Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Alabama Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Alabama Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Aetna HealthFund HDHP Self	224	$1,038.96	$1,148.44	$762.75	$385.69	$192.85	$1,171.41
Aetna HealthFund HDHP Self & Family	225	$2,291.73	$2,533.20	$1,828.28	$704.92	$352.46	$2,583.86
Aetna HealthFund HDHP Self Plus One	226	$2,246.88	$2,483.63	$1,662.98	$820.65	$410.33	$2,533.30
Alabama UnitedHealthcare Insurance Company, Inc. Choice Plus Primary							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Alaska Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
Alaska Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Arizona Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Arizona Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Arkansas Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Arkansas Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Arkansas QualChoice							
High Option Self	DH1	$1,037.79	$1,068.90	$762.75	$306.15	$153.08	$1,090.28
High Option Self & Family	DH2	$2,706.93	$2,788.09	$1,828.28	$959.81	$479.91	$2,843.85
High Option Self Plus One	DH3	$2,016.02	$2,076.47	$1,557.35	$519.12	$259.56	$2,118.00
Standard Option Self	DH4	$810.10	$854.62	$640.97	$213.65	$106.83	$871.71
Standard Option Self & Family	DH5	$2,113.02	$2,229.11	$1,671.83	$557.28	$278.64	$2,273.69
Standard Option Self Plus One	DH6	$1,573.69	$1,660.14	$1,245.11	$415.03	$207.52	$1,693.34
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
California Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
California Aetna HMO							
High Option Self	2X1	$1,485.55	$1,670.07	$762.75	$907.32	$453.66	$1,703.47
High Option Self & Family	2X2	$3,487.49	$3,920.63	$1,828.28	$2,092.35	$1,046.18	$3,999.04
High Option Self Plus One	2X3	$3,419.17	$3,843.82	$1,662.98	$2,180.84	$1,090.42	$3,920.70
California Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
California Anthem Blue Cross Select HMO							
High Option Self	B31	$893.14	$1,024.90	$762.75	$262.15	$131.08	$1,045.40
High Option Self & Family	B32	$2,126.56	$2,440.34	$1,828.28	$612.06	$306.03	$2,489.15
High Option Self Plus One	B33	$1,930.07	$2,214.85	$1,661.14	$553.71	$276.86	$2,259.15
California Kaiser Permanente - Fresno California							
High Option Self	NZ1	$1,043.90	$1,117.03	$762.75	$354.28	$177.14	$1,139.37
High Option Self & Family	NZ2	$2,412.63	$2,581.65	$1,828.28	$753.37	$376.69	$2,633.28
High Option Self Plus One	NZ3	$2,412.63	$2,581.65	$1,662.98	$918.67	$459.34	$2,633.28
Prosper Self	YV1	$515.49	$520.33	$390.25	$130.08	$65.04	$530.74
Prosper Self & Family	YV2	$1,249.39	$1,261.13	$945.85	$315.28	$157.64	$1,286.35
Prosper Self Plus One	YV3	$1,135.81	$1,146.47	$859.85	$286.62	$143.31	$1,169.40
Standard Option Self	NZ4	$822.21	$846.95	$635.21	$211.74	$105.87	$863.89
Standard Option Self & Family	NZ5	$2,032.25	$2,093.46	$1,570.10	$523.36	$261.68	$2,135.33
Standard Option Self Plus One	NZ6	$1,895.40	$1,952.47	$1,464.35	$488.12	$244.06	$1,991.52
California Kaiser Permanente - Northern California							
High Option Self	591	$1,134.66	$1,212.23	$762.75	$449.48	$224.74	$1,236.47
High Option Self & Family	592	$2,708.55	$2,893.67	$1,828.28	$1,065.39	$532.70	$2,951.54
High Option Self Plus One	593	$2,708.55	$2,893.67	$1,662.98	$1,230.69	$615.35	$2,951.54
Prosper Self	KC1	$708.70	$756.17	$567.13	$189.04	$94.52	$771.29
Prosper Self & Family	KC2	$1,658.32	$1,769.41	$1,327.06	$442.35	$221.18	$1,804.80
Prosper Self Plus One	KC3	$1,658.32	$1,769.41	$1,327.06	$442.35	$221.18	$1,804.80
Standard Option Self	594	$942.89	$1,021.11	$762.75	$258.36	$129.18	$1,041.53
Standard Option Self & Family	595	$2,206.43	$2,389.34	$1,792.01	$597.33	$298.67	$2,437.13
Standard Option Self Plus One	596	$2,206.43	$2,389.34	$1,662.98	$726.36	$363.18	$2,437.13
California Kaiser Permanente - Southern California							
High Option Self	621	$951.97	$996.91	$747.68	$249.23	$124.62	$1,016.85
High Option Self & Family	622	$2,237.08	$2,342.67	$1,757.00	$585.67	$292.84	$2,389.52
High Option Self Plus One	623	$2,237.08	$2,342.67	$1,662.98	$679.69	$339.85	$2,389.52

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Prosper Self	FL1	$451.01	$478.16	$358.62	$119.54	$59.77	$487.72
Prosper Self & Family	FL2	$1,118.54	$1,185.86	$889.40	$296.46	$148.23	$1,209.58
Prosper Self Plus One	FL3	$1,041.82	$1,104.59	$828.44	$276.15	$138.08	$1,126.68
Standard Option Self	624	$632.78	$665.19	$498.89	$166.30	$83.15	$678.49
Standard Option Self & Family	625	$1,676.81	$1,762.71	$1,322.03	$440.68	$220.34	$1,797.96
Standard Option Self Plus One	626	$1,512.29	$1,589.79	$1,192.34	$397.45	$198.73	$1,621.59
California Sharp Health Plan							
Basic Option Self	YJ1	New Plan	$581.99	$436.49	$145.50	$72.75	$593.63
Basic Option Self & Family	YJ2	New Plan	$1,396.76	$1,047.57	$349.19	$174.60	$1,424.70
Basic Option Self Plus One	YJ3	New Plan	$1,280.39	$960.29	$320.10	$160.05	$1,306.00
High Option Self	YJ4	$792.55	$875.51	$656.63	$218.88	$109.44	$893.02
High Option Self & Family	YJ5	$1,902.14	$2,101.17	$1,575.88	$525.29	$262.65	$2,143.19
High Option Self Plus One	YJ6	$1,743.63	$1,926.04	$1,444.53	$481.51	$240.76	$1,964.56
California Western Health Advantage							
High Option Self	W51	$965.71	$1,084.68	$762.75	$321.93	$160.97	$1,106.37
High Option Self & Family	W52	$2,317.68	$2,603.23	$1,828.28	$774.95	$387.48	$2,655.29
High Option Self Plus One	W53	$2,124.55	$2,386.30	$1,662.98	$723.32	$361.66	$2,434.03
Colorado Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Colorado Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Colorado Kaiser Permanente - Colorado							
Prosper Self	N41	$491.66	$533.07	$399.80	$133.27	$66.64	$543.73
Prosper Self & Family	N42	$1,209.46	$1,247.37	$935.53	$311.84	$155.92	$1,272.32
Prosper Self Plus One	N43	$1,111.15	$1,172.75	$879.56	$293.19	$146.60	$1,196.21
High Option Self	651	$943.76	$999.29	$749.47	$249.82	$124.91	$1,019.28
High Option Self & Family	652	$2,170.65	$2,338.35	$1,753.76	$584.59	$292.30	$2,385.12
High Option Self Plus One	653	$2,132.89	$2,198.45	$1,648.84	$549.61	$274.81	$2,242.42
Standard Option Self	654	$835.73	$849.77	$637.33	$212.44	$106.22	$866.77
Standard Option Self & Family	655	$1,888.75	$1,988.48	$1,491.36	$497.12	$248.56	$2,028.25
Standard Option Self Plus One	656	$1,888.75	$1,869.53	$1,402.15	$467.38	$233.69	$1,906.92
Connecticut Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
Connecticut Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Delaware Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
Delaware Aetna Open Access							
Basic Option Self	P34	$2,003.47	$2,178.95	$762.75	$1,416.20	$708.10	$2,222.53
Basic Option Self & Family	P35	$4,650.08	$5,057.37	$1,828.28	$3,229.09	$1,614.55	$5,158.52
Basic Option Self Plus One	P36	$4,603.97	$5,007.21	$1,662.98	$3,344.23	$1,672.12	$5,107.35
High Option Self	P31	$2,081.84	$2,216.93	$762.75	$1,454.18	$727.09	$2,261.27
High Option Self & Family	P32	$5,047.40	$5,374.98	$1,828.28	$3,546.70	$1,773.35	$5,482.48
High Option Self Plus One	P33	$4,997.46	$5,321.81	$1,662.98	$3,658.83	$1,829.42	$5,428.25
Delaware Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
District of Columbia Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
District of Columbia Aetna Open Access (Capital Region and Saver)							
Basic Option Self	JN4	$926.06	$1,050.16	$762.75	$287.41	$143.71	$1,071.16
Basic Option Self & Family	JN5	$2,119.30	$2,476.89	$1,828.28	$648.61	$324.31	$2,526.43
Basic Option Self Plus One	JN6	$1,946.12	$2,274.48	$1,662.98	$611.50	$305.75	$2,319.97
High Option Self	JN1	$1,628.97	$1,817.90	$762.75	$1,055.15	$527.58	$1,854.26
High Option Self & Family	JN2	$3,662.19	$4,086.92	$1,828.28	$2,258.64	$1,129.32	$4,168.66
High Option Self Plus One	JN3	$3,625.87	$4,046.38	$1,662.98	$2,383.40	$1,191.70	$4,127.31
Saver Self	QQ4	$599.52	$670.93	$503.20	$167.73	$83.87	$684.35

