Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Alabama Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Alabama Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Aetna HealthFund HDHP Self	224	$1,148.44	$1,171.41
Aetna HealthFund HDHP Self & Family	225	$2,533.20	$2,583.86
Aetna HealthFund HDHP Self Plus One	226	$2,483.63	$2,533.30
Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus Primary			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Alaska Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Alaska Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Arizona Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Arizona Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Arkansas Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Arkansas Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Arkansas QualChoice			
High Option Self	DH1	$1,068.90	$1,090.28
High Option Self & Family	DH2	$2,788.09	$2,843.85
High Option Self Plus One	DH3	$2,076.47	$2,118.00
Standard Option Self	DH4	$854.62	$871.71
Standard Option Self & Family	DH5	$2,229.11	$2,273.69
Standard Option Self Plus One	DH6	$1,660.14	$1,693.34
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
California Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
California Aetna HMO			
High Option Self	2X1	$1,670.07	$1,703.47
High Option Self & Family	2X2	$3,920.63	$3,999.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
High Option Self Plus One	2X3	$3,843.82	$3,920.70
California Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
California Anthem Blue Cross Select HMO			
High Option Self	B31	$1,024.90	$1,045.40
High Option Self & Family	B32	$2,440.34	$2,489.15
High Option Self Plus One	B33	$2,214.85	$2,259.15
California Kaiser Permanente - Fresno California			
High Option Self	NZ1	$1,117.03	$1,139.37
High Option Self & Family	NZ2	$2,581.65	$2,633.28
High Option Self Plus One	NZ3	$2,581.65	$2,633.28
Prosper Self	YV1	$520.33	$530.74
Prosper Self & Family	YV2	$1,261.13	$1,286.35
Prosper Self Plus One	YV3	$1,146.47	$1,169.40
Standard Option Self	NZ4	$846.95	$863.89
Standard Option Self & Family	NZ5	$2,093.46	$2,135.33
Standard Option Self Plus One	NZ6	$1,952.47	$1,991.52
California Kaiser Permanente - Northern California			
High Option Self	591	$1,212.23	$1,236.47
High Option Self & Family	592	$2,893.67	$2,951.54
High Option Self Plus One	593	$2,893.67	$2,951.54
Prosper Self	KC1	$756.17	$771.29
Prosper Self & Family	KC2	$1,769.41	$1,804.80
Prosper Self Plus One	KC3	$1,769.41	$1,804.80
Standard Option Self	594	$1,021.11	$1,041.53
Standard Option Self & Family	595	$2,389.34	$2,437.13
Standard Option Self Plus One	596	$2,389.34	$2,437.13
California Kaiser Permanente - Southern California			
High Option Self	621	$996.91	$1,016.85
High Option Self & Family	622	$2,342.67	$2,389.52
High Option Self Plus One	623	$2,342.67	$2,389.52
Prosper Self	FL1	$478.16	$487.72
Prosper Self & Family	FL2	$1,185.86	$1,209.58
Prosper Self Plus One	FL3	$1,104.59	$1,126.68
Standard Option Self	624	$665.19	$678.49
Standard Option Self & Family	625	$1,762.71	$1,797.96
Standard Option Self Plus One	626	$1,589.79	$1,621.59

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
California Sharp Health Plan			
Basic Option Self	YJ1	$581.99	$593.63
Basic Option Self & Family	YJ2	$1,396.76	$1,424.70
Basic Option Self Plus One	YJ3	$1,280.39	$1,306.00
High Option Self	YJ4	$875.51	$893.02
High Option Self & Family	YJ5	$2,101.17	$2,143.19
High Option Self Plus One	YJ6	$1,926.04	$1,964.56
California Western Health Advantage			
High Option Self	W51	$1,084.68	$1,106.37
High Option Self & Family	W52	$2,603.23	$2,655.29
High Option Self Plus One	W53	$2,386.30	$2,434.03
Colorado Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Colorado Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Colorado Kaiser Permanente - Colorado			
Prosper Self	N41	$533.07	$543.73
Prosper Self & Family	N42	$1,247.37	$1,272.32
Prosper Self Plus One	N43	$1,172.75	$1,196.21
High Option Self	651	$999.29	$1,019.28
High Option Self & Family	652	$2,338.35	$2,385.12
High Option Self Plus One	653	$2,198.45	$2,242.42
Standard Option Self	654	$849.77	$866.77
Standard Option Self & Family	655	$1,988.48	$2,028.25
Standard Option Self Plus One	656	$1,869.53	$1,906.92
Connecticut Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
