94			
Value Self	TV4	307.38	331.97	241.58	90.39	13.55	665.99	719.27	523.42	195.85	29.35			
Value Self & Family	TV5	691.62	746.95	560.21	186.74	13.84	1498.51	1618.39	1213.79	404.60	29.97			
Value Self Plus One	TV6	660.89	713.76	517.46	196.30	31.08	1431.93	1546.48	1121.16	425.32	67.34			
Texas Humana CoverageFirst and Humana Value Plan														
Value Self	TU4	243.56	277.21	207.91	69.30	8.41	527.71	600.62	450.47	150.15	18.22			
Value Self & Family	TU5	548.02	623.73	467.80	155.93	18.93	1187.38	1351.42	1013.57	337.85	41.01			
Value Self Plus One	TU6	523.67	596.02	447.02	149.00	18.08	1134.62	1291.38	968.54	322.84	39.19			
CDHP Self	TU1	298.05	336.80	241.58	95.22	20.71	645.78	729.73	523.42	206.31	44.87			
CDHP Self & Family	TU2	670.62	757.81	562.25	195.56	27.91	1453.01	1641.92	1218.21	423.71	60.46			
CDHP Self Plus One	TU3	640.82	724.12	517.46	206.66	46.46	1388.44	1568.93	1121.16	447.77	100.66			
Texas Humana CoverageFirst and Humana Value Plan														
CDHP Self	TP1	333.05	356.37	241.58	114.79	17.51	721.61	772.14	523.42	248.72	37.95			
CDHP Self & Family	TP2	749.36	801.82	562.25	239.57	36.68	1623.61	1737.28	1218.21	519.07	79.48			
CDHP Self Plus One	TP3	716.07	766.19	517.46	248.73	36.78	1551.49	1660.08	1121.16	538.92	79.69			
Value Self	TP4	195.17	208.83	156.62	52.21	3.42	422.87	452.47	339.35	113.12	7.40			
Value Self & Family	TP5	439.13	469.87	352.40	117.47	7.69	951.45	1018.05	763.54	254.51	16.65			
Value Self Plus One	TP6	419.62	448.99	336.74	112.25	7.35	909.18	972.81	729.61	243.20	15.91			

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Texas Humana Health Plan of Texas											
Standard Self UC4	387.63	414.76	241.58	173.18	21.32	839.87	898.65	523.42	375.23	46.20	
Standard Self & Family UC5	872.15	933.21	562.25	370.96	45.28	1889.66	2021.96	1218.21	803.75	98.11	
Standard Self Plus One UC6	833.39	891.73	517.46	374.27	45.00	1805.68	1932.08	1121.16	810.92	97.50	
High Self UC1	505.51	540.90	241.58	299.32	29.58	1095.27	1171.95	523.42	648.53	64.10	
High Self & Family UC2	1137.42	1217.04	562.25	654.79	63.84	2464.41	2636.92	1218.21	1418.71	138.32	
High Self Plus One UC3	1086.86	1162.95	517.46	645.49	62.75	2354.86	2519.73	1121.16	1398.57	135.97	
Texas Humana Health Plan of Texas											
Basic Self QX1	345.81	377.25	241.58	135.67	25.63	749.26	817.38	523.42	293.96	55.54	
Basic Self & Family QX2	778.08	848.81	562.25	286.56	54.95	1685.84	1839.09	1218.21	620.88	119.06	
Basic Self Plus One QX3	743.50	811.09	517.46	293.63	54.25	1610.92	1757.36	1121.16	636.20	117.54	
Texas Humana Health Plan of Texas											
Standard Self EW4	385.81	432.11	241.58	190.53	40.49	835.92	936.24	523.42	412.82	87.74	
Standard Self & Family EW5	868.07	972.23	562.25	409.98	88.38	1880.82	2106.50	1218.21	888.29	191.49	
Standard Self Plus One EW6	829.48	929.02	517.46	411.56	86.20	1797.21	2012.88	1121.16	891.72	186.77	
High Self EW1	522.44	585.15	241.58	343.57	56.90	1131.95	1267.83	523.42	744.41	123.30	
High Self & Family EW2	1175.51	1316.58	562.25	754.33	125.29	2546.94	2852.59	1218.21	1634.38	271.46	
High Self Plus One EW3	1123.27	1258.07	517.46	740.61	121.46	2433.75	2725.82	1121.16	1604.66	263.17	
Texas Humana Health Plan of Texas											
Basic Self QY1	351.21	389.84	241.58	148.26	32.82	760.96	844.65	523.42	321.23	71.11	
Basic Self & Family QY2	790.21	877.14	562.25	314.89	71.15	1712.12	1900.47	1218.21	682.26	154.16	
Basic Self Plus One QY3	755.10	838.17	517.46	320.71	69.73	1636.05	1816.04	1121.16	694.88	151.09	
Texas Humana Health Plan of Texas											
Basic Self Q21	339.20	362.94	241.58	121.36	17.93	734.93	786.37	523.42	262.95	38.86	
Basic Self & Family Q22	763.18	816.61	562.25	254.36	37.65	1653.56	1769.32	1218.21	551.11	81.57	
Basic Self Plus One Q23	729.25	780.29	517.46	262.83	37.70	1580.04	1690.63	1121.16	569.47	81.69	
Texas Humana Health Plan of Texas											
Basic Self Q61	288.12	322.69	241.58	81.11	9.08	624.26	699.16	523.42	175.74	19.68	
Basic Self & Family Q62	648.28	726.08	544.56	181.52	19.45	1404.61	1573.17	1179.88	393.29	42.14	
Basic Self Plus One Q63	619.47	693.80	517.46	176.34	21.47	1342.19	1503.23	1121.16	382.07	46.52	

