Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Alabama UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Alabama UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Alabama Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Alabama Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Alabama Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Alabama Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
Alaska Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Alaska Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Alaska Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Alaska Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Arizona Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Arizona Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Arizona Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Arizona Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Arizona UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	$1,093.06	$1,114.92
High Self & Family	WF2	$2,585.18	$2,636.88
High Self Plus One	WF3	$2,350.21	$2,397.21
Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	$938.64	$957.41
HDHP Self & Family	LU2	$2,158.91	$2,202.09
HDHP Self Plus One	LU3	$2,018.10	$2,058.46
Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	VD1	$847.45	$864.40
High Self & Family	VD2	$2,004.30	$2,044.39
High Self Plus One	VD3	$1,822.08	$1,858.52
Arkansas UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Arkansas UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Arkansas Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Arkansas Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Arkansas Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Arkansas Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Arkansas QualChoice			
High Self	DH1	$1,037.79	$1,058.55
High Self & Family	DH2	$2,706.93	$2,761.07
High Self Plus One	DH3	$2,016.02	$2,056.34
Standard Self	DH4	$810.10	$826.30
Standard Self & Family	DH5	$2,113.02	$2,155.28
Standard Self Plus One	DH6	$1,573.69	$1,605.16
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
California Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
California Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
California Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
California Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
California Aetna Open Access			
High Self	2X1	$1,485.55	$1,515.26
High Self & Family	2X2	$3,487.49	$3,557.24
High Self Plus One	2X3	$3,419.17	$3,487.55
California Anthem Blue Cross Select HMO			
High Self	B31	$893.14	$911.00
High Self & Family	B32	$2,126.56	$2,169.09
High Self Plus One	B33	$1,930.07	$1,968.67
California Health Net of California			
Basic Self	P61	$690.84	$704.66
Basic Self & Family	P62	$1,658.00	$1,691.16
Basic Self Plus One	P63	$1,519.85	$1,550.25
High Self	LB1	$1,979.38	$2,018.97
High Self	LP1	$1,502.54	$1,532.59
High Self & Family	LB2	$4,750.50	$4,845.51
High Self & Family	LP2	$3,606.11	$3,678.23
High Self Plus One	LB3	$4,354.61	$4,441.70
High Self Plus One	LP3	$3,305.62	$3,371.73
Standard Self	P64	$1,119.89	$1,142.29
Standard Self & Family	P65	$2,687.73	$2,741.48
Standard Self Plus One	P66	$2,463.76	$2,513.04
California Kaiser Permanente - Fresno California			
High Self	NZ1	$1,043.90	$1,064.78
High Self & Family	NZ2	$2,412.63	$2,460.88
High Self Plus One	NZ3	$2,412.63	$2,460.88
Standard Self	NZ4	$822.21	$838.65

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Standard Self & Family	NZ5	$2,032.25	$2,072.90
Standard Self Plus One	NZ6	$1,895.40	$1,933.31
California Kaiser Permanente - Northern California			
High Self	591	$1,134.66	$1,157.35
High Self & Family	592	$2,708.55	$2,762.72
High Self Plus One	593	$2,708.55	$2,762.72
Prosper Self	KC1	$708.70	$722.87
Prosper Self & Family	KC2	$1,658.32	$1,691.49
Prosper Self Plus One	KC3	$1,658.32	$1,691.49
Standard Self	594	$942.89	$961.75
Standard Self & Family	595	$2,206.43	$2,250.56
Standard Self Plus One	596	$2,206.43	$2,250.56
California Kaiser Permanente - Southern California			
High Self	621	$951.97	$971.01
High Self & Family	622	$2,237.08	$2,281.82
High Self Plus One	623	$2,237.08	$2,281.82
Prosper Self	FL1	$451.01	$460.03
Prosper Self & Family	FL2	$1,118.54	$1,140.91
Prosper Self Plus One	FL3	$1,041.82	$1,062.66
Standard Self	624	$632.78	$645.44
Standard Self & Family	625	$1,676.81	$1,710.35
Standard Self Plus One	626	$1,512.29	$1,542.54
California Prosper			
Prosper Self	YV1	$515.49	$525.80
Prosper Self & Family	YV2	$1,249.39	$1,274.38
Prosper Self Plus One	YV3	$1,135.81	$1,158.53
California Sharp Health Plan			
Standard Self	YJ4	$792.55	$808.40
Standard Self & Family	YJ5	$1,902.14	$1,940.18
Standard Self Plus One	YJ6	$1,743.63	$1,778.50
California Western Health Advantage			
High Self	W51	$965.71	$985.02
High Self & Family	W52	$2,317.68	$2,364.03
High Self Plus One	W53	$2,124.55	$2,167.04
Colorado Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Colorado Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Colorado Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Colorado Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Colorado Kaiser Permanente - Colorado			
High Self	651	$943.76	$962.64
High Self & Family	652	$2,170.65	$2,214.06
High Self Plus One	653	$2,132.89	$2,175.55
Prosper Self	N41	$491.66	$501.49
Prosper Self & Family	N42	$1,209.46	$1,233.65
Prosper Self Plus One	N43	$1,111.15	$1,133.37
Standard Self	654	$835.73	$852.44
Standard Self & Family	655	$1,888.75	$1,926.53
Standard Self Plus One	656	$1,888.75	$1,926.53
Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	$938.64	$957.41
