Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	ons (HMO)	2025 Monthly Premium		
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fee	
Alabama Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Alabama Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Alabama Aetna HealthFund CDHP and Aetna	a Value Plan			
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self & Family	F55	\$2,681.42	\$2,735.05	
Value Self Plus One	F56	\$2,628.77	\$2,681.35	
Alabama Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Alabama UnitedHealthcare Insurance Comp	any, Inc Choice Pl			
High Self	AS1	\$822.77	\$839.23	
High Self & Family	AS2	\$1,945.86	\$1,984.78	
High Self Plus One	AS3	\$1,768.93	\$1,804.31	
Alabama UnitedHealthcare Insurance Comp	any, Inc. Choice HD			
HDHP Self	LS1	\$788.15	\$803.91	
HDHP Self & Family	LS2	\$1,812.70	\$1,848.95	
HDHP Self Plus One	LS3	\$1,694.46	\$1,728.35	
Alabama UnitedHealthcare Insurance Comp	any, Inc. Choice Pri			
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Alaska Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organization	ons (HMO)	2025 Mon	thly Premium
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fee
Alaska Aetna Direct			•
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Alaska Aetna HealthFund CDHP and Aetna \	/alue Plan		
Value Self	JS4	\$1,348.36	\$1,375.33
Value Self & Family	JS5	\$3,078.08	\$3,139.64
Value Self Plus One	JS6	\$3,047.70	\$3,108.65
CDHP Self	JS1	\$1,403.00	\$1,431.06
CDHP Self & Family	JS2	\$3,198.20	\$3,262.16
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85
Alaska Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Arizona Aetna Advantage		4	
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Arizona Aetna Direct	NC1	¢ccc 12	¢670.44
CDHP Self 8 Family	N61 N62	\$666.12	\$679.44
CDHP Self & Family CDHP Self Plus One	N63	\$1,679.86	\$1,713.46
Arizona Aetna HealthFund CDHP and Aetna		\$1,460.85	\$1,490.07
Value Self	G54	\$1,032.44	\$1,053.09
Value Self & Family	G55	\$2,364.57	\$2,411.86
Value Self Plus One	G56	\$2,304.37	\$2,364.64
CDHP Self	G51	\$1,357.94	\$1,385.10
CDHP Self & Family	G52	\$3,097.40	\$3,159.35
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13
Arizona Aetna HealthFund HDHP	000	45,555.75	¥3)113.13
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Arizona Aetna Open Access			. ,
High Self	WQ1	\$1,431.54	\$1,460.17
High Self & Family	WQ2	\$3,475.72	\$3,545.23
High Self Plus One	WQ3	\$3,441.30	\$3,510.13

Tribal Premium Rates for the Federal Employees Health Benefits				
Health Management Organizat	Program Health Management Organizations (HMO)			
Tieatti Management Organizat	ions (mio)	2023 10011	thly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee	
Arizona UnitedHealthcare Insurance Comp	any, Inc Choice Plu	l		
High Self	WF1	\$780.98	\$796.60	
High Self & Family	WF2	\$1,847.00	\$1,883.94	
High Self Plus One	WF3	\$1,679.10	\$1,712.68	
Arizona UnitedHealthcare Insurance Comp	any, Inc. Choice HDI	1		
HDHP Self	LU1	\$851.87	\$868.91	
HDHP Self & Family	LU2	\$1,959.34	\$1,998.53	
HDHP Self Plus One	LU3	\$1,831.55	\$1,868.18	
Arizona UnitedHealthcare Insurance Comp	any, Inc. Choice Prin			
High Self	VD1	\$771.38	\$786.81	
High Self & Family	VD2	\$1,824.31	\$1,860.80	
High Self Plus One	VD3	\$1,658.45	\$1,691.62	
Arkansas Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Arkansas Aetna Direct		4	4	
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Arkansas Aetna HealthFund CDHP and Aet		44.455.04	44 400 54	
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self Blue One	F55 F56	\$2,681.42	\$2,735.05	
Value Self Plus One	F30	\$2,628.77	\$2,681.35	
Arkansas Aetna HealthFund HDHP HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,070.73	\$2,070.79	
Arkansas QualChoice	220	72,030.13	72,070.73	
High Self	DH1	\$926.62	\$945.15	
High Self & Family	DH2	\$2,416.96	\$2,465.30	
High Self Plus One	DH3	\$1,800.05	\$1,836.05	
Standard Self	DH4	\$723.30	\$737.77	
Standard Self & Family	DH5	\$1,886.69	\$1,924.42	
Standard Self River One	DH6	\$1,405.11	\$1,433.21	

	Program	employees Hea	Ith Benefits
Health Management Organization	2025 Mon	2025 Monthly Premium	
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fe
Arkansas UnitedHealthcare Insurance Comp	pany, Inc Choice	e P	
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
Arkansas UnitedHealthcare Insurance Comp	pany, Inc. Choice I	HD	
HDHP Self	LS1	\$788.15	\$803.91
HDHP Self & Family	LS2	\$1,812.70	\$1,848.95
HDHP Self Plus One	LS3	\$1,694.46	\$1,728.35
Arkansas UnitedHealthcare Insurance Comp	pany, Inc. Choice I	Pri	
High Self	Y81	\$705.77	\$719.89
High Self & Family	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
California Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
California Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
California Aetna HealthFund CDHP and Aet	na Value Plan		
Value Self	JS4	\$1,348.36	\$1,375.33
Value Self & Family	JS5	\$3,078.08	\$3,139.64
Value Self Plus One	JS6	\$3,047.70	\$3,108.65
CDHP Self	JS1	\$1,403.00	\$1,431.06
CDHP Self & Family	JS2	\$3,198.20	\$3,262.16
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85
California Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
California Aetna Open Access			
High Self	2X1	\$1,370.40	\$1,397.81
High Self & Family	2X2	\$3,217.18	\$3,281.52
High Self Plus One	2X3	\$3,154.15	\$3,217.23
California Anthem Blue Cross Select HMO			
High Self	B31	\$818.72	\$835.09
High Self & Family	B32	\$1,949.39	\$1,988.38
High Self Plus One	B33	\$1,769.26	\$1,804.65

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fee	
California Health Net of California				
High Self	LB1	\$2,011.84	\$2,052.08	
High Self & Family	LB2	\$4,828.42	\$4,924.99	
High Self Plus One	LB3	\$4,426.07	\$4,514.59	
Basic Self	P61	\$573.34	\$584.81	
Basic Self & Family	P62	\$1,376.03	\$1,403.55	
Basic Self Plus One	P63	\$1,261.33	\$1,286.56	
Standard Self	P64	\$923.37	\$941.84	
Standard Self & Family	P65	\$2,216.09	\$2,260.41	
Standard Self Plus One	P66	\$2,031.42	\$2,072.05	
High Self	LP1	\$1,487.05	\$1,516.79	
High Self & Family	LP2	\$3,568.87	\$3,640.25	
High Self Plus One	LP3	\$3,271.45	\$3,336.88	
California Kaiser Permanente - Fresno Califo		4	4	
Standard Self	NZ4	\$747.48	\$762.43	
Standard Self & Family	NZ5	\$1,727.61	\$1,762.16	
Standard Self Plus One	NZ6	\$1,727.61	\$1,762.16	
High Self	NZ1	\$988.95	\$1,008.73	
High Self & Family	NZ2	\$2,285.68	\$2,331.39	
High Self Plus One	NZ3	\$2,285.68	\$2,331.39	
California Kaiser Permanente - Northern Ca		¢600.40	¢702.00	
Prosper Self	KC1	\$690.19	\$703.99	
Prosper Self & Family	KC2	\$1,615.06	\$1,647.36	
Prosper Self Plus One California Kaiser Permanente - Northern Ca	KC3	\$1,615.06	\$1,647.36	
High Self	591	\$1,067.71	\$1,089.06	
<u> </u>	591 592	\$2,548.74		
High Self & Family	593	\$2,548.74 \$2,548.74	\$2,599.71 \$2,599.71	
High Self Plus One Standard Self	593 594	\$2,548.74	\$2,599.71 \$898.32	
Standard Self & Family	595	\$2,060.87	\$2,102.09	
Standard Self Plus One	596	\$2,060.87	\$2,102.09	
Standard Sell Plus Offe California Kaiser Permanente - Southern Ca		72,000.07	J2,1U2.U3	
Standard Self	624	\$622.83	\$635.29	
Standard Self & Family	625	\$1,439.40	\$1,468.19	
Standard Self Plus One	626	\$1,439.40	\$1,468.19	
High Self	621	\$924.39	\$942.88	
High Self & Family	622	\$2,136.49	\$2,179.22	
	022	\$2,136.49	\$2,179.22	

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organization	ons (HMO)	2025 Mon	thly Premium
Plan - Option - Enrollment C	ode	Total Premium	TCC Rates with Administration Fee
California Kaiser Permanente - Southern Cal	ifornia	_	
Prosper Self	FL1	\$412.66	\$420.91
Prosper Self & Family	FL2	\$1,155.40	\$1,178.51
Prosper Self Plus One	FL3	\$949.09	\$968.07
California Sharp Health Plan			
Standard Self	YJ4	\$708.72	\$722.89
Standard Self & Family	YJ5	\$1,700.94	\$1,734.96
Standard Self Plus One	YJ6	\$1,559.20	\$1,590.38
California Western Health Advantage			
High Self	W51	\$876.14	\$893.66
High Self & Family	W52	\$2,102.75	\$2,144.81
High Self Plus One	W53	\$2,102.75	\$2,144.81
Colorado Aetna Advantage	70.4	4464.05	4470.50
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Colorado Aetna Direct	NC1	¢ccc 12	¢670.44
CDHP Self 8 Family	N61	\$666.12	\$679.44
CDHP Self & Family	N62 N63	\$1,679.86	\$1,713.46
CDHP Self Plus One Colorado Aetna HealthFund CDHP and Aetna		\$1,460.85	\$1,490.07
Value Self	a value Plan G54	¢1 022 44	\$1,053.09
	G54 G55	\$1,032.44	
Value Self Blue One	G56	\$2,364.57 \$2,318.27	\$2,411.86
Value Self Plus One CDHP Self	G51	\$2,318.27 \$1,357.94	\$2,364.64 \$1,385.10
CDHP Self & Family	G51 G52	\$3,097.40	\$3,159.35
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13
Colorado Aetna HealthFund HDHP	G33	\$3,000.79	\$5,126.15
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Colorado Kaiser Permanente - Colorado	220	\$2,030.13	\$2,070.73
Standard Self	654	\$805.18	\$821.28
Standard Self & Family	655	\$1,819.70	\$1,856.09
Standard Self R Family Standard Self Plus One	656	\$1,819.70	\$1,856.09
High Self	651	\$910.93	\$929.15
High Self & Family	652	\$2,058.66	\$2,099.83
High Self Plus One	653	\$2,058.66	\$2,099.83
riigii seii i lus ofic	033	72,000.00	72,000.00