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Texas Humana Health Plan of Texas														
Standard Self	UU4	766.51	742.24	241.58	500.66	-30.08	1660.77	1608.19	523.42	1084.77	-65.16			
Standard Self & Family	UU5	1724.64	1670.03	562.25	1107.78	-70.39	3736.72	3618.40	1218.21	2400.19	-152.51			
Standard Self Plus One	UU6	1647.98	1595.80	517.46	1078.34	-65.52	3570.62	3457.57	1121.16	2336.41	-141.95			
High Self	UU1	712.96	748.61	241.58	507.03	29.84	1544.75	1621.99	523.42	1098.57	64.66			
High Self & Family	UU2	1604.15	1684.35	562.25	1122.10	64.42	3475.66	3649.43	1218.21	2431.22	139.58			
High Self Plus One	UU3	1532.86	1609.50	517.46	1092.04	63.30	3321.20	3487.25	1121.16	2366.09	137.15			
Texas Humana Health Plan of Texas														
Standard Self	UR4	452.31	493.64	241.58	252.06	35.52	980.01	1069.55	523.42	546.13	76.96			
Standard Self & Family	UR5	1017.69	1110.67	562.25	548.42	77.20	2205.00	2406.45	1218.21	1188.24	167.26			
Standard Self Plus One	UR6	972.46	1061.30	517.46	543.84	75.50	2107.00	2299.48	1121.16	1178.32	163.58			
High Self	UR1	637.98	721.73	241.58	480.15	77.94	1382.29	1563.75	523.42	1040.33	168.88			
High Self & Family	UR2	1435.44	1623.90	562.25	1061.65	172.68	3110.12	3518.45	1218.21	2300.24	374.14			
High Self Plus One	UR3	1371.65	1551.72	517.46	1034.26	166.73	2971.91	3362.06	1121.16	2240.90	361.25			
Texas Scott and White Health Plan														
Basic Self	A81	303.74	270.41	202.81	67.60	-8.33	658.10	585.89	439.42	146.47	-18.05			
Basic Self & Family	A82	712.71	634.40	475.80	158.60	-19.58	1544.21	1374.53	1030.90	343.63	-42.42			
Basic Self Plus One	A83	673.33	599.35	449.51	149.84	-19.37	1458.88	1298.59	973.94	324.65	-41.97			
Standard Self	A84	362.50	397.49	241.58	155.91	29.18	785.42	861.23	523.42	337.81	63.23			
Standard Self & Family	A85	850.84	933.13	562.25	370.88	66.51	1843.49	2021.78	1218.21	803.57	144.10			
Standard Self Plus One	A86	803.81	881.56	517.46	364.10	64.41	1741.59	1910.05	1121.16	788.89	139.56			
Texas Scott and White Health Plan														
Basic Self	P81	313.09	278.74	209.06	69.68	-8.59	678.36	603.94	452.96	150.98	-18.61			
Basic Self & Family	P82	734.72	653.98	490.49	163.49	-24.76	1591.89	1416.96	1062.72	354.24	-53.63			
Basic Self Plus One	P83	694.12	617.85	463.39	154.46	-35.54	1503.93	1338.68	1004.01	334.67	-77.00			
Standard Self	P84	380.74	446.16	241.58	204.58	59.61	824.94	966.68	523.42	443.26	129.16			
Standard Self & Family	P85	893.68	1047.43	562.25	485.18	137.97	1936.31	2269.43	1218.21	1051.22	298.93			
Standard Self Plus One	P86	844.29	989.52	517.46	472.06	131.89	1829.30	2143.96	1121.16	1022.80	285.76			
Texas UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary														
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42			
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60			
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62			