HDHP Self & Family	LU2	$2,158.91	$2,202.09
HDHP Self Plus One	LU3	$2,018.10	$2,058.46
Connecticut Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Connecticut Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Connecticut Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Connecticut Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Delaware Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Delaware Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Delaware Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
Delaware Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Delaware Aetna Open Access			
Basic Self	P34	$2,003.47	$2,043.54
Basic Self & Family	P35	$4,650.08	$4,743.08
Basic Self Plus One	P36	$4,603.97	$4,696.05
High Self	P31	$2,081.84	$2,123.48
High Self & Family	P32	$5,047.40	$5,148.35
High Self Plus One	P33	$4,997.46	$5,097.41
District Of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)			
Value Self	L91	$894.18	$912.06
Value Self & Family	L92	$2,145.28	$2,188.19
Value Self Plus One	L93	$1,899.34	$1,937.33
District Of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
District Of Columbia UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
High Self Plus One	Y83	$1,733.42	$1,768.09
District Of Columbia Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
District Of Columbia Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
District Of Columbia Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
District Of Columbia Aetna Open Access			
Basic Self	JN4	$926.06	$944.58
Basic Self & Family	JN5	$2,119.30	$2,161.69
Basic Self Plus One	JN6	$1,946.12	$1,985.04
High Self	JN1	$1,628.97	$1,661.55
High Self & Family	JN2	$3,662.19	$3,735.43
High Self Plus One	JN3	$3,625.87	$3,698.39
District Of Columbia Aetna Saver (Open Access)			
Saver Self	QQ4	$599.52	$611.51
Saver Self & Family	QQ5	$1,372.06	$1,399.50
Saver Self Plus One	QQ6	$1,259.94	$1,285.14
District Of Columbia CareFirst BlueChoice			
Blue Value Plus Self	B64	$821.54	$837.97
Blue Value Plus Self & Family	B65	$1,951.93	$1,990.97
Blue Value Plus Self Plus One	B66	$1,643.07	$1,675.93
HDHP Self	B61	$793.22	$809.08
HDHP Self & Family	B62	$1,884.61	$1,922.30
HDHP Self Plus One	B63	$1,586.39	$1,618.12
Standard Self	2G4	$1,241.41	$1,266.24
Standard Self & Family	2G5	$2,949.57	$3,008.56
Standard Self Plus One	2G6	$2,482.83	$2,532.49

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
District Of Columbia Kaiser Permanente - Mid-Atlantic States			
High Self	E31	$1,016.23	$1,036.55
High Self & Family	E32	$2,337.29	$2,384.04
High Self Plus One	E33	$2,337.29	$2,384.04
Prosper Self	T71	$501.19	$511.21
Prosper Self & Family	T72	$1,410.07	$1,438.27
Prosper Self Plus One	T73	$1,197.39	$1,221.34
Standard Self	E34	$817.40	$833.75
Standard Self & Family	E35	$1,880.04	$1,917.64
Standard Self Plus One	E36	$1,880.04	$1,917.64
District Of Columbia M.D. IPA			
M.D. IPA Self	JP1	$1,175.16	$1,198.66
M.D. IPA Self & Family	JP2	$3,295.09	$3,360.99
M.D. IPA Self Plus One	JP3	$2,295.06	$2,340.96
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	V41	$755.30	$770.41
HDHP Self & Family	V42	$1,725.56	$1,760.07
HDHP Self Plus One	V43	$1,621.58	$1,654.01
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	LR1	$1,234.87	$1,259.57
High Self & Family	LR2	$2,926.63	$2,985.16
High Self Plus One	LR3	$2,654.99	$2,708.09
Florida UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Florida UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Florida Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Florida Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Florida Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Florida Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Florida Capital Health Plan			
High Self	EA1	$964.51	$983.80
High Self & Family	EA2	$2,301.00	$2,347.02
High Self Plus One	EA3	$2,109.32	$2,151.51
Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
Georgia UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Georgia UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Georgia Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Georgia Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Georgia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Georgia Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Georgia Kaiser Permanente - Georgia			
High Self	F81	$972.16	$991.60
High Self & Family	F82	$2,197.07	$2,241.01
High Self Plus One	F83	$2,197.07	$2,241.01
Prosper Self	LA1	$532.61	$543.26
Prosper Self & Family	LA2	$1,382.90	$1,410.56
Prosper Self Plus One	LA3	$1,203.80	$1,227.88
Standard Self	F84	$739.33	$754.12
Standard Self & Family	F85	$1,670.91	$1,704.33
Standard Self Plus One	F86	$1,670.91	$1,704.33
Guam Calvo's SelectCare			
High Self	B41	$579.74	$591.33
High Self & Family	B42	$1,535.54	$1,566.25
High Self Plus One	B43	$1,131.37	$1,154.00
Standard Self	B44	$421.87	$430.31
Standard Self & Family	B45	$1,225.86	$1,250.38
Standard Self Plus One	B46	$831.70	$848.33
Guam TakeCare			
HDHP Self	KX1	$154.27	$157.36
HDHP Self & Family	KX2	$413.55	$421.82
HDHP Self Plus One	KX3	$372.41	$379.86
High Self	JK1	$630.91	$643.53
High Self & Family	JK2	$1,813.89	$1,850.17
High Self Plus One	JK3	$1,261.37	$1,286.60
Standard Self	JK4	$401.68	$409.71
Standard Self & Family	JK5	$1,325.74	$1,352.25
Standard Self Plus One	JK6	$804.85	$820.95
Hawaii Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Hawaii Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Hawaii Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Hawaii Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Hawaii HMSA Plan			