Tribal Premium Rates for the Federal Employees Health Benefits Program					
Health Management Organization	Health Management Organizations (HMO)		2025 Monthly Premium		
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee		
Colorado Kaiser Permanente - Colorado					
Prosper Self	N41	\$481.76	\$491.40		
Prosper Self & Family	N42	\$1,185.15	\$1,208.85		
Prosper Self Plus One	N43	\$1,088.77	\$1,110.55		
Colorado UnitedHealthcare Insurance Comp	oany, Inc. Choice H	ID			
HDHP Self	LU1	\$851.87	\$868.91		
HDHP Self & Family	LU2	\$1,959.34	\$1,998.53		
HDHP Self Plus One	LU3	\$1,831.55	\$1,868.18		
Connecticut Aetna Advantage					
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		
Connecticut Aetna Direct					
CDHP Self	N61	\$666.12	\$679.44		
CDHP Self & Family	N62	\$1,679.86	\$1,713.46		
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07		
Connecticut Aetna HealthFund CDHP and A					
Value Self	EP4	\$1,464.34	\$1,493.63		
Value Self & Family	EP5	\$3,353.22	\$3,420.28		
Value Self Plus One	EP6	\$3,287.42	\$3,353.17		
CDHP Self	EP1	\$1,375.05	\$1,402.55		
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56		
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87		
Connecticut Aetna HealthFund HDHP					
HDHP Self	224	\$938.77	\$957.55		
HDHP Self & Family	225	\$2,070.73	\$2,112.14		
HDHP Self Plus One	226	\$2,030.19	\$2,070.79		
Delaware Aetna Advantage		4			
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		
Delaware Aetna Direct	1161	4666 15	.		
CDHP Self	N61	\$666.12	\$679.44		
CDHP Self & Family	N62	\$1,679.86	\$1,713.46		
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07		
Delaware Aetna HealthFund CDHP and Aetr		44.454.34	A4		
Value Self	EP4	\$1,464.34	\$1,493.63		
Value Self & Family	EP5	\$3,353.22	\$3,420.28		
Value Self Plus One	EP6	\$3,287.42	\$3,353.17		

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	ns (HMO)	2025 Mont	thly Premium	
Plan - Option - Enrollment Co	de	Total Premium	TCC Rates with Administration Fee	
CDHP Self	EP1	\$1,375.05	\$1,402.55	
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56	
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87	
Delaware Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Delaware Aetna Open Access				
Basic Self	P34	\$1,794.85	\$1,830.75	
Basic Self & Family	P35	\$4,165.85	\$4,249.17	
Basic Self Plus One	P36	\$4,124.55	\$4,207.04	
High Self	P31	\$1,826.48	\$1,863.01	
High Self & Family	P32	\$4,428.32	\$4,516.89	
High Self Plus One	P33	\$4,384.49	\$4,472.18	
District Of Columbia Aetna Advantage			. ,	
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
District Of Columbia Aetna Direct			. ,	
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
District Of Columbia Aetna HealthFund CDHP	and Aetna Value		. ,	
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self & Family	F55	\$2,681.42	\$2,735.05	
Value Self Plus One	F56	\$2,628.77	\$2,681.35	
District Of Columbia Aetna HealthFund HDHP	1	. ,	, ,	
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
District Of Columbia Aetna Open Access				
High Self	JN1	\$1,471.67	\$1,501.10	
High Self & Family	JN2	\$3,308.59	\$3,374.76	
High Self Plus One	JN3	\$3,275.78	\$3,341.30	
Basic Self	JN4	\$863.85	\$881.13	
Basic Self & Family	JN5	\$1,976.93	\$2,016.47	
Basic Self Plus One	JN6	\$1,815.39	\$1,851.70	

Tribal Premium Rates for the Federal Employees Health Benefits Program					
Health Management Organization		2025 Monthly Premium			
Plan - Option - Enrollment Co	ode	Total Premium	TCC Rates with Administration Fee		
District Of Columbia Aetna Saver (Open Acce	ess)				
Saver Self	QQ4	\$586.58	\$598.31		
Saver Self & Family	QQ5	\$1,342.40	\$1,369.25		
Saver Self Plus One	QQ6	\$1,232.70	\$1,257.35		
District Of Columbia CareFirst BlueChoice					
Standard Self	2G4	\$1,171.15	\$1,194.57		
Standard Self & Family	2G5	\$2,782.63	\$2,838.28		
Standard Self Plus One	2G6	\$2,342.30	\$2,389.15		
District Of Columbia CareFirst BlueChoice					
HDHP Self	B61	\$748.30	\$763.27		
HDHP Self & Family	B62	\$1,777.95	\$1,813.51		
HDHP Self Plus One	B63	\$1,496.60	\$1,526.53		
Blue Value Plus Self	B64	\$775.04	\$790.54		
Blue Value Plus Self & Family	B65	\$1,841.45	\$1,878.28		
Blue Value Plus Self Plus One	B66	\$1,550.08	\$1,581.08		
District Of Columbia Kaiser Permanente - Mic	d-Atlantic States				
Prosper Self	T71	\$449.30	\$458.29		
Prosper Self & Family	T72	\$1,264.10	\$1,289.38		
Prosper Self Plus One	T73	\$1,073.39	\$1,094.86		
District Of Columbia Kaiser Permanente - Mic	d-Atlantic States				
Standard Self	E34	\$770.08	\$785.48		
Standard Self & Family	E35	\$1,771.21	\$1,806.63		
Standard Self Plus One	E36	\$1,771.21	\$1,806.63		
High Self	E31	\$962.28	\$981.53		
High Self & Family	E32	\$2,213.27	\$2,257.54		
High Self Plus One	E33	\$2,213.27	\$2,257.54		
District Of Columbia M.D. IPA					
High Self	JP1	\$1,159.28	\$1,182.47		
High Self & Family	JP2	\$3,250.67	\$3,315.68		
High Self Plus One	JP3	\$2,264.10	\$2,309.38		
District Of Columbia UnitedHealthcare Insura	ance Company, Inc				
High Self	AS1	\$822.77	\$839.23		
High Self & Family	AS2	\$1,945.86	\$1,984.78		
High Self Plus One	AS3	\$1,768.93	\$1,804.31		
District Of Columbia UnitedHealthcare Insura	ance Company, Inc				
HDHP Self	V41	\$702.15	\$716.19		
HDHP Self & Family	V42	\$1,607.23	\$1,639.37		
HDHP Self Plus One	V43	\$1,509.65	\$1,539.84		

Tribal Premium Rates for t	he Federal E Program	imployees Hea	Ith Benefits	
Health Management Organization	Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment C	ode	Total Premium	TCC Rates with Administration Fee	
District Of Columbia UnitedHealthcare Insur	ance Company, li	nc		
High Self	LR1	\$1,132.39	\$1,155.04	
High Self & Family	LR2	\$2,683.72	\$2,737.39	
High Self Plus One	LR3	\$2,434.60	\$2,483.29	
District Of Columbia UnitedHealthcare Insur	ance Company, li	nc		
Value Self	L91	\$830.38	\$846.99	
Value Self & Family	L92	\$1,992.03	\$2,031.87	
Value Self Plus One	L93	\$1,763.73	\$1,799.00	
District Of Columbia UnitedHealthcare Insur	ance Company, li	nc		
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Florida Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Florida Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Florida Aetna HealthFund CDHP and Aetna \	Value Plan			
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self & Family	F55	\$2,681.42	\$2,735.05	
Value Self Plus One	F56	\$2,628.77	\$2,681.35	
Florida Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
lorida AvMed				
HDHP Self	WZ1	\$927.42	\$945.97	
HDHP Self & Family	WZ2	\$2,167.90	\$2,211.26	
HDHP Self Plus One	WZ3	\$1,877.96	\$1,915.52	
Florida AvMed				
Standard Self	ML4	\$1,171.86	\$1,195.30	
Standard Self & Family	ML5	\$2,853.26	\$2,910.33	
Standard Self Plus One	ML6	\$2,460.21	\$2,509.41	

	Program	- ппріоуее s пеа	Ith Benefits
Health Management Organization	Health Management Organizations (HMO)		
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fe
Florida Capital Health Plan			
High Self	EA1	\$909.87	\$928.07
High Self & Family	EA2	\$2,170.52	\$2,213.93
High Self Plus One	EA3	\$1,989.74	\$2,029.53
Florida UnitedHealthcare Insurance Compa	ny, Inc Choice P	lus	
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
Florida UnitedHealthcare Insurance Compa	ny, Inc. Choice HD	DH I	
HDHP Self	LS1	\$788.15	\$803.91
HDHP Self & Family	LS2	\$1,812.70	\$1,848.95
HDHP Self Plus One	LS3	\$1,694.46	\$1,728.35
Florida UnitedHealthcare Insurance Compa	ny, Inc. Choice Pri	im:	
High Self	Y81	\$705.77	\$719.89
High Self & Family	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
Georgia Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Georgia Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Georgia Aetna HealthFund CDHP and Aetna	Value Plan		
CDHP Self	F51	\$1,165.21	\$1,188.51
CDHP Self & Family	F52	\$2,656.85	\$2,709.99
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14
Value Self	F54	\$1,170.95	\$1,194.37
Value Self & Family	F55	\$2,681.42	\$2,735.05 ·
Value Self Plus One	F56	\$2,628.77	\$2,681.35
Georgia Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Georgia Aetna Open Access		4	
High Self	2U1	\$1,860.32	\$1,897.53
High Self & Family	2U2	\$4,285.17	\$4,370.87
High Self Plus One	2U3	\$4,242.72	\$4,327.57

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	ns (HMO)	2025 Mon	2025 Monthly Premium	
Plan - Option - Enrollment Co	Plan - Option - Enrollment Code		TCC Rates with Administration Fe	
Georgia Kaiser Permanente - Georgia				
High Self	F81	\$974.94	\$994.44	
High Self & Family	F82	\$2,203.35	\$2,247.42	
High Self Plus One	F83	\$2,203.35	\$2,247.42	
Standard Self	F84	\$750.43	\$765.44	
Standard Self & Family	F85	\$1,695.96	\$1,729.88	
Standard Self Plus One	F86	\$1,695.96	\$1,729.88	
Georgia Kaiser Permanente - Georgia				
Basic Self	LA1	\$524.77	\$535.27	
Basic Self & Family	LA2	\$1,362.38	\$1,389.63	
Basic Self Plus One	LA3	\$1,185.93	\$1,209.65	
Georgia UnitedHealthcare Insurance Compan	ny, Inc Choice P	Plu		
High Self	AS1	\$822.77	\$839.23	
High Self & Family	AS2	\$1,945.86	\$1,984.78	
High Self Plus One	AS3	\$1,768.93	\$1,804.31	
Georgia UnitedHealthcare Insurance Compar	ny, Inc. Choice Pr	in		
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Guam Calvo's SelectCare				
Standard Self	B44	\$425.27	\$433.78	
Standard Self & Family	B45	\$1,235.78	\$1,260.50	
Standard Self Plus One	B46	\$838.41	\$855.18	
High Self	B41	\$584.42	\$596.11	
High Self & Family	B42	\$1,547.95	\$1,578.91	
High Self Plus One	B43	\$1,140.53	\$1,163.34	
Guam TakeCare				
HDHP Self	KX1	\$170.91	\$174.33	
HDHP Self & Family	KX2	\$458.21	\$467.37	
HDHP Self Plus One	KX3	\$412.60	\$420.85	
Guam TakeCare				
Standard Self	JK4	\$426.75	\$435.29	
Standard Self & Family	JK5	\$1,408.44	\$1,436.61	
Standard Self Plus One	JK6	\$855.05	\$872.15	
High Self	JK1	\$581.36	\$592.99	
High Self & Family	JK2	\$1,671.43	\$1,704.86	
High Self Plus One	JK3	\$1,162.31	\$1,185.56	
Hawaii Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	