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Saver Self & Family	QQ5	$1,372.06	$1,535.52	$1,151.64	$383.88	$191.94	$1,566.23
Saver Self Plus One	QQ6	$1,259.94	$1,410.02	$1,057.52	$352.50	$176.25	$1,438.22
District of Columbia Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
District of Columbia CareFirst BlueChoice							
Blue Value Plus Self	B64	$821.54	$924.24	$693.18	$231.06	$115.53	$942.72
Blue Value Plus Self & Family	B65	$1,951.93	$2,195.92	$1,646.94	$548.98	$274.49	$2,239.84
Blue Value Plus Self Plus One	B66	$1,643.07	$1,848.45	$1,386.34	$462.11	$231.06	$1,885.42
HDHP Self	B61	$793.22	$864.61	$648.46	$216.15	$108.08	$881.90
HDHP Self & Family	B62	$1,884.61	$2,054.26	$1,540.70	$513.56	$256.78	$2,095.35
HDHP Self Plus One	B63	$1,586.39	$1,729.17	$1,296.88	$432.29	$216.15	$1,763.75
Standard Option Self	2G4	$1,241.41	$1,365.56	$762.75	$602.81	$301.41	$1,392.87
Standard Option Self & Family	2G5	$2,949.57	$3,244.54	$1,828.28	$1,416.26	$708.13	$3,309.43
Standard Option Self Plus One	2G6	$2,482.83	$2,731.11	$1,662.98	$1,068.13	$534.07	$2,785.73
District of Columbia Kaiser Permanente - Mid-Atlantic States							
Kaiser Permanente FEHB Mid-Atlantic High Self	E31	$1,016.23	$1,063.77	$762.75	$301.02	$150.51	$1,085.05
Kaiser Permanente FEHB Mid-Atlantic High Self & Family	E32	$2,337.29	$2,446.69	$1,828.28	$618.41	$309.21	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic High Self Plus One	E33	$2,337.29	$2,446.69	$1,662.98	$783.71	$391.86	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic Standard Self	E34	$817.40	$858.28	$643.71	$214.57	$107.29	$875.45
Kaiser Permanente FEHB Mid-Atlantic Standard Self & Family	E35	$1,880.04	$1,974.05	$1,480.54	$493.51	$246.76	$2,013.53
Kaiser Permanente FEHB Mid-Atlantic Standard Self Plus One	E36	$1,880.04	$1,974.05	$1,480.54	$493.51	$246.76	$2,013.53
Prosper Self	T71	$501.19	$540.17	$405.13	$135.04	$67.52	$550.97
Prosper Self & Family	T72	$1,410.07	$1,457.11	$1,092.83	$364.28	$182.14	$1,486.25
Prosper Self Plus One	T73	$1,197.39	$1,290.51	$967.88	$322.63	$161.32	$1,316.32
District of Columbia M.D. IPA							

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
High Option Self	JP1	$1,175.16	$1,010.75	$758.06	$252.69	$126.35	$1,030.97
High Option Self & Family	JP2	$3,295.09	$2,834.11	$1,828.28	$1,005.83	$502.92	$2,890.79
High Option Self Plus One	JP3	$2,295.06	$1,973.99	$1,480.49	$493.50	$246.75	$2,013.47
District of Columbia UnitedHealthcare Insurance Company, Inc. (A HDHP v							
HDHP Self	V41	$755.30	$854.56	$640.92	$213.64	$106.82	$871.65
HDHP Self & Family	V42	$1,725.56	$1,950.85	$1,463.14	$487.71	$243.86	$1,989.87
HDHP Self Plus One	V43	$1,621.58	$1,832.09	$1,374.07	$458.02	$229.01	$1,868.73
District of Columbia UnitedHealthcare Insurance Company, Inc. (Choice O							
High Option Self	LR1	$1,234.87	$1,327.54	$762.75	$564.79	$282.40	$1,354.09
High Option Self & Family	LR2	$2,926.63	$3,146.24	$1,828.28	$1,317.96	$658.98	$3,209.16
High Option Self Plus One	LR3	$2,654.99	$2,854.19	$1,662.98	$1,191.21	$595.61	$2,911.27
District of Columbia UnitedHealthcare Insurance Company, Inc. Choice Pl							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Florida Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Florida Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Florida Capital Health Plan							

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
High Self	EA1	$964.51	$1,037.68	$762.75	$274.93	$137.47	$1,058.43
High Self & Family	EA2	$2,301.00	$2,475.40	$1,828.28	$647.12	$323.56	$2,524.91
High Self Plus One	EA3	$2,109.32	$2,269.19	$1,662.98	$606.21	$303.11	$2,314.57
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Ea							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Georgia Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Georgia Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Georgia Kaiser Permanente - Georgia							
High Option Self	F81	$972.16	$1,014.09	$760.57	$253.52	$126.76	$1,034.37
High Option Self & Family	F82	$2,197.07	$2,291.81	$1,718.86	$572.95	$286.48	$2,337.65
High Option Self Plus One	F83	$2,197.07	$2,291.81	$1,662.98	$628.83	$314.42	$2,337.65
Prosper Self	LA1	$532.61	$569.14	$426.86	$142.28	$71.14	$580.52
Prosper Self & Family	LA2	$1,382.90	$1,477.67	$1,108.25	$369.42	$184.71	$1,507.22
Prosper Self Plus One	LA3	$1,203.80	$1,286.29	$964.72	$321.57	$160.79	$1,312.02
Standard Option Self	F84	$739.33	$766.89	$575.17	$191.72	$95.86	$782.23
Standard Option Self & Family	F85	$1,670.91	$1,733.16	$1,299.87	$433.29	$216.65	$1,767.82