Connecticut Aetna: HDHP/Aetna Direct/Aetna Advantage			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Delaware Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
Delaware Aetna Open Access			
Basic Option Self	P34	$2,178.95	$2,222.53
Basic Option Self & Family	P35	$5,057.37	$5,158.52
Basic Option Self Plus One	P36	$5,007.21	$5,107.35
High Option Self	P31	$2,216.93	$2,261.27
High Option Self & Family	P32	$5,374.98	$5,482.48
High Option Self Plus One	P33	$5,321.81	$5,428.25
Delaware Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
District of Columbia Aetna Open Access (Capital Region and Saver)			
Basic Option Self	JN4	$1,050.16	$1,071.16
Basic Option Self & Family	JN5	$2,476.89	$2,526.43
Basic Option Self Plus One	JN6	$2,274.48	$2,319.97
High Option Self	JN1	$1,817.90	$1,854.26
High Option Self & Family	JN2	$4,086.92	$4,168.66
High Option Self Plus One	JN3	$4,046.38	$4,127.31
Saver Self	QQ4	$670.93	$684.35

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Saver Self & Family	QQ5	$1,535.52	$1,566.23
Saver Self Plus One	QQ6	$1,410.02	$1,438.22
District of Columbia Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
District of Columbia CareFirst BlueChoice			
Blue Value Plus Self	B64	$924.24	$942.72
Blue Value Plus Self & Family	B65	$2,195.92	$2,239.84
Blue Value Plus Self Plus One	B66	$1,848.45	$1,885.42
HDHP Self	B61	$864.61	$881.90
HDHP Self & Family	B62	$2,054.26	$2,095.35
HDHP Self Plus One	B63	$1,729.17	$1,763.75
Standard Option Self	2G4	$1,365.56	$1,392.87
Standard Option Self & Family	2G5	$3,244.54	$3,309.43
Standard Option Self Plus One	2G6	$2,731.11	$2,785.73
District of Columbia Kaiser Permanente - Mid-Atlantic States			
Kaiser Permanente FEHB Mid-Atlantic High Self	E31	$1,063.77	$1,085.05
Kaiser Permanente FEHB Mid-Atlantic High Self & Family	E32	$2,446.69	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic High Self Plus One	E33	$2,446.69	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic Standard Self	E34	$858.28	$875.45
Kaiser Permanente FEHB Mid-Atlantic Standard Self & Family	E35	$1,974.05	$2,013.53
Kaiser Permanente FEHB Mid-Atlantic Standard Self Plus One	E36	$1,974.05	$2,013.53
Prosper Self	T71	$540.17	$550.97
Prosper Self & Family	T72	$1,457.11	$1,486.25
Prosper Self Plus One	T73	$1,290.51	$1,316.32
District of Columbia M.D. IPA			
High Option Self	JP1	$1,010.75	$1,030.97
High Option Self & Family	JP2	$2,834.11	$2,890.79
High Option Self Plus One	JP3	$1,973.99	$2,013.47
District of Columbia UnitedHealthcare Insurance Company, Inc. (A HDHP			
HDHP Self	V41	$854.56	$871.65
HDHP Self & Family	V42	$1,950.85	$1,989.87
HDHP Self Plus One	V43	$1,832.09	$1,868.73
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice (			
High Option Self	LR1	$1,327.54	$1,354.09
High Option Self & Family	LR2	$3,146.24	$3,209.16
High Option Self Plus One	LR3	$2,854.19	$2,911.27
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice P			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Florida Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Florida Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Florida Capital Health Plan			
High Self	EA1	$1,037.68	$1,058.43
High Self & Family	EA2	$2,475.40	$2,524.91
High Self Plus One	EA3	$2,269.19	$2,314.57
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Primary E			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Georgia Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Georgia Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Georgia Kaiser Permanente - Georgia			
High Option Self	F81	$1,014.09	$1,034.37
High Option Self & Family	F82	$2,291.81	$2,337.65

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
High Option Self Plus One	F83	$2,291.81	$2,337.65
Prosper Self	LA1	$569.14	$580.52
Prosper Self & Family	LA2	$1,477.67	$1,507.22
Prosper Self Plus One	LA3	$1,286.29	$1,312.02
Standard Option Self	F84	$766.89	$782.23
Standard Option Self & Family	F85	$1,733.16	$1,767.82
Standard Option Self Plus One	F86	$1,733.16	$1,767.82
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary E			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
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	$1,131.35	$1,153.98
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 Insurance Company, Inc.			