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

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced														
Value Self	L91	240.69	255.98	191.99	63.99	3.82	521.50	554.62	415.97	138.65	8.28			
Value Self & Family	L92	674.89	717.76	538.32	179.44	10.72	1462.26	1555.15	1166.36	388.79	23.23			
Value Self Plus One	L93	470.06	499.93	374.95	124.98	7.47	1018.46	1083.18	812.39	270.79	16.18			
Texas UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
Texas UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Utah Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Utah Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Utah Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27			
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29			
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18			
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68			
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79			
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59			
Utah Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates					2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment	Total Premium		Government Pays	Employee Pays	Change in employee payment	
Utah Altius Health Plan											
High Self	9K1	465.72	483.86	241.58	242.28	12.33	1009.06	1048.36	523.42	524.94	26.72
High Self & Family	9K2	1029.93	1070.06	562.25	507.81	24.35	2231.52	2318.46	1218.21	1100.25	52.75
High Self Plus One	9K3	1019.73	1059.46	517.46	542.00	26.39	2209.42	2295.50	1121.16	1174.34	57.18
HDHP Self	9K4	244.26	310.38	232.79	77.59	16.53	529.23	672.49	504.37	168.12	35.81
HDHP Self & Family	9K5	510.48	648.66	486.50	162.16	34.54	1106.04	1405.43	1054.07	351.36	74.85
HDHP Self Plus One	9K6	500.48	635.93	476.95	158.98	33.86	1084.37	1377.85	1033.39	344.46	73.37
Utah Altius Health Plan											
Standard Self	DK4	351.37	407.59	241.58	166.01	50.41	761.30	883.11	523.42	359.69	109.23
Standard Self & Family	DK5	775.95	900.09	562.25	337.84	108.36	1681.23	1950.20	1218.21	731.99	234.78
Standard Self Plus One	DK6	768.26	891.17	517.46	373.71	109.57	1664.56	1930.87	1121.16	809.71	237.41
Utah SelectHealth Plan											
Standard Self	SF4	279.23	290.13	217.60	72.53	2.72	605.00	628.62	471.47	157.15	5.90
Standard Self & Family	SF5	636.40	725.33	544.00	181.33	22.23	1378.87	1571.55	1178.66	392.89	48.17
Standard Self Plus One	SF6	636.40	638.29	478.72	159.57	0.47	1378.87	1382.96	1037.22	345.74	1.02
Utah SelectHealth Plan											
HDHP Self	WX1	243.32	248.99	186.74	62.25	1.42	527.19	539.48	404.61	134.87	3.07
HDHP Self & Family	WX2	554.55	622.47	466.85	155.62	16.98	1201.53	1348.69	1011.52	337.17	36.79
HDHP Self Plus One	WX3	554.55	547.77	410.83	136.94	-1.70	1201.53	1186.84	890.13	296.71	-3.67
Utah UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Vermont Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Vermont Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment
Vermont Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	EP4	350.59	387.52	241.58	145.94	31.12	759.61	839.63	523.42	316.21	67.44
Value Self & Family	EP5	802.85	887.39	562.25	325.14	68.76	1739.51	1922.68	1218.21	704.47	148.98
Value Self Plus One	EP6	787.10	869.98	517.46	352.52	69.54	1705.38	1884.96	1121.16	763.80	150.68
CDHP Self	EP1	496.50	519.07	241.58	277.49	16.76	1075.75	1124.65	523.42	601.23	36.32
CDHP Self & Family	EP2	1132.30	1183.79	562.25	621.54	35.71	2453.32	2564.88	1218.21	1346.67	77.37
CDHP Self Plus One	EP3	1121.09	1172.06	517.46	654.60	37.63	2429.03	2539.46	1121.16	1418.30	81.53
Vermont Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Vermont UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands											
High Self	851	313.40	313.40	235.05	78.35	0.00	679.03	679.03	509.27	169.76	0.00
High Self & Family	852	717.70	717.70	538.28	179.42	0.00	1555.02	1555.02	1166.27	388.75	0.00
High Self Plus One	853	703.70	703.70	517.46	186.24	-13.34	1524.68	1524.68	1121.16	403.52	-28.90
Virginia Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Virginia Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Virginia Aetna HealthFund HDHP												
	HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
	HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
	HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Virginia Aetna Open Access												
	High Self	JN1	525.03	543.03	241.58	301.45	12.19	1137.57	1176.57	523.42	653.15	26.42
	High Self & Family	JN2	1180.35	1220.79	562.25	658.54	24.66	2557.43	2645.05	1218.21	1426.84	53.43
	High Self Plus One	JN3	1168.66	1208.70	517.46	691.24	26.70	2532.10	2618.85	1121.16	1497.69	57.85
	Basic Self	JN4	321.74	329.73	241.58	88.15	2.18	697.10	714.42	523.42	191.00	4.74
	Basic Self & Family	JN5	736.31	754.58	562.25	192.33	2.49	1595.34	1634.92	1218.21	416.71	5.39
	Basic Self Plus One	JN6	676.15	692.92	517.46	175.46	3.43	1464.99	1501.33	1121.16	380.17	7.44
Virginia Aetna Saver (Open Access)												
	Saver Self	QQ4	274.71	274.71	206.03	68.68	0.00	595.21	595.21	446.41	148.80	0.00
	Saver Self & Family	QQ5	628.68	628.67	471.50	157.17	0.00	1362.14	1362.12	1021.59	340.53	0.00
	Saver Self Plus One	QQ6	577.30	577.30	432.98	144.32	0.00	1250.82	1250.82	938.12	312.70	0.00
Virginia CareFirst BlueChoice												
	Standard Self	2G4	390.25	409.76	241.58	168.18	13.70	845.54	887.81	523.42	364.39	29.69
	Standard Self & Family	2G5	927.21	973.58	562.25	411.33	30.59	2008.96	2109.42	1218.21	891.21	66.27
	Standard Self Plus One	2G6	780.49	819.51	517.46	302.05	25.68	1691.06	1775.61	1121.16	654.45	55.65
Virginia CareFirst BlueChoice												
	HDHP Self	B61	263.12	263.12	197.34	65.78	0.00	570.09	570.09	427.57	142.52	0.00
	HDHP Self & Family	B62	625.16	625.16	468.87	156.29	0.00	1354.51	1354.51	1015.88	338.63	0.00
	HDHP Self Plus One	B63	526.23	526.23	394.67	131.56	0.00	1140.17	1140.17	855.13	285.04	0.00
	Blue Value Plus Self	B64	325.84	334.00	241.58	92.42	2.35	705.99	723.67	523.42	200.25	5.10
	Blue Value Plus Self & Family	B65	774.21	793.56	562.25	231.31	3.57	1677.46	1719.38	1218.21	501.17	7.73
	Blue Value Plus Self Plus One	B66	651.70	667.98	500.99	166.99	4.07	1412.02	1447.29	1085.47	361.82	8.82
Virginia Kaiser Permanente - Mid-Atlantic States												
	Basic Self	T71	193.90	197.41	148.06	49.35	0.88	420.12	427.72	320.79	106.93	1.90
	Basic Self & Family	T72	473.61	507.47	380.60	126.87	8.47	1026.16	1099.52	824.64	274.88	18.34
	Basic Self Plus One	T73	431.49	439.31	329.48	109.83	1.96	934.90	951.84	713.88	237.96	4.24