Tribal Premium Rates for t	he Federal Er Program	nployees Hea	Ith Benefits
Health Management Organization	ons (HMO)	2025 Mont	thly Premium
Plan - Option - Enrollment C	code	Total Premium	TCC Rates with Administration Fee
Hawaii Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Hawaii Aetna HealthFund CDHP and Aetna		44.040.05	4
Value Self	JS4	\$1,348.36	\$1,375.33
Value Self & Family	JS5	\$3,078.08	\$3,139.64
Value Self Plus One CDHP Self	JS6	\$3,047.70	\$3,108.65
CDHP Self & Family	JS1 JS2	\$1,403.00 \$3,198.20	\$1,431.06 \$3,262.16
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85
Hawaii Aetna HealthFund HDHP	133	\$3,100.32	73,223.63
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Hawaii HMSA Plan		. ,	. ,
High Self	871	\$742.95	\$757.81
High Self & Family	872	\$1,670.18	\$1,703.58
High Self Plus One	873	\$1,627.90	\$1,660.46
Standard Self	874	\$509.88	\$520.08
Standard Self & Family	875	\$1,146.17	\$1,169.09
Standard Self Plus One	876	\$1,117.09	\$1,139.43
Hawaii Kaiser Permanente - Hawaii			
High Self	631	\$755.65	\$770.76
High Self & Family	632	\$1,685.10	\$1,718.80
High Self Plus One	633	\$1,685.10	\$1,718.80
Standard Self	634	\$520.07	\$530.47
Standard Self & Family	635	\$1,159.77	\$1,182.97
Standard Self Plus One	636	\$1,159.77	\$1,182.97
Idaho Aetna Advantage	Z24	\$461.35	\$470.58
Advantage Self Advantage Self & Family	Z25	\$1,222.54	\$470.58 \$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Idaho Aetna Direct	220	\$1,014.55	71,033.23
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Idaho Aetna HealthFund CDHP and Aetna V	alue Plan	. ,	. ,
CDHP Self	H41	\$1,143.22	\$1,166.08
CDHP Self & Family	H42	\$2,605.89	\$2,658.01
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26
Value Self	H44	\$1,404.95	\$1,433.05
Value Self & Family	H45	\$3,224.28	\$3,288.77
Value Self Plus One	H46	\$3,161.06	\$3,224.28
Idaho Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Idaho Altius Health Plan			

Tribal Premium Rates for th	ne Federal Ei Program	mployees Hea	Ith Benefits
Health Management Organization	ns (HMO)	2025 Mont	hly Premium
Plan - Option - Enrollment Co	ode	Total Premium	TCC Rates with Administration Fee
High Self	9K1	\$1,371.93	\$1,399.37
High Self & Family	9K2	\$3,034.07	\$3,094.75
High Self Plus One	9K3	\$3,004.08	\$3,064.16
HDHP Self	9K4	\$959.27	\$978.46
HDHP Self & Family	9K5	\$2,004.84	\$2,044.94
HDHP Self Plus One	9K6	\$1,965.43	\$2,004.74
Idaho Altius Health Plan			
Standard Self	DK4	\$1,109.64	\$1,131.83
Standard Self & Family	DK5	\$2,450.48	\$2,499.49
Standard Self Plus One	DK6	\$2,426.21	\$2,474.73
Idaho Kaiser Permanente - Washington Core			
Standard Self	544	\$834.25	\$850.94
Standard Self & Family	545	\$1,918.82	\$1,957.20
Standard Self Plus One	546	\$1,918.82	\$1,957.20
High Self	541	\$1,098.09	\$1,120.05
High Self & Family	542	\$2,415.81	\$2,464.13
High Self Plus One	543	\$2,415.81	\$2,464.13
Idaho Kaiser Permanente - Washington Core			
Prosper Self	PT4	\$412.25	\$420.50
Prosper Self & Family	PT5	\$1,154.31	\$1,177.40
Prosper Self Plus One	PT6	\$998.57	\$1,018.54
Illinois Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Illinois Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Illinois Aetna HealthFund CDHP and Aetna Va	alue Plan		
CDHP Self	H41	\$1,143.22	\$1,166.08
CDHP Self & Family	H42	\$2,605.89	\$2,658.01
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26

Program		Ith Benefits		
Health Management Organizations (HMO)		2025 Monthly Premium		
Code	Total Premium	TCC Rates with Administration Fee		
H44	\$1,404.95	\$1,433.05		
H45		\$3,288.77		
H46		\$3,224.28		
	, -, -	, -,		
224	\$938.77	\$957.55		
225	·	\$2,112.14		
226		\$2,070.79		
	, =,000.10	,o. o., o		
K84	\$1,110.33	\$1,132.54		
_		\$2,655.43		
		\$2,426.47		
		Y2,720.77		
		\$839.23		
	·	\$1,984.78		
		\$1,804.31		
		71,004.31		
		\$846.99		
_	•	\$2,031.87		
_		\$1,799.00		
		71,733.00		
		\$719.89		
_	·	\$1,702.49		
_		\$1,547.75		
103	\$1,517.40	71,547.75		
724	¢461.2E	\$470.58		
	•	\$470.38 \$1,246.99		
220	\$1,014.95	\$1,035.25		
NE1	¢666 12	¢670.44		
		\$679.44		
		\$1,713.46 \$1,400.07		
	\$1, 4 00.85	\$1,490.07		
	¢1 240 2C	¢1 275 22		
		\$1,375.33		
		\$3,139.64		
		\$3,108.65		
		\$1,431.06		
		\$3,262.16		
JS3	\$3,166.52	\$3,229.85		
22.4	6020 ==	40== ==		
		\$957.55		
225		\$2,112.14		
226	\$2,030.19	\$2,070.79		
	H44 H45 H46 224 225 226 K84 K85 K86 ny, Inc Choice Plus AS1 AS2 AS3 ny, Inc. Choice Plus L91 L92 L93	Total Premium H44 \$1,404.95 H45 \$3,224.28 H46 \$3,161.06 224 \$938.77 225 \$2,070.73 226 \$2,030.19 K84 \$1,110.33 K85 \$2,603.36 K86 \$2,378.89 ny, Inc Choice Plus AS1 \$822.77 AS2 \$1,945.86 AS3 \$1,768.93 ny, Inc. Choice Plus / L91 \$830.38 L92 \$1,992.03 L93 \$1,763.73 ny, Inc. Choice Prims Y81 \$705.77 Y82 \$1,669.11 Y83 \$1,517.40 224 \$461.35 Z25 \$1,222.54 Z26 \$1,014.95 N61 \$666.12 N62 \$1,679.86 N63 \$1,460.85 Value Plan JS4 \$1,348.36 JS5 \$3,078.08 JS6 \$3,047.70 JS1 \$1,403.00 JS2 \$3,198.20 JS3 \$3,166.52 224 \$938.77		

Tribal Premium Rates for t	he Federal Er Program	nployees Hea	Ith Benefits
Health Management Organization	ons (HMO)	2025 Mont	hly Premium
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fee
Indiana Health Alliance HMO			
Standard Self	K84	\$1,110.33	\$1,132.54
Standard Self & Family	K85	\$2,603.36	\$2,655.43
Standard Self Plus One	K86	\$2,378.89	\$2,426.47
Iowa Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Iowa Aetna Direct	NC1	¢ccc 12	¢670.44
CDHP Self & Family	N61 N62	\$666.12	\$679.44
CDHP Self & Family CDHP Self Plus One	N63	\$1,679.86 \$1,460.85	\$1,713.46
Iowa Aetna HealthFund CDHP and Aetna Va		\$1,400.65	\$1,490.07
CDHP Self	H41	\$1,143.22	\$1,166.08
CDHP Self & Family	H42	\$2,605.89	\$2,658.01
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26
Value Self	H44	\$1,404.95	\$1,433.05
Value Self & Family	H45	\$3,224.28	\$3,288.77
Value Self Plus One	H46	\$3,161.06	\$3,224.28
Iowa Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Iowa Health Alliance HMO			
Standard Self	K84	\$1,110.33	\$1,132.54
Standard Self & Family	K85	\$2,603.36	\$2,655.43
Standard Self Plus One	K86	\$2,378.89	\$2,426.47
Iowa HealthPartners			
Standard Self	V34	\$632.08	\$644.72
Standard Self & Family	V35	\$1,539.76	\$1,570.56
Standard Self Plus One	V36	\$1,396.92	\$1,424.86
High Self	V31	\$909.98	\$928.18
High Self & Family	V32	\$2,216.72	\$2,261.05
High Self Plus One Iowa UnitedHealthcare Insurance Company	V33	\$2,011.06	\$2,051.28
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
Iowa UnitedHealthcare Insurance Company			γ1,004.31
High Self	Y81	\$705.77	\$719.89
High Self & Family	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
Kansas Aetna Advantage		• •	. ,
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Kansas Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46

Tribal Premium Rates for th	e Federal Er Program	nployees Heal	th Benefits
Health Management Organization	ns (HMO)	2025 Mont	hly Premium
Plan - Option - Enrollment Co	de	Total Premium	TCC Rates with Administration Fee
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Kansas Aetna HealthFund CDHP and Aetna Va	alue Plan		
Value Self	G54	\$1,032.44	\$1,053.09
Value Self & Family	G55	\$2,364.57	\$2,411.86
Value Self Plus One	G56	\$2,318.27	\$2,364.64
CDHP Self	G51	\$1,357.94	\$1,385.10
CDHP Self & Family	G52	\$3,097.40	\$3,159.35
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13
Kansas Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Kentucky Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Kentucky Aetna Direct		4000.0	4
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Kentucky Aetna HealthFund CDHP and Aetna		** * * * * * * * * * * * * * * * * * * *	** ***
CDHP Self	H41	\$1,143.22	\$1,166.08
CDHP Self & Family	H42	\$2,605.89	\$2,658.01
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26
Value Self	H44	\$1,404.95	\$1,433.05
Value Self & Family Value Self Plus One	H45 H46	\$3,224.28	\$3,288.77
	П40	\$3,161.06	\$3,224.28
Kentucky Aetna HealthFund HDHP HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$938.77	\$957.55 \$2,112.14
HDHP Self Plus One	226	\$2,070.73	\$2,070.79
Kentucky UnitedHealthcare Insurance Compa			92,070.73
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
111611 3011 1 103 0110		ψ ±,. σσ.σσ	ψ±,00 1.01

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organizat	ealth Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment	Code	Total Premium	TCC Rates with Administration Fe	
Kentucky UnitedHealthcare Insurance Con	npany, Inc. Choice Pi	i		
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Louisiana Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Louisiana Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Louisiana Aetna HealthFund CDHP and Aet	tna Value Plan			
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self & Family	F55	\$2,681.42	\$2,735.05	
Value Self Plus One	F56	\$2,628.77	\$2,681.35	
Louisiana Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Louisiana UnitedHealthcare Insurance Con				
High Self	AS1	\$822.77	\$839.23	
High Self & Family	AS2	\$1,945.86	\$1,984.78	
High Self Plus One	AS3	\$1,768.93 -	\$1,804.31	
Louisiana UnitedHealthcare Insurance Con			4000 01	
HDHP Self	LS1	\$788.15	\$803.91	
HDHP Self & Family	LS2	\$1,812.70	\$1,848.95	
HDHP Self Plus One	LS3	\$1,694.46	\$1,728.35	
Louisiana UnitedHealthcare Insurance Con			4740.00	
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Maine Aetna Advantage	724	¢4C4 2E	¢470 F0	
Advantage Self 8, Family	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Maine Aetna Direct	NGA	¢ccc 42	6670 44	
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	