HDHP Option Self	KX1	$176.52	$180.05
HDHP Option Self & Family	KX2	$473.27	$482.74
HDHP Option Self Plus One	KX3	$426.18	$434.70
High Option Self	JK1	$619.21	$631.59
High Option Self & Family	JK2	$1,780.26	$1,815.87
High Option Self Plus One	JK3	$1,237.99	$1,262.75
Standard Option Self	JK4	$358.54	$365.71
Standard Option Self & Family	JK5	$1,183.39	$1,207.06
Standard Option Self Plus One	JK6	$718.42	$732.79
Hawaii Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Hawaii Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Hawaii HMSA			
High Option Self	871	$998.53	$1,018.50
High Option Self & Family	872	$2,244.71	$2,289.60
High Option Self Plus One	873	$2,187.90	$2,231.66
Standard Option Self	874	$567.39	$578.74
Standard Option Self & Family	875	$1,275.43	$1,300.94
Standard Option Self Plus One	876	$1,243.10	$1,267.96
Hawaii Kaiser Permanente - Hawaii			
High Option Self	631	$843.40	$860.27
High Option Self & Family	632	$1,880.73	$1,918.34
High Option Self Plus One	633	$1,880.73	$1,918.34
Standard Option Self	634	$576.46	$587.99
Standard Option Self & Family	635	$1,285.53	$1,311.24
Standard Option Self Plus One	636	$1,285.53	$1,311.24
Idaho Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
Idaho Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Idaho Altius Health Plans (Aetna Health of Utah, Inc.)			
HDHP Self	9K4	$1,155.98	$1,179.10
HDHP Self & Family	9K5	$2,415.96	$2,464.28
HDHP Self Plus One	9K6	$2,368.49	$2,415.86
High Option Self	9K1	$1,644.89	$1,677.79
High Option Self & Family	9K2	$3,637.75	$3,710.51
High Option Self Plus One	9K3	$3,601.78	$3,673.82
Standard Option Self	DK4	$1,344.03	$1,370.91
Standard Option Self & Family	DK5	$2,968.10	$3,027.46
Standard Option Self Plus One	DK6	$2,938.69	$2,997.46
Idaho Kaiser Permanente - Washington Core			
High Option Self	541	$1,248.46	$1,273.43
High Option Self & Family	542	$2,746.60	$2,801.53
High Option Self Plus One	543	$2,746.60	$2,801.53

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Prosper Self	PT4	$469.41	$478.80
Prosper Self & Family	PT5	$1,259.77	$1,284.97
Prosper Self Plus One	PT6	$1,120.93	$1,143.35
Standard Option Self	544	$940.38	$959.19
Standard Option Self & Family	545	$2,162.88	$2,206.14
Standard Option Self Plus One	546	$2,162.88	$2,206.14
Illinois Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
Illinois Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Primary E			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Indiana Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Indiana Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Iowa Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
Iowa Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Iowa HealthPartners			
High Option Self	V31	$1,201.46	$1,225.49
High Option Self & Family	V32	$2,926.73	$2,985.26
High Option Self Plus One	V33	$2,655.21	$2,708.31
Standard Option Self	V34	$828.88	$845.46
Standard Option Self & Family	V35	$2,019.20	$2,059.58
Standard Option Self Plus One	V36	$1,831.87	$1,868.51
Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Eas			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Kansas Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Kansas Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Kentucky Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Kentucky Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus Primary			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Louisiana Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Louisiana Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus Primary			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Maine Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
Maine Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Maryland Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Maryland Aetna Open Access (Capital Region and Saver)			
Basic Option Self	JN4	$1,050.16	$1,071.16
Basic Option Self & Family	JN5	$2,476.89	$2,526.43
Basic Option Self Plus One	JN6	$2,274.48	$2,319.97
High Option Self	JN1	$1,817.90	$1,854.26
High Option Self & Family	JN2	$4,086.92	$4,168.66
High Option Self Plus One	JN3	$4,046.38	$4,127.31
Saver Self	QQ4	$670.93	$684.35
Saver Self & Family	QQ5	$1,535.52	$1,566.23
Saver Self Plus One	QQ6	$1,410.02	$1,438.22
Maryland Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Maryland CareFirst BlueChoice			
Blue Value Plus Self	B64	$924.24	$942.72