High Self	871	$891.54	$909.37
High Self & Family	872	$2,004.21	$2,044.29
High Self Plus One	873	$1,953.49	$1,992.56
Standard Self	874	$545.57	$556.48
Standard Self & Family	875	$1,226.38	$1,250.91
Standard Self Plus One	876	$1,195.29	$1,219.20
Hawaii Kaiser Permanente - Hawaii			
High Self	631	$795.86	$811.78
High Self & Family	632	$1,774.74	$1,810.23
High Self Plus One	633	$1,774.74	$1,810.23
Standard Self	634	$550.98	$562.00
Standard Self & Family	635	$1,228.67	$1,253.24
Standard Self Plus One	636	$1,228.67	$1,253.24
Idaho Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Idaho Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Idaho Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Idaho Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Idaho Altius Health Plan			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
HDHP Self	9K4	$1,081.71	$1,103.34
HDHP Self & Family	9K5	$2,260.72	$2,305.93
HDHP Self Plus One	9K6	$2,216.31	$2,260.64
High Self	9K1	$1,543.71	$1,574.58
High Self & Family	9K2	$3,414.00	$3,482.28
High Self Plus One	9K3	$3,380.24	$3,447.84
Idaho Altius Health Plan			
Standard Self	DK4	$1,257.45	$1,282.60
Standard Self & Family	DK5	$2,776.91	$2,832.45
Standard Self Plus One	DK6	$2,749.41	$2,804.40
Idaho Kaiser Permanente - Washington Core			
High Self	541	$1,186.36	$1,210.09
High Self & Family	542	$2,610.03	$2,662.23
High Self Plus One	543	$2,610.03	$2,662.23
Prosper Self	PT4	$455.30	$464.41
Prosper Self & Family	PT5	$1,221.96	$1,246.40
Prosper Self Plus One	PT6	$1,087.28	$1,109.03
Standard Self	544	$903.28	$921.35
Standard Self & Family	545	$2,077.57	$2,119.12
Standard Self Plus One	546	$2,077.57	$2,119.12
Illinois UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)			
Value Self	L91	$894.18	$912.06
Value Self & Family	L92	$2,145.28	$2,188.19
Value Self Plus One	L93	$1,899.34	$1,937.33
Illinois UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Illinois UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Illinois Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Illinois Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Illinois Aetna HealthFund CDHP and Aetna Value Plan			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Illinois Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Indiana Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Indiana Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Indiana Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Indiana Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Iowa UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Iowa UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Iowa Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Iowa Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Iowa Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Iowa Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Iowa HealthPartners			
High Self	V31	$1,125.61	$1,148.12
High Self & Family	V32	$2,741.94	$2,796.78
High Self Plus One	V33	$2,487.57	$2,537.32
Standard Self	V34	$682.63	$696.28
Standard Self & Family	V35	$1,662.90	$1,696.16
Standard Self Plus One	V36	$1,508.63	$1,538.80
Kansas Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Kansas Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Kansas Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Kansas Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Kentucky UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Kentucky UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Kentucky Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Kentucky Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Kentucky Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Kentucky Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Louisiana UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Louisiana UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Louisiana Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Louisiana Aetna Direct			
CDHP Self	N61	$714.09	$728.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Louisiana Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Louisiana Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
Maine Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Maine Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Maine Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
Maine Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)			
Value Self	L91	$894.18	$912.06
Value Self & Family	L92	$2,145.28	$2,188.19
Value Self Plus One	L93	$1,899.34	$1,937.33
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Maryland Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Maryland Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Maryland Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Maryland Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Maryland Aetna Open Access			
Basic Self	JN4	$926.06	$944.58
Basic Self & Family	JN5	$2,119.30	$2,161.69
Basic Self Plus One	JN6	$1,946.12	$1,985.04
High Self	JN1	$1,628.97	$1,661.55
High Self & Family	JN2	$3,662.19	$3,735.43
High Self Plus One	JN3	$3,625.87	$3,698.39
Maryland Aetna Saver (Open Access)			
Saver Self	QQ4	$599.52	$611.51
Saver Self & Family	QQ5	$1,372.06	$1,399.50
Saver Self Plus One	QQ6	$1,259.94	$1,285.14
Maryland CareFirst BlueChoice			
Blue Value Plus Self	B64	$821.54	$837.97
Blue Value Plus Self & Family	B65	$1,951.93	$1,990.97
Blue Value Plus Self Plus One	B66	$1,643.07	$1,675.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
HDHP Self	B61	$793.22	$809.08
HDHP Self & Family	B62	$1,884.61	$1,922.30
HDHP Self Plus One	B63	$1,586.39	$1,618.12