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Virginia Kaiser Permanente - Mid-Atlantic States											
Standard Self	E34	263.79	276.13	207.10	69.03	3.08	571.55	598.28	448.71	149.57	6.68
Standard Self & Family	E35	606.69	635.10	476.33	158.77	7.10	1314.50	1376.05	1032.04	344.01	15.39
Standard Self Plus One	E36	606.69	635.10	476.33	158.77	7.10	1314.50	1376.05	1032.04	344.01	15.39
High Self	E31	333.61	344.42	241.58	102.84	5.00	722.82	746.24	523.42	222.82	10.84
High Self & Family	E32	767.32	792.16	562.25	229.91	9.06	1662.53	1716.35	1218.21	498.14	19.63
High Self Plus One	E33	767.32	792.16	517.46	274.70	11.50	1662.53	1716.35	1121.16	595.19	24.92
Virginia M.D. IPA											
High Self	JP1	404.59	438.87	241.58	197.29	28.47	876.61	950.89	523.42	427.47	61.70
High Self & Family	JP2	1134.48	1230.59	562.25	668.34	80.33	2458.04	2666.28	1218.21	1448.07	174.05
High Self Plus One	JP3	790.17	857.12	517.46	339.66	53.61	1712.04	1857.09	1121.16	735.93	116.15
Virginia Optima Health											
HDHP Self	PG4	297.42	279.27	209.45	69.82	-4.53	644.41	605.09	453.82	151.27	-9.83
HDHP Self & Family	PG5	656.07	616.05	462.04	154.01	-10.01	1421.49	1334.78	1001.09	333.69	-21.68
HDHP Self Plus One	PG6	643.21	603.97	452.98	150.99	-9.81	1393.62	1308.60	981.45	327.15	-21.25
High Self	PG1	319.43	332.10	241.58	90.52	6.86	692.10	719.55	523.42	196.13	14.87
High Self & Family	PG2	771.86	802.47	562.25	240.22	14.83	1672.36	1738.69	1218.21	520.48	32.14
High Self Plus One	PG3	771.80	802.41	517.46	284.95	17.27	1672.23	1738.56	1121.16	617.40	37.43
Virginia UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary											
High Self	AS1	242.68	276.68	207.51	69.17	8.50	525.81	599.47	449.60	149.87	18.42
High Self & Family	AS2	573.86	654.35	490.76	163.59	20.13	1243.36	1417.76	1063.32	354.44	43.60
High Self Plus One	AS3	521.73	594.87	446.15	148.72	18.29	1130.42	1288.89	966.67	322.22	39.62
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	V41	224.57	239.96	179.97	59.99	3.85	486.57	519.91	389.93	129.98	8.34
HDHP Self & Family	V42	516.51	551.91	413.93	137.98	8.85	1119.11	1195.81	896.86	298.95	19.17
HDHP Self Plus One	V43	482.83	515.91	386.93	128.98	8.27	1046.13	1117.81	838.36	279.45	17.92
Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	LR1	329.95	355.57	241.58	113.99	19.81	714.89	770.40	523.42	246.98	42.93
High Self & Family	LR2	781.98	842.69	562.25	280.44	44.93	1694.29	1825.83	1218.21	607.62	97.35
High Self Plus One	LR3	709.38	764.46	517.46	247.00	41.74	1536.99	1656.33	1121.16	535.17	90.44
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced											
Value Self	L91	240.69	255.98	191.99	63.99	3.82	521.50	554.62	415.97	138.65	8.28
Value Self & Family	L92	674.89	717.76	538.32	179.44	10.72	1462.26	1555.15	1166.36	388.79	23.23
Value Self Plus One	L93	470.06	499.93	374.95	124.98	7.47	1018.46	1083.18	812.39	270.79	16.18