Blue Value Plus Self & Family	B65	$2,195.92	$2,239.84
Blue Value Plus Self Plus One	B66	$1,848.45	$1,885.42
HDHP Self	B61	$864.61	$881.90
HDHP Self & Family	B62	$2,054.26	$2,095.35
HDHP Self Plus One	B63	$1,729.17	$1,763.75
Standard Option Self	2G4	$1,365.56	$1,392.87
Standard Option Self & Family	2G5	$3,244.54	$3,309.43
Standard Option Self Plus One	2G6	$2,731.11	$2,785.73
Maryland Kaiser Permanente - Mid-Atlantic States			
Kaiser Permanente FEHB Mid-Atlantic High Self	E31	$1,063.77	$1,085.05
Kaiser Permanente FEHB Mid-Atlantic High Self & Family	E32	$2,446.69	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic High Self Plus One	E33	$2,446.69	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic Standard Self	E34	$858.28	$875.45
Kaiser Permanente FEHB Mid-Atlantic Standard Self & Family	E35	$1,974.05	$2,013.53
Kaiser Permanente FEHB Mid-Atlantic Standard Self Plus One	E36	$1,974.05	$2,013.53

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Prosper Self	T71	$540.17	$550.97
Prosper Self & Family	T72	$1,457.11	$1,486.25
Prosper Self Plus One	T73	$1,290.51	$1,316.32
Maryland M.D. IPA			
High Option Self	JP1	$1,010.75	$1,030.97
High Option Self & Family	JP2	$2,834.11	$2,890.79
High Option Self Plus One	JP3	$1,973.99	$2,013.47
Maryland UnitedHealthcare Insurance Company, Inc. (A HDHP with a Heal			
HDHP Self	V41	$854.56	$871.65
HDHP Self & Family	V42	$1,950.85	$1,989.87
HDHP Self Plus One	V43	$1,832.09	$1,868.73
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Open Acces			
High Option Self	LR1	$1,327.54	$1,354.09
High Option Self & Family	LR2	$3,146.24	$3,209.16
High Option Self Plus One	LR3	$2,854.19	$2,911.27
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Primary			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
Massachusetts Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Michigan Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Michigan Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Michigan Health Alliance Plan			
High Option Self	521	$1,205.69	$1,229.80
High Option Self & Family	522	$2,941.90	$3,000.74
High Option Self Plus One	523	$2,773.12	$2,828.58
Standard Option Self	GY4	$742.43	$757.28
Standard Option Self & Family	GY5	$1,811.53	$1,847.76
Standard Option Self Plus One	GY6	$1,707.59	$1,741.74
Minnesota Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
Minnesota Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Minnesota HealthPartners			
High Option Self	V31	$1,201.46	$1,225.49
High Option Self & Family	V32	$2,926.73	$2,985.26
High Option Self Plus One	V33	$2,655.21	$2,708.31
Standard Option Self	V34	$828.88	$845.46
Standard Option Self & Family	V35	$2,019.20	$2,059.58
Standard Option Self Plus One	V36	$1,831.87	$1,868.51
Mississippi Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
Mississippi Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus Prima			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Missouri Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Missouri Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Missouri UnitedHealthcare Insurance Company, Inc. Choice Plus Primary			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Montana Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
Montana Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Nebraska Aetna: HDHP/Aetna Direct/Aetna Advantage			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Nevada Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Nevada Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Nevada Health Plan of Nevada			
High Option Self	NM1	$980.31	$999.92
High Option Self & Family	NM2	$2,323.21	$2,369.67
High Option Self Plus One	NM3	$1,862.58	$1,899.83
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
New Hampshire Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
New Jersey Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
New Jersey Aetna Open Access			
Basic Option Self	JR4	$2,121.84	$2,164.28
Basic Option Self	P34	$2,178.95	$2,222.53
Basic Option Self & Family	JR5	$4,917.58	$5,015.93
Basic Option Self & Family	P35	$5,057.37	$5,158.52
Basic Option Self Plus One	JR6	$4,868.85	$4,966.23
Basic Option Self Plus One	P36	$5,007.21	$5,107.35
High Option Self	JR1	$2,664.48	$2,717.77
High Option Self	P31	$2,216.93	$2,261.27
High Option Self & Family	JR2	$6,154.50	$6,277.59
High Option Self & Family	P32	$5,374.98	$5,482.48