Standard Self	2G4	$1,241.41	$1,266.24
Standard Self & Family	2G5	$2,949.57	$3,008.56
Standard Self Plus One	2G6	$2,482.83	$2,532.49
Maryland Kaiser Permanente - Mid-Atlantic States			
High Self	E31	$1,016.23	$1,036.55
High Self & Family	E32	$2,337.29	$2,384.04
High Self Plus One	E33	$2,337.29	$2,384.04
Prosper Self	T71	$501.19	$511.21
Prosper Self & Family	T72	$1,410.07	$1,438.27
Prosper Self Plus One	T73	$1,197.39	$1,221.34
Standard Self	E34	$817.40	$833.75
Standard Self & Family	E35	$1,880.04	$1,917.64
Standard Self Plus One	E36	$1,880.04	$1,917.64
Maryland M.D. IPA			
M.D. IPA Self	JP1	$1,175.16	$1,198.66
M.D. IPA Self & Family	JP2	$3,295.09	$3,360.99
M.D. IPA Self Plus One	JP3	$2,295.06	$2,340.96
Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	V41	$755.30	$770.41
HDHP Self & Family	V42	$1,725.56	$1,760.07
HDHP Self Plus One	V43	$1,621.58	$1,654.01
Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	LR1	$1,234.87	$1,259.57
High Self & Family	LR2	$2,926.63	$2,985.16
High Self Plus One	LR3	$2,654.99	$2,708.09
Massachusetts Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Massachusetts Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
Massachusetts Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Michigan Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Michigan Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Michigan Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Michigan Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Michigan Blue Care Network of Michigan			
High Self	LX1	$1,244.38	$1,269.27
High Self & Family	LX2	$3,036.32	$3,097.05
High Self Plus One	LX3	$2,862.10	$2,919.34
Michigan Health Alliance Plan			
High Self	521	$1,271.94	$1,297.38
High Self & Family	522	$3,103.49	$3,165.56
High Self Plus One	523	$2,925.43	$2,983.94
Standard Self	GY4	$772.40	$787.85
Standard Self & Family	GY5	$1,884.68	$1,922.37
Standard Self Plus One	GY6	$1,776.54	$1,812.07
Minnesota Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Minnesota Aetna Direct			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Minnesota Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Minnesota Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Minnesota HealthPartners			
High Self	V31	$1,125.61	$1,148.12
High Self & Family	V32	$2,741.94	$2,796.78
High Self Plus One	V33	$2,487.57	$2,537.32
Standard Self	V34	$682.63	$696.28
Standard Self & Family	V35	$1,662.90	$1,696.16
Standard Self Plus One	V36	$1,508.63	$1,538.80
Mississippi UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Mississippi UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Mississippi Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Mississippi Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Mississippi Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Mississippi Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
Missouri UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Missouri UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Missouri Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Missouri Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Missouri Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Missouri Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Montana Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Montana Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Montana Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Montana Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Nebraska Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Nebraska Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Nebraska Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Nebraska Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Nevada Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Nevada Aetna Direct			
CDHP Self	N61	$714.09	$728.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Nevada Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Nevada Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Nevada Health Plan of Nevada, Inc.			
High Self	NM1	$916.85	$935.19
High Self & Family	NM2	$2,172.80	$2,216.26
High Self Plus One	NM3	$1,741.98	$1,776.82
Nevada UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	$1,093.06	$1,114.92
High Self & Family	WF2	$2,585.18	$2,636.88
High Self Plus One	WF3	$2,350.21	$2,397.21
Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	$938.64	$957.41
HDHP Self & Family	LU2	$2,158.91	$2,202.09
HDHP Self Plus One	LU3	$2,018.10	$2,058.46
Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	VD1	$847.45	$864.40
High Self & Family	VD2	$2,004.30	$2,044.39
High Self Plus One	VD3	$1,822.08	$1,858.52
New Hampshire Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
New Hampshire Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
New Hampshire Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
New Jersey Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
New Jersey Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
New Jersey Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
New Jersey Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
New Jersey Aetna Open Access			
Basic Self	JR4	$1,997.17	$2,037.11
Basic Self	P34	$2,003.47	$2,043.54
Basic Self & Family	JR5	$4,628.65	$4,721.22
Basic Self & Family	P35	$4,650.08	$4,743.08
Basic Self Plus One	JR6	$4,582.78	$4,674.44
Basic Self Plus One	P36	$4,603.97	$4,696.05
High Self	JR1	$2,615.67	$2,667.98
High Self	P31	$2,081.84	$2,123.48
High Self & Family	JR2	$6,041.79	$6,162.63
High Self & Family	P32	$5,047.40	$5,148.35
High Self Plus One	JR3	$5,981.97	$6,101.61