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Standard Option Self Plus One	F86	$1,670.91	$1,733.16	$1,299.87	$433.29	$216.65	$1,767.82
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary E							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Guam Calvo's SelectCare							
High Self	B41	$579.74	$579.74	$434.81	$144.93	$72.47	$591.33
High Self & Family	B42	$1,535.54	$1,535.54	$1,151.66	$383.88	$191.94	$1,566.25
High Self Plus One	B43	$1,131.37	$1,131.35	$848.51	$282.84	$141.42	$1,153.98
Standard Self	B44	$421.87	$421.87	$316.40	$105.47	$52.74	$430.31
Standard Self & Family	B45	$1,225.86	$1,225.86	$919.40	$306.46	$153.23	$1,250.38
Standard Self Plus One	B46	$831.70	$831.70	$623.78	$207.92	$103.96	$848.33
Guam TakeCare Insurance Company, Inc.							
HDHP Option Self	KX1	$154.27	$176.52	$132.39	$44.13	$22.07	$180.05
HDHP Option Self & Family	KX2	$413.55	$473.27	$354.95	$118.32	$59.16	$482.74
HDHP Option Self Plus One	KX3	$372.41	$426.18	$319.64	$106.54	$53.27	$434.70
High Option Self	JK1	$630.91	$619.21	$464.41	$154.80	$77.40	$631.59
High Option Self & Family	JK2	$1,813.89	$1,780.26	$1,335.20	$445.06	$222.53	$1,815.87
High Option Self Plus One	JK3	$1,261.37	$1,237.99	$928.49	$309.50	$154.75	$1,262.75
Standard Option Self	JK4	$401.68	$358.54	$268.91	$89.63	$44.82	$365.71
Standard Option Self & Family	JK5	$1,325.74	$1,183.39	$887.54	$295.85	$147.93	$1,207.06
Standard Option Self Plus One	JK6	$804.85	$718.42	$538.82	$179.60	$89.80	$732.79
Hawaii Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
Hawaii Aetna: HDHP/Aetna Direct/Aetna Advantage							

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Hawaii HMSA							
High Option Self	871	$891.54	$998.53	$748.90	$249.63	$124.82	$1,018.50
High Option Self & Family	872	$2,004.21	$2,244.71	$1,683.53	$561.18	$280.59	$2,289.60
High Option Self Plus One	873	$1,953.49	$2,187.90	$1,640.93	$546.97	$273.49	$2,231.66
Standard Option Self	874	$545.57	$567.39	$425.54	$141.85	$70.93	$578.74
Standard Option Self & Family	875	$1,226.38	$1,275.43	$956.57	$318.86	$159.43	$1,300.94
Standard Option Self Plus One	876	$1,195.29	$1,243.10	$932.33	$310.77	$155.39	$1,267.96
Hawaii Kaiser Permanente - Hawaii							
High Option Self	631	$795.86	$843.40	$632.55	$210.85	$105.43	$860.27
High Option Self & Family	632	$1,774.74	$1,880.73	$1,410.55	$470.18	$235.09	$1,918.34
High Option Self Plus One	633	$1,774.74	$1,880.73	$1,410.55	$470.18	$235.09	$1,918.34
Standard Option Self	634	$550.98	$576.46	$432.35	$144.11	$72.06	$587.99
Standard Option Self & Family	635	$1,228.67	$1,285.53	$964.15	$321.38	$160.69	$1,311.24
Standard Option Self Plus One	636	$1,228.67	$1,285.53	$964.15	$321.38	$160.69	$1,311.24
Idaho Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Idaho Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Idaho Altius Health Plans (Aetna Health of Utah, Inc.)							
HDHP Self	9K4	$1,081.71	$1,155.98	$762.75	$393.23	$196.62	$1,179.10
HDHP Self & Family	9K5	$2,260.72	$2,415.96	$1,811.97	$603.99	$302.00	$2,464.28
HDHP Self Plus One	9K6	$2,216.31	$2,368.49	$1,662.98	$705.51	$352.76	$2,415.86
High Option Self	9K1	$1,543.71	$1,644.89	$762.75	$882.14	$441.07	$1,677.79
High Option Self & Family	9K2	$3,414.00	$3,637.75	$1,828.28	$1,809.47	$904.74	$3,710.51
High Option Self Plus One	9K3	$3,380.24	$3,601.78	$1,662.98	$1,938.80	$969.40	$3,673.82
Standard Option Self	DK4	$1,257.45	$1,344.03	$762.75	$581.28	$290.64	$1,370.91
Standard Option Self & Family	DK5	$2,776.91	$2,968.10	$1,828.28	$1,139.82	$569.91	$3,027.46
Standard Option Self Plus One	DK6	$2,749.41	$2,938.69	$1,662.98	$1,275.71	$637.86	$2,997.46
Idaho Kaiser Permanente - Washington Core							
High Option Self	541	$1,186.36	$1,248.46	$762.75	$485.71	$242.86	$1,273.43
High Option Self & Family	542	$2,610.03	$2,746.60	$1,828.28	$918.32	$459.16	$2,801.53
High Option Self Plus One	543	$2,610.03	$2,746.60	$1,662.98	$1,083.62	$541.81	$2,801.53
Prosper Self	PT4	$455.30	$469.41	$352.06	$117.35	$58.68	$478.80
Prosper Self & Family	PT5	$1,221.96	$1,259.77	$944.83	$314.94	$157.47	$1,284.97
Prosper Self Plus One	PT6	$1,087.28	$1,120.93	$840.70	$280.23	$140.12	$1,143.35
Standard Option Self	544	$903.28	$940.38	$705.29	$235.09	$117.55	$959.19
Standard Option Self & Family	545	$2,077.57	$2,162.88	$1,622.16	$540.72	$270.36	$2,206.14
Standard Option Self Plus One	546	$2,077.57	$2,162.88	$1,622.16	$540.72	$270.36	$2,206.14
Illinois Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Illinois Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Ea							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Indiana Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
Indiana Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Iowa Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Iowa Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Iowa HealthPartners							
High Option Self	V31	$1,125.61	$1,201.46	$762.75	$438.71	$219.36	$1,225.49
High Option Self & Family	V32	$2,741.94	$2,926.73	$1,828.28	$1,098.45	$549.23	$2,985.26
High Option Self Plus One	V33	$2,487.57	$2,655.21	$1,662.98	$992.23	$496.12	$2,708.31
Standard Option Self	V34	$682.63	$828.88	$621.66	$207.22	$103.61	$845.46
Standard Option Self & Family	V35	$1,662.90	$2,019.20	$1,514.40	$504.80	$252.40	$2,059.58
Standard Option Self Plus One	V36	$1,508.63	$1,831.87	$1,373.90	$457.97	$228.99	$1,868.51
Iowa UnitedHealthcare Insurance Company, Inc. Choice Plus Primary East							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Kansas Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Kansas Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Kentucky Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Kentucky Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Plus Primary							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Louisiana Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Louisiana Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Plus Primary							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Maine Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
Maine Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Maryland Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Maryland Aetna Open Access (Capital Region and Saver)							
Basic Option Self	JN4	$926.06	$1,050.16	$762.75	$287.41	$143.71	$1,071.16
Basic Option Self & Family	JN5	$2,119.30	$2,476.89	$1,828.28	$648.61	$324.31	$2,526.43
Basic Option Self Plus One	JN6	$1,946.12	$2,274.48	$1,662.98	$611.50	$305.75	$2,319.97
High Option Self	JN1	$1,628.97	$1,817.90	$762.75	$1,055.15	$527.58	$1,854.26
High Option Self & Family	JN2	$3,662.19	$4,086.92	$1,828.28	$2,258.64	$1,129.32	$4,168.66
High Option Self Plus One	JN3	$3,625.87	$4,046.38	$1,662.98	$2,383.40	$1,191.70	$4,127.31
Saver Self	QQ4	$599.52	$670.93	$503.20	$167.73	$83.87	$684.35
Saver Self & Family	QQ5	$1,372.06	$1,535.52	$1,151.64	$383.88	$191.94	$1,566.23
Saver Self Plus One	QQ6	$1,259.94	$1,410.02	$1,057.52	$352.50	$176.25	$1,438.22
Maryland Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Maryland CareFirst BlueChoice							
Blue Value Plus Self	B64	$821.54	$924.24	$693.18	$231.06	$115.53	$942.72
Blue Value Plus Self & Family	B65	$1,951.93	$2,195.92	$1,646.94	$548.98	$274.49	$2,239.84
Blue Value Plus Self Plus One	B66	$1,643.07	$1,848.45	$1,386.34	$462.11	$231.06	$1,885.42
HDHP Self	B61	$793.22	$864.61	$648.46	$216.15	$108.08	$881.90
HDHP Self & Family	B62	$1,884.61	$2,054.26	$1,540.70	$513.56	$256.78	$2,095.35
HDHP Self Plus One	B63	$1,586.39	$1,729.17	$1,296.88	$432.29	$216.15	$1,763.75
Standard Option Self	2G4	$1,241.41	$1,365.56	$762.75	$602.81	$301.41	$1,392.87
Standard Option Self & Family	2G5	$2,949.57	$3,244.54	$1,828.28	$1,416.26	$708.13	$3,309.43
Standard Option Self Plus One	2G6	$2,482.83	$2,731.11	$1,662.98	$1,068.13	$534.07	$2,785.73
Maryland Kaiser Permanente - Mid-Atlantic States							