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Virginia UnitedHealthcare Insurance Company, Inc. Choice Primary														
High Self	Y81	233.88	266.18	199.64	66.54	8.07	506.74	576.72	432.54	144.18	17.50			
High Self & Family	Y82	553.03	629.51	472.13	157.38	19.12	1198.23	1363.94	1022.96	340.98	41.42			
High Self Plus One	Y83	502.79	572.28	429.21	143.07	17.37	1089.38	1239.94	929.96	309.98	37.64			
Virginia UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan														
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan			
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan			
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan			
Washington Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Washington Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Washington Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	G54	328.95	330.94	241.58	89.36	-3.82	712.73	717.04	523.42	193.62	-8.27			
Value Self & Family	G55	753.40	757.97	562.25	195.72	-11.21	1632.37	1642.27	1218.21	424.06	-24.29			
Value Self Plus One	G56	738.63	743.12	517.46	225.66	-8.85	1600.37	1610.09	1121.16	488.93	-19.18			
CDHP Self	G51	417.46	488.66	241.58	247.08	65.39	904.50	1058.76	523.42	535.34	141.68			
CDHP Self & Family	G52	952.20	1114.65	562.25	552.40	146.67	2063.10	2415.08	1218.21	1196.87	317.79			
CDHP Self Plus One	G53	942.79	1103.63	517.46	586.17	147.50	2042.71	2391.20	1121.16	1270.04	319.59			
Washington Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Washington Kaiser Permanente - Northwest														
Standard Self	574	299.06	317.70	238.28	79.42	4.66	647.96	688.35	516.26	172.09	10.10			
Standard Self & Family	575	687.02	729.85	547.39	182.46	10.71	1488.54	1581.34	1186.01	395.33	23.20			
Standard Self Plus One	576	687.02	729.85	517.46	212.39	29.49	1488.54	1581.34	1121.16	460.18	63.90			
High Self	571	336.89	346.93	241.58	105.35	4.23	729.93	751.68	523.42	228.26	9.17			
High Self & Family	572	760.94	783.61	562.25	221.36	6.89	1648.70	1697.82	1218.21	479.61	14.93			
High Self Plus One	573	760.94	783.61	517.46	266.15	9.33	1648.70	1697.82	1121.16	576.66	20.22			