High Self Plus One	P33	$4,997.46	$5,097.41
New Mexico Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
New Mexico Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
New Mexico Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
New Mexico Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
New Mexico Presbyterian Health Plan			
High Self	P21	$1,270.82	$1,296.24
High Self & Family	P22	$2,986.40	$3,046.13
High Self Plus One	P23	$2,884.87	$2,942.57
Standard Self	PS4	$1,074.39	$1,095.88
Standard Self & Family	PS5	$2,524.80	$2,575.30
Standard Self Plus One	PS6	$2,438.97	$2,487.75
Wellness Self	PS1	$947.14	$966.08
Wellness Self & Family	PS2	$2,225.80	$2,270.32
Wellness Self Plus One	PS3	$2,150.11	$2,193.11
New York Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
New York Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
New York Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Value Self Plus One	EP6	$3,550.50	$3,621.51
New York Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
New York Aetna Open Access			
Basic Self	JC4	$1,923.96	$1,962.44
Basic Self & Family	JC5	$4,693.00	$4,786.86
Basic Self Plus One	JC6	$4,646.55	$4,739.48
High Self	JC1	$2,207.10	$2,251.24
High Self & Family	JC2	$5,453.78	$5,562.86
High Self Plus One	JC3	$5,399.79	$5,507.79
New York Independent Health			
Standard Self	C54	$1,059.72	$1,080.91
Standard Self & Family	C55	$2,861.26	$2,918.49
Standard Self Plus One	C56	$2,702.31	$2,756.36
New York Independent Health			
HDHP Self	QA4	$911.56	$929.79
HDHP Self & Family	QA5	$2,390.01	$2,437.81
HDHP Self Plus One	QA6	$2,268.35	$2,313.72
North Carolina UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
North Carolina UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
North Carolina Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
North Carolina Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
North Carolina Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
North Carolina Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
North Dakota Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
North Dakota Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
North Dakota Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
North Dakota Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
North Dakota HealthPartners			
High Self	V31	$1,125.61	$1,148.12
High Self & Family	V32	$2,741.94	$2,796.78
High Self Plus One	V33	$2,487.57	$2,537.32
Standard Self	V34	$682.63	$696.28
Standard Self & Family	V35	$1,662.90	$1,696.16
Standard Self Plus One	V36	$1,508.63	$1,538.80
Northern Mariana Islands Calvo's SelectCare			
High Self	B41	$579.74	$591.33
High Self & Family	B42	$1,535.54	$1,566.25
High Self Plus One	B43	$1,131.37	$1,154.00
Standard Self	B44	$421.87	$430.31

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Standard Self & Family	B45	$1,225.86	$1,250.38
Standard Self Plus One	B46	$831.70	$848.33
Northern Mariana Islands TakeCare			
HDHP Self	KX1	$154.27	$157.36
HDHP Self & Family	KX2	$413.55	$421.82
HDHP Self Plus One	KX3	$372.41	$379.86
High Self	JK1	$630.91	$643.53
High Self & Family	JK2	$1,813.89	$1,850.17
High Self Plus One	JK3	$1,261.37	$1,286.60
Standard Self	JK4	$401.68	$409.71
Standard Self & Family	JK5	$1,325.74	$1,352.25
Standard Self Plus One	JK6	$804.85	$820.95
Ohio Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Ohio Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Ohio Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Ohio Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Ohio Medical Mutual of Ohio			
Basic Self	UX1	$527.80	$538.36
Basic Self	YF1	$519.37	$529.76
Basic Self & Family	UX2	$1,266.70	$1,292.03
Basic Self & Family	YF2	$1,246.46	$1,271.39
Basic Self Plus One	UX3	$1,161.14	$1,184.36
Basic Self Plus One	YF3	$1,142.59	$1,165.44
Standard Self	644	$1,529.62	$1,560.21
Standard Self & Family	645	$3,671.14	$3,744.56
Standard Self Plus One	646	$3,365.20	$3,432.50

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Oklahoma Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Oklahoma Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Oklahoma Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Oregon Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Oregon Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Oregon Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Oregon Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Oregon Kaiser Permanente - Northwest			
High Self	571	$983.80	$1,003.48
High Self & Family	572	$2,222.18	$2,266.62

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
High Self Plus One	573	$2,222.18	$2,266.62
Prosper Self	AM1	$493.74	$503.61
Prosper Self & Family	AM2	$1,224.51	$1,249.00
Prosper Self Plus One	AM3	$1,061.52	$1,082.75
Standard Self	574	$869.74	$887.13
Standard Self & Family	575	$1,997.99	$2,037.95
Standard Self Plus One	576	$1,997.99	$2,037.95
Oregon UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	$1,093.06	$1,114.92
High Self & Family	WF2	$2,585.18	$2,636.88
High Self Plus One	WF3	$2,350.21	$2,397.21
Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	$938.64	$957.41
HDHP Self & Family	LU2	$2,158.91	$2,202.09
HDHP Self Plus One	LU3	$2,018.10	$2,058.46
Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	VD1	$847.45	$864.40
High Self & Family	VD2	$2,004.30	$2,044.39
High Self Plus One	VD3	$1,822.08	$1,858.52
Palau Calvo's SelectCare			
High Self	B41	$579.74	$591.33
High Self & Family	B42	$1,535.54	$1,566.25
High Self Plus One	B43	$1,131.37	$1,154.00
Standard Self	B44	$421.87	$430.31
Standard Self & Family	B45	$1,225.86	$1,250.38