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Kaiser Permanente FEHB Mid-Atlantic High Self	E31	$1,016.23	$1,063.77	$762.75	$301.02	$150.51	$1,085.05
Kaiser Permanente FEHB Mid-Atlantic High Self & Family	E32	$2,337.29	$2,446.69	$1,828.28	$618.41	$309.21	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic High Self Plus One	E33	$2,337.29	$2,446.69	$1,662.98	$783.71	$391.86	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic Standard Self	E34	$817.40	$858.28	$643.71	$214.57	$107.29	$875.45
Kaiser Permanente FEHB Mid-Atlantic Standard Self & Family	E35	$1,880.04	$1,974.05	$1,480.54	$493.51	$246.76	$2,013.53
Kaiser Permanente FEHB Mid-Atlantic Standard Self Plus One	E36	$1,880.04	$1,974.05	$1,480.54	$493.51	$246.76	$2,013.53
Prosper Self	T71	$501.19	$540.17	$405.13	$135.04	$67.52	$550.97
Prosper Self & Family	T72	$1,410.07	$1,457.11	$1,092.83	$364.28	$182.14	$1,486.25
Prosper Self Plus One	T73	$1,197.39	$1,290.51	$967.88	$322.63	$161.32	$1,316.32
Maryland M.D. IPA							
High Option Self	JP1	$1,175.16	$1,010.75	$758.06	$252.69	$126.35	$1,030.97
High Option Self & Family	JP2	$3,295.09	$2,834.11	$1,828.28	$1,005.83	$502.92	$2,890.79
High Option Self Plus One	JP3	$2,295.06	$1,973.99	$1,480.49	$493.50	$246.75	$2,013.47
Maryland UnitedHealthcare Insurance Company, Inc. (A HDHP with a Healt							
HDHP Self	V41	$755.30	$854.56	$640.92	$213.64	$106.82	$871.65
HDHP Self & Family	V42	$1,725.56	$1,950.85	$1,463.14	$487.71	$243.86	$1,989.87
HDHP Self Plus One	V43	$1,621.58	$1,832.09	$1,374.07	$458.02	$229.01	$1,868.73
Maryland UnitedHealthcare Insurance Company, Inc. (Choice Open Acces							
High Option Self	LR1	$1,234.87	$1,327.54	$762.75	$564.79	$282.40	$1,354.09
High Option Self & Family	LR2	$2,926.63	$3,146.24	$1,828.28	$1,317.96	$658.98	$3,209.16
High Option Self Plus One	LR3	$2,654.99	$2,854.19	$1,662.98	$1,191.21	$595.61	$2,911.27
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Primary							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
Massachusetts Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Michigan Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Michigan Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Michigan Health Alliance Plan							
High Option Self	521	$1,271.94	$1,205.69	$762.75	$442.94	$221.47	$1,229.80
High Option Self & Family	522	$3,103.49	$2,941.90	$1,828.28	$1,113.62	$556.81	$3,000.74
High Option Self Plus One	523	$2,925.43	$2,773.12	$1,662.98	$1,110.14	$555.07	$2,828.58
Standard Option Self	GY4	$772.40	$742.43	$556.82	$185.61	$92.80	$757.28
Standard Option Self & Family	GY5	$1,884.68	$1,811.53	$1,358.65	$452.88	$226.44	$1,847.76
Standard Option Self Plus One	GY6	$1,776.54	$1,707.59	$1,280.69	$426.90	$213.45	$1,741.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Minnesota Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Minnesota Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Minnesota HealthPartners							
High Option Self	V31	$1,125.61	$1,201.46	$762.75	$438.71	$219.36	$1,225.49
High Option Self & Family	V32	$2,741.94	$2,926.73	$1,828.28	$1,098.45	$549.23	$2,985.26
High Option Self Plus One	V33	$2,487.57	$2,655.21	$1,662.98	$992.23	$496.12	$2,708.31
Standard Option Self	V34	$682.63	$828.88	$621.66	$207.22	$103.61	$845.46
Standard Option Self & Family	V35	$1,662.90	$2,019.20	$1,514.40	$504.80	$252.40	$2,059.58
Standard Option Self Plus One	V36	$1,508.63	$1,831.87	$1,373.90	$457.97	$228.99	$1,868.51
Mississippi Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Mississippi Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Plus Prima							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Missouri Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Missouri Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Missouri UnitedHealthcare Insurance Company, Inc. Choice Plus Primary I							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Montana Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
Montana Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Nebraska Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Nevada Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Nevada Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Nevada Health Plan of Nevada							
High Option Self	NM1	$916.85	$980.31	$735.23	$245.08	$122.54	$999.92
High Option Self & Family	NM2	$2,172.80	$2,323.21	$1,742.41	$580.80	$290.40	$2,369.67
High Option Self Plus One	NM3	$1,741.98	$1,862.58	$1,396.94	$465.64	$232.82	$1,899.83
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
New Hampshire Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
New Jersey Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
New Jersey Aetna Open Access							
Basic Option Self	JR4	$1,997.17	$2,121.84	$762.75	$1,359.09	$679.55	$2,164.28
Basic Option Self	P34	$2,003.47	$2,178.95	$762.75	$1,416.20	$708.10	$2,222.53