High Option Self Plus One	JR3	$6,093.58	$6,215.45
High Option Self Plus One	P33	$5,321.81	$5,428.25
New Jersey Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
New Mexico Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
New Mexico Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
New Mexico Presbyterian Health Plan			
High Option - Central Self	P21	$1,392.95	$1,420.81
High Option - Central Self & Family	P22	$3,273.40	$3,338.87
High Option - Central Self Plus One	P23	$3,162.08	$3,225.32
Standard Option - Central Self	PS4	$1,160.99	$1,184.21

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Option - Central Self & Family	PS5	$2,728.31	$2,782.88
Standard Option - Central Self Plus One	PS6	$2,635.53	$2,688.24
Wellness Option - Central Self	PS1	$1,020.70	$1,041.11
Wellness Option - Central Self & Family	PS2	$2,398.57	$2,446.54
Wellness Option - Central Self Plus One	PS3	$2,317.01	$2,363.35
New York Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
New York Aetna Open Access			
Basic Option Self	JC4	$2,088.71	$2,130.48
Basic Option Self & Family	JC5	$5,094.83	$5,196.73
Basic Option Self Plus One	JC6	$5,044.43	$5,145.32
High Option Self	JC1	$2,199.64	$2,243.63
High Option Self & Family	JC2	$5,435.34	$5,544.05
High Option Self Plus One	JC3	$5,381.52	$5,489.15
New York Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
North Carolina Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
North Carolina Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus Pr			
High Option Self	AS1	$1,043.38	$1,064.25

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
North Dakota Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	H41	$1,554.89	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,544.23	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,509.91	$3,580.11
Value Plan Self	H44	$1,598.16	$1,630.12
Value Plan Self & Family	H45	$3,667.63	$3,740.98
Value Plan Self Plus One	H46	$3,595.69	$3,667.60
North Dakota Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
North Dakota HealthPartners			
High Option Self	V31	$1,201.46	$1,225.49
High Option Self & Family	V32	$2,926.73	$2,985.26
High Option Self Plus One	V33	$2,655.21	$2,708.31
Standard Option Self	V34	$828.88	$845.46
Standard Option Self & Family	V35	$2,019.20	$2,059.58
Standard Option Self Plus One	V36	$1,831.87	$1,868.51
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	$1,131.35	$1,153.98
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
Northern Mariana Islands TakeCare Insurance Company, Inc.			
HDHP Option Self	KX1	$176.52	$180.05
HDHP Option Self & Family	KX2	$473.27	$482.74
HDHP Option Self Plus One	KX3	$426.18	$434.70
High Option Self	JK1	$619.21	$631.59
High Option Self & Family	JK2	$1,780.26	$1,815.87
High Option Self Plus One	JK3	$1,237.99	$1,262.75
Standard Option Self	JK4	$358.54	$365.71
Standard Option Self & Family	JK5	$1,183.39	$1,207.06
Standard Option Self Plus One	JK6	$718.42	$732.79
Ohio Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Ohio Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Ohio Medical Mutual of Ohio (Northern)			
Basic Option Self	UX1	$621.36	$633.79
Basic Option Self & Family	UX2	$1,491.23	$1,521.05
Basic Option Self Plus One	UX3	$1,366.99	$1,394.33
Standard Option Self	644	$1,730.08	$1,764.68
Standard Option Self & Family	645	$4,152.18	$4,235.22
Standard Option Self Plus One	646	$3,806.21	$3,882.33
Ohio Medical Mutual of Ohio (Southern)			
Standard Option Self	YF1	$611.43	$623.66
Standard Option Self & Family	YF2	$1,467.44	$1,496.79
Standard Option Self Plus One	YF3	$1,345.18	$1,372.08
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Oklahoma Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Oregon Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Oregon Kaiser Permanente - Northwest			
High Option Self	571	$1,016.04	$1,036.36
High Option Self & Family	572	$2,294.93	$2,340.83
High Option Self Plus One	573	$2,294.93	$2,340.83
Prosper Self	AM1	$517.10	$527.44
Prosper Self & Family	AM2	$1,282.36	$1,308.01
Prosper Self Plus One	AM3	$1,111.65	$1,133.88
Standard Option Self	574	$892.65	$910.50
Standard Option Self & Family	575	$2,050.64	$2,091.65
Standard Option Self Plus One	576	$2,050.64	$2,091.65
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	$1,131.35	$1,153.98
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 Insurance Company, Inc.			
