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
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 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 Company, 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 Company, 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 Company, 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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment 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 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
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			
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			
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
Arizona Aetna HealthFund CDHP and Aetna 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
Arizona 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 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 Program

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
Arizona UnitedHealthcare Insurance Company, 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
Arizona UnitedHealthcare Insurance Company, 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
Arizona UnitedHealthcare Insurance Company, 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
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			
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 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
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	$2,030.19	$2,070.79
Arkansas QualChoice			
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 Plus One	DH6	$1,405.11	$1,433.21

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
Arkansas UnitedHealthcare Insurance Company, Inc. - Choice 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 Company, 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
Arkansas UnitedHealthcare Insurance Company, 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
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 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
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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment 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 California			
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 California			
Prosper Self	KC1	$690.19	$703.99
Prosper Self & Family	KC2	$1,615.06	$1,647.36
Prosper Self Plus One	KC3	$1,615.06	$1,647.36
California Kaiser Permanente - Northern California			
High Self	591	$1,067.71	$1,089.06
High Self & Family	592	$2,548.74	$2,599.71
High Self Plus One	593	$2,548.74	$2,599.71
Standard Self	594	$880.71	$898.32
Standard Self & Family	595	$2,060.87	$2,102.09
Standard Self Plus One	596	$2,060.87	$2,102.09
California Kaiser Permanente - Southern California			
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
High Self Plus One	623	$2,136.49	$2,179.22

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
California Kaiser Permanente - Southern California			
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			
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			
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
Colorado Aetna HealthFund CDHP and Aetna 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
Colorado 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
Colorado Kaiser Permanente - Colorado			
Standard Self	654	$805.18	$821.28
Standard Self & Family	655	$1,819.70	$1,856.09
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

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
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 Company, Inc. Choice HD			
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 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
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			
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			
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 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

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
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			
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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
District Of Columbia 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
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 - 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
District Of Columbia 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
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 Insurance 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 Insurance 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 the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
District Of Columbia UnitedHealthcare Insurance Company, Inc			
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 Insurance Company, Inc			
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 Insurance Company, Inc			
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
Florida 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

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
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 Company, Inc. - Choice Plus			
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 Company, Inc. Choice HDHP			
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 Company, Inc. Choice Prim			
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			
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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
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 Company, Inc. - Choice 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 Company, Inc. Choice Prin			
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 the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment 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 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
Hawaii 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
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			
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
Idaho 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
Idaho 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
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 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	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 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

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
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
Illinois 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
Illinois 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
Illinois UnitedHealthcare Insurance Company, Inc. - Choice Plus			
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
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus A			
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
Illinois UnitedHealthcare Insurance Company, Inc. Choice Prima			
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
Indiana 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
Indiana 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
Indiana 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
Indiana 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 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			
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
Iowa 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
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	V33	$2,011.06	$2,051.28
Iowa UnitedHealthcare Insurance Company, Inc. - Choice Plus 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
Iowa UnitedHealthcare Insurance Company, Inc. Choice Primar			
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 the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
CDHP Self Plus One	N63	$1,460.85	$1,490.07
Kansas Aetna HealthFund CDHP and Aetna 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
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			
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 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
Kentucky 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 UnitedHealthcare Insurance Company, Inc. - Choice 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

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
Kentucky UnitedHealthcare Insurance Company, 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
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 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
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 Company, Inc. - Choice 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
Louisiana UnitedHealthcare Insurance Company, 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
Louisiana UnitedHealthcare Insurance Company, 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
Maine 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
Maine 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

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
Maine 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
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 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
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 Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		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 Company, 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 Company, Inc. Choice HI			
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 Company, Inc. Choice Op			
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 Company, Inc. Choice Pl			
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 Employees Health Benefits Program

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
Maryland UnitedHealthcare Insurance Company, 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 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
Massachusetts 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
Michigan 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
Michigan 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
Michigan Aetna HealthFund CDHP and Aetna 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
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 the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		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			
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 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