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Basic Option Self & Family	JR5	$4,628.65	$4,917.58	$1,828.28	$3,089.30	$1,544.65	$5,015.93
Basic Option Self & Family	P35	$4,650.08	$5,057.37	$1,828.28	$3,229.09	$1,614.55	$5,158.52
Basic Option Self Plus One	JR6	$4,582.78	$4,868.85	$1,662.98	$3,205.87	$1,602.94	$4,966.23
Basic Option Self Plus One	P36	$4,603.97	$5,007.21	$1,662.98	$3,344.23	$1,672.12	$5,107.35
High Option Self	JR1	$2,615.67	$2,664.48	$762.75	$1,901.73	$950.87	$2,717.77
High Option Self	P31	$2,081.84	$2,216.93	$762.75	$1,454.18	$727.09	$2,261.27
High Option Self & Family	JR2	$6,041.79	$6,154.50	$1,828.28	$4,326.22	$2,163.11	$6,277.59
High Option Self & Family	P32	$5,047.40	$5,374.98	$1,828.28	$3,546.70	$1,773.35	$5,482.48
High Option Self Plus One	JR3	$5,981.97	$6,093.58	$1,662.98	$4,430.60	$2,215.30	$6,215.45
High Option Self Plus One	P33	$4,997.46	$5,321.81	$1,662.98	$3,658.83	$1,829.42	$5,428.25
New Jersey Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
New Mexico Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
New Mexico Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
New Mexico Presbyterian Health Plan							
High Option - Central Self	P21	$1,270.82	$1,392.95	$762.75	$630.20	$315.10	$1,420.81
High Option - Central Self & Family	P22	$2,986.40	$3,273.40	$1,828.28	$1,445.12	$722.56	$3,338.87
High Option - Central Self Plus One	P23	$2,884.87	$3,162.08	$1,662.98	$1,499.10	$749.55	$3,225.32
Standard Option - Central Self	PS4	$1,074.39	$1,160.99	$762.75	$398.24	$199.12	$1,184.21
Standard Option - Central Self & Family	PS5	$2,524.80	$2,728.31	$1,828.28	$900.03	$450.02	$2,782.88
Standard Option - Central Self Plus One	PS6	$2,438.97	$2,635.53	$1,662.98	$972.55	$486.28	$2,688.24
Wellness Option - Central Self	PS1	$947.14	$1,020.70	$762.75	$257.95	$128.98	$1,041.11
Wellness Option - Central Self & Family	PS2	$2,225.80	$2,398.57	$1,798.93	$599.64	$299.82	$2,446.54
Wellness Option - Central Self Plus One	PS3	$2,150.11	$2,317.01	$1,662.98	$654.03	$327.02	$2,363.35
New York Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
New York Aetna Open Access							
Basic Option Self	JC4	$1,923.96	$2,088.71	$762.75	$1,325.96	$662.98	$2,130.48
Basic Option Self & Family	JC5	$4,693.00	$5,094.83	$1,828.28	$3,266.55	$1,633.28	$5,196.73
Basic Option Self Plus One	JC6	$4,646.55	$5,044.43	$1,662.98	$3,381.45	$1,690.73	$5,145.32
High Option Self	JC1	$2,207.10	$2,199.64	$762.75	$1,436.89	$718.45	$2,243.63
High Option Self & Family	JC2	$5,453.78	$5,435.34	$1,828.28	$3,607.06	$1,803.53	$5,544.05
High Option Self Plus One	JC3	$5,399.79	$5,381.52	$1,662.98	$3,718.54	$1,859.27	$5,489.15
New York Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
North Carolina Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
North Carolina Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Plus Pri							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
North Dakota Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	H41	$1,393.43	$1,554.89	$762.75	$792.14	$396.07	$1,585.99
Aetna HealthFund CDHP Self & Family	H42	$3,176.18	$3,544.23	$1,828.28	$1,715.95	$857.98	$3,615.11
Aetna HealthFund CDHP Self Plus One	H43	$3,145.42	$3,509.91	$1,662.98	$1,846.93	$923.47	$3,580.11
Value Plan Self	H44	$1,428.98	$1,598.16	$762.75	$835.41	$417.71	$1,630.12
Value Plan Self & Family	H45	$3,279.38	$3,667.63	$1,828.28	$1,839.35	$919.68	$3,740.98
Value Plan Self Plus One	H46	$3,215.07	$3,595.69	$1,662.98	$1,932.71	$966.35	$3,667.60
North Dakota Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
North Dakota HealthPartners							
High Option Self	V31	$1,125.61	$1,201.46	$762.75	$438.71	$219.36	$1,225.49
High Option Self & Family	V32	$2,741.94	$2,926.73	$1,828.28	$1,098.45	$549.23	$2,985.26
High Option Self Plus One	V33	$2,487.57	$2,655.21	$1,662.98	$992.23	$496.12	$2,708.31
Standard Option Self	V34	$682.63	$828.88	$621.66	$207.22	$103.61	$845.46
Standard Option Self & Family	V35	$1,662.90	$2,019.20	$1,514.40	$504.80	$252.40	$2,059.58
Standard Option Self Plus One	V36	$1,508.63	$1,831.87	$1,373.90	$457.97	$228.99	$1,868.51
Northern Mariana Islands Calvo's SelectCare							
High Self	B41	$579.74	$579.74	$434.81	$144.93	$72.47	$591.33
High Self & Family	B42	$1,535.54	$1,535.54	$1,151.66	$383.88	$191.94	$1,566.25
High Self Plus One	B43	$1,131.37	$1,131.35	$848.51	$282.84	$141.42	$1,153.98
Standard Self	B44	$421.87	$421.87	$316.40	$105.47	$52.74	$430.31
Standard Self & Family	B45	$1,225.86	$1,225.86	$919.40	$306.46	$153.23	$1,250.38
Standard Self Plus One	B46	$831.70	$831.70	$623.78	$207.92	$103.96	$848.33
Northern Mariana Islands TakeCare Insurance Company, Inc.							
HDHP Option Self	KX1	$154.27	$176.52	$132.39	$44.13	$22.07	$180.05
HDHP Option Self & Family	KX2	$413.55	$473.27	$354.95	$118.32	$59.16	$482.74
HDHP Option Self Plus One	KX3	$372.41	$426.18	$319.64	$106.54	$53.27	$434.70
High Option Self	JK1	$630.91	$619.21	$464.41	$154.80	$77.40	$631.59
High Option Self & Family	JK2	$1,813.89	$1,780.26	$1,335.20	$445.06	$222.53	$1,815.87
High Option Self Plus One	JK3	$1,261.37	$1,237.99	$928.49	$309.50	$154.75	$1,262.75
Standard Option Self	JK4	$401.68	$358.54	$268.91	$89.63	$44.82	$365.71
Standard Option Self & Family	JK5	$1,325.74	$1,183.39	$887.54	$295.85	$147.93	$1,207.06
Standard Option Self Plus One	JK6	$804.85	$718.42	$538.82	$179.60	$89.80	$732.79
Ohio Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
Ohio Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Ohio Medical Mutual of Ohio (Northern)							
Basic Option Self	UX1	$527.80	$621.36	$466.02	$155.34	$77.67	$633.79
Basic Option Self & Family	UX2	$1,266.70	$1,491.23	$1,118.42	$372.81	$186.41	$1,521.05
Basic Option Self Plus One	UX3	$1,161.14	$1,366.99	$1,025.24	$341.75	$170.88	$1,394.33
Standard Option Self	644	$1,529.62	$1,730.08	$762.75	$967.33	$483.67	$1,764.68
Standard Option Self & Family	645	$3,671.14	$4,152.18	$1,828.28	$2,323.90	$1,161.95	$4,235.22
Standard Option Self Plus One	646	$3,365.20	$3,806.21	$1,662.98	$2,143.23	$1,071.62	$3,882.33
Ohio Medical Mutual of Ohio (Southern)							
Standard Option Self	YF1	$519.37	$611.43	$458.57	$152.86	$76.43	$623.66
Standard Option Self & Family	YF2	$1,246.46	$1,467.44	$1,100.58	$366.86	$183.43	$1,496.79
Standard Option Self Plus One	YF3	$1,142.59	$1,345.18	$1,008.89	$336.29	$168.15	$1,372.08
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Oklahoma Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Oregon Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Oregon Kaiser Permanente - Northwest							
High Option Self	571	$983.80	$1,016.04	$762.03	$254.01	$127.01	$1,036.36
High Option Self & Family	572	$2,222.18	$2,294.93	$1,721.20	$573.73	$286.87	$2,340.83
High Option Self Plus One	573	$2,222.18	$2,294.93	$1,662.98	$631.95	$315.98	$2,340.83
Prosper Self	AM1	$493.74	$517.10	$387.83	$129.27	$64.64	$527.44
Prosper Self & Family	AM2	$1,224.51	$1,282.36	$961.77	$320.59	$160.30	$1,308.01
Prosper Self Plus One	AM3	$1,061.52	$1,111.65	$833.74	$277.91	$138.96	$1,133.88
Standard Option Self	574	$869.74	$892.65	$669.49	$223.16	$111.58	$910.50
Standard Option Self & Family	575	$1,997.99	$2,050.64	$1,537.98	$512.66	$256.33	$2,091.65
Standard Option Self Plus One	576	$1,997.99	$2,050.64	$1,537.98	$512.66	$256.33	$2,091.65
Palau Calvo's SelectCare							
High Self	B41	$579.74	$579.74	$434.81	$144.93	$72.47	$591.33
High Self & Family	B42	$1,535.54	$1,535.54	$1,151.66	$383.88	$191.94	$1,566.25
High Self Plus One	B43	$1,131.37	$1,131.35	$848.51	$282.84	$141.42	$1,153.98
Standard Self	B44	$421.87	$421.87	$316.40	$105.47	$52.74	$430.31
Standard Self & Family	B45	$1,225.86	$1,225.86	$919.40	$306.46	$153.23	$1,250.38