HDHP Option Self	KX1	$176.52	$180.05
HDHP Option Self & Family	KX2	$473.27	$482.74
HDHP Option Self Plus One	KX3	$426.18	$434.70
High Option Self	JK1	$619.21	$631.59
High Option Self & Family	JK2	$1,780.26	$1,815.87
High Option Self Plus One	JK3	$1,237.99	$1,262.75
Standard Option Self	JK4	$358.54	$365.71
Standard Option Self & Family	JK5	$1,183.39	$1,207.06
Standard Option Self Plus One	JK6	$718.42	$732.79
Pennsylvania Aetna Open Access			
Basic Option Self	P34	$2,178.95	$2,222.53
Basic Option Self & Family	P35	$5,057.37	$5,158.52
Basic Option Self Plus One	P36	$5,007.21	$5,107.35
High Option Self	P31	$2,216.93	$2,261.27
High Option Self & Family	P32	$5,374.98	$5,482.48
High Option Self Plus One	P33	$5,321.81	$5,428.25
Pennsylvania Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Pennsylvania Geisinger Health Plan			
Basic Self	AJ1	$1,039.00	$1,059.78
Basic Self & Family	AJ2	$2,378.85	$2,426.43
Basic Self Plus One	AJ3	$2,245.01	$2,289.91
Standard Self	GG4	$1,082.71	$1,104.36
Standard Self & Family	GG5	$2,478.88	$2,528.46
Standard Self Plus One	GG6	$2,339.42	$2,386.21
Pennsylvania UnitedHealthcare Insurance Company, Inc. (A HDHP with a I			
HDHP Self	V41	$854.56	$871.65
HDHP Self & Family	V42	$1,950.85	$1,989.87
HDHP Self Plus One	V43	$1,832.09	$1,868.73
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Open A			
High Option Self	LR1	$1,327.54	$1,354.09
High Option Self & Family	LR2	$3,146.24	$3,209.16
High Option Self Plus One	LR3	$2,854.19	$2,911.27
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus Prir			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Pennsylvania UPMC Health Plan			
HDHP Self	8W4	$772.74	$788.19
HDHP Self & Family	8W5	$2,158.72	$2,201.89
HDHP Self Plus One	8W6	$2,033.22	$2,073.88
Standard Option Self	UW4	$835.77	$852.49
Standard Option Self & Family	UW5	$2,404.00	$2,452.08
Standard Option Self Plus One	UW6	$2,255.05	$2,300.15
Puerto Rico Triple-S Salud, Inc.			
High Self	891	$529.14	$539.72
High Self & Family	892	$1,211.77	$1,236.01
High Self Plus One	893	$1,188.14	$1,211.90
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
Rhode Island Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
South Carolina Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
South Carolina Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
South Dakota Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
South Dakota Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
South Dakota HealthPartners			
High Option Self	V31	$1,201.46	$1,225.49
High Option Self & Family	V32	$2,926.73	$2,985.26
High Option Self Plus One	V33	$2,655.21	$2,708.31
Standard Option Self	V34	$828.88	$845.46
Standard Option Self & Family	V35	$2,019.20	$2,059.58
Standard Option Self Plus One	V36	$1,831.87	$1,868.51
Tennessee Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Tennessee Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus Prima			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Texas Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Texas Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Texas Baylor Scott and White Health Plan			
Basic Self	A81	$706.01	$720.13
Basic Self	P81	$725.14	$739.64
Basic Self & Family	A82	$1,659.10	$1,692.28
Basic Self & Family	P82	$1,704.13	$1,738.21
Basic Self Plus One	A83	$1,567.32	$1,598.67
Basic Self Plus One	P83	$1,609.86	$1,642.06
Standard Self	A84	$1,087.30	$1,109.05
Standard Self	P84	$1,166.90	$1,190.24
Standard Self & Family	A85	$2,555.11	$2,606.21
Standard Self & Family	P85	$2,742.22	$2,797.06
Standard Self Plus One	A86	$2,413.78	$2,462.06
Standard Self Plus One	P86	$2,590.51	$2,642.32
Value Self	RE1	$602.27	$614.32

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Self	YZ1	$584.22	$595.90
Value Self & Family	RE2	$1,415.35	$1,443.66
Value Self & Family	YZ2	$1,372.93	$1,400.39
Value Self Plus One	RE3	$1,337.05	$1,363.79
Value Self Plus One	YZ3	$1,296.97	$1,322.91
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Ea			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
U.S. Virgin Islands Triple-S Salud, Inc.			
High Self	891	$529.14	$539.72
High Self & Family	892	$1,211.77	$1,236.01
High Self Plus One	893	$1,188.14	$1,211.90
Utah Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Utah Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Utah Altius Health Plans (Aetna Health of Utah, Inc.)			