Tribal Premium Rates for the	ne Federal Ei Program	mployees Hea	Ith Benefits
Health Management Organizatio	ns (HMO)	2025 Mon	thly Premium
Plan - Option - Enrollment Co	ode	Total Premium	TCC Rates with Administration Fee
Maine Aetna HealthFund CDHP and Aetna V	alue Plan		•
Value Self	EP4	\$1,464.34	\$1,493.63
Value Self & Family	EP5	\$3,353.22	\$3,420.28
Value Self Plus One	EP6	\$3,287.42	\$3,353.17
CDHP Self	EP1	\$1,375.05	\$1,402.55
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87
Maine Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Maryland Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Maryland Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Maryland Aetna HealthFund CDHP and Aetn	a Value Plan		
CDHP Self	F51	\$1,165.21	\$1,188.51
CDHP Self & Family	F52	\$2,656.85	\$2,709.99
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14
Value Self	F54	\$1,170.95	\$1,194.37
Value Self & Family	F55	\$2,681.42	\$2,735.05
Value Self Plus One	F56	\$2,628.77	\$2,681.35
Maryland Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Maryland Aetna Open Access			
High Self	JN1	\$1,471.67	\$1,501.10
High Self & Family	JN2	\$3,308.59	\$3,374.76
High Self Plus One	JN3	\$3,275.78	\$3,341.30
Basic Self	JN4	\$863.85	\$881.13
Basic Self & Family	JN5	\$1,976.93	\$2,016.47
Basic Self Plus One	JN6	\$1,815.39	\$1,851.70
Maryland Aetna Saver (Open Access)			
Saver Self	QQ4	\$586.58	\$598.31
Saver Self & Family	QQ5	\$1,342.40	\$1,369.25
Saver Self Plus One	QQ6	\$1,232.70	\$1,257.35

Tribal Premium Rates for the	ne Federal Er Program	nployees Hea	Ith Benefits
Health Management Organization	ns (HMO)	2025 Mon	thly Premium
Plan - Option - Enrollment C	ode	Total Premium	TCC Rates with Administration Fee
Maryland CareFirst BlueChoice			
Standard Self	2G4	\$1,171.15	\$1,194.57
Standard Self & Family	2G5	\$2,782.63	\$2,838.28
Standard Self Plus One	2G6	\$2,342.30	\$2,389.15
Maryland CareFirst BlueChoice			
HDHP Self	B61	\$748.30	\$763.27
HDHP Self & Family	B62	\$1,777.95	\$1,813.51
HDHP Self Plus One	B63	\$1,496.60	\$1,526.53
Blue Value Plus Self	B64	\$775.04	\$790.54
Blue Value Plus Self & Family	B65	\$1,841.45	\$1,878.28
Blue Value Plus Self Plus One	B66	\$1,550.08	\$1,581.08
Maryland Kaiser Permanente - Mid-Atlantic	States		
Prosper Self	T71	\$449.30	\$458.29
Prosper Self & Family	T72	\$1,264.10	\$1,289.38
Prosper Self Plus One	T73	\$1,073.39	\$1,094.86
Maryland Kaiser Permanente - Mid-Atlantic	States		
Standard Self	E34	\$770.08	\$785.48
Standard Self & Family	E35	\$1,771.21	\$1,806.63
Standard Self Plus One	E36	\$1,771.21	\$1,806.63
High Self	E31	\$962.28	\$981.53
High Self & Family	E32	\$2,213.27	\$2,257.54
High Self Plus One	E33	\$2,213.27	\$2,257.54
Maryland M.D. IPA			
High Self	JP1	\$1,159.28	\$1,182.47
High Self & Family	JP2	\$3,250.67	\$3,315.68
High Self Plus One	JP3	\$2,264.10	\$2,309.38
Maryland UnitedHealthcare Insurance Comp	any, Inc Choice F	:	
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
Maryland UnitedHealthcare Insurance Comp	any, Inc. Choice HI	I	
HDHP Self	V41	\$702.15	\$716.19
HDHP Self & Family	V42	\$1,607.23	\$1,639.37
HDHP Self Plus One	V43	\$1,509.65	\$1,539.84
Maryland UnitedHealthcare Insurance Comp	any, Inc. Choice O	1	
High Self	LR1	\$1,132.39	\$1,155.04
High Self & Family	LR2	\$2,683.72	\$2,737.39
High Self Plus One	LR3	\$2,434.60	\$2,483.29
Maryland UnitedHealthcare Insurance Comp	any, Inc. Choice Pl	l	
Value Self	L91	\$830.38	\$846.99
Value Self & Family	L92	\$1,992.03	\$2,031.87
Value Self Plus One	L93	\$1,763.73	\$1,799.00

Tribal Premium Rates for the	Federal Er Program	nployees Hea	Ith Benefits
Health Management Organizations	(HMO)	2025 Mont	hly Premium
Plan - Option - Enrollment Code	е	Total Premium	TCC Rates with Administration Fee
Maryland UnitedHealthcare Insurance Compan	ıy, Inc. Choice Pr		
High Self	Y81	\$705.77	\$719.89
High Self & Family	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
Massachusetts Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Massachusetts Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Massachusetts Aetna HealthFund CDHP and Ae	tna Value Plan		
Value Self	EP4	\$1,464.34	\$1,493.63
Value Self & Family	EP5	\$3,353.22	\$3,420.28
Value Self Plus One	EP6	\$3,287.42	\$3,353.17
CDHP Self	EP1	\$1,375.05	\$1,402.55
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87
Massachusetts Aetna HealthFund HDHP		7-7	ψο,200.07
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Michigan Aetna Advantage	220	72,030.13	72,070.73
Advantage Self	Z24	\$461.35	\$470.58
_	Z25	\$1,222.54	•
Advantage Self Nive One			\$1,246.99 \$1,035.25
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Michigan Aetna Direct	NC1	¢ccc 12	¢670.44
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Michigan Aetna HealthFund CDHP and Aetna V		44.000.44	4
Value Self	G54	\$1,032.44	\$1,053.09
Value Self & Family	G55	\$2,364.57	\$2,411.86
Value Self Plus One	G56	\$2,318.27	\$2,364.64
CDHP Self	G51	\$1,357.94	\$1,385.10
CDHP Self & Family	G52	\$3,097.40	\$3,159.35
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13
Michigan Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79

Tribal Premium Rates for th	ne Federal Er Program	nployees Hea	Ith Benefits
Health Management Organization	ns (HMO)	2025 Mon	thly Premium
Plan - Option - Enrollment Co	ode	Total Premium	TCC Rates with Administration Fee
Michigan Blue Care Network of Michigan			
High Self	LX1	\$1,122.10	\$1,144.54
High Self & Family	LX2	\$2,737.91	\$2,792.67
High Self Plus One	LX3	\$2,580.85	\$2,632.47
Michigan Blue Care Network of Michigan			
High Self	K51	\$1,048.28	\$1,069.25
High Self & Family	K52	\$2,557.84	\$2,609.00
High Self Plus One	K53	\$2,411.05	\$2,459.27
Michigan Health Alliance Plan			
High Self	521	\$1,324.03	\$1,350.51
High Self & Family	522	\$3,230.65	\$3,295.26
High Self Plus One	523	\$3,045.29	\$3,106.20
Michigan Health Alliance Plan			
Standard Self	GY4	\$790.99	\$806.81
Standard Self & Family	GY5	\$1,930.00	\$1,968.60
Standard Self Plus One	GY6	\$1,819.26	\$1,855.65
Michigan Priority Health			
High Self	LE1	\$1,493.64	\$1,523.51
High Self & Family	LE2	\$3,510.09	\$3,580.29
High Self Plus One	LE3	\$3,286.03	\$3,351.75
Standard Self	LE4	\$766.09	\$781.41
Standard Self & Family	LE5	\$1,800.28	\$1,836.29
Standard Self Plus One	LE6	\$1,685.39	\$1,719.10
Michigan Priority Health			. ,
Value Self	Y41	\$524.85	\$535.35
Value Self & Family	Y42	\$1,233.38	\$1,258.05
Value Self Plus One	Y43	\$1,154.66	\$1,177.75
Minnesota Aetna Advantage		, ,	, ,
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Minnesota Aetna Direct		1 /	, ,
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Minnesota Aetna HealthFund CDHP and Aetr		, -, · · · · · · ·	, -, · · · · · ·
CDHP Self	H41	\$1,143.22	\$1,166.08
CDHP Self & Family	H42	\$2,605.89	\$2,658.01
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26
Value Self	H44	\$1,404.95	\$1,433.05
Value Self & Family	H45	\$3,224.28	\$3,288.77
Value Self Plus One	H46	\$3,161.06	\$3,224.28
value Seli Flus Olle	1140	73,101.00	73,224.20

Tribal Premium Rates for the	he Federal E Program	Employees Hea	Ith Benefits
Health Management Organization	ons (HMO)	2025 Mont	thly Premium
Plan - Option - Enrollment C	ode	Total Premium	TCC Rates with Administration Fee
Minnesota Aetna HealthFund HDHP		-	
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Minnesota HealthPartners			
Standard Self	V34	\$632.08	\$644.72
Standard Self & Family	V35	\$1,539.76	\$1,570.56
Standard Self Plus One	V36	\$1,396.92	\$1,424.86
High Self	V31	\$909.98	\$928.18
High Self & Family	V32	\$2,216.72	\$2,261.05
High Self Plus One	V33	\$2,011.06	\$2,051.28
Mississippi Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Mississippi Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Mississippi Aetna HealthFund CDHP and Aet	na Value Plan		
CDHP Self	H41	\$1,143.22	\$1,166.08
CDHP Self & Family	H42	\$2,605.89	\$2,658.01
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26
Value Self	H44	\$1,404.95	\$1,433.05
Value Self & Family	H45	\$3,224.28	\$3,288.77
Value Self Plus One	H46	\$3,161.06	\$3,224.28
Mississippi Aetna HealthFund HDHP			. ,
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
Mississippi UnitedHealthcare Insurance Com			
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
Mississippi UnitedHealthcare Insurance Com	pany, Inc. Choice		
HDHP Self	LS1	\$788.15	\$803.91
HDHP Self & Family	LS2	\$1,812.70	\$1,848.95
HDHP Self Plus One	LS3	\$1,694.46	\$1,728.35
Mississippi UnitedHealthcare Insurance Com			,
High Self	Y81	\$705.77	\$719.89
High Self & Family	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
-		•	•

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	ons (HMO)	2025 Mon	2025 Monthly Premium	
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fe	
Missouri Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Missouri Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Missouri Aetna HealthFund CDHP and Aetna	a Value Plan			
Value Self	G54	\$1,032.44	\$1,053.09	
Value Self & Family	G55	\$2,364.57	\$2,411.86	
Value Self Plus One	G56	\$2,318.27	\$2,364.64	
CDHP Self	G51	\$1,357.94	\$1,385.10	
CDHP Self & Family	G52	\$3,097.40	\$3,159.35	
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13	
Missouri Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Missouri UnitedHealthcare Insurance Comp	any, Inc Choice P	l		
High Self	AS1	\$822.77	\$839.23	
High Self & Family	AS2	\$1,945.86	\$1,984.78	
High Self Plus One	AS3	\$1,768.93	\$1,804.31	
Missouri UnitedHealthcare Insurance Comp	any, Inc. Choice Pri	l		
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Montana Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Montana Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46 ·	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Montana Aetna HealthFund CDHP and Aetn				
CDHP Self	H41	\$1,143.22	\$1,166.08	
CDHP Self & Family	H42	\$2,605.89	\$2,658.01	
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26	
Value Self	H44	\$1,404.95	\$1,433.05	
Value Self & Family	H45	\$3,224.28	\$3,288.77	
Value Self Plus One	H46	\$3,161.06	\$3,224.28	