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Standard Self Plus One	B46	$831.70	$831.70	$623.78	$207.92	$103.96	$848.33
Palau TakeCare Insurance Company, Inc.							
HDHP Option Self	KX1	$154.27	$176.52	$132.39	$44.13	$22.07	$180.05
HDHP Option Self & Family	KX2	$413.55	$473.27	$354.95	$118.32	$59.16	$482.74
HDHP Option Self Plus One	KX3	$372.41	$426.18	$319.64	$106.54	$53.27	$434.70
High Option Self	JK1	$630.91	$619.21	$464.41	$154.80	$77.40	$631.59
High Option Self & Family	JK2	$1,813.89	$1,780.26	$1,335.20	$445.06	$222.53	$1,815.87
High Option Self Plus One	JK3	$1,261.37	$1,237.99	$928.49	$309.50	$154.75	$1,262.75
Standard Option Self	JK4	$401.68	$358.54	$268.91	$89.63	$44.82	$365.71
Standard Option Self & Family	JK5	$1,325.74	$1,183.39	$887.54	$295.85	$147.93	$1,207.06
Standard Option Self Plus One	JK6	$804.85	$718.42	$538.82	$179.60	$89.80	$732.79
Pennsylvania Aetna Open Access							
Basic Option Self	P34	$2,003.47	$2,178.95	$762.75	$1,416.20	$708.10	$2,222.53
Basic Option Self & Family	P35	$4,650.08	$5,057.37	$1,828.28	$3,229.09	$1,614.55	$5,158.52
Basic Option Self Plus One	P36	$4,603.97	$5,007.21	$1,662.98	$3,344.23	$1,672.12	$5,107.35
High Option Self	P31	$2,081.84	$2,216.93	$762.75	$1,454.18	$727.09	$2,261.27
High Option Self & Family	P32	$5,047.40	$5,374.98	$1,828.28	$3,546.70	$1,773.35	$5,482.48
High Option Self Plus One	P33	$4,997.46	$5,321.81	$1,662.98	$3,658.83	$1,829.42	$5,428.25
Pennsylvania Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Pennsylvania Geisinger Health Plan							
Basic Self	AJ1	$1,170.39	$1,039.00	$762.75	$276.25	$138.13	$1,059.78
Basic Self & Family	AJ2	$2,679.63	$2,378.85	$1,784.14	$594.71	$297.36	$2,426.43
Basic Self Plus One	AJ3	$2,528.85	$2,245.01	$1,662.98	$582.03	$291.02	$2,289.91
Standard Self	GG4	$1,228.33	$1,082.71	$762.75	$319.96	$159.98	$1,104.36

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Standard Self & Family	GG5	$2,812.36	$2,478.88	$1,828.28	$650.60	$325.30	$2,528.46
Standard Self Plus One	GG6	$2,654.12	$2,339.42	$1,662.98	$676.44	$338.22	$2,386.21
Pennsylvania UnitedHealthcare Insurance Company, Inc. (A HDHP with a H							
HDHP Self	V41	$755.30	$854.56	$640.92	$213.64	$106.82	$871.65
HDHP Self & Family	V42	$1,725.56	$1,950.85	$1,463.14	$487.71	$243.86	$1,989.87
HDHP Self Plus One	V43	$1,621.58	$1,832.09	$1,374.07	$458.02	$229.01	$1,868.73
Pennsylvania UnitedHealthcare Insurance Company, Inc. (Choice Open Ac							
High Option Self	LR1	$1,234.87	$1,327.54	$762.75	$564.79	$282.40	$1,354.09
High Option Self & Family	LR2	$2,926.63	$3,146.24	$1,828.28	$1,317.96	$658.98	$3,209.16
High Option Self Plus One	LR3	$2,654.99	$2,854.19	$1,662.98	$1,191.21	$595.61	$2,911.27
Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Plus Prin							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Pennsylvania UPMC Health Plan							
HDHP Self	8W4	$769.93	$772.74	$579.56	$193.18	$96.59	$788.19
HDHP Self & Family	8W5	$2,055.95	$2,158.72	$1,619.04	$539.68	$269.84	$2,201.89
HDHP Self Plus One	8W6	$1,839.93	$2,033.22	$1,524.92	$508.30	$254.15	$2,073.88
Standard Option Self	UW4	$835.23	$835.77	$626.83	$208.94	$104.47	$852.49
Standard Option Self & Family	UW5	$2,289.54	$2,404.00	$1,803.00	$601.00	$300.50	$2,452.08
Standard Option Self Plus One	UW6	$2,032.10	$2,255.05	$1,662.98	$592.07	$296.04	$2,300.15
Puerto Rico Triple-S Salud, Inc.							
High Self	891	$503.97	$529.14	$396.86	$132.28	$66.14	$539.72
High Self & Family	892	$1,154.08	$1,211.77	$908.83	$302.94	$151.47	$1,236.01
High Self Plus One	893	$1,131.56	$1,188.14	$891.11	$297.03	$148.52	$1,211.90
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
Rhode Island Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
South Carolina Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
South Carolina Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
South Dakota Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
South Dakota Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
South Dakota HealthPartners							
High Option Self	V31	$1,125.61	$1,201.46	$762.75	$438.71	$219.36	$1,225.49
High Option Self & Family	V32	$2,741.94	$2,926.73	$1,828.28	$1,098.45	$549.23	$2,985.26
High Option Self Plus One	V33	$2,487.57	$2,655.21	$1,662.98	$992.23	$496.12	$2,708.31
Standard Option Self	V34	$682.63	$828.88	$621.66	$207.22	$103.61	$845.46
Standard Option Self & Family	V35	$1,662.90	$2,019.20	$1,514.40	$504.80	$252.40	$2,059.58
Standard Option Self Plus One	V36	$1,508.63	$1,831.87	$1,373.90	$457.97	$228.99	$1,868.51
Tennessee Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Tennessee Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus Primar							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Texas Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34
Texas Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Texas Baylor Scott and White Health Plan							
Basic Self	A81	$627.86	$706.01	$529.51	$176.50	$88.25	$720.13
Basic Self	P81	$651.30	$725.14	$543.86	$181.28	$90.64	$739.64
Basic Self & Family	A82	$1,475.44	$1,659.10	$1,244.33	$414.77	$207.39	$1,692.28
Basic Self & Family	P82	$1,530.60	$1,704.13	$1,278.10	$426.03	$213.02	$1,738.21
Basic Self Plus One	A83	$1,393.82	$1,567.32	$1,175.49	$391.83	$195.92	$1,598.67
Basic Self Plus One	P83	$1,445.93	$1,609.86	$1,207.40	$402.46	$201.23	$1,642.06
Standard Self	A84	$938.64	$1,087.30	$762.75	$324.55	$162.28	$1,109.05
Standard Self	P84	$1,097.35	$1,166.90	$762.75	$404.15	$202.08	$1,190.24
Standard Self & Family	A85	$2,205.84	$2,555.11	$1,828.28	$726.83	$363.42	$2,606.21
Standard Self & Family	P85	$2,578.79	$2,742.22	$1,828.28	$913.94	$456.97	$2,797.06
Standard Self Plus One	A86	$2,083.81	$2,413.78	$1,662.98	$750.80	$375.40	$2,462.06
Standard Self Plus One	P86	$2,436.11	$2,590.51	$1,662.98	$927.53	$463.77	$2,642.32
Value Self	RE1	$604.52	$602.27	$451.70	$150.57	$75.29	$614.32

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Value Self	YZ1	$586.41	$584.22	$438.17	$146.05	$73.03	$595.90
Value Self & Family	RE2	$1,420.66	$1,415.35	$1,061.51	$353.84	$176.92	$1,443.66
Value Self & Family	YZ2	$1,378.04	$1,372.93	$1,029.70	$343.23	$171.62	$1,400.39
Value Self Plus One	RE3	$1,342.06	$1,337.05	$1,002.79	$334.26	$167.13	$1,363.79
Value Self Plus One	YZ3	$1,301.82	$1,296.97	$972.73	$324.24	$162.12	$1,322.91
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Eas							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
U.S. Virgin Islands Triple-S Salud, Inc.							
High Self	891	$503.97	$529.14	$396.86	$132.28	$66.14	$539.72
High Self & Family	892	$1,154.08	$1,211.77	$908.83	$302.94	$151.47	$1,236.01
High Self Plus One	893	$1,131.56	$1,188.14	$891.11	$297.03	$148.52	$1,211.90
Utah Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Utah Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Utah Altius Health Plans (Aetna Health of Utah, Inc.)							
HDHP Self	9K4	$1,081.71	$1,155.98	$762.75	$393.23	$196.62	$1,179.10
HDHP Self & Family	9K5	$2,260.72	$2,415.96	$1,811.97	$603.99	$302.00	$2,464.28