HDHP Self	9K4	$1,155.98	$1,179.10
HDHP Self & Family	9K5	$2,415.96	$2,464.28
HDHP Self Plus One	9K6	$2,368.49	$2,415.86
High Option Self	9K1	$1,644.89	$1,677.79
High Option Self & Family	9K2	$3,637.75	$3,710.51
High Option Self Plus One	9K3	$3,601.78	$3,673.82
Standard Option Self	DK4	$1,344.03	$1,370.91
Standard Option Self & Family	DK5	$2,968.10	$3,027.46
Standard Option Self Plus One	DK6	$2,938.69	$2,997.46
Utah SelectHealth, Inc.			
HDHP Option Self	WX1	$892.13	$909.97
HDHP Option Self & Family	WX2	$2,230.30	$2,274.91
HDHP Option Self Plus One	WX3	$1,962.65	$2,001.90
Standard Option Self	SF4	$968.91	$988.29

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Option Self & Family	SF5	$2,422.31	$2,470.76
Standard Option Self Plus One	SF6	$2,131.61	$2,174.24
Vermont Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	EP1	$1,669.33	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,807.03	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,769.29	$3,844.68
Value Plan Self	EP4	$1,766.14	$1,801.46
Value Plan Self & Family	EP5	$4,044.32	$4,125.21
Value Plan Self Plus One	EP6	$3,964.98	$4,044.28
Vermont Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Virginia Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
Virginia Aetna Open Access (Capital Region and Saver)			
Basic Option Self	JN4	$1,050.16	$1,071.16
Basic Option Self & Family	JN5	$2,476.89	$2,526.43
Basic Option Self Plus One	JN6	$2,274.48	$2,319.97
High Option Self	JN1	$1,817.90	$1,854.26
High Option Self & Family	JN2	$4,086.92	$4,168.66
High Option Self Plus One	JN3	$4,046.38	$4,127.31
Saver Self	QQ4	$670.93	$684.35
Saver Self & Family	QQ5	$1,535.52	$1,566.23
Saver Self Plus One	QQ6	$1,410.02	$1,438.22
Virginia Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Virginia CareFirst BlueChoice			
Blue Value Plus Self	B64	$924.24	$942.72

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Blue Value Plus Self & Family	B65	$2,195.92	$2,239.84
Blue Value Plus Self Plus One	B66	$1,848.45	$1,885.42
HDHP Self	B61	$864.61	$881.90
HDHP Self & Family	B62	$2,054.26	$2,095.35
HDHP Self Plus One	B63	$1,729.17	$1,763.75
Standard Option Self	2G4	$1,365.56	$1,392.87
Standard Option Self & Family	2G5	$3,244.54	$3,309.43
Standard Option Self Plus One	2G6	$2,731.11	$2,785.73
Virginia Kaiser Permanente - Mid-Atlantic States			
Kaiser Permanente FEHB Mid-Atlantic High Self	E31	$1,063.77	$1,085.05
Kaiser Permanente FEHB Mid-Atlantic High Self & Family	E32	$2,446.69	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic High Self Plus One	E33	$2,446.69	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic Standard Self	E34	$858.28	$875.45
Kaiser Permanente FEHB Mid-Atlantic Standard Self & Family	E35	$1,974.05	$2,013.53
Kaiser Permanente FEHB Mid-Atlantic Standard Self Plus One	E36	$1,974.05	$2,013.53
Prosper Self	T71	$540.17	$550.97
Prosper Self & Family	T72	$1,457.11	$1,486.25
Prosper Self Plus One	T73	$1,290.51	$1,316.32
Virginia M.D. IPA			
High Option Self	JP1	$1,010.75	$1,030.97
High Option Self & Family	JP2	$2,834.11	$2,890.79
High Option Self Plus One	JP3	$1,973.99	$2,013.47
Virginia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Healtl			
HDHP Self	V41	$854.56	$871.65
HDHP Self & Family	V42	$1,950.85	$1,989.87
HDHP Self Plus One	V43	$1,832.09	$1,868.73
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Open Access			
High Option Self	LR1	$1,327.54	$1,354.09
High Option Self & Family	LR2	$3,146.24	$3,209.16
High Option Self Plus One	LR3	$2,854.19	$2,911.27
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary E			
High Option Self	AS1	$1,043.38	$1,064.25
High Option Self & Family	AS2	$2,451.97	$2,501.01
High Option Self Plus One	AS3	$2,237.02	$2,281.76