Tribal Premium Rates for the Federal Employees Health Benefits Program					
Health Management Organizat	Health Management Organizations (HMO)		thly Premium		
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee		
Montana Aetna HealthFund HDHP					
HDHP Self	224	\$938.77	\$957.55		
HDHP Self & Family	225	\$2,070.73	\$2,112.14		
HDHP Self Plus One	226	\$2,030.19	\$2,070.79		
Nebraska Aetna Advantage					
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		
Nebraska Aetna Direct					
CDHP Self	N61	\$666.12	\$679.44		
CDHP Self & Family	N62	\$1,679.86	\$1,713.46		
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07		
Nebraska Aetna HealthFund CDHP and Ae	tna Value Plan	. ,	, ,		
CDHP Self	H41	\$1,143.22	\$1,166.08		
CDHP Self & Family	H42	\$2,605.89	\$2,658.01		
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26		
Value Self	H44	\$1,404.95	\$1,433.05		
Value Self & Family	H45	\$3,224.28	\$3,288.77		
Value Self Plus One	H46	\$3,161.06	\$3,224.28		
Nebraska Aetna HealthFund HDHP		40 ,202.00	ψ 3 ,22 1.23		
HDHP Self	224	\$938.77	\$957.55		
HDHP Self & Family	225	\$2,070.73	\$2,112.14		
HDHP Self Plus One	226	\$2,030.19	\$2,070.79		
Nevada Aetna Advantage	220	72,030.13	72,070.73		
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z24 Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		
Nevada Aetna Direct	220	\$1,014.55	\$1,033.23		
CDHP Self	N61	\$666.12	\$679.44		
	N62	\$1,679.86	•		
CDHP Self Blue One		\$1,679.86	\$1,713.46 \$1,490.07		
CDHP Self Plus One Nevada Aetna HealthFund CDHP and Aetn	N63	\$1,460.85	\$1,490.07		
		¢1 022 44	Ć1 0F2 00		
Value Self 8, Family	G54	\$1,032.44	\$1,053.09		
Value Self & Family	G55	\$2,364.57	\$2,411.86		
Value Self Plus One	G56	\$2,318.27	\$2,364.64		
CDHP Self	G51	\$1,357.94	\$1,385.10		
CDHP Self & Family	G52	\$3,097.40	\$3,159.35		
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13		
Nevada Aetna HealthFund HDHP		4000	* 0==		
HDHP Self	224	\$938.77	\$957.55		
HDHP Self & Family	225	\$2,070.73	\$2,112.14		
HDHP Self Plus One	226	\$2,030.19	\$2,070.79		

Tribal Premium Rates for	the Federal En Program	nployees Hea	Ith Benefits
Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment (Code	Total Premium	TCC Rates with Administration Fee
Nevada Health Plan of Nevada, Inc.			
High Self	NM1	\$923.87	\$942.35
High Self & Family	NM2	\$2,189.53	\$2,233.32
High Self Plus One	NM3	\$1,755.37	\$1,790.48
evada UnitedHealthcare Insurance Comp	any, Inc Choice Plu		
High Self	WF1	\$780.98	\$796.60
High Self & Family	WF2	\$1,847.00	\$1,883.94
High Self Plus One	WF3	\$1,679.10	\$1,712.68
evada UnitedHealthcare Insurance Comp	any, Inc. Choice HDH		•
HDHP Self	LU1	\$851.87	\$868.91
HDHP Self & Family	LU2	\$1,959.34	\$1,998.53
HDHP Self Plus One	LU3	\$1,831.55	\$1,868.18
evada UnitedHealthcare Insurance Compa	any, Inc. Choice Prim	. ,	. ,
High Self	VD1	\$771.38	\$786.81
High Self & Family	VD2	\$1,824.31	\$1,860.80
High Self Plus One	VD3	\$1,658.45	\$1,691.62
ew Hampshire Aetna Advantage		. ,	. ,
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
ew Hampshire Aetna Direct		ψ 2,0233	Ψ2,000.20
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
ew Hampshire Aetna HealthFund CDHP a		ŷ1,400.03	Ψ1, 430.07
Value Self	EP4	\$1,464.34	\$1,493.63
Value Self & Family	EP5	\$3,353.22	\$3,420.28
Value Self Plus One	EP6	\$3,287.42	\$3,353.17
CDHP Self	EP1	\$1,375.05	\$1,402.55
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87
ew Hampshire Aetna HealthFund HDHP	LFJ	Ş3,104.77	\$3,100.87
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,070.75	\$2,070.79
ew Jersey Aetna Advantage	220	72,030.13	32,070.79
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25		
Advantage Self Plus One		\$1,222.54 \$1,014.05	\$1,246.99 \$1,035,35
3	Z26	\$1,014.95	\$1,035.25
ew Jersey Aetna Direct	NE1	¢666 12	¢670.44
CDHP Self & Family	N61	\$666.12	\$679.44
CDUP Self Plus One	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	Health Management Organizations (HMO)		thly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee	
New Jersey Aetna HealthFund CDHP and Ae	tna Value Plan	•	•	
Value Self	EP4	\$1,464.34	\$1,493.63	
Value Self & Family	EP5	\$3,353.22	\$3,420.28	
Value Self Plus One	EP6	\$3,287.42	\$3,353.17	
CDHP Self	EP1	\$1,375.05	\$1,402.55	
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56	
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87	
New Jersey Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
New Jersey Aetna Open Access				
High Self	JR1	\$2,308.87	\$2,355.05	
High Self & Family	JR2	\$5,333.12	\$5,439.78	
High Self Plus One	JR3	\$5,280.30	\$5,385.91	
Basic Self	JR4	\$1,869.64	\$1,907.03	
Basic Self & Family	JR5	\$4,333.03	\$4,419.69	
Basic Self Plus One	JR6	\$4,290.11	\$4,375.91	
New Jersey Aetna Open Access				
Basic Self	P34	\$1,794.85	\$1,830.75	
Basic Self & Family	P35	\$4,165.85	\$4,249.17	
Basic Self Plus One	P36	\$4,124.55	\$4,207.04	
High Self	P31	\$1,826.48	\$1,863.01	
High Self & Family	P32	\$4,428.32	\$4,516.89	
High Self Plus One	P33	\$4,384.49	\$4,472.18	
New Mexico Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
New Mexico Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
New Mexico Aetna HealthFund CDHP and A	etna Value Plan			
Value Self	G54	\$1,032.44	\$1,053.09	
Value Self & Family	G55	\$2,364.57	\$2,411.86	
Value Self Plus One	G56	\$2,318.27	\$2,364.64	
CDHP Self	G51	\$1,357.94	\$1,385.10	
CDHP Self & Family	G52	\$3,097.40	\$3,159.35	
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13	
New Mexico Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organization	ıs (HMO)	2025 Mont	thly Premium	
Plan - Option - Enrollment Co	de	Total Premium	TCC Rates with Administration Fee	
New Mexico Presbyterian Health Plan		-		
High Self	P21	\$1,087.86	\$1,109.62	
High Self & Family	P22	\$2,556.49	\$2,607.62	
High Self Plus One	P23	\$2,469.59	\$2,518.98	
New Mexico Presbyterian Health Plan				
Standard Self	PS4	\$911.71	\$929.94	
Standard Self & Family	PS5	\$2,142.55	\$2,185.40	
Standard Self Plus One	PS6	\$2,069.71	\$2,111.10	
Wellness Self	PS1	\$810.75	\$826.97	
Wellness Self & Family	PS2	\$1,905.24	\$1,943.34	
Wellness Self Plus One	PS3	\$1,840.45	\$1,877.26	
New York Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
New York Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
New York Aetna HealthFund CDHP and Aetna	Value Plan			
Value Self	EP4	\$1,464.34	\$1,493.63	
Value Self & Family	EP5	\$3,353.22	\$3,420.28	
Value Self Plus One	EP6	\$3,287.42	\$3,353.17	
CDHP Self	EP1	\$1,375.05	\$1,402.55	
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56	
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87	
New York Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
New York Aetna Open Access				
High Self	JC1	\$1,922.33	\$1,960.78	
High Self & Family	JC2	\$4,750.11	\$4,845.11	
High Self Plus One	JC3	\$4,703.10	\$4,797.16	
Basic Self	JC4	\$1,690.80	\$1,724.62	
Basic Self & Family	JC5	\$4,124.23	\$4,206.71	
Basic Self Plus One	JC6	\$4,083.43	\$4,165.10	
New York Independent Health				
Standard Self	C54	\$859.86	\$877.06	
Standard Self & Family	C55	\$2,321.63	\$2,368.06	
Standard Self Plus One	C56	\$2,192.65	\$2,236.50	
New York Independent Health		•	•	
High Self	QA1	\$954.59	\$973.68	
High Self & Family	QA2	\$2,577.38	\$2,628.93	
High Self Plus One	QA3	\$2,434.19	\$2,482.87	
-	•	•	•	

	Program		Ith Benefits	
Health Management Organizations (HMO)		2025 Mon	2025 Monthly Premium	
Plan - Option - Enrollment	Code	Total Premium	TCC Rates with Administration Fe	
HDHP Self	QA4	\$732.59	\$747.24	
HDHP Self & Family	QA5	\$1,906.95	\$1,945.09	
HDHP Self Plus One	QA6	\$1,812.14	\$1,848.38	
orth Carolina Aetna Advantage			. ,	
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
orth Carolina Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
orth Carolina Aetna HealthFund CDHP an	d Aetna Value Plar	1		
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self & Family	F55	\$2,681.42	\$2,735.05	
Value Self Plus One	F56	\$2,628.77	\$2,681.35	
orth Carolina Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
orth Carolina UnitedHealthcare Insurance				
High Self	AS1	\$822.77	\$839.23	
High Self & Family	AS2	\$1,945.86	\$1,984.78	
High Self Plus One	AS3	\$1,768.93	\$1,804.31	
orth Carolina UnitedHealthcare Insurance	• •		ć002.04	
HDHP Self	LS1	\$788.15	\$803.91	
HDHP Self & Family	LS2	\$1,812.70	\$1,848.95 \$1,728.35	
HDHP Self Plus One	LS3	\$1,694.46	\$1,728.35	
orth Carolina UnitedHealthcare Insurance High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
orth Dakota Aetna Advantage	183	71,317.40	\$1,547.75	
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
orth Dakota Aetna Direct		72,027.00	71,000.20	
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
orth Dakota Aetna HealthFund CDHP and		. ,	, ,	
ortii bakota Actiia ricaltiii alia Cbiii alia				
CDHP Self	H41	\$1,143.22	\$1,166.08	
	H41 H42	\$1,143.22 \$2,605.89	\$1,166.08 \$2,658.01	

	Program	Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organizatio	Health Management Organizations (HMO)		2025 Monthly Premium			
Plan - Option - Enrollment Co	ode	Total Premium	TCC Rates with Administration Fee			
Value Self	H44	\$1,404.95	\$1,433.05			
Value Self & Family	H45	\$3,224.28	\$3,288.77			
Value Self Plus One	H46	\$3,161.06	\$3,224.28			
orth Dakota Aetna HealthFund HDHP						
HDHP Self	224	\$938.77	\$957.55			
HDHP Self & Family	225	\$2,070.73	\$2,112.14			
HDHP Self Plus One	226	\$2,030.19	\$2,070.79			
orth Dakota HealthPartners						
Standard Self	V34	\$632.08	\$644.72			
Standard Self & Family	V35	\$1,539.76	\$1,570.56			
Standard Self Plus One	V36	\$1,396.92	\$1,424.86			
High Self	V31	\$909.98	\$928.18			
High Self & Family	V32	\$2,216.72	\$2,261.05			
High Self Plus One	V33	\$2,011.06	\$2,051.28			
orthern Mariana Islands Calvo's Select Care		4				
Standard Self	B44	\$425.27	\$433.78			
Standard Self & Family	B45	\$1,235.78	\$1,260.50			
Standard Self Plus One	B46	\$838.41	\$855.18			
High Self	B41	\$584.42	\$596.11			
High Self & Family	B42	\$1,547.95	\$1,578.91			
High Self Plus One orthern Mariana Islands TakeCare	B43	\$1,140.53	\$1,163.34			
HDHP Self	KX1	\$170.91	\$174.33			
HDHP Self & Family	KX1 KX2	\$458.21	\$174.33 \$467.37			
HDHP Self Plus One	KX3	\$412.60	\$420.85			
orthern Mariana Islands TakeCare	KAS	3412.00	Ş420.63			
Standard Self	JK4	\$426.75	\$435.29			
Standard Self & Family	JK5	\$1,408.44	\$1,436.61			
Standard Self Plus One	JK6	\$855.05	\$872.15			
High Self	JK1	\$581.36	\$592.99			
High Self & Family	JK2	\$1,671.43	\$1,704.86			
High Self Plus One	JK3	\$1,162.31	\$1,185.56			
hio Aetna Advantage						
Advantage Self	Z24	\$461.35	\$470.58			
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99			
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25			
hio Aetna Direct						
CDHP Self	N61	\$666.12	\$679.44			
CDHP Self & Family	N62	\$1,679.86	\$1,713.46			
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07			
hio Aetna HealthFund CDHP and Aetna Val		,				
Value Self	JS4	\$1,348.36	\$1,375.33			
Value Self & Family	JS5	\$3,078.08	\$3,139.64			
Value Self Plus One	JS6	\$3,047.70	\$3,108.65			
CDHP Self	JS1	\$1,403.00	\$1,431.06			
CDHP Self & Family	JS2	\$3,198.20	\$3,262.16			
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85			