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
HDHP Self Plus One	9K6	$2,216.31	$2,368.49	$1,662.98	$705.51	$352.76	$2,415.86
High Option Self	9K1	$1,543.71	$1,644.89	$762.75	$882.14	$441.07	$1,677.79
High Option Self & Family	9K2	$3,414.00	$3,637.75	$1,828.28	$1,809.47	$904.74	$3,710.51
High Option Self Plus One	9K3	$3,380.24	$3,601.78	$1,662.98	$1,938.80	$969.40	$3,673.82
Standard Option Self	DK4	$1,257.45	$1,344.03	$762.75	$581.28	$290.64	$1,370.91
Standard Option Self & Family	DK5	$2,776.91	$2,968.10	$1,828.28	$1,139.82	$569.91	$3,027.46
Standard Option Self Plus One	DK6	$2,749.41	$2,938.69	$1,662.98	$1,275.71	$637.86	$2,997.46
Utah SelectHealth, Inc.							
HDHP Option Self	WX1	$849.64	$892.13	$669.10	$223.03	$111.52	$909.97
HDHP Option Self & Family	WX2	$2,124.11	$2,230.30	$1,672.73	$557.57	$278.79	$2,274.91
HDHP Option Self Plus One	WX3	$1,869.21	$1,962.65	$1,471.99	$490.66	$245.33	$2,001.90
Standard Option Self	SF4	$922.76	$968.91	$726.68	$242.23	$121.12	$988.29
Standard Option Self & Family	SF5	$2,306.94	$2,422.31	$1,816.73	$605.58	$302.79	$2,470.76
Standard Option Self Plus One	SF6	$2,030.08	$2,131.61	$1,598.71	$532.90	$266.45	$2,174.24
Vermont Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	EP1	$1,512.12	$1,669.33	$762.75	$906.58	$453.29	$1,702.72
Aetna HealthFund CDHP Self & Family	EP2	$3,448.47	$3,807.03	$1,828.28	$1,978.75	$989.38	$3,883.17
Aetna HealthFund CDHP Self Plus One	EP3	$3,414.28	$3,769.29	$1,662.98	$2,106.31	$1,053.15	$3,844.68
Value Plan Self	EP4	$1,581.52	$1,766.14	$762.75	$1,003.39	$501.70	$1,801.46
Value Plan Self & Family	EP5	$3,621.56	$4,044.32	$1,828.28	$2,216.04	$1,108.02	$4,125.21
Value Plan Self Plus One	EP6	$3,550.50	$3,964.98	$1,662.98	$2,302.00	$1,151.00	$4,044.28
Vermont Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Virginia Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
Virginia Aetna Open Access (Capital Region and Saver)							
Basic Option Self	JN4	$926.06	$1,050.16	$762.75	$287.41	$143.71	$1,071.16
Basic Option Self & Family	JN5	$2,119.30	$2,476.89	$1,828.28	$648.61	$324.31	$2,526.43
Basic Option Self Plus One	JN6	$1,946.12	$2,274.48	$1,662.98	$611.50	$305.75	$2,319.97
High Option Self	JN1	$1,628.97	$1,817.90	$762.75	$1,055.15	$527.58	$1,854.26
High Option Self & Family	JN2	$3,662.19	$4,086.92	$1,828.28	$2,258.64	$1,129.32	$4,168.66
High Option Self Plus One	JN3	$3,625.87	$4,046.38	$1,662.98	$2,383.40	$1,191.70	$4,127.31
Saver Self	QQ4	$599.52	$670.93	$503.20	$167.73	$83.87	$684.35
Saver Self & Family	QQ5	$1,372.06	$1,535.52	$1,151.64	$383.88	$191.94	$1,566.23
Saver Self Plus One	QQ6	$1,259.94	$1,410.02	$1,057.52	$352.50	$176.25	$1,438.22
Virginia Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Virginia CareFirst BlueChoice							
Blue Value Plus Self	B64	$821.54	$924.24	$693.18	$231.06	$115.53	$942.72
Blue Value Plus Self & Family	B65	$1,951.93	$2,195.92	$1,646.94	$548.98	$274.49	$2,239.84
Blue Value Plus Self Plus One	B66	$1,643.07	$1,848.45	$1,386.34	$462.11	$231.06	$1,885.42
HDHP Self	B61	$793.22	$864.61	$648.46	$216.15	$108.08	$881.90
HDHP Self & Family	B62	$1,884.61	$2,054.26	$1,540.70	$513.56	$256.78	$2,095.35
HDHP Self Plus One	B63	$1,586.39	$1,729.17	$1,296.88	$432.29	$216.15	$1,763.75
Standard Option Self	2G4	$1,241.41	$1,365.56	$762.75	$602.81	$301.41	$1,392.87

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Standard Option Self & Family	2G5	$2,949.57	$3,244.54	$1,828.28	$1,416.26	$708.13	$3,309.43
Standard Option Self Plus One	2G6	$2,482.83	$2,731.11	$1,662.98	$1,068.13	$534.07	$2,785.73
Virginia Kaiser Permanente - Mid-Atlantic States							
Kaiser Permanente FEHB Mid-Atlantic High Self	E31	$1,016.23	$1,063.77	$762.75	$301.02	$150.51	$1,085.05
Kaiser Permanente FEHB Mid-Atlantic High Self & Family	E32	$2,337.29	$2,446.69	$1,828.28	$618.41	$309.21	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic High Self Plus One	E33	$2,337.29	$2,446.69	$1,662.98	$783.71	$391.86	$2,495.62
Kaiser Permanente FEHB Mid-Atlantic Standard Self	E34	$817.40	$858.28	$643.71	$214.57	$107.29	$875.45
Kaiser Permanente FEHB Mid-Atlantic Standard Self & Family	E35	$1,880.04	$1,974.05	$1,480.54	$493.51	$246.76	$2,013.53
Kaiser Permanente FEHB Mid-Atlantic Standard Self Plus One	E36	$1,880.04	$1,974.05	$1,480.54	$493.51	$246.76	$2,013.53
Prosper Self	T71	$501.19	$540.17	$405.13	$135.04	$67.52	$550.97
Prosper Self & Family	T72	$1,410.07	$1,457.11	$1,092.83	$364.28	$182.14	$1,486.25
Prosper Self Plus One	T73	$1,197.39	$1,290.51	$967.88	$322.63	$161.32	$1,316.32
Virginia M.D. IPA							
High Option Self	JP1	$1,175.16	$1,010.75	$758.06	$252.69	$126.35	$1,030.97
High Option Self & Family	JP2	$3,295.09	$2,834.11	$1,828.28	$1,005.83	$502.92	$2,890.79
High Option Self Plus One	JP3	$2,295.06	$1,973.99	$1,480.49	$493.50	$246.75	$2,013.47
Virginia UnitedHealthcare Insurance Company, Inc. (A HDHP with a Health							
HDHP Self	V41	$755.30	$854.56	$640.92	$213.64	$106.82	$871.65
HDHP Self & Family	V42	$1,725.56	$1,950.85	$1,463.14	$487.71	$243.86	$1,989.87
HDHP Self Plus One	V43	$1,621.58	$1,832.09	$1,374.07	$458.02	$229.01	$1,868.73
Virginia UnitedHealthcare Insurance Company, Inc. (Choice Open Access)							
High Option Self	LR1	$1,234.87	$1,327.54	$762.75	$564.79	$282.40	$1,354.09
High Option Self & Family	LR2	$2,926.63	$3,146.24	$1,828.28	$1,317.96	$658.98	$3,209.16
High Option Self Plus One	LR3	$2,654.99	$2,854.19	$1,662.98	$1,191.21	$595.61	$2,911.27
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Primary E							
High Option Self	AS1	$1,010.53	$1,043.38	$762.75	$280.63	$140.32	$1,064.25
High Option Self & Family	AS2	$2,389.92	$2,451.97	$1,828.28	$623.69	$311.85	$2,501.01
High Option Self Plus One	AS3	$2,172.65	$2,237.02	$1,662.98	$574.04	$287.02	$2,281.76
Washington Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	G51	$1,410.20	$1,573.61	$762.75	$810.86	$405.43	$1,605.08