Standard Self Plus One	B46	$831.70	$848.33
Palau TakeCare			
HDHP Self	KX1	$154.27	$157.36
HDHP Self & Family	KX2	$413.55	$421.82
HDHP Self Plus One	KX3	$372.41	$379.86
High Self	JK1	$630.91	$643.53
High Self & Family	JK2	$1,813.89	$1,850.17
High Self Plus One	JK3	$1,261.37	$1,286.60
Standard Self	JK4	$401.68	$409.71
Standard Self & Family	JK5	$1,325.74	$1,352.25
Standard Self Plus One	JK6	$804.85	$820.95
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Primary)			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Pennsylvania Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Pennsylvania Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Pennsylvania Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Pennsylvania Aetna Open Access			
Basic Self	P34	$2,003.47	$2,043.54
Basic Self & Family	P35	$4,650.08	$4,743.08
Basic Self Plus One	P36	$4,603.97	$4,696.05
High Self	P31	$2,081.84	$2,123.48
High Self & Family	P32	$5,047.40	$5,148.35
High Self Plus One	P33	$4,997.46	$5,097.41
Pennsylvania Geisinger Health Plan			
Basic Self	AJ1	$1,170.39	$1,193.80
Basic Self & Family	AJ2	$2,679.63	$2,733.22
Basic Self Plus One	AJ3	$2,528.85	$2,579.43
Standard Self	GG4	$1,228.33	$1,252.90
Standard Self & Family	GG5	$2,812.36	$2,868.61
Standard Self Plus One	GG6	$2,654.12	$2,707.20
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	V41	$755.30	$770.41
HDHP Self & Family	V42	$1,725.56	$1,760.07
HDHP Self Plus One	V43	$1,621.58	$1,654.01
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
High Self	LR1	$1,234.87	$1,259.57
High Self & Family	LR2	$2,926.63	$2,985.16
High Self Plus One	LR3	$2,654.99	$2,708.09
Pennsylvania UPMC Health Plan			
HDHP Self	8W4	$769.93	$785.33
HDHP Self & Family	8W5	$2,055.95	$2,097.07
HDHP Self Plus One	8W6	$1,839.93	$1,876.73
Standard Self	UW4	$835.23	$851.93
Standard Self & Family	UW5	$2,289.54	$2,335.33
Standard Self Plus One	UW6	$2,032.10	$2,072.74
Puerto Rico Triple-S Salud Inc.			
High Self	891	$503.97	$514.05
High Self & Family	892	$1,154.08	$1,177.16
High Self Plus One	893	$1,131.56	$1,154.19
Rhode Island Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Rhode Island Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
Rhode Island Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
South Carolina Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
South Carolina Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
South Carolina Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
South Carolina Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
South Dakota Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
South Dakota Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
South Dakota Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
South Dakota Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
South Dakota HealthPartners			
High Self	V31	$1,125.61	$1,148.12
High Self & Family	V32	$2,741.94	$2,796.78
High Self Plus One	V33	$2,487.57	$2,537.32
Standard Self	V34	$682.63	$696.28
Standard Self & Family	V35	$1,662.90	$1,696.16
Standard Self Plus One	V36	$1,508.63	$1,538.80
Tennessee UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Tennessee UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Tennessee Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Tennessee Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Tennessee Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
Tennessee Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	$869.48	$886.87
HDHP Self & Family	LS2	$1,993.16	$2,033.02
HDHP Self Plus One	LS3	$1,869.38	$1,906.77
Texas UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)			
Value Self	L91	$894.18	$912.06
Value Self & Family	L92	$2,145.28	$2,188.19
Value Self Plus One	L93	$1,899.34	$1,937.33
Texas UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Texas UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Texas Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Texas Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Texas Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Texas Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Texas Baylor Scott & White Health Plan			
Basic Self	A81	$627.86	$640.42
Basic Self & Family	A82	$1,475.44	$1,504.95
Basic Self Plus One	A83	$1,393.82	$1,421.70
Standard Self	A84	$938.64	$957.41
Standard Self & Family	A85	$2,205.84	$2,249.96
Standard Self Plus One	A86	$2,083.81	$2,125.49
Value Self	RE1	$604.52	$616.61
Value Self	YZ1	$586.41	$598.14
Value Self & Family	RE2	$1,420.66	$1,449.07
Value Self & Family	YZ2	$1,378.04	$1,405.60
Value Self Plus One	RE3	$1,342.06	$1,368.90
Value Self Plus One	YZ3	$1,301.82	$1,327.86
Texas Baylor Scott & White Health Plan			
Basic Self	P81	$651.30	$664.33
Basic Self & Family	P82	$1,530.60	$1,561.21
Basic Self Plus One	P83	$1,445.93	$1,474.85
Standard Self	P84	$1,097.35	$1,119.30
Standard Self & Family	P85	$2,578.79	$2,630.37
Standard Self Plus One	P86	$2,436.11	$2,484.83
Utah Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Utah Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Utah Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Utah Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Utah Altius Health Plan			
HDHP Self	9K4	$1,081.71	$1,103.34
HDHP Self & Family	9K5	$2,260.72	$2,305.93
HDHP Self Plus One	9K6	$2,216.31	$2,260.64
High Self	9K1	$1,543.71	$1,574.58
High Self & Family	9K2	$3,414.00	$3,482.28
High Self Plus One	9K3	$3,380.24	$3,447.84
Utah Altius Health Plan			
Standard Self	DK4	$1,257.45	$1,282.60
Standard Self & Family	DK5	$2,776.91	$2,832.45
Standard Self Plus One	DK6	$2,749.41	$2,804.40
Utah SelectHealth, Inc.			