	Program			
Health Management Organization	Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fee	
Dhio Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
hio Medical Mutual of Ohio				
Basic Self	YF1	\$482.84	\$492.50	
Basic Self & Family	YF2	\$1,158.86	\$1,182.04	
Basic Self Plus One	YF3	\$1,062.27	\$1,083.52	
hio Medical Mutual of Ohio				
Standard Self	644	\$1,328.56	\$1,355.13	
Standard Self & Family	645	\$3,188.53	\$3,252.30	
Standard Self Plus One	646	\$2,922.79	\$2,981.25	
Phio Medical Mutual of Ohio				
Basic Self	UX1	\$464.71	\$474.00	
Basic Self & Family	UX2	\$1,115.27	\$1,137.58	
Basic Self Plus One	UX3	\$1,022.34	\$1,042.79	
klahoma Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
klahoma Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
klahoma Aetna HealthFund CDHP and Aet	tna Value Plan			
Value Self	JS4	\$1,348.36	\$1,375.33	
Value Self & Family	JS5	\$3,078.08	\$3,139.64	
Value Self Plus One	JS6	\$3,047.70	\$3,108.65	
CDHP Self	JS1	\$1,403.00	\$1,431.06	
CDHP Self & Family	JS2	\$3,198.20	\$3,262.16	
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85	
klahoma Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
regon Aetna Advantage				
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
regon Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
regon Aetna HealthFund CDHP and Aetna	Value Plan			
CDHP Self	H41	\$1,143.22	\$1,166.08	
CDHP Self & Family	H42	\$2,605.89	\$2,658.01	
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26	
Value Self	H44	\$1,404.95	\$1,433.05	
Value Self & Family	H45	\$3,224.28	\$3,288.77	

	Program		Ith Benefits	
Health Management Organiza	ations (HMO)	2025 Mon	2025 Monthly Premium	
Plan - Option - Enrollmer	Plan - Option - Enrollment Code		TCC Rates with Administration Fe	
Value Self Plus One	H46	\$3,161.06	\$3,224.28	
Oregon Aetna HealthFund HDHP				
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Oregon Kaiser Permanente - Northwest				
Standard Self	574	\$836.05	\$852.77	
Standard Self & Family	575	\$1,920.64	\$1,959.05	
Standard Self Plus One	576	\$1,920.64	\$1,959.05	
High Self	571	\$932.92	\$951.58	
High Self & Family	572	\$2,107.19	\$2,149.33	
High Self Plus One	573	\$2,107.19	\$2,149.33	
Oregon Kaiser Permanente - Northwest				
Prosper Self	AM1	\$461.33	\$470.56	
Prosper Self & Family	AM2	\$1,144.07	\$1,166.95	
Prosper Self Plus One	AM3	\$991.79	\$1,011.63	
Oregon UnitedHealthcare Insurance Com	ipany, Inc Choice Pl	u		
High Self	WF1	\$780.98	\$796.60	
High Self & Family	WF2	\$1,847.00	\$1,883.94	
High Self Plus One	WF3	\$1,679.10	\$1,712.68	
Oregon UnitedHealthcare Insurance Com	ipany, Inc. Choice HD	Н		
HDHP Self	LU1	\$851.87	\$868.91	
HDHP Self & Family	LU2	\$1,959.34	\$1,998.53	
HDHP Self Plus One	LU3	\$1,831.55	\$1,868.18	
Oregon UnitedHealthcare Insurance Com	pany, Inc. Choice Prir			
High Self	VD1	\$771.38	\$786.81	
High Self & Family	VD2	\$1,824.31	\$1,860.80	
High Self Plus One	VD3	\$1,658.45	\$1,691.62	
Palau Calvo's Select Care				
Standard Self	B44	\$425.27	\$433.78	
Standard Self & Family	B45	\$1,235.78	\$1,260.50	
Standard Self Plus One	B46	\$838.41	\$855.18	
High Self	B41	\$584.42	\$596.11	
High Self & Family	B42	\$1,547.95	\$1,578.91	
High Self Plus One	B43	\$1,140.53	\$1,163.34	
Palau TakeCare		*.	4 ,	
HDHP Self	KX1	\$170.91	\$174.33	
HDHP Self & Family	KX2	\$458.21	\$467.37	
HDHP Self Plus One	KX3	\$412.60	\$420.85	
Palau TakeCare		4		
Standard Self	JK4	\$426.75	\$435.29	
Standard Self & Family	JK5	\$1,408.44	\$1,436.61	
Standard Self Plus One	JK6	\$855.05	\$872.15	

Tribal Premium Rates for the Federal Employees Health Benefits Program					
Health Management Organizations (HMO)		2025 Mont	thly Premium		
Plan - Option - Enrollment C	Code	Total Premium	TCC Rates with Administration Fee		
High Self	JK1	\$581.36	\$592.99		
High Self & Family	JK2	\$1,671.43	\$1,704.86		
High Self Plus One	JK3	\$1,162.31	\$1,185.56		
Pennsylvania Aetna Advantage					
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		
Pennsylvania Aetna Direct					
CDHP Self	N61	\$666.12	\$679.44		
CDHP Self & Family	N62	\$1,679.86	\$1,713.46		
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07		
Pennsylvania Aetna HealthFund CDHP and A	Aetna Value Plan				
CDHP Self	H41	\$1,143.22	\$1,166.08		
CDHP Self & Family	H42	\$2,605.89	\$2,658.01		
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26		
Value Self	H44	\$1,404.95	\$1,433.05		
Value Self & Family	H45	\$3,224.28	\$3,288.77		
Value Self Plus One	H46	\$3,161.06	\$3,224.28		
Pennsylvania Aetna HealthFund HDHP					
HDHP Self	224	\$938.77	\$957.55		
HDHP Self & Family	225	\$2,070.73	\$2,112.14		
HDHP Self Plus One	226	\$2,030.19	\$2,070.79		
Pennsylvania Aetna Open Access					
Basic Self	P34	\$1,794.85	\$1,830.75		
Basic Self & Family	P35	\$4,165.85	\$4,249.17		
Basic Self Plus One	P36	\$4,124.55	\$4,207.04		
High Self	P31	\$1,826.48	\$1,863.01		
High Self & Family	P32	\$4,428.32	\$4,516.89		
High Self Plus One	P33	\$4,384.49	\$4,472.18		
Pennsylvania Aetna Open Access			. ,		
High Self	YE1	\$1,696.83	\$1,730.77		
High Self & Family	YE2	\$4,260.75	\$4,345.97		
High Self Plus One	YE3	\$4,218.61	\$4,302.98		
Pennsylvania Geisinger Health Plan			. ,		
Standard Self	GG4	\$1,107.10	\$1,129.24		
Standard Self & Family	GG5	\$2,534.74	\$2,585.43		
Standard Self Plus One	GG6	\$2,392.11	\$2,439.95		
Pennsylvania Geisinger Health Plan			. ,		
Basic Self	AJ1	\$1,011.62	\$1,031.85		
Basic Self & Family	AJ2	\$2,316.10	\$2,362.42		
Basic Self Plus One	AJ3	\$2,185.78	\$2,229.50		
Pennsylvania UnitedHealthcare Insurance C			. ,		
High Self	AS1	\$822.77	\$839.23		
High Self & Family	AS2	\$1,945.86	\$1,984.78		
High Self Plus One	AS3	\$1,768.93	\$1,804.31		
		, -, · · · · · · ·	, -, - o · · · o =		

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizati	ions (HMO)	2025 Monthly Premium	
Plan - Option - Enrollment	Plan - Option - Enrollment Code		TCC Rates with Administration Fe
Pennsylvania UnitedHealthcare Insurance (Company, Inc. Choic		
, HDHP Self	. <i>y</i>	\$702.15	\$716.19
HDHP Self & Family	V42	\$1,607.23	\$1,639.37
HDHP Self Plus One	V43	\$1,509.65	\$1,539.84
Pennsylvania UnitedHealthcare Insurance			Ψ1,333.01
High Self	LR1	\$1,132.39	\$1,155.04
High Self & Family	LR2	\$2,683.72	\$2,737.39
High Self Plus One	LR3	\$2,683.72	\$2,737.39
Pennsylvania UnitedHealthcare Insurance		. ,	ş2,483.29
-	• •		6740.00
High Self & Family	Y81	\$705.77	\$719.89
High Self & Family	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
Pennsylvania UPMC Health Plan		4	4
HDHP Self	8W4	\$713.55	\$727.82
HDHP Self & Family	8W5	\$1,897.94	\$1,935.90
HDHP Self Plus One	8W6	\$1,704.54	\$1,738.63
Pennsylvania UPMC Health Plan			
Standard Self	UW4	\$774.09	\$789.57
Standard Self & Family	UW5	\$2,122.38	\$2,164.83
Standard Self Plus One	UW6	\$1,888.53	\$1,926.30
Puerto Rico Triple-S Salud Inc. Puerto Rico			
High Self	891	\$466.61	\$475.94
High Self & Family	892	\$1,068.58	\$1,089.95
High Self Plus One	893	\$1,047.74	\$1,068.69
Rhode Island Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Rhode Island Aetna Direct		Ψ = , σ =σ σ	Ψ1,033.23
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Rhode Island Aetna HealthFund CDHP and		71,400.03	71,430.07
Value Self	EP4	\$1,464.34	\$1,493.63
Value Self & Family	EP5	\$3,353.22	\$1,493.63
•			
Value Self Plus One	EP6	\$3,287.42	\$3,353.17
CDHP Self	EP1	\$1,375.05	\$1,402.55
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87
Rhode Island Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
South Carolina Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
G			
South Carolina Aetna Direct			

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Co	Plan - Option - Enrollment Code		TCC Rates with Administration Fe
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
outh Carolina Aetna HealthFund CDHP and	Aetna Value Plan		
Value Self	JS4	\$1,348.36	\$1,375.33
Value Self & Family	JS5	\$3,078.08	\$3,139.64
Value Self Plus One	JS6	\$3,047.70	\$3,108.65
CDHP Self	JS1	\$1,403.00	\$1,431.06
CDHP Self & Family	JS2	\$3,198.20	\$3,262.16
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85
outh Carolina Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
outh Dakota Aetna Advantage			
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
outh Dakota Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
outh Dakota Aetna HealthFund CDHP and A		** ***	4
Value Self	G54	\$1,032.44	\$1,053.09
Value Self & Family	G55	\$2,364.57	\$2,411.86
Value Self Plus One	G56	\$2,318.27	\$2,364.64
CDHP Self 8 Family	G51	\$1,357.94	\$1,385.10
CDHP Self & Family	G52	\$3,097.40	\$3,159.35
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13
outh Dakota Aetna HealthFund HDHP	224	¢020.77	Ć057.55
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One outh Dakota HealthPartners	226	\$2,030.19	\$2,070.79
	1/2/	¢(22,00	¢C44.72
Standard Self & Family	V34 V35	\$632.08	\$644.72
Standard Self & Family Standard Self Plus One	V35 V36	\$1,539.76 \$1,396.92	\$1,570.56 \$1,424.86
	V36 V31	\$1,396.92 \$909.98	
High Self	V31 V32	•	\$928.18 \$2.261.05
High Self & Family High Self Plus One	V32 V33	\$2,216.72 \$2,011.06	\$2,261.05 \$2,051.28
nnessee Aetna Advantage	VJJ	72,UII.UO	\$2,051.28
_	724	\$461.35	\$ <u>/</u> 70 52
Advantage Self Advantage Self & Family	Z24 Z25	\$461.35 \$1,222.54	\$470.58 \$1,246.99