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

Health Management Organizations (HMO)		2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code	Total Premium		Government Pays	Employee Pays	Change in employee payment	Total Premium		Government Pays	Employee Pays	Change in employee payment		
Washington Kaiser Permanente - Northwest												
Prosper Self	AM1	New Plan	180.82	135.62	45.20	New Plan	New Plan	391.78	293.84	97.94	New Plan	
Prosper Self & Family	AM2	New Plan	427.60	320.70	106.90	New Plan	New Plan	926.47	694.85	231.62	New Plan	
Prosper Self Plus One	AM3	New Plan	388.75	291.56	97.19	New Plan	New Plan	842.29	631.72	210.57	New Plan	
Washington Kaiser Permanente - Washington Core												
Standard Self	544		278.83	285.24	213.93	71.31	1.60	604.13	618.02	463.52	154.50	3.47
Standard Self & Family	545		641.32	656.05	492.04	164.01	3.68	1389.53	1421.44	1066.08	355.36	7.98
Standard Self Plus One	546		641.32	656.05	492.04	164.01	3.68	1389.53	1421.44	1066.08	355.36	7.98
High Self	541		390.34	398.66	241.58	157.08	2.51	845.74	863.76	523.42	340.34	5.44
High Self & Family	542		858.76	877.04	562.25	314.79	2.50	1860.65	1900.25	1218.21	682.04	5.41
High Self Plus One	543		858.76	877.04	517.46	359.58	4.94	1860.65	1900.25	1121.16	779.09	10.70
Washington Kaiser Permanente - Washington Core												
Prosper Self	PT4	New Plan	180.00	135.00	45.00	New Plan	New Plan	390.00	292.50	97.50	New Plan	
Prosper Self & Family	PT5	New Plan	503.99	377.99	126.00	New Plan	New Plan	1091.98	818.99	272.99	New Plan	
Prosper Self Plus One	PT6	New Plan	436.00	327.00	109.00	New Plan	New Plan	944.67	708.50	236.17	New Plan	
Washington Kaiser Permanente Washington Options Federal												
Standard Self	L11		335.95	343.00	241.58	101.42	1.24	727.89	743.17	523.42	219.75	2.70
Standard Self & Family	L12		745.80	761.46	562.25	199.21	-0.12	1615.90	1649.83	1218.21	431.62	-0.26
Standard Self Plus One	L13		745.80	761.46	517.46	244.00	2.32	1615.90	1649.83	1121.16	528.67	5.03
HDHP Self	L14		297.96	305.41	229.06	76.35	1.86	645.58	661.72	496.29	165.43	4.04
HDHP Self & Family	L15		661.45	677.99	508.49	169.50	4.14	1433.14	1468.98	1101.74	367.24	8.96
HDHP Self Plus One	L16		661.45	677.99	508.49	169.50	4.14	1433.14	1468.98	1101.74	367.24	8.96
Washington UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary												
High Self	WF1		241.32	287.18	215.39	71.79	11.46	522.86	622.22	466.67	155.55	24.84
High Self & Family	WF2		570.64	679.17	509.38	169.79	27.13	1236.39	1471.54	1103.66	367.88	58.78
High Self Plus One	WF3		518.79	617.43	463.07	154.36	24.66	1124.05	1337.77	1003.33	334.44	53.43
Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP												
HDHP Self	LU1		204.85	243.77	182.83	60.94	9.73	443.84	528.17	396.13	132.04	21.08
HDHP Self & Family	LU2		471.16	560.66	420.50	140.16	22.37	1020.85	1214.76	911.07	303.69	48.48
HDHP Self Plus One	LU3		440.43	524.10	393.08	131.02	20.91	954.27	1135.55	851.66	283.89	45.32
Washington UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO												
High Self	KT1		334.51	360.98	241.58	119.40	20.66	724.77	782.12	523.42	258.70	44.77
High Self & Family	KT2		836.26	902.47	562.25	340.22	50.43	1811.90	1955.35	1218.21	737.14	109.26
High Self Plus One	KT3		719.19	776.11	517.46	258.65	43.58	1558.25	1681.57	1121.16	560.41	94.42

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates				2020 Total Monthly Premium	2021 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment		Total Premium	Government Pays	Employee Pays	Change in employee payment	
Washington UnitedHealthcare Insurance Company, Inc. Choice Primary											
High Self	VD1	240.93	286.71	215.03	71.68	11.45	522.02	621.21	465.91	155.30	24.80
High Self & Family	VD2	569.71	678.06	508.55	169.51	27.08	1234.37	1469.13	1101.85	367.28	58.69
High Self Plus One	VD3	517.95	616.42	462.32	154.10	24.61	1122.23	1335.58	1001.69	333.89	53.33
Washington UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
West Virginia Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
West Virginia Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75
West Virginia Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	382.72	393.11	241.58	151.53	4.58	829.23	851.74	523.42	328.32	9.93
CDHP Self & Family	F52	872.64	896.32	562.25	334.07	7.90	1890.72	1942.03	1218.21	723.82	17.12
CDHP Self Plus One	F53	864.00	887.45	517.46	369.99	10.11	1872.00	1922.81	1121.16	801.65	21.91
Value Self	F54	378.45	379.30	241.58	137.72	-4.96	819.98	821.82	523.42	298.40	-10.74
Value Self & Family	F55	866.59	868.56	562.25	306.31	-13.81	1877.61	1881.88	1218.21	663.67	-29.92
Value Self Plus One	F56	849.59	851.52	517.46	334.06	-11.41	1840.78	1844.96	1121.16	723.80	-24.72
West Virginia Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
West Virginia UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan

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

Health Management Organizations (HMO)			2021 Biweekly premium rates						2021 Monthly premium rates					
Plan - Option - Enrollment Code	2020 Total Biweekly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment	2020 Total Monthly Premium			Total Premium	Government Pays	Employee Pays	Change in employee payment
Wisconsin Aetna Advantage														
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04			
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96			
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89			
Wisconsin Aetna Direct														
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80			
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02			
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75			
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan														
Value Self	JS4	495.45	505.19	241.58	263.61	3.93	1073.48	1094.58	523.42	571.16	8.52			
Value Self & Family	JS5	1131.04	1153.29	562.25	591.04	6.47	2450.59	2498.80	1218.21	1280.59	14.02			
Value Self Plus One	JS6	1119.84	1141.88	517.46	624.42	8.70	2426.32	2474.07	1121.16	1352.91	18.85			
CDHP Self	JS1	463.38	466.12	241.58	224.54	-3.07	1003.99	1009.93	523.42	486.51	-6.64			
CDHP Self & Family	JS2	1056.30	1062.53	562.25	500.28	-9.55	2288.65	2302.15	1218.21	1083.94	-20.69			
CDHP Self Plus One	JS3	1045.84	1052.00	517.46	534.54	-7.18	2265.99	2279.33	1121.16	1158.17	-15.56			
Wisconsin Aetna HealthFund HDHP														
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64			
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04			
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88			
Wisconsin Dean Health Plan, Inc.														
High Self	WD1	529.42	581.94	241.58	340.36	46.71	1147.08	1260.87	523.42	737.45	101.21			
High Self & Family	WD2	1217.66	1338.48	562.25	776.23	105.04	2638.26	2900.04	1218.21	1681.83	227.59			
High Self Plus One	WD3	1111.78	1222.09	517.46	704.63	96.97	2408.86	2647.86	1121.16	1526.70	210.10			
Standard Self	WD4	314.57	316.21	237.16	79.05	0.25	681.57	685.12	513.84	171.28	0.55			
Standard Self & Family	WD5	754.97	758.89	562.25	196.64	-11.86	1635.77	1644.26	1218.21	426.05	-25.70			
Standard Self Plus One	WD6	692.06	695.66	517.46	178.20	-9.74	1499.46	1507.26	1121.16	386.10	-21.10			
Wisconsin Dean Health Plan, Inc.														
Basic Self	AG1	New Plan	210.03	157.52	52.51	New Plan	New Plan	455.07	341.30	113.77	New Plan			
Basic Self & Family	AG2	New Plan	472.57	354.43	118.14	New Plan	New Plan	1023.90	767.93	255.97	New Plan			
Basic Self Plus One	AG3	New Plan	441.06	330.80	110.26	New Plan	New Plan	955.63	716.72	238.91	New Plan			

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

Health Management Organizations (HMO)	2020 Total Biweekly Premium	2021 Biweekly premium rates					2020 Total Monthly Premium	2021 Monthly premium rates			
Plan - Option - Enrollment Code		Total Premium	Government Pays	Employee Pays	Change in employee payment	Total Premium		Government Pays	Employee Pays	Change in employee payment	
Wisconsin Group Health Cooperative of South Central Wisconsin											
High Self	WJ1	395.98	410.32	241.58	168.74	8.53	857.96	889.03	523.42	365.61	18.49
High Self & Family	WJ2	1029.58	1066.85	562.25	504.60	21.49	2230.76	2311.51	1218.21	1093.30	46.56
High Self Plus One	WJ3	871.18	902.72	517.46	385.26	18.20	1887.56	1955.89	1121.16	834.73	39.43
Standard Self	WJ4	New Plan	285.62	214.22	71.40	New Plan	New Plan	618.84	464.13	154.71	New Plan
Standard Self & Family	WJ5	New Plan	742.62	556.97	185.65	New Plan	New Plan	1609.01	1206.76	402.25	New Plan
Standard Self Plus One	WJ6	New Plan	628.37	471.28	157.09	New Plan	New Plan	1361.47	1021.10	340.37	New Plan
Wisconsin HealthPartners											
Standard Self	V34	212.27	235.11	176.33	58.78	5.71	459.92	509.41	382.06	127.35	12.37
Standard Self & Family	V35	517.11	572.74	429.56	143.18	13.90	1120.41	1240.94	930.71	310.23	30.13
Standard Self Plus One	V36	469.13	519.60	389.70	129.90	12.62	1016.45	1125.80	844.35	281.45	27.34
High Self	V31	328.76	308.34	231.26	77.08	-15.91	712.31	668.07	501.05	167.02	-34.45
High Self & Family	V32	800.86	751.10	562.25	188.85	-65.54	1735.20	1627.38	1218.21	409.17	-142.01
High Self Plus One	V33	726.56	681.42	511.07	170.35	-52.09	1574.21	1476.41	1107.31	369.10	-112.85
Wisconsin Quartz Health Benefit Plans Corporation											
High Self	TF1	466.32	509.45	241.58	267.87	37.32	1010.36	1103.81	523.42	580.39	80.87
High Self & Family	TF2	1119.18	1222.70	562.25	660.45	87.74	2424.89	2649.18	1218.21	1430.97	190.10
High Self Plus One	TF3	1049.24	1146.29	517.46	628.83	83.71	2273.35	2483.63	1121.16	1362.47	181.38
Standard Self	TF4	283.51	295.57	221.68	73.89	3.01	614.27	640.40	480.30	160.10	6.53
Standard Self & Family	TF5	680.44	709.36	532.02	177.34	7.23	1474.29	1536.95	1152.71	384.24	15.67
Standard Self Plus One	TF6	623.74	650.24	487.68	162.56	6.63	1351.44	1408.85	1056.64	352.21	14.35
Wisconsin UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan
Wyoming Aetna Advantage											
Advantage Self	Z24	214.08	230.78	173.09	57.69	4.17	463.84	500.02	375.02	125.00	9.04
Advantage Self & Family	Z25	567.31	611.54	458.66	152.88	11.05	1229.17	1325.00	993.75	331.25	23.96
Advantage Self Plus One	Z26	470.97	507.70	380.78	126.92	9.18	1020.44	1100.02	825.02	275.00	19.89
Wyoming Aetna Direct											
CDHP Self	N61	282.76	284.23	213.17	71.06	0.37	612.65	615.83	461.87	153.96	0.80
CDHP Self & Family	N62	713.08	716.80	537.60	179.20	0.93	1545.01	1553.07	1164.80	388.27	2.02
CDHP Self Plus One	N63	620.10	623.33	467.50	155.83	0.81	1343.55	1350.55	1012.91	337.64	1.75