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Aetna HealthFund CDHP Self & Family	G52	$3,216.61	$3,589.39	$1,828.28	$1,761.11	$880.56	$3,661.18
Aetna HealthFund CDHP Self Plus One	G53	$3,184.83	$3,553.92	$1,662.98	$1,890.94	$945.47	$3,625.00
Value Plan Self	G54	$1,240.42	$1,386.82	$762.75	$624.07	$312.04	$1,414.56
Value Plan Self & Family	G55	$2,840.89	$3,176.18	$1,828.28	$1,347.90	$673.95	$3,239.70
Value Plan Self Plus One	G56	$2,785.25	$3,114.00	$1,662.98	$1,451.02	$725.51	$3,176.28
Washington Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Washington Kaiser Permanente - Northwest							
High Option Self	571	$983.80	$1,016.04	$762.03	$254.01	$127.01	$1,036.36
High Option Self & Family	572	$2,222.18	$2,294.93	$1,721.20	$573.73	$286.87	$2,340.83
High Option Self Plus One	573	$2,222.18	$2,294.93	$1,662.98	$631.95	$315.98	$2,340.83
Prosper Self	AM1	$493.74	$517.10	$387.83	$129.27	$64.64	$527.44
Prosper Self & Family	AM2	$1,224.51	$1,282.36	$961.77	$320.59	$160.30	$1,308.01
Prosper Self Plus One	AM3	$1,061.52	$1,111.65	$833.74	$277.91	$138.96	$1,133.88
Standard Option Self	574	$869.74	$892.65	$669.49	$223.16	$111.58	$910.50
Standard Option Self & Family	575	$1,997.99	$2,050.64	$1,537.98	$512.66	$256.33	$2,091.65
Standard Option Self Plus One	576	$1,997.99	$2,050.64	$1,537.98	$512.66	$256.33	$2,091.65
Washington Kaiser Permanente - Washington Core							
High Option Self	541	$1,186.36	$1,248.46	$762.75	$485.71	$242.86	$1,273.43
High Option Self & Family	542	$2,610.03	$2,746.60	$1,828.28	$918.32	$459.16	$2,801.53
High Option Self Plus One	543	$2,610.03	$2,746.60	$1,662.98	$1,083.62	$541.81	$2,801.53
Prosper Self	PT4	$455.30	$469.41	$352.06	$117.35	$58.68	$478.80
Prosper Self & Family	PT5	$1,221.96	$1,259.77	$944.83	$314.94	$157.47	$1,284.97
Prosper Self Plus One	PT6	$1,087.28	$1,120.93	$840.70	$280.23	$140.12	$1,143.35
Standard Option Self	544	$903.28	$940.38	$705.29	$235.09	$117.55	$959.19

Tribal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Standard Option Self & Family	545	$2,077.57	$2,162.88	$1,622.16	$540.72	$270.36	$2,206.14
Standard Option Self Plus One	546	$2,077.57	$2,162.88	$1,622.16	$540.72	$270.36	$2,206.14
Washington Kaiser Permanente Washington Options Federal							
HDHP Self	L14	$810.83	$829.38	$622.04	$207.34	$103.67	$845.97
HDHP Self & Family	L15	$1,799.94	$1,841.17	$1,380.88	$460.29	$230.15	$1,877.99
HDHP Self Plus One	L16	$1,799.94	$1,841.17	$1,380.88	$460.29	$230.15	$1,877.99
Standard Option Self	L11	$845.02	$898.26	$673.70	$224.56	$112.28	$916.23
Standard Option Self & Family	L12	$1,875.94	$1,994.11	$1,495.58	$498.53	$249.27	$2,033.99
Standard Option Self Plus One	L13	$1,875.94	$1,994.11	$1,495.58	$498.53	$249.27	$2,033.99
West Virginia Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	F51	$1,321.99	$1,467.42	$762.75	$704.67	$352.34	$1,496.77
Aetna HealthFund CDHP Self & Family	F52	$3,014.33	$3,345.88	$1,828.28	$1,517.60	$758.80	$3,412.80
Aetna HealthFund CDHP Self Plus One	F53	$2,984.45	$3,312.75	$1,662.98	$1,649.77	$824.89	$3,379.01
Value Plan Self	F54	$1,339.20	$1,495.91	$762.75	$733.16	$366.58	$1,525.83
Value Plan Self & Family	F55	$3,066.74	$3,425.65	$1,828.28	$1,597.37	$798.68	$3,494.16
Value Plan Self Plus One	F56	$3,006.51	$3,358.38	$1,662.98	$1,695.40	$847.70	$3,425.55
West Virginia Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Wisconsin Aetna HealthFund CDHP and Aetna Value Plan							
Aetna HealthFund CDHP Self	JS1	$1,501.07	$1,672.30	$762.75	$909.55	$454.78	$1,705.75
Aetna HealthFund CDHP Self & Family	JS2	$3,421.75	$3,812.06	$1,828.28	$1,983.78	$991.89	$3,888.30
Aetna HealthFund CDHP Self Plus One	JS3	$3,387.84	$3,774.29	$1,662.98	$2,111.31	$1,055.65	$3,849.78
Value Plan Self	JS4	$1,703.15	$1,899.50	$762.75	$1,136.75	$568.38	$1,937.49
Value Plan Self & Family	JS5	$3,888.02	$4,336.24	$1,828.28	$2,507.96	$1,253.98	$4,422.96
Value Plan Self Plus One	JS6	$3,849.65	$4,293.47	$1,662.98	$2,630.49	$1,315.25	$4,379.34

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Wisconsin Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Wisconsin Group Health Cooperative of South Central Wisconsin							
High Self	WJ1	$1,363.22	$1,410.59	$762.75	$647.84	$323.92	$1,438.80
High Self & Family	WJ2	$3,544.39	$3,667.52	$1,828.28	$1,839.24	$919.62	$3,740.87
High Self Plus One	WJ3	$2,999.10	$3,103.32	$1,662.98	$1,440.34	$720.17	$3,165.39
Standard Self	WJ4	$977.77	$1,020.28	$762.75	$257.53	$128.77	$1,040.69
Standard Self & Family	WJ5	$2,542.17	$2,652.69	$1,828.28	$824.41	$412.21	$2,705.74
Standard Self Plus One	WJ6	$2,151.11	$2,244.62	$1,662.98	$581.64	$290.82	$2,289.51
Wyoming Aetna: HDHP/Aetna Direct/Aetna Advantage							
Aetna Advantage Self	Z24	$532.42	$610.42	$457.82	$152.60	$76.30	$622.63
Aetna Advantage Self & Family	Z25	$1,410.83	$1,617.50	$1,213.13	$404.37	$202.19	$1,649.85
Aetna Advantage Self Plus One	Z26	$1,171.28	$1,342.88	$1,007.16	$335.72	$167.86	$1,369.74
Aetna Direct Self	N61	$714.09	$800.06	$600.05	$200.01	$100.01	$816.06
Aetna Direct Self & Family	N62	$1,800.85	$2,017.69	$1,513.27	$504.42	$252.21	$2,058.04
Aetna Direct Self Plus One	N63	$1,566.05	$1,754.63	$1,315.97	$438.66	$219.33	$1,789.72
Wyoming Altius Health Plans (Aetna Health of Utah, Inc.)							
HDHP Self	9K4	$1,081.71	$1,155.98	$762.75	$393.23	$196.62	$1,179.10
HDHP Self & Family	9K5	$2,260.72	$2,415.96	$1,811.97	$603.99	$302.00	$2,464.28
HDHP Self Plus One	9K6	$2,216.31	$2,368.49	$1,662.98	$705.51	$352.76	$2,415.86
High Option Self	9K1	$1,543.71	$1,644.89	$762.75	$882.14	$441.07	$1,677.79
High Option Self & Family	9K2	$3,414.00	$3,637.75	$1,828.28	$1,809.47	$904.74	$3,710.51
High Option Self Plus One	9K3	$3,380.24	$3,601.78	$1,662.98	$1,938.80	$969.40	$3,673.82
Standard Option Self	DK4	$1,257.45	$1,344.03	$762.75	$581.28	$290.64	$1,370.91
Standard Option Self & Family	DK5	$2,776.91	$2,968.10	$1,828.28	$1,139.82	$569.91	$3,027.46

Tribal Premium Rates for the Federal Employees Health Benefits Program								
Health Management Organizations (HMO)		2026 Total Monthly Premium	2027 Monthly Premium Rates				
Plan - Option - Enrollment Code			Total Premium	Chugach Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)	TCC Rates
Standard Option Self Plus One	DK6	$2,749.41	$2,938.69	$1,662.98	$1,275.71	$637.86	$2,997.46