HDHP Self	WX1	$849.64	$866.63
HDHP Self & Family	WX2	$2,124.11	$2,166.59
HDHP Self Plus One	WX3	$1,869.21	$1,906.59
Standard Self	SF4	$922.76	$941.22
Standard Self & Family	SF5	$2,306.94	$2,353.08
Standard Self Plus One	SF6	$2,030.08	$2,070.68
Vermont Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Vermont Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Vermont Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	EP1	$1,512.12	$1,542.36
CDHP Self & Family	EP2	$3,448.47	$3,517.44
CDHP Self Plus One	EP3	$3,414.28	$3,482.57
Value Self	EP4	$1,581.52	$1,613.15
Value Self & Family	EP5	$3,621.56	$3,693.99
Value Self Plus One	EP6	$3,550.50	$3,621.51
Vermont Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Virgin Islands Triple-S Salud Inc.			
High Self	891	$503.97	$514.05
High Self & Family	892	$1,154.08	$1,177.16
High Self Plus One	893	$1,131.56	$1,154.19
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Plus Advanced)			
Value Self	L91	$894.18	$912.06
Value Self & Family	L92	$2,145.28	$2,188.19
Value Self Plus One	L93	$1,899.34	$1,937.33
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary)			
High Self	AS1	$1,010.53	$1,030.74
High Self & Family	AS2	$2,389.92	$2,437.72
High Self Plus One	AS3	$2,172.65	$2,216.10
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Primary)			
High Self	Y81	$806.24	$822.36
High Self & Family	Y82	$1,906.71	$1,944.84
High Self Plus One	Y83	$1,733.42	$1,768.09
Virginia Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Virginia Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Virginia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Value Self Plus One	F56	$3,006.51	$3,066.64
Virginia Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Virginia Aetna Open Access			
Basic Self	JN4	$926.06	$944.58
Basic Self & Family	JN5	$2,119.30	$2,161.69
Basic Self Plus One	JN6	$1,946.12	$1,985.04
High Self	JN1	$1,628.97	$1,661.55
High Self & Family	JN2	$3,662.19	$3,735.43
High Self Plus One	JN3	$3,625.87	$3,698.39
Virginia Aetna Saver (Open Access)			
Saver Self	QQ4	$599.52	$611.51
Saver Self & Family	QQ5	$1,372.06	$1,399.50
Saver Self Plus One	QQ6	$1,259.94	$1,285.14
Virginia CareFirst BlueChoice			
Blue Value Plus Self	B64	$821.54	$837.97
Blue Value Plus Self & Family	B65	$1,951.93	$1,990.97
Blue Value Plus Self Plus One	B66	$1,643.07	$1,675.93
HDHP Self	B61	$793.22	$809.08
HDHP Self & Family	B62	$1,884.61	$1,922.30
HDHP Self Plus One	B63	$1,586.39	$1,618.12
Standard Self	2G4	$1,241.41	$1,266.24
Standard Self & Family	2G5	$2,949.57	$3,008.56
Standard Self Plus One	2G6	$2,482.83	$2,532.49
Virginia Kaiser Permanente - Mid-Atlantic States			
High Self	E31	$1,016.23	$1,036.55
High Self & Family	E32	$2,337.29	$2,384.04
High Self Plus One	E33	$2,337.29	$2,384.04
Prosper Self	T71	$501.19	$511.21
Prosper Self & Family	T72	$1,410.07	$1,438.27
Prosper Self Plus One	T73	$1,197.39	$1,221.34
Standard Self	E34	$817.40	$833.75
Standard Self & Family	E35	$1,880.04	$1,917.64
Standard Self Plus One	E36	$1,880.04	$1,917.64
Virginia M.D. IPA			
M.D. IPA Self	JP1	$1,175.16	$1,198.66
M.D. IPA Self & Family	JP2	$3,295.09	$3,360.99
M.D. IPA Self Plus One	JP3	$2,295.06	$2,340.96
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
HDHP Self	V41	$755.30	$770.41
HDHP Self & Family	V42	$1,725.56	$1,760.07
HDHP Self Plus One	V43	$1,621.58	$1,654.01
Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	LR1	$1,234.87	$1,259.57
High Self & Family	LR2	$2,926.63	$2,985.16
High Self Plus One	LR3	$2,654.99	$2,708.09
Washington Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Washington Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Washington Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	G51	$1,410.20	$1,438.40
CDHP Self & Family	G52	$3,216.61	$3,280.94
CDHP Self Plus One	G53	$3,184.83	$3,248.53
Value Self	G54	$1,240.42	$1,265.23
Value Self & Family	G55	$2,840.89	$2,897.71
Value Self Plus One	G56	$2,785.25	$2,840.96
Washington Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Washington Kaiser Permanente - Northwest			
High Self	571	$983.80	$1,003.48
High Self & Family	572	$2,222.18	$2,266.62
High Self Plus One	573	$2,222.18	$2,266.62
Prosper Self	AM1	$493.74	$503.61