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
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 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
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 Company, Inc. - Choice			
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 Company, Inc. Choice H			
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 Company, Inc. Choice P			
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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
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 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 Company, 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
Missouri UnitedHealthcare Insurance Company, 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
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 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

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
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 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
Nebraska 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
Nevada 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
Nevada 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
Nevada Aetna HealthFund CDHP and Aetna 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
Nevada 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 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
Nevada UnitedHealthcare Insurance Company, 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
Nevada UnitedHealthcare Insurance Company, 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
Nevada UnitedHealthcare Insurance Company, 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
New 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
New Hampshire 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 Hampshire 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 Hampshire 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 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 Jersey 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

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
New Jersey 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 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 Aetna 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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		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

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
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
North 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
North 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
North Carolina 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
North 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
North Carolina UnitedHealthcare Insurance Company, Inc. - Ch			
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
North Carolina UnitedHealthcare Insurance Company, Inc. Choi			
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
North Carolina UnitedHealthcare Insurance Company, Inc. Choi			
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
North 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
North 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
North Dakota 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

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
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
North 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
North 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
Northern Mariana Islands 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
Northern Mariana Islands 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
Northern Mariana Islands 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
Ohio 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
Ohio 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
Ohio 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

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
Ohio 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
Ohio 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
Ohio 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
Ohio 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
Oklahoma 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
Oklahoma 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
Oklahoma 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
Oklahoma 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 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
Oregon 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
Oregon 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

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
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 Company, 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
Oregon UnitedHealthcare Insurance Company, 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
Oregon UnitedHealthcare Insurance Company, 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
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			
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			
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 Monthly Premium	
Plan - Option - Enrollment 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 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 Company, Inc. - Choi			
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

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
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choic			
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
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choic			
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
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choic			
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
Pennsylvania UPMC Health Plan			
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			
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 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
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
South Carolina Aetna Direct			
CDHP Self	N61	$666.12	$679.44

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
CDHP Self & Family	N62	$1,679.86	$1,713.46
CDHP Self Plus One	N63	$1,460.85	$1,490.07
South 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
South 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
South 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
South 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
South Dakota Aetna HealthFund CDHP and Aetna 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
South 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
South 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
Tennessee 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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		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 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
Tennessee 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
Tennessee UnitedHealthcare Insurance Company, Inc. - Choice			
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 Company, Inc. Choice H			
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
Tennessee UnitedHealthcare Insurance Company, Inc. Choice P			
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
Texas 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
Texas 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
Texas 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
Texas 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 Code		Total Premium	TCC Rates with Administration Fee
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 Company, Inc. - Choice Plus			
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
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus A			
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 Company, Inc. Choice Prima			
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 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 Code		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 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
Vermont 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
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands			
High Self	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			
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 Organizations (HMO)		2025 Monthly Premium	
Plan - Option - Enrollment Code		Total Premium	TCC Rates with Administration Fee
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
Virginia 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
Virginia 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
Virginia 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
Virginia 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
Virginia 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
Virginia 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
Virginia 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
Virginia 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

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
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			
HDHP Self	PG4	$701.03	$715.05
HDHP Self & Family	PG5	$1,546.33	$1,577.26
HDHP Self Plus One	PG6	$1,516.04	$1,546.36
High Self	PG1	$922.59	$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			
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 Company, Inc. - Choice 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
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDH			
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 Company, 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 Company, Inc. Choice Plus			
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 Company, Inc. Choice Prim			
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
Washington 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
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 Aetna 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

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
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			
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 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 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 Options Federal			
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 Company, Inc. - Choic			
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 Company, Inc. Choice			
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 Company, Inc. Choice			
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

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
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 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
West Virginia 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
Wisconsin 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
Wisconsin 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
Wisconsin 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
Wisconsin 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
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 Plus One	WJ6	$1,814.97	$1,851.27
Wisconsin 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

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