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Health Management Organizations (HMO)		2025 Monthly Premium		
Plan - Option - Enrollment Co	de	Total Premium	TCC Rates with Administration Fee	
Tennessee Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Tennessee Aetna HealthFund CDHP and Aetn		4		
CDHP Self	F51	\$1,165.21	\$1,188.51	
CDHP Self & Family	F52	\$2,656.85	\$2,709.99	
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14	
Value Self	F54	\$1,170.95	\$1,194.37	
Value Self & Family	F55	\$2,681.42	\$2,735.05	
Value Self Plus One	F56	\$2,628.77	\$2,681.35	
Tennessee Aetna HealthFund HDHP			4	
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Tennessee UnitedHealthcare Insurance Comp		4000 77	4000.00	
High Self	AS1	\$822.77	\$839.23	
High Self & Family	AS2	\$1,945.86	\$1,984.78	
High Self Plus One	AS3	\$1,768.93	\$1,804.31	
Tennessee UnitedHealthcare Insurance Comp			¢002.04	
HDHP Self	LS1	\$788.15	\$803.91	
HDHP Self & Family	LS2 LS3	\$1,812.70	\$1,848.95	
HDHP Self Plus One		\$1,694.46	\$1,728.35	
Tennessee UnitedHealthcare Insurance Comp	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self & Family	182 Y83	\$1,569.11 \$1,517.40	\$1,702.49 \$1,547.75	
High Self Plus One Texas Aetna Advantage	105	\$1,517.40	\$1,547.75	
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,222.34	\$1,035.25	
Texas Aetna Direct	220	\$1,014.95	\$1,033.23	
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Texas Aetna HealthFund CDHP and Aetna Val		71,400.03	71,430.07	
Value Self	JS4	\$1,348.36	\$1,375.33	
Value Self & Family	JS5	\$3,078.08	\$3,139.64	
Value Self Plus One	JS6	\$3,047.70	\$3,108.65	
CDHP Self	JS1	\$1,403.00	\$1,431.06	
CDHP Self & Family	JS2	\$3,198.20	\$3,262.16	
CDHP Self Plus One	JS3	\$3,166.52	\$3,229.85	
Texas Aetna HealthFund HDHP		, -, - 0 0.0 -	+5,-25.05	
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
5511 1 105 5116		, -,	, =,o. o., o	

	Program	impioyees nea	Ilth Benefits	
Health Management Organiz	Health Management Organizations (HMO) Plan - Option - Enrollment Code		2025 Monthly Premium	
Plan - Option - Enrollme			TCC Rates with Administration F	
Texas Scott and White Health Plan				
Basic Self	A81	\$543.36	\$554.23	
Basic Self & Family	A82	\$1,276.84	\$1,302.38	
Basic Self Plus One	A83	\$1,206.18	\$1,230.30	
Standard Self	A84	\$930.24	\$948.84	
Standard Self & Family	A85	\$2,186.10	\$2,229.82	
Standard Self Plus One	A86	\$2,065.16	\$2,106.46	
Texas Scott and White Health Plan				
Basic Self	P81	\$576.75	\$588.29	
Basic Self & Family	P82	\$1,355.36	\$1,382.47	
Basic Self Plus One	P83	\$1,280.37	\$1,305.98	
Standard Self	P84	\$1,059.70	\$1,080.89	
Standard Self & Family	P85	\$2,490.30	\$2,540.11	
Standard Self Plus One	P86	\$2,352.52	\$2,399.57	
Texas UnitedHealthcare Insurance Comp			\$839.23	
High Self & Family	AS1 AS2	\$822.77 \$1,945.86	\$839.23 \$1,984.78	
High Self & Family High Self Plus One	AS3	\$1,768.93	\$1,804.31	
Texas UnitedHealthcare Insurance Comp			\$1,004.31	
Value Self	L91	\$830.38	\$846.99	
Value Self & Family	L92	\$1,992.03	\$2,031.87	
Value Self Plus One	L93	\$1,763.73	\$1,799.00	
Texas UnitedHealthcare Insurance Comp			Ψ2), 33.00	
High Self	Y81	\$705.77	\$719.89	
High Self & Family	Y82	\$1,669.11	\$1,702.49	
High Self Plus One	Y83	\$1,517.40	\$1,547.75	
Utah Aetna Advantage			. ,	
Advantage Self	Z24	\$461.35	\$470.58	
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99	
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25	
Utah Aetna Direct				
CDHP Self	N61	\$666.12	\$679.44	
CDHP Self & Family	N62	\$1,679.86	\$1,713.46	
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07	
Utah Aetna HealthFund CDHP and Aetna	a Value Plan			
Value Self	G54	\$1,032.44	\$1,053.09	
Value Self & Family	G55	\$2,364.57	\$2,411.86	
Value Self Plus One	G56	\$2,318.27	\$2,364.64	
CDHP Self	G51	\$1,357.94	\$1,385.10	
CDHP Self & Family	G52	\$3,097.40	\$3,159.35	
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13	
Utah Aetna HealthFund HDHP	_			
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	

Tribal Premium Rates for the Federal Employees Health Benefits Program					
Health Management Organizations (HMO)		2025 Monthly Premium			
Plan - Option - Enrollment Co	de	Total Premium	TCC Rates with Administration Fee		
Utah Altius Health Plan			*		
High Self	9K1	\$1,371.93	\$1,399.37		
High Self & Family	9K2	\$3,034.07	\$3,094.75		
High Self Plus One	9K3	\$3,004.08	\$3,064.16		
HDHP Self	9K4	\$959.27	\$978.46		
HDHP Self & Family	9K5	\$2,004.84	\$2,044.94		
HDHP Self Plus One	9K6	\$1,965.43	\$2,004.74		
Utah Altius Health Plan					
Standard Self	DK4	\$1,109.64	\$1,131.83		
Standard Self & Family	DK5	\$2,450.48	\$2,499.49		
Standard Self Plus One	DK6	\$2,426.21	\$2,474.73		
Utah SelectHealth Plan					
Standard Self	SF4	\$885.82	\$903.54		
Standard Self & Family	SF5	\$2,214.59	\$2,258.88		
Standard Self Plus One	SF6	\$1,948.81	\$1,987.79		
Utah SelectHealth Plan					
HDHP Self	WX1	\$819.02	\$835.40		
HDHP Self & Family	WX2	\$2,047.57	\$2,088.52		
HDHP Self Plus One	WX3	\$1,801.84	\$1,837.88		
Vermont Aetna Advantage					
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		
Vermont Aetna Direct					
CDHP Self	N61	\$666.12	\$679.44		
CDHP Self & Family	N62	\$1,679.86	\$1,713.46		
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07		
Vermont Aetna HealthFund CDHP and Aetna					
Value Self	EP4	\$1,464.34	\$1,493.63		
Value Self & Family	EP5	\$3,353.22	\$3,420.28		
Value Self Plus One	EP6	\$3,287.42	\$3,353.17		
CDHP Self	EP1	\$1,375.05	\$1,402.55		
CDHP Self & Family	EP2	\$3,135.84	\$3,198.56		
CDHP Self Plus One	EP3	\$3,104.77	\$3,166.87		
Vermont Aetna HealthFund HDHP		±000 ==	4		
HDHP Self	224	\$938.77	\$957.55		
HDHP Self & Family	225	\$2,070.73	\$2,112.14		
HDHP Self Plus One	226	\$2,030.19	\$2,070.79		
Virgin Islands Triple-S Salud Inc. U.S. Virgin Is		6652.45	¢665.40		
High Self 8. Family	851	\$652.15	\$665.19		
High Self & Family	852	\$1,493.42	\$1,523.29		
High Self Plus One	853	\$1,464.26	\$1,493.55		
Virginia Aetna Advantage	70.4	6464.05	6470.50		
Advantage Self	Z24	\$461.35	\$470.58		
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99		
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25		

Tribal Premium Rates for th	Program		itii bellellts
Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Cod	de	Total Premium	TCC Rates with Administration Fee
ginia Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
ginia Aetna HealthFund CDHP and Aetna V	alue Plan		
CDHP Self	F51	\$1,165.21	\$1,188.51
CDHP Self & Family	F52	\$2,656.85	\$2,709.99
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14
Value Self	F54	\$1,170.95	\$1,194.37
Value Self & Family	F55	\$2,681.42	\$2,735.05
Value Self Plus One	F56	\$2,628.77	\$2,681.35
ginia Aetna HealthFund HDHP			
HDHP Self	224	\$938.77	\$957.55
HDHP Self & Family	225	\$2,070.73	\$2,112.14
HDHP Self Plus One	226	\$2,030.19	\$2,070.79
ginia Aetna Open Access			
High Self	JN1	\$1,471.67	\$1,501.10
High Self & Family	JN2	\$3,308.59	\$3,374.76
High Self Plus One	JN3	\$3,275.78	\$3,341.30
Basic Self	JN4	\$863.85	\$881.13
Basic Self & Family	JN5	\$1,976.93	\$2,016.47
Basic Self Plus One	JN6	\$1,815.39	\$1,851.70
ginia Aetna Saver (Open Access)			
Saver Self	QQ4	\$586.58	\$598.31
Saver Self & Family	QQ5	\$1,342.40	\$1,369.25
Saver Self Plus One	QQ6	\$1,232.70	\$1,257.35
ginia CareFirst BlueChoice			
Standard Self	2G4	\$1,171.15	\$1,194.57
Standard Self & Family	2G5	\$2,782.63	\$2,838.28
Standard Self Plus One	2G6	\$2,342.30	\$2,389.15
rinia CareFirst BlueChoice			
HDHP Self	B61	\$748.30	\$763.27
HDHP Self & Family	B62	\$1,777.95	\$1,813.51
HDHP Self Plus One	B63	\$1,496.60	\$1,526.53
Blue Value Plus Self	B64	\$775.04	\$790.54
Blue Value Plus Self & Family	B65	\$1,841.45	\$1,878.28
Blue Value Plus Self Plus One	B66	\$1,550.08	\$1,581.08
ginia Kaiser Permanente - Mid-Atlantic Sta		•	•
Prosper Self	T71	\$449.30	\$458.29
Prosper Self & Family	T72	\$1,264.10	\$1,289.38
Prosper Self Plus One	T73	\$1,073.39	\$1,094.86
inia Kaiser Permanente - Mid-Atlantic Sta		. ,	, ,
Standard Self	E34	\$770.08	\$785.48
Standard Self & Family	E35	\$1,771.21	\$1,806.63
Standard Self Plus One	E36	\$1,771.21	\$1,806.63
High Self	E31	\$962.28	\$981.53
High Self & Family	E32	\$2,213.27	\$2,257.54
High Self Plus One	E33	\$2,213.27	\$2,257.54