Prosper Self & Family	AM2	$1,224.51	$1,249.00
Prosper Self Plus One	AM3	$1,061.52	$1,082.75
Standard Self	574	$869.74	$887.13
Standard Self & Family	575	$1,997.99	$2,037.95
Standard Self Plus One	576	$1,997.99	$2,037.95
Washington Kaiser Permanente - Washington Core			
High Self	541	$1,186.36	$1,210.09
High Self & Family	542	$2,610.03	$2,662.23
High Self Plus One	543	$2,610.03	$2,662.23
Prosper Self	PT4	$455.30	$464.41

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Monthly Premium Rates	
Plan - Option - Enrollment Code		Premium	TCC Rates
Prosper Self & Family	PT5	$1,221.96	$1,246.40
Prosper Self Plus One	PT6	$1,087.28	$1,109.03
Standard Self	544	$903.28	$921.35
Standard Self & Family	545	$2,077.57	$2,119.12
Standard Self Plus One	546	$2,077.57	$2,119.12
Washington Kaiser Permanente Washington Options Federal			
HDHP Self	L14	$810.83	$827.05
HDHP Self & Family	L15	$1,799.94	$1,835.94
HDHP Self Plus One	L16	$1,799.94	$1,835.94
Standard Self	L11	$845.02	$861.92
Standard Self & Family	L12	$1,875.94	$1,913.46
Standard Self Plus One	L13	$1,875.94	$1,913.46
Washington UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	$1,093.06	$1,114.92
High Self & Family	WF2	$2,585.18	$2,636.88
High Self Plus One	WF3	$2,350.21	$2,397.21
Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	$938.64	$957.41
HDHP Self & Family	LU2	$2,158.91	$2,202.09
HDHP Self Plus One	LU3	$2,018.10	$2,058.46
Washington UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	VD1	$847.45	$864.40
High Self & Family	VD2	$2,004.30	$2,044.39
High Self Plus One	VD3	$1,822.08	$1,858.52
West Virginia Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
West Virginia Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
West Virginia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	$1,321.99	$1,348.43
CDHP Self & Family	F52	$3,014.33	$3,074.62
CDHP Self Plus One	F53	$2,984.45	$3,044.14
Value Self	F54	$1,339.20	$1,365.98
Value Self & Family	F55	$3,066.74	$3,128.07
Value Self Plus One	F56	$3,006.51	$3,066.64
West Virginia Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Wisconsin Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Wisconsin Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	JS1	$1,501.07	$1,531.09
CDHP Self & Family	JS2	$3,421.75	$3,490.19
CDHP Self Plus One	JS3	$3,387.84	$3,455.60
Value Self	JS4	$1,703.15	$1,737.21
Value Self & Family	JS5	$3,888.02	$3,965.78
Value Self Plus One	JS6	$3,849.65	$3,926.64
Wisconsin Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Wisconsin Group Health Cooperative of South Central Wisconsin			
High Self	WJ1	$1,363.22	$1,390.48
High Self & Family	WJ2	$3,544.39	$3,615.28
High Self Plus One	WJ3	$2,999.10	$3,059.08
Standard Self	WJ4	$977.77	$997.33
Standard Self & Family	WJ5	$2,542.17	$2,593.01
Standard Self Plus One	WJ6	$2,151.11	$2,194.13
Wyoming Aetna Advantage			
Advantage Self	Z24	$532.42	$543.07
Advantage Self & Family	Z25	$1,410.83	$1,439.05
Advantage Self Plus One	Z26	$1,171.28	$1,194.71
Wyoming Aetna Direct			
CDHP Self	N61	$714.09	$728.37
CDHP Self & Family	N62	$1,800.85	$1,836.87
CDHP Self Plus One	N63	$1,566.05	$1,597.37
Wyoming Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	$1,393.43	$1,421.30
CDHP Self & Family	H42	$3,176.18	$3,239.70
CDHP Self Plus One	H43	$3,145.42	$3,208.33
Value Self	H44	$1,428.98	$1,457.56

Tribal Premium Rates for the Federal Employees Health Benefits Program			
Health Management Organizations (HMO)		**2026 Monthly Premium Rates**	
Plan - Option - Enrollment Code		**Premium**	**TCC Rates**
Value Self & Family	H45	$3,279.38	$3,344.97
Value Self Plus One	H46	$3,215.07	$3,279.37
Wyoming Aetna HealthFund HDHP			
HDHP Self	224	$1,038.96	$1,059.74
HDHP Self & Family	225	$2,291.73	$2,337.56
HDHP Self Plus One	226	$2,246.88	$2,291.82
Wyoming Altius Health Plan			
HDHP Self	9K4	$1,081.71	$1,103.34
HDHP Self & Family	9K5	$2,260.72	$2,305.93
HDHP Self Plus One	9K6	$2,216.31	$2,260.64
High Self	9K1	$1,543.71	$1,574.58
High Self & Family	9K2	$3,414.00	$3,482.28
High Self Plus One	9K3	$3,380.24	$3,447.84
Wyoming Altius Health Plan			
Standard Self	DK4	$1,257.45	$1,282.60
Standard Self & Family	DK5	$2,776.91	$2,832.45
Standard Self Plus One	DK6	$2,749.41	$2,804.40