Washington Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	G51	$1,573.61	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,589.39	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,553.92	$3,625.00
Value Plan Self	G54	$1,386.82	$1,414.56
Value Plan Self & Family	G55	$3,176.18	$3,239.70
Value Plan Self Plus One	G56	$3,114.00	$3,176.28
Washington Aetna: HDHP/Aetna Direct/Aetna Advantage			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Washington Kaiser Permanente - Northwest			
High Option Self	571	$1,016.04	$1,036.36
High Option Self & Family	572	$2,294.93	$2,340.83
High Option Self Plus One	573	$2,294.93	$2,340.83
Prosper Self	AM1	$517.10	$527.44
Prosper Self & Family	AM2	$1,282.36	$1,308.01
Prosper Self Plus One	AM3	$1,111.65	$1,133.88
Standard Option Self	574	$892.65	$910.50
Standard Option Self & Family	575	$2,050.64	$2,091.65
Standard Option Self Plus One	576	$2,050.64	$2,091.65
Washington Kaiser Permanente - Washington Core			
High Option Self	541	$1,248.46	$1,273.43
High Option Self & Family	542	$2,746.60	$2,801.53
High Option Self Plus One	543	$2,746.60	$2,801.53
Prosper Self	PT4	$469.41	$478.80
Prosper Self & Family	PT5	$1,259.77	$1,284.97
Prosper Self Plus One	PT6	$1,120.93	$1,143.35
Standard Option Self	544	$940.38	$959.19
Standard Option Self & Family	545	$2,162.88	$2,206.14
Standard Option Self Plus One	546	$2,162.88	$2,206.14
Washington Kaiser Permanente Washington Options Federal			
HDHP Self	L14	$829.38	$845.97
HDHP Self & Family	L15	$1,841.17	$1,877.99
HDHP Self Plus One	L16	$1,841.17	$1,877.99
Standard Option Self	L11	$898.26	$916.23
Standard Option Self & Family	L12	$1,994.11	$2,033.99
Standard Option Self Plus One	L13	$1,994.11	$2,033.99
West Virginia Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	F51	$1,467.42	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,345.88	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$3,312.75	$3,379.01
Value Plan Self	F54	$1,495.91	$1,525.83
Value Plan Self & Family	F55	$3,425.65	$3,494.16
Value Plan Self Plus One	F56	$3,358.38	$3,425.55
West Virginia Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan			
Aetna HealthFund CDHP Self	JS1	$1,672.30	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,812.06	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,774.29	$3,849.78
Value Plan Self	JS4	$1,899.50	$1,937.49
Value Plan Self & Family	JS5	$4,336.24	$4,422.96
Value Plan Self Plus One	JS6	$4,293.47	$4,379.34
Wisconsin Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Wisconsin Group Health Cooperative of South Central Wisconsin			
High Self	WJ1	$1,410.59	$1,438.80
High Self & Family	WJ2	$3,667.52	$3,740.87
High Self Plus One	WJ3	$3,103.32	$3,165.39
Standard Self	WJ4	$1,020.28	$1,040.69
Standard Self & Family	WJ5	$2,652.69	$2,705.74
Standard Self Plus One	WJ6	$2,244.62	$2,289.51
Wyoming Aetna: HDHP/Aetna Direct/Aetna Advantage			
Aetna Advantage Self	Z24	$610.42	$622.63
Aetna Advantage Self & Family	Z25	$1,617.50	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,342.88	$1,369.74
Aetna Direct Self	N61	$800.06	$816.06
Aetna Direct Self & Family	N62	$2,017.69	$2,058.04
Aetna Direct Self Plus One	N63	$1,754.63	$1,789.72
Wyoming Altius Health Plans (Aetna Health of Utah, Inc.)			
HDHP Self	9K4	$1,155.98	$1,179.10
HDHP Self & Family	9K5	$2,415.96	$2,464.28
HDHP Self Plus One	9K6	$2,368.49	$2,415.86
High Option Self	9K1	$1,644.89	$1,677.79
High Option Self & Family	9K2	$3,637.75	$3,710.51
High Option Self Plus One	9K3	$3,601.78	$3,673.82
Standard Option Self	DK4	$1,344.03	$1,370.91
Standard Option Self & Family	DK5	$2,968.10	$3,027.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2027 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Option Self Plus One	DK6	$2,938.69	$2,997.46