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO) Plan - Option - Enrollment Code		2025 Monthly Premium	
		Total Premium	TCC Rates with Administration Fe
Virginia M.D. IPA			
High Self	JP1	\$1,159.28	\$1,182.47
High Self & Family	JP2	\$3,250.67	\$3,315.68
High Self Plus One	JP3	\$2,264.10	\$2,309.38
Virginia Optima Health	31.5	ψ <i>L</i> ,20 1.10	Ψ 2 ,303.30
HDHP Self	PG4	\$701.03	\$715.05
HDHP Self & Family	PG5	\$1,546.33	\$1,577.26
HDHP Self Plus One	PG6	\$1,546.33 \$1,516.04	\$1,546.36
	PG6 PG1	\$1,516.04 \$922.59	
High Self & Family		•	\$941.04
High Self & Family	PG2	\$2,229.22	\$2,273.80
High Self Plus One	PG3	\$2,229.07	\$2,273.65
Virigina Sentara Health Plans	504	4700 44	4700.50
High Self	F21	\$709.41	\$723.60
High Self & Family	F22	\$1,623.53	\$1,656.00
High Self Plus One	F23	\$1,623.40	\$1,655.87
Virginia UnitedHealthcare Insurance Comp			
High Self	AS1	\$822.77	\$839.23
High Self & Family	AS2	\$1,945.86	\$1,984.78
High Self Plus One	AS3	\$1,768.93	\$1,804.31
Virginia UnitedHealthcare Insurance Comp	any, Inc. Choice HDI	1	
HDHP Self	V41	\$702.15	\$716.19
HDHP Self & Family	V42	\$1,607.23	\$1,639.37
HDHP Self Plus One	V43	\$1,509.65	\$1,539.84
Virginia UnitedHealthcare Insurance Comp	any, Inc. Choice Ope		
High Self	LR1	\$1,132.39	\$1,155.04
High Self & Family	LR2	\$2,683.72	\$2,737.39
High Self Plus One	LR3	\$2,434.60	\$2,483.29
Virginia UnitedHealthcare Insurance Comp			γ2, 103.23
Value Self	L91	\$830.38	\$846.99
Value Self & Family	L92	\$1,992.03	\$2,031.87
Value Self Plus One	L93	\$1,763.73	\$1,799.00
Virginia UnitedHealthcare Insurance Comp			\$1,799.00
			¢710.00
High Self & Family	Y81	\$705.77 \$1.660.11	\$719.89
High Self Blue One	Y82	\$1,669.11	\$1,702.49
High Self Plus One	Y83	\$1,517.40	\$1,547.75
Washington Aetna Advantage	72.4	¢454.05	4470 -0
Advantage Self	Z24	\$461.35	\$470.58
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25
Washington Aetna Direct			
CDHP Self	N61	\$666.12	\$679.44
CDHP Self & Family	N62	\$1,679.86	\$1,713.46
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07
Washington Aetna HealthFund CDHP and A	Aetna Value Plan		
Value Self	G54	\$1,032.44	\$1,053.09
Value Self & Family	G55	\$2,364.57	\$2,411.86

	Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO) Plan - Option - Enrollment Code		2025 Mont	2025 Monthly Premium	
		Total Premium	TCC Rates with Administration Fe	
CDHP Self	G51	\$1,357.94	\$1,385.10	
CDHP Self & Family	G52	\$3,097.40	\$3,159.35	
CDHP Self Plus One	G53	\$3,066.79	\$3,128.13	
Washington Aetna HealthFund HDHP		7-7	7-7	
HDHP Self	224	\$938.77	\$957.55	
HDHP Self & Family	225	\$2,070.73	\$2,112.14	
HDHP Self Plus One	226	\$2,030.19	\$2,070.79	
Washington Kaiser Permanente - Northwest				
Standard Self	574	\$836.05	\$852.77	
Standard Self & Family	575	\$1,920.64	\$1,959.05	
Standard Self Plus One	576	\$1,920.64	\$1,959.05	
High Self	571	\$932.92	\$951.58	
High Self & Family	572	\$2,107.19	\$2,149.33	
High Self Plus One	573	\$2,107.19	\$2,149.33	
Washington Kaiser Permanente - Northwest				
Prosper Self	AM1	\$461.33	\$470.56	
Prosper Self & Family	AM2	\$1,144.07	\$1,166.95	
Prosper Self Plus One	AM3	\$991.79	\$1,011.63	
Washington Kaiser Permanente - Washington	n Core			
Standard Self	544	\$834.25	\$850.94	
Standard Self & Family	545	\$1,918.82	\$1,957.20	
Standard Self Plus One	546	\$1,918.82	\$1,957.20	
High Self	541	\$1,098.09	\$1,120.05	
High Self & Family	542	\$2,415.81	\$2,464.13	
High Self Plus One	543	\$2,415.81	\$2,464.13	
Washington Kaiser Permanente - Washington	n Core			
Prosper Self	PT4	\$412.25	\$420.50	
Prosper Self & Family	PT5	\$1,154.31	\$1,177.40	
Prosper Self Plus One	PT6	\$998.57	\$1,018.54	
Washington Kaiser Permanente Washington	•			
Standard Self	L11	\$754.52	\$769.61	
Standard Self & Family	L12	\$1,675.05	\$1,708.55	
Standard Self Plus One	L13	\$1,675.05	\$1,708.55	
HDHP Self	L14	\$790.60	\$806.41	
HDHP Self & Family	L15	\$1,755.09	\$1,790.19	
HDHP Self Plus One	L16	\$1,755.09	\$1,790.19	
Washington UnitedHealthcare Insurance Com			4706.60	
High Self	WF1	\$780.98	\$796.60	
High Self & Family	WF2	\$1,847.00	\$1,883.94	
High Self Plus One	WF3	\$1,679.10	\$1,712.68	
Washington UnitedHealthcare Insurance Com			¢0.00.04	
HDHP Self	LU1	\$851.87	\$868.91	
HDHP Self & Family	LU2	\$1,959.34	\$1,998.53	
HDHP Self Plus One	LU3	\$1,831.55	\$1,868.18	
Washington UnitedHealthcare Insurance Con			¢70C 04	
High Self	VD1	\$771.38 \$1.824.21	\$786.81	
High Self & Family High Self Plus One	VD2 VD3	\$1,824.31 \$1,658.45	\$1,860.80 \$1,691.62	

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)		2025 Monthly Premium				
Plan - Option - Enrollment Co	de	Total Premium	TCC Rates with Administration Fee			
West Virginia Aetna Advantage						
Advantage Self	Z24	\$461.35	\$470.58			
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99			
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25			
West Virginia Aetna Direct						
CDHP Self	N61	\$666.12	\$679.44			
CDHP Self & Family	N62	\$1,679.86	\$1,713.46			
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07			
West Virginia Aetna HealthFund CDHP and A						
CDHP Self	F51	\$1,165.21	\$1,188.51			
CDHP Self & Family	F52	\$2,656.85	\$2,709.99			
CDHP Self Plus One	F53	\$2,630.53	\$2,683.14			
Value Self	F54	\$1,170.95	\$1,194.37			
Value Self & Family	F55	\$2,681.42	\$2,735.05			
Value Self Plus One	F56	\$2,628.77	\$2,681.35			
West Virginia Aetna HealthFund HDHP		4000				
HDHP Self	224	\$938.77	\$957.55			
HDHP Self & Family	225	\$2,070.73	\$2,112.14			
HDHP Self Plus One	226	\$2,030.19	\$2,070.79			
Wisconsin Aetna Advantage		4.0. 0-				
Advantage Self	Z24	\$461.35	\$470.58			
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99			
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25			
Wisconsin Aetna Direct	1164	4555.40	4670.44			
CDHP Self	N61	\$666.12	\$679.44			
CDHP Self & Family	N62	\$1,679.86	\$1,713.46			
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07			
Wisconsin Aetna HealthFund CDHP and Aetna		ć1 240 2C	¢4 275 22			
Value Self	JS4	\$1,348.36	\$1,375.33			
Value Self & Family	JS5	\$3,078.08	\$3,139.64			
Value Self Plus One	JS6	\$3,047.70	\$3,108.65			
CDHP Self	JS1	\$1,403.00	\$1,431.06			
CDHP Self & Family CDHP Self Plus One	JS2 JS3	\$3,198.20	\$3,262.16			
Wisconsin Aetna HealthFund HDHP	122	\$3,166.52	\$3,229.85			
HDHP Self	224	\$938.77	\$957.55			
HDHP Self & Family	225	\$2,070.73	\$2,112.14			
HDHP Self Plus One	226					
HDHP Self Plus One 226 \$2,030.19 \$2,070.79 Wisconsin Group Health Cooperative of South Central Wisconsi						
High Self	WJ1	\$1,300.95	\$1,326.97			
High Self & Family	WJ2	\$3,382.69	\$3,450.34			
High Self Plus One	WJ3	\$2,862.25	\$2,919.50			
Standard Self	WJ4	\$824.96	\$841.46			
Standard Self & Family	WJ5	\$2,144.96	\$2,187.86			
Standard Self Rlus One	WJ6	\$1,814.97	\$1,851.27			
Wisconsin HealthPartners	**30	γ±,0±¬.J/	Ψ±,00±.21			
Standard Self	V34	\$632.08	\$644.72			
Standard Self & Family	V35	\$1,539.76	\$1,570.56			
Standard Self Rlus One	V35	\$1,396.92	\$1,424.86			
Standard Schi i lus One	•50	Q 1,000.02	71,727.00			

Tribal Premium Rates for the Federal Employees Health Benefits Program						
Health Management Organizations (HMO)		2025 Monthly Premium				
Plan - Option - Enrollment	Code	Total Premium	TCC Rates with Administration Fee			
High Self	V31	\$909.98	\$928.18			
High Self & Family	V32	\$2,216.72	\$2,261.05			
High Self Plus One	V33	\$2,011.06	\$2,051.28			
Wyoming Aetna Advantage						
Advantage Self	Z24	\$461.35	\$470.58			
Advantage Self & Family	Z25	\$1,222.54	\$1,246.99			
Advantage Self Plus One	Z26	\$1,014.95	\$1,035.25			
Wyoming Aetna Direct						
CDHP Self	N61	\$666.12	\$679.44			
CDHP Self & Family	N62	\$1,679.86	\$1,713.46			
CDHP Self Plus One	N63	\$1,460.85	\$1,490.07			
Wyoming Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	\$1,143.22	\$1,166.08			
CDHP Self & Family	H42	\$2,605.89	\$2,658.01			
CDHP Self Plus One	H43	\$2,580.65	\$2,632.26			
Value Self	H44	\$1,404.95	\$1,433.05			
Value Self & Family	H45	\$3,224.28	\$3,288.77			
Value Self Plus One	H46	\$3,161.06	\$3,224.28			
Wyoming Aetna HealthFund HDHP						
HDHP Self	224	\$938.77	\$957.55			
HDHP Self & Family	225	\$2,070.73	\$2,112.14			
HDHP Self Plus One	226	\$2,030.19	\$2,070.79			
Wyoming Altius Health Plan						
High Self	9K1	\$1,371.93	\$1,399.37			
High Self & Family	9K2	\$3,034.07	\$3,094.75			
High Self Plus One	9K3	\$3,004.08	\$3,064.16			
HDHP Self	9K4	\$959.27	\$978.46			
HDHP Self & Family	9K5	\$2,004.84	\$2,044.94			
HDHP Self Plus One	9K6	\$1,965.43	\$2,004.74			
Wyoming Altius Health Plan						
Standard Self	DK4	\$1,109.64	\$1,131.83			
Standard Self & Family	DK5	\$2,450.48	\$2,499.49			
Standard Self Plus One	DK6	\$2,426.21	\$2,474.73			