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

Health Management Organizations (HMO)		2021 Biweekly premium rates					2021 Monthly premium rates				
Plan - Option - Enrollment Code	2020 Total Biweekly Premium	Total Premium	GovernmentP ays	Employee Pays	Change in employee payment	2020 Total Monthly Premium	Total Premium	Government Pays	Employee Pays	Change in employee payment	
Wyoming Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	H41	382.37	381.62	241.58	140.04	-6.56	828.47	826.84	523.42	303.42	-14.21
CDHP Self & Family	H42	871.59	869.88	562.25	307.63	-17.49	1888.45	1884.74	1218.21	666.53	-37.90
CDHP Self Plus One	H43	863.04	861.43	517.46	343.97	-14.95	1869.92	1866.43	1121.16	745.27	-32.39
Value Self	H44	372.48	377.30	241.58	135.72	-0.99	807.04	817.48	523.42	294.06	-2.14
Value Self & Family	H45	854.85	865.92	562.25	303.67	-4.71	1852.18	1876.16	1218.21	657.95	-10.21
Value Self Plus One	H46	838.09	848.95	517.46	331.49	-2.48	1815.86	1839.39	1121.16	718.23	-5.37
Wyoming Aetna HealthFund HDHP											
HDHP Self	224	336.37	362.78	241.58	121.20	20.60	728.80	786.02	523.42	262.60	44.64
HDHP Self & Family	225	741.97	800.23	562.25	237.98	42.48	1607.60	1733.83	1218.21	515.62	92.04
HDHP Self Plus One	226	727.43	784.56	517.46	267.10	43.79	1576.10	1699.88	1121.16	578.72	94.88
Wyoming Altius Health Plan											
High Self	9K1	465.72	483.86	241.58	242.28	12.33	1009.06	1048.36	523.42	524.94	26.72
High Self & Family	9K2	1029.93	1070.06	562.25	507.81	24.35	2231.52	2318.46	1218.21	1100.25	52.75
High Self Plus One	9K3	1019.73	1059.46	517.46	542.00	26.39	2209.42	2295.50	1121.16	1174.34	57.18
HDHP Self	9K4	244.26	310.38	232.79	77.59	16.53	529.23	672.49	504.37	168.12	35.81
HDHP Self & Family	9K5	510.48	648.66	486.50	162.16	34.54	1106.04	1405.43	1054.07	351.36	74.85
HDHP Self Plus One	9K6	500.48	635.93	476.95	158.98	33.86	1084.37	1377.85	1033.39	344.46	73.37
Wyoming Altius Health Plan											
Standard Self	DK4	351.37	407.59	241.58	166.01	50.41	761.30	883.11	523.42	359.69	109.23
Standard Self & Family	DK5	775.95	900.09	562.25	337.84	108.36	1681.23	1950.20	1218.21	731.99	234.78
Standard Self Plus One	DK6	768.26	891.17	517.46	373.71	109.57	1664.56	1930.87	1121.16	809.71	237.41
Wyoming UnitedHealthcare Insurance Company, Inc. UnitedHealthcare Advantage Plan											
High Self	Y51	New Plan	190.03	142.52	47.51	New Plan	New Plan	411.73	308.80	102.93	New Plan
High Self & Family	Y52	New Plan	503.57	377.68	125.89	New Plan	New Plan	1091.07	818.30	272.77	New Plan
High Self Plus One	Y53	New Plan	418.06	313.55	104.51	New Plan	New Plan	905.80	679.35	226.45